

The HUMAN TOUCH

The Human Touch

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The Human Touch

Volume 8 ♦ 2015

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Preface

VOUME 8 ♦ 2015

Welcome to *The Human Touch* 2015—the annual anthology of prose, poetry, graphic art, and photography created and contributed by the students, staff, faculty, alumni, and friends of the University of Colorado Anschutz Medical Campus.

One of the biggest challenges of any literary and arts magazine is not finding the talent to fill its pages but securing the funding to sustain the enterprise, no matter how big or small. We are extremely fortunate and deeply grateful that this year, leadership in the School of Medicine—Dr. Robert Anderson, Senior Associate Dean for Education, and Dr. Richard Krugman, Dean—committed to ongoing annual financial support for *The Human Touch*. This “gift” from the School of Medicine enables us to create what we hope is and will continue to be our “gift” to the community of the Anschutz Medical Campus: a beautifully rendered and emotionally powerful representation of the artistry and the diversity of our colleagues and friends.

We are, as always, especially thankful for the unwavering commitment and incredible generosity of Dr. Henry N. Claman to the Arts and Humanities in Healthcare Program. The program’s mission is to realize the universal appeal of the arts and humanities and their power to connect student and teacher, patient and professional, citizen and artist, benefactor and institution. *The Human Touch* serves as a tangible means of making such connections.

Finally, on behalf of the editorial board, I want to thank and congratulate our 2015 Editors-in-Chief:

- Rachel Rivard, School of Dental Medicine, Class of 2015
- Helena Winston, School of Medicine, Class of 2015 and
- Romany Redman, School of Medicine, Class of 2016

Our three editors have worked very hard over the past academic year, from that first call for submissions to that one last look at layout. They have produced a volume of which they (and we) can be very proud.

THERESE JONES, PhD

Director, Arts and Humanities in Healthcare Program

Couples

JENNIE HAMMETT

.....

She called him every day at the same time, and the phone would ring and ring. Sometimes she would call him over and over. She would curse at him, and eventually the voice mail would pick up. She always hung up then. She never did leave a message on the dead man's phone.

I challenged him to make another comment like that. The sun was shining, though, and he didn't want to get into an argument. Without a word, he began slowly picking up the baby food jars.

"Sixteen years later, and that's your only job skill," I said. But he was stony. He picked up the last jar, and that's when he punched me.

She nudged her friend a little. This was the good part. They often liked to watch her friend's parents argue; it was a hoot. It didn't even seem to bother any of the neighbors any more; in fact, one of them offered once to hook them up closed-circuit so they could make some dough. It was a boring neighborhood.

"Swank hotel," she muttered. It seemed if she wasn't going to be happy on her honeymoon, she was never going to be happy. This made the six of us more moody. The compensation her mother had given us seemed no match for the work. So we just sat on their bed, trying to be cheerful, deciding whether to order room service or to eat out.

That song haunted me all that June. I accused Blackfield of sleep-teaching. I think it is illegal. I know I caught him once, starting to play that song while I was drifting off. Maybe I was dreaming. I can't remember that song now, but if I did I am sure it would be like rodents finding the hole in the brick wall. Now, rodents love a snappy tune.

I kicked Blackfield out after a silly argument regarding neckties. He's a terrible dresser.

He was always staying rude things to her, as if the time was not going to pass and she was not going to learn to say these things back to him. He didn't realize.

When he came to, he was in a hospital room with his feet all bound up in gauze, and his being unable to bend. She would not help him scratch. No amount of begging would change her mind.

There was just this weird kid named Bradley and me left on the bus. He had already started to grow a beard, or something. It may have been just left-over cotton candy. He started to make the moves on me, but I gave him menacing looks and told him to stop. Plus, he didn't really know any moves, anyway.

They met in a biology field class. Birds were her specialty. He wasn't sure, but he liked bugs. Since they had only seen each other outdoors, they could not recognize one another indoors. In their homes, they would speak to each other softly on the telephone, and meet in front of the movie house. Invariably, they lost each other once inside.

Water

MARY POOLE

I am water—

A ripple, not a wave, meander near the river bank

Touch tiny flowers that cling to mossy rock.

Gently caress a fish that nips a dragon fly.

A cloud floats overhead, my sparkles go away

And soon return when sunshine reappears.

I drift on aimlessly.

That was not always so—

Once I thrashed and sought the rapids,

Embraced each test of strength and skill.

Poured over rocks and boulders recklessly

Surging ever onward, fuelled by will

Despising stretches of smooth water

For faster currents toward yet elusive goals.

Now I am water—

Flowing gently with the current

Wandering toward some unknown place.

No longer seeking fame or fortune

Content with my life's journey,

I flow tranquilly to its end.

The Colors of Anesthesia

NATHANIEL J. BROWN

The color that can be named is not the color.

Is it ochre?

The hue the patient bore

Into the operating room

Awaiting a liver.

Drip, drip the confused urine

Collected in the Foley bag.

Muddy, but clear

Yellow turned blue,

Become green.

Methylene.

The color that can be named is not the color.

Is it green?

Covering everyone, shoulders to ankles,

In the OR?

Reminds me of toothpaste.

Ooze, glide, the slippery bile

Gurgled into the canister.

Out the nose, unhurried.

A tired green, rusted

Teased with bright red

Distention relieved.

The color that can be named is not the color.

Is it pink?

Dusky liver

On the rocks

Drinking health.

Squirt, throb the eager blood

Cascaded onto the floor.

Pulsing, informing.

Darkening red

Drying in the cool, sterile air.

Droplets.

Even Though the Screaming Still Hasn't Stopped

MONIQUE MCCOLLUM

People would stop me all the time and say how beautiful you were.
They would say how lucky I was that you had been given to me to love.
I would smile, trying to hide the pain and anguish I felt.
They had no idea how difficult you were to console, to bond with.
I hope she found the cocaine enjoyable while you were inside of her.

Mothers are supposed to love their children the first time they lay eyes on them.
I did, briefly, until your screaming started a few minutes later.

Some days the daycare teachers would say, "I'm sorry. He cried all day.
I couldn't make him stop."
I know, I would say. Some days are just like that.
They say it's the cocaine. They say it will get better.

No one said when though.
You still scream and rage.
You are still difficult to console some days.
They said you screamed for hours in the psychiatric hospital, calling for mommy.
It's been ten years. I'm still waiting for the screaming to stop.

They say you are lucky that I have been given to you to love you.
I wish it was easier for both of us.

I do love you. You are still beautiful to me.
Even though the screaming still hasn't stopped.

Cooking

JENNIE HAMMETT

I throw things into the pan
I watch them swell, shrink, sweat
I watch them go through a lifetime before my eyes

A cooking flame is different from a flame of the heart—
it is more practical and much less deadly.

My love for you coagulated
coating my intestines like the custard is clinging to this spoon
thicker, thicker.

& if I am merciful
I will stop feeding you so much grain
& you will graze freely
& I will be as sweet wine.

But 'til then we are trussed
A rump roast + a ham
the guts and whispers in this paté will never achieve a balance
without the right sauce

& I will shell your peas +
feed them to you
Lovingly, one by one, and if you clamp your mouth shut, I will hold your nose.

We are adults now, so we need adult flavors—
beer, asparagus, sweetbreads—
Eating every bit while actually knowing what it is.

On Aging

PAMELA BROWN

Birthdays, like royalty, are a cinch to predict.
 They sweep in quite grandly. But what they inflict,
 whether blessing or insult, is a more personal matter.
 Has one been gracious all year? Has one tended to flatter
 those certain acquaintances in need of a nod?
 Has one discovered coherence in the hopelessly odd?
 Has one effervesced through exhaustion? Chatted through chills?
 Listened with interest to inlaws' visceral ills?

In a word, is one perfect? Composed and complete?
 Insightful, artistic, yet never effete?
 A charming companion? A no-holds-barred friend?
 Compassion personified? The ultimate blend
 of stylish and stalwart? Or does one outwardly blush
 due to nagging suspicions of inwardly mush?

Birthdays are notorious for inciting review
 of self and of selfishness, of the assumed, of the true . . .
 yet regardless of measure, of internal audit,
 there are always one's friends piling plaudit on plaudit.
 One yearns to believe them. After all, it's been years.
 One should listen, *n'est-ce pas*? It's been decades of cheers.

They can't all be wrong! In one's head, they intone
 "Sweetie pie, please relax! You're not heir to the throne!
 Your wave is too wild, your conversation too vivid!
 Your inner child too much fun! Your anger too livid!
 Dignified, *shmagnified*! You were born to be antic!
 But, some advice from a friend? Throttle down on pedantic,
 type-A expectations, and deep-six the self-doubt!
 No, no, don't get up! We can let ourselves out!"

So it is that most birthdays are rehearsed in advance.
 The subconscious denies, then submits, then supplants
 last year's aging scenario with a fond renovation:
 This year, I'll just smile . . . and accept the ovation!

54 Bones

MARCELO CARBONI

In collaboration with Chrissa Markos and Tatiane Santos

Reaching for the non-existing pocket
 I ran into old neglected friends
 They have never touched the moon rocks
 They have never felt the nails
 But these are my friends
 My hands . . .
 They have always been here
 Fifty-four bones with me
 Clapping or stoning
 They are always here
 Fifty-four bones with me
 Greeting or attacking

 I have got to find see-through gloves for them
 Protect them, without hiding them
 Mine, all mine, all mine



Chrissa Markos

Not having the finger
 That gave life to Adam
 Never were they the ones
 That raised heavy trophies

They have never touched the moon rocks
 They have never felt the nails
 These are mine . . . these are mine
 They are not less important
 They belong to me
 So up close . . .

They have always been here
 Fifty-four bones with me

Old friends that will be carried by my chest . . . carried by my chest
 One over the other
 In a last, motionless, eternal kind of caress.



Tatiane Santos

Still Waiting for Superman

OREN GORDON

.....

I remember when I forgot
to check in to a hotel, so
I checked if I could fly to you from Scranton,
'cuz God help me
I hated Scranton.
I remember a box of things
I thought were chess pieces,
I remember I forgot the rules and
we made up new ones
you laughed in a recliner
while cancer reclined in you
you stood up too quickly and
fought too hard but we knew
you'd get better.
You did.
Until your fight fought back—
you can only punch a cape
so much before you tire,
your hands were cold as boxing gloves
the day you stopped smiling.
I swore I saw the sky scream with your wife
when the shockwave shook the ceiling fan
you were staring up at.
I still thought you'd get better.

I forgot who told me to run but
I put on a holey cape and left
hoping the superpowers
we forget with puberty
would come back stronger now,
that changing in a phone booth
would let me flip this orbit,
That a year could be reversed
by six hours of running.
I kept seeing your soul
skipping around a corner
dragged by the neck—
I remembered then
how you forgot to show me
how to make a good omelet
how to smile when I didn't mean it and
how to pick out good pottery.
I remembered how you always forgot to lie
but these days I remember most
how I sometimes forget that you died.

A Bad Penny

QUAN BUI

Are you sure there isn't anything else I can do?
White coat disrobed,
Stethoscope jammed into bag,
And lanyard of IDs tucked away.

Feeling human once again
And vulnerable.
The routine begins.

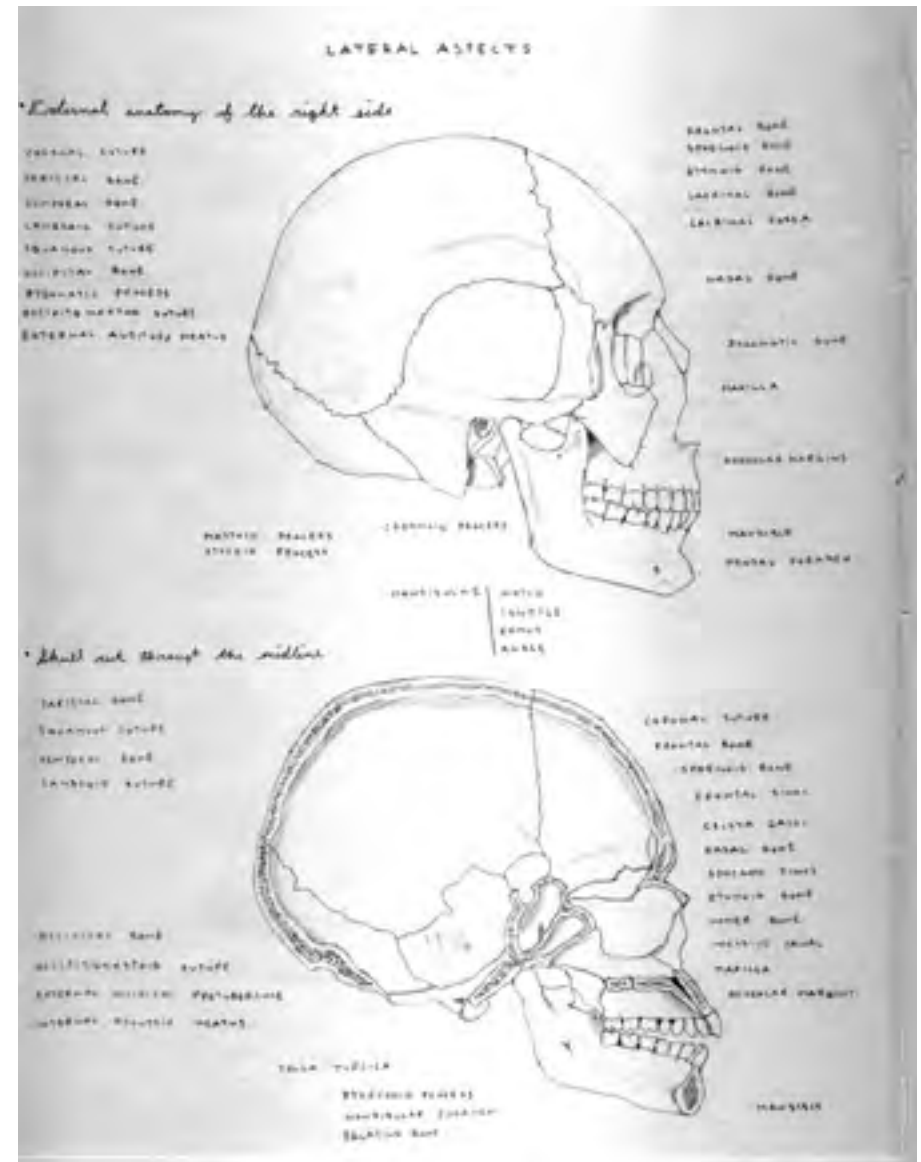
Cacophony in Mr. Johnson's room.
Nurses haphazardly rush in
To find me with the patient,
Chest exposed,
Revealing a one-day old,
8 cm sternotomy incision.

Amidst fresh tears
Of laughter and joy, he mumbles,
You sure are a "bad penny,
One that always turns up."

Minutes to hours pass by,
My patients
Are tucked away.
"Bad penny" I am,
I will be.

Study of the Skull | MIKE PASCOE

Pencil on paper



Humanism in Healthcare

CHANTEL MITTON

The constant strain of merely holding herself upright was glaringly evident—in the unnatural arching of her spine as she sat with her hands jammed onto her knees, knuckles white and elbows locked. In the lank brown hair that seemed rarely washed. In the rumpled easily-slipped-into clothing. Each and every time she stood, there was a heart-stopping moment when she hovered on the precipice; she was just about to fall, but at the last moment caught herself on the handles of her walker. The disease was slowly taking her mobility, as well as her ability to care for herself independently, but there was a determined fire in her brown eyes that day as she said, “I’m going to walk as long as possible. I don’t care how strange I look doing it. It’s better than sitting in a wheelchair and giving up.”

The physical therapist met the woman’s fierce gaze with a small, lopsided smile and replied, “Then I will help you do that.” What a simple sentence, and yet within that small exchange rested a crucial message. I am listening. I am here for you.

Humanism can be defined in a variety of ways, but essentially it means focusing on the importance of our fellow human beings. Practicing humanism is to act in the best interest of another, whether that need is physical, mental, emotional, spiritual, *etcetera*. It entails going beyond the job description to let someone know he or she is truly cared for as a human being.

The snapshot of this woman’s story is just one example of embodying humanism in healthcare, which I have been privileged to witness; yet I have seen or heard of numerous others. It is impossible for me to extol just one person or healthcare team when this phenomenon is everywhere. It is not isolated to one person, one department, or even one hospital or healthcare network. It cannot be contained in just one expertise or region. Humanism is found in all of us. It is a worldwide manifestation that goes generally unrecognized by the masses. While the actions associated with humanism in healthcare can be rewarded by grandiose accolades and rankings, the most poignant instances can be found in those “behind-the-scenes” occurrences—those small and simple acts of demonstrable respect, transparent

communication, and those brief moments that create an infinite emotional connection—to which only a small few are privy.

Humanism in healthcare can be found in the first responder who, having done all he could, held a dying young woman and talked to her as he waited for the inevitable—knowing that by the time the ambulance arrived, it would be too late. It is in the doctor who gave his elderly patient unwanted news, then stayed to discuss options to make the best of the situation. It is evidenced by the rehabilitation director who put her endless checklist on hold to clean a patient’s room. The registered nurse in the skilled nursing facility who returned her patient’s dinner to the cafeteria herself because her patient couldn’t eat it. The social worker who toiled for long hours in an attempt to have her patient accepted into rehab because she knew it would make a world of difference. The front office worker who spent hours on the phone attempting to clear up a patient’s insurance claims. The teams of doctors, nurses, social workers, and therapists who meet together every week to ensure their patients are receiving optimal care. Or the acute care physical therapist that sings and tells jokes to bring smiles and laughter to his critically ill patients.

Humanism is all around us. We witness it every day in our various professions. Each and every time we prioritize our patient’s needs, we are practicing humanism in healthcare. Though some acts receive comment and praise, many go unrecognized. Some of the most laudable kinds of humanism are those acts performed quietly, with no expectation of reward. We can—and often do—embody that kind of humanism. We can make those vital, intangible connections with others by focusing our thoughts on our injured or ill human comrades. And even though our actions may go unnoticed by most, our kindness will be remembered by those who needed it most.

~~~~~  
*This essay won first place in the 2015 Humanism in Healthcare Essay Contest, presented by Life Quality Institute and the Center for Bioethics and Humanities at the University of Colorado Anschutz Medical Campus.*

## Attractive Nuisance

LYNNE FOX

The light  
long and golden  
lacking warmth to heat  
creeps up to glassless windows  
across empty quarter sections  
abandoned by grandchildren  
with important city lives.

## Exquisite Orchid (Genus Unknown) | CAROLYN BREMER

*Color digital photograph*





Hitchcock's "The Birds" | LARRY ALLEN

*Black-and-white digital photograph*



At Peace | JEENA KRISHNA

*Acrylic on paper*



## Wings of Change | CAROLYN BREMER

*Color digital photograph*



## The Hospice Nurse

REGINA WEISMAN

She gently squeezed his hand, and his gaze met with hers. They stared for minutes as if having a deep conversation of contemplation and one last plea of “remember me” as the brim of his misty blue eyes rimmed with tears. One tear streaked across his leathery cheek. Her eyes were dewed but steady on his as if willing him all the power and resignation he would need to do what needed to be done.

The old man’s breathing grew more labored with the passing minutes, and she could tell he knew it was time. She leaned over and whispered in his ear, “It’s okay to let go now. Think of the happiest time in your life and stay there for now. You are going to be okay. You are not alone; I am here.”

Eventually, the man closed his eyes, and after a few more labored breaths he was gone. Nobody should have to die alone, and for this reason she was glad she became a hospice nurse. She was able to help this man die with dignity.

*To be able to offer compassion and give dignity is humanism to me. Hospice nurses do this for a living.*

---

*This essay tied for third place in the 2015 Humanism in Healthcare Essay Contest, presented by Life Quality Institute and the Center for Bioethics and Humanities at the University of Colorado Anschutz Medical Campus.*

# No Fresh Flowers on This Floor

MICHELLE COLARELLI

I remember

. . . the sign, just off the elevator . . . the receptionist, indifferent . . . there was no one to greet me, no one to fill me in on her condition.

. . . walking down the empty hallway, full of protective gear; signs of universal precautions . . . the smell of rotting flesh and wondering how it was that I suddenly knew what the smell of death was.

. . . shutting the door as quickly as I opened it and double checking her name outside the door.

Surely this was not my childhood friend? She looked 20 years older with thin greying hair and 100 pounds of additional water weight sloshing around on a rotating mattress.

Her room showed no evidence of care from someone close. The couch was littered with gauze and ointments. Bins stood heaped with medical equipment. Her box of personal cards and letters lay discarded in a corner. There was nothing healing about her environment.

I remember

. . . there was nowhere to sit or set down my belongings. I clung to my computer bag and winter gear, perspiring with her every word.

. . . the dried blood on her water glass, her long fingernails, and her dry skin. I didn't want to touch anything for fear that I, too, would catch her death.

My heart cracked wishing that I could straighten her in her bed.

I remember my call to action. Of course I would check in on her! Of course I would get answers!

It was the first week of January. Her mother's voice had cracked over the phone

like ice underfoot as she described how difficult it was to get a clear picture of her daughter's condition. She understood the staff was busy and that her care changed hands often. Helpless, she was caring for the grandchildren a day's drive away. I volunteered my services without hesitation. She was just across campus from where I worked.

I remember

. . . listening to my friend recount the simple fall that broke her wrist and the simple surgery that resulted in a near death experience.

She was now at the mercy of a hospital-based infection.

. . . the hollow tone in her voice and the vacant look in her eyes resumed when she discussed waking from her coma.

She shivered when she spoke of the ICU, and I knew that she had just returned from a dark underworld indicative of her Scorpio nature.

I stepped fully into the role of doula, supporting this woman's transition. Sometimes I was an advocate, sometimes the cheerleader, sometimes a bystander, simply bearing witness. I became Persephone's messenger navigating the inner and outer realms of Hades within the psyche.

It would take four months for me to access a consistent healthcare team and get real answers regarding her diagnosis. She seemed to be a liability transferred from room-to-room, floor-to-floor, and hospitalist-to-hospitalist. I often wondered how many caregivers she had during her 265-day visit.

I remember

. . . her begging me not to allow them to move her without contacting us first, her voice filled with fear and paranoia.

*continued on next page*

. . . I did not blame her, especially the time I found her in the basement, just past the morgue, isolated in a room.

Sometimes they would move her in the middle of the night, forcing her awake from a dead sleep disorienting her and her senses.

She often felt betrayed and distrustful. Her iPhone was lost, her glasses went missing, and she systematically had to rely solely on her intuition.

I remember

. . . watching Dr. Jill Bolte Taylor, a neuroanatomist, discuss her book “My Stroke of Insight” with Oprah. Having lost all use of language with a stroke in the left side of her brain she realized just how big our spirits were and how strong our intuition. This is often not recognized in a left-brain society. During her recovery she witnessed the world through her right brain and became instantly aware of the integrity of others.

Her message today to med students: “Take responsibility for the energy you bring to others.”

I remember

. . . wanting to share the same message. Place a reminder outside the door, or in the room for all patients, caregivers, and visitors.

. . . the desire I had to pump the rooms with soft music and meditations, rather than endless daytime television and newscasts blasting out the horrors of this world and our nation.

I could not imagine being trapped in a single bed for that much time with such little control of my surroundings. To be forced to heal in a room with no signs of nature.

I remember

. . . I became disillusioned more and more by what I witnessed in this “real world” of medicine. I now understood the students’ complaints. Every week the curriculum we taught was criticized and belittled for being rudimentary, despite being absolutely necessary.

Right now they feel bigger than the sandbox.

Their castles will tumble down someday soon.

They too will be called to action.

I remember.

. . . that day in April when a nurse saw my badge and asked me if I was from the burn unit. She warned me that there was lots of blood when I answered no and entered.

My friend’s face was ashen white and she sat in a pool of red, pressing on her pelvis.

She joked that she thought she was bleeding from her hoo-ha, but it turned out that an artery had burst from all of the pressure of her water retention.

I remember

. . . two other nurses ran in. One stated the blood pressure, and her eyebrow lifted in concern.

I knew just enough from simulations to be dangerous and wondered if my friend could bleed out in less than six minutes . . .

. . . they stepped up their game instantly with transfusions. The male nurse removing once starched white towels turned bloody from the source of the wound. He called out for the biohazard waste bin, but it was missing. His co-worker ran to another patient’s room to grab one, while he was forced to throw them in the regular trash bin, and I cringed.

*continued on next page*

Universal precautions and root-cause analyses ran through my mind, and I whimpered silently behind them.

I remember

. . . my inability to talk the entire time that I witnessed blood clots the size of small plates being tossed my direction. They slithered into the bin, deep, dark, red, and coagulated. The nurse had the lid kicked open with her foot and was tossing them in one after another past her shoe.

I had just had a conversation about the tracking of hospital-based infections on our feet.

I remember

. . . I had no idea that I had the capacity to bear witness to so much blood loss. I had no idea that someone could remain present with such tremendous blood loss.

I could not tell if this was normal or not.

. . . the female nurse asked the charge nurse if she wanted to see the blood loss as she entered, but she shook her head no . . . I wanted to speak up! I needed her to witness what I was witnessing. I needed to see her expression . . . I wondered if we all shared the same mental model.

I remember

. . . the biohazard waste bin being turned into a table in the end. No other place to rest a pillow that would soon rest again under her rotting skin . . . skin that would eventually require debridement and submission to anesthesia three times a week for months on end . . .

. . . I witnessed seven different persons of all different roles entering the room on that April afternoon for a full 90 minutes. Each one looked me in the eye, questioned my presence with their expressions, but not a single one asked me if I was ok, who I was, or if I should remain present.

Not a single introduction.

I remember

. . . witnessing the fear, the strength, and the power of presence during trauma. The nursing team was amazing, managing the situation.

. . . the frustrations of the staff members waiting on the burn unit to cauterize the wound and stitch up their patient. The person charged with this task could not come soon enough.

. . . witnessing the argument that pursued regarding where to move her. The charge nurse distressed with being charged with such a patient's condition—three staff members off the unit was detrimental.

. . . the panic; my friend hysterical that the next step down would be the dreadful ICU unit.

Her world was dark and disconnected there, and she never wanted to return!

Instead they chose to reset the pain button with Special K, “the mind eraser,” which would allow her to forget all about it.

I remember her looking up at me. She locked her gaze into my eyes and stated, “But I don’t want to forget . . .”

I remember

. . . everyone immediately moved onto other rooms; other patients. There was no “DEBRIEF” to tie it all together and wrap it up.

No one spoke to me once.

I remember I entered the ward the next day with a restored mission: introductions and answers.



## BRIAN DAVIS

And yet how cool that she is the one  
With whom I get to share this fun  
Of bringing a life into the world  
Even if it's not a baby girl?



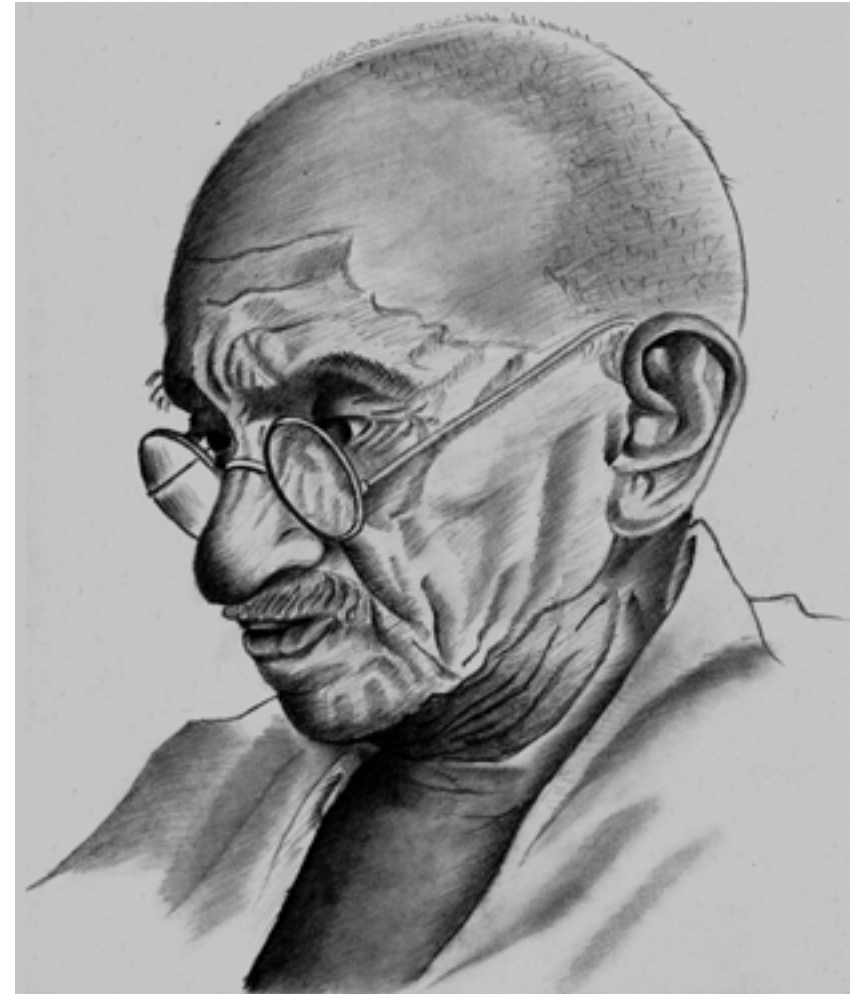
**Mahatma | RYAN D'SOUZA***Pencil on paper*

And I realize then a most significant thing  
That I shall always be remembering  
It is the doctors now to whom we should turn  
And really try to learn and discern

How they do their best medical art  
And how can I incorporate the good parts?  
What can I learn from my elders today?  
What can I use and take away?

Because just as St. Joe's is now in rubble  
Someday there will be a medical trouble  
And I will fit the scrubs and know the art  
And I will have to play that part

Then I will remember my mother dear  
Calm, composed, and without fear  
Helping the patient with mind and heart  
In this practice we call medicine but really is art.



# Death

KELSEY LUOMA

You are a patient customer.  
Stopping to check out the place,  
Strolling across the grounds before deciding to stay.

*His renal function is worsening at an alarming pace. We can't seem to get his blood pressure back up.*

You begin to negotiate,  
Back and forth, debating your price.  
You linger a little longer these days.

*The delirium comes and goes. He doesn't know where he is anymore. I think it's time to talk about goals of care.*

One room at a time you establish yourself.  
Slowly unpacked belongings  
Consume things once beloved.

*He's sleeping most of the time now. I think it's time to take him off dialysis and focus on pain control.*

Methodically, you crowd out what once was.  
Memory walks away; emotion peels off the wall in flakes.  
Pain is the last to go, slinking under the floorboards.

*Mr O and his wife have decided on home hospice. He always wanted to die peacefully, with family nearby.*

You've settled in, made your space.  
The gleam of Medicine finds limit.  
Eyes drift shut, and we pass our patient gently off to you.

# My Mother's Hands

DEBORAH STEVENS

My mother's hands held me gently from the day I took my first breath.

Her hands helped to guide me as I took my first step.

Her hands held me close when the tears would start to fall.

Her hands were quick to show me she would take care of it all.

Her hands are now twisting with age and years of work.

Her hands now need my gently touch to rub away the hurt.

Her hands are more beautiful than anything can be.

Her hands are the reason I am me.

# Pearling

JOE JONES

He handed me an x-ray of a pelvis. “Hey Jones, check this out.” I took it from him like an awkward uncle being handed a baby for the second time. As a field medic, I didn’t routinely read x-rays. I didn’t have them available. For me, they were just another technology tied to a hard structure like this, the main combat support hospital in Balad Air Base, Iraq. I was here for three weeks of medical training to prepare for my upcoming combat deployment as an Army Special Forces medic. It was reassuring to see this hospital here in Iraq, which was amazingly similar to those back in the US. Here, I was getting a preview of the types of wounds I would soon be managing in the field. I knew if I could keep casualties alive until they reached a hospital like this, they would have a good chance of staying that way. I asked what the story was with the patient.

“Came in with a chief complaint of penis pain. He’s a Filipino male, does some work for KBR.” KBR, or Kellogg Brown and Root, was a huge US contractor that seemed to build just about everything on this military base. They hired people from a dizzying array of ethnicities and shipped them to Iraq. Their work on this base had helped create a Tower of Babel in modern day Babylon, impressive for its capabilities and amenities rather than its height. My mind immediately went to the last KBR employee that had come in. He was Kazakhstani. He had been working 30-feet up on the wall of dirt-filled hesco barriers surrounding the perimeter when a mortar round happened by. It hit him in the arm, instantly amputating it, but luckily didn’t explode. Unluckily, it threw him off the 30-foot high wall and he broke his fall with his neck. His boss had put a tourniquet on his arm and intubated him but got lost on the way to the combat-support hospital. He was pronounced dead upon arrival, though it didn’t need saying by that time.

“There seem to be a lot of job hazards for these KBR guys,” I said as I tried to orient myself to the x-ray. With even my limited experience reading x-rays, I could make out the strange opacities seeming to hang suspended beneath his pubic symphysis. “That . . . uh, that is something . . .” My mind was already going the easy way, applying the anecdote of the Kazakhstani mortar victim to this patient. Shrapnel to his genitals?

“What does he do for KBR?” In my mind I had already put this patient up on the hescoes—the replacement for the fallen Kazakhstani. The lazy insurgent had simply reloaded his mortar tube without bothering to re-aim, and this mortar had gone off when it landed near him. That story was a neat fit.

“He drives a skidsteer.” A mundane job in many places around the world, but in Iraq in the summer of 2007, a potentially hazardous job. I was still having a hard time squaring this patient population in my mind. Filipinos, Kazakhstanis, and within a few days, British and Belgian contractors would come through the triage of this combat-support hospital. Mostly, though, we got Iraqis. Iraqis shot in the face, Iraqis coughing up blood, Iraqis burned and scalded and impaled by the hot metal discharged from car bombs and IEDs and RPGs. I was stunned at how few US soldiers we got. The recovery ward was filled with convalescing Iraqis, whose numbers caused weekly arguments among hospital administrators. If we got a mass casualty of US troops, some argued, we won’t have enough beds for them. What then, went the counter, do we do with our Iraqi patients? Send them out to Iraqi clinics? That always brought eye rolls. Most knew how quickly the level of care dropped as soon as a patient needing critical care left the ring of hescoes around Balad Air Base.

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“Where is he now,” I asked. The ER doc gestured over his shoulder to the walk-in clinic area. That was where an acute-trauma patient definitely wouldn’t be after arriving status-post mortar injury. He was among those needing ingrown toenails removed and plantar fasciitis profiles renewed. My story for him was a neat fit, maybe, but not the real story. Even there, he seemed out of place. A Filipino—were they even in NATO? The coalition of the willing? Or had he just floated in here on the KBR blimp to cash in on conflict? This man, with this complaint, was not fitting the picture of the type of casualty I thought I would see and help treat in Iraq. He wore no uniform—or, if he did, one that was the KBR equivalent of a plumber’s workaday threads. He had no gun in the fight here and probably wasn’t even one of the accidental war casualties that occasionally showed up. I had pictured only uniformed soldiers here. But here was a member of the industrial complex, someone who dumped bucketfuls of dirt into hoes, or wired in lighting, or caulked shower stalls together. He helped separate us from the violence swirling outside and insulate us from its constant presence, but was as much a noncombatant as a sign turner at a roadside construction site.

Despite these fortifications, we still felt vulnerable in the hospital. When the siren went off to alert us to incoming fire, we were supposed to grab our helmets and vests and take cover. Most of the time we ignored the sirens, but it was still unsettling. We all mused at how easy it would be for someone to load a suicide bomber’s colon up with explosives and send them in here for treatment with a flesh wound. The bomber would be triaged and could, at his leisure, send us all off on the anal wink of death. But, it never happened, and we kept filling the OR and recovery ward with grievously wounded Iraqis, killing each other steadily on their streets.

I knew from the look on the doc’s face I wasn’t going to have to figure this x-ray out myself. He was going to tell me in the next 30 seconds, regardless of what question I asked next. Here, in this theater of the absurd, this man, this KBR employee, this Filipino, was currently a standout. His x-ray, I knew, had been trotted around the triage area before landing in my hands. I never even saw him, never questioned him, never examined him. I could tell that all this had already been sorted out. I was still mentally working out the mechanism that might traumatically place stones in this patient’s manhood.

“He’s resting comfortably, despite his chief complaint,” he told me. “After I examined him and found three discrete nodules on his shaft, I got an x-ray. The stones show up well, as you can see. They are right below the skin. He put them there. It’s a practice called pearling—but for our budget shopper here, pea gravel was used. It’s supposed to benefit his partner, but it’s doing a number on him right now. We’ll probably get him in this afternoon to take them out. If he consents. He doesn’t seem too eager to have them removed.”

I couldn’t say whether he ever had them removed. I never made it over to the walk-in clinic. The bay doors to the emergency triage area opened several times that afternoon, each time bringing in fresh trauma casualties in a flood of hot Iraqi air flecked with sand. Self-inflicted sexual augmentation wounds triaged low in Balad. The Filipino pearler’s time as a standout patient expired quickly as IED victims arrived and demanded our attention.

# My Children

JEFF DRUCK

.....

Extraordinary children  
Hopes, dreams, mixed with fears, failure  
Just like everyone else's

Loyalty | BARB GRISS

.....

*Color digital photograph*





My Kids, Turret Arch, Moab, Utah | LARRY ALLEN

*Color digital photograph*



Koalas | ANJALI DHURANDHAR

*Watercolor on paper*





## 90 vs 5. The Generational Gap? | MARIA FRANK

*Color digital photograph*



## A Villanelle of War

ART ELSER

The mortal soul is shattered by a war  
much like a body blown by bomb or shot,  
the pain recedes, but never goes away.

The guilt remains because he could not save  
those men who died when he arrived too late,  
his mortal soul was shattered by the war.

His terror as the bullets passed his plane,  
and snapped at him as if the jaws of death,  
the fear recedes, but never goes away.

He often thinks of enemies he killed;  
their mothers, wives, and children left to grieve,  
their souls forever shattered by the war.

How can he ever clear that guilt or ask  
forgiveness from the men whose lives he took?  
The guilt recedes, but never goes away.

He sees friends' bodies strewn in rice-green fields,  
and ghosts of men he killed in burning woods.  
His mortal soul is shattered by that war.  
The pain recedes, but never goes away.

25.

## ROMANY REDMAN

quarter-century. prime of life.  
 character is formed. habits are made.  
 frontal lobes allegedly  
 finish up development.  
 ischium, ilium, and pubis finally fuse.  
 the realist in me,  
 (the realist that my idealist tries to elbow out,  
 and my blissfully-ignorantist attempts to  
 absentmindedly lock out of the house)  
 yes, that realist used to say  
 25 is beyond half way  
 to life expectancy in some places  
 around the world.  
 my fatalist and optimist duke it out.  
 25 is well over the hill.  
 my predominating pragmatist says  
 25 is the last full year  
 on the 'rents health insurance.  
 the opportunist chimes in—  
 now is the time  
 to get things done.  
 especially things that took  
 time and effort  
 to finally get pre-approved.  
 things like genetic testing  
 for a debilitating illness  
 that runs in the family  
 like holiday jello salad:  
 impossible to ignore,

detested for how it makes us feel,  
 yet loved for the family members  
 whose identity is inextricably linked to it.  
 25 is deciding whether  
 every time I stumble  
 or stub a toe  
 I want to be definitively comforted  
 and consoled in my  
 simple klutziness  
 or go on thinking  
 “red sky at morning”  
 with the knowledge that,  
 while meteorologists can not actually  
 prophesy the weather,  
 Storm Tracker 2 radar can tell me  
 that, if I do not already own one,  
 go and buy a rain jacket  
 now.  
 just in case.  
 25 is wondering whether  
 life was better  
 with just a farmer's almanac.  
 and while that biological clock  
 will be ticking some time yet,  
 25 is pondering  
 whether to include  
 jello salad  
 in the book of family recipes  
 to be handed down

*continued on next page*

to future generations.  
or would omitting that special concoction  
be unjust to the relatives  
who patiently gobble it down  
every thanksgiving?  
perhaps instead I could  
diligently record the details  
of my secret trail-mix  
for hiking in high mountains.  
make a music sampler of  
my favorite dance tunes.  
in delicately hand-printed type  
caption full-color photographs  
in scrapbooks that  
exhaustively document  
the past as if  
that is the only time  
that matters.  
25 is the year of asking myself,  
if I learned the phases of the moon  
and knew that one day  
the tide will indeed roll in and  
waves will lap at my feet  
and wet my calves and  
the ocean will slowly  
swallow me  
swaddle me  
in one long waning lunar spell,  
would I still

watch bad television?  
sit when I can stand, skip, skedaddle?  
devote years and elbow grease  
in the pursuit of a profession  
I may never practice?  
ever allow anyone to get close enough  
to let my life touch theirs?  
25 is a year of stupid predicaments  
like realizing my teenage dramatist  
never really leaves  
but sticks around  
and annoys the crap  
out of everyone,  
mostly myself.  
Inverting today's molehills  
into tomorrow's marmot holes,  
yet all the while knowing  
such bureaucratic stars align  
only once a decade for a  
double take of my double helix.  
25 is laughing and baffling  
at the luxury of deliberating  
about jello salad,  
at the lunacy of confusing  
astrology and astronomy  
for heliology.  
tomorrow the sun will rise.  
my ists and isms all agree.  
25 is lucky.

# Clinical Trials, Wigs, and Newspaper Clippings

BRENNA BENSON

The frail woman reached for another tissue as tears fell down her cheeks in a steady stream; the room was silent. Her eyes, full of anguish, looked up as though searching for an answer somewhere on the ceiling above, or maybe from somewhere further away.

My mentor continued to rub her back and quietly offer condolences, knowing full well that words could only do so much.

Stage IV. Terminal. Remission, that glowing beacon in the distance, suddenly hidden under a shroud of fear and uncertainty. This poor woman had just been given a death sentence, and I was in silent shock.

I studied my mentor's face, wondering how he could remain so calm and collected, even after doing this job for many years? Does one just become accustomed to telling people they were going to die? Knowing that they had just ruined this person's whole foundation?

We left the room to give her a moment—an agonizing moment to collect herself, as we went to retrieve the papers.

I hated those papers. We played the role of Death's messenger, and then, barely skipping a beat, would shove a 30-page packet under their noses with nothing more than a pen and the box of tissues in close proximity.

And with this particular patient, it was my turn. I walked back into the room, gripping the papers between my sweaty fingers, my heart pounding out of my chest as our gazes met.

Her puffy eyes stared back at mine with a sort of hopelessness that I will never forget. I reluctantly sat down and began to explain the clinical trial, trying my

best to balance emotions and professionalism. I heard myself saying things like, "you are the perfect candidate for this trial," and, "it really does have the potential to change the next few months of your life," and other rehearsed statements.

I was 20-years old. What did I know about dying and suffering and having these people sign their lives away?

She signed the papers without hesitation, telling me, with a disheartened chuckle, that it was difficult to go any lower than rock bottom.

The next few weeks in my internship continued on like this, and I could already feel myself becoming slightly numb to the emotions.

One day, that same woman from before came into the room, a big smile on her face and a bounce in her walk. I commented on her lightened mood and she told me that her grandson was celebrating his fifth birthday that day. I was delighted to see a smile on her face.

When my mentor entered the room, she gave him a big hug and pulled a newspaper clipping out of her purse. She said, excitedly, "Look! I found a picture of you in the newspaper! I showed all my friends." They proceeded to do the physical exam and talk about her progress on the trial, and then my mentor left the room for a moment. She turned to me and said, "Hey, I have a quick question for you." To which I replied, "Oh, he will be right back and can probably answer your question better than I can." She laughed and pulled her purse into her lap and proceeded to pull out two wigs. She then said, "Which of these do you like more? I want to look good for my grandson's birthday party, and I think my bald head might scare him way. I think I look

*continued on next page*

sexy in this one!” She put the new wig on and proceeded to strike poses and make funny faces. We laughed together, and my heart was instantly warmed.

This woman passed away after I left my internship, and I still think of her to this day. Clinical trials will always be a necessity in order to make progress in the medical world. They may be dangerous, painful, and sometimes even pushed on patients unethically, in order to get results. But the most important thing that I learned that summer was the priority of humanism in medicine. My mentor taught me that even if these patients had a death sentence, they were still selflessly donating their bodies to science and showing up week after week to endure painful treatments that could either extend their lives slightly, or end them months too soon.

I will never forget the amazing patients I met that summer, and also the compassion that my mentor demonstrated with every single one of them. I hope to never lose that compassion myself and hope that one day my patients will be bringing in newspaper clippings of me and asking my opinions on their wigs.

## A Missed Turn

NATHANIEL J. BROWN

A faded green curtain  
Sways in the faint drift of a  
Breeze lacking life.  
Wet, anemic day  
Without promise, without pain.  
Greetings fall, a season once laced  
With excitement, not tasteless  
Indifference.  
The season changed months ago.

I'm another year older,  
Academically speaking.  
But my growth is now marked in the  
Malaise of the summer.  
The cool promise of fall with new  
Books and new subjects  
Gave way years ago to a stream  
Of rotations.  
Months at a time,  
I age faster now.

Flutter on, greenish curtain,  
Bring me tastes of the fall,  
With that chilly breath you've been  
Teasing all day.  
Let the misty air in.  
The sun wants a turn  
To twinkle on settled mist, and  
Play with brightness and the  
Yearning of promise  
For new autumns yet  
To be born in my memory.

# Hero

BOB COOLEY

On patrol, never know what's comin'  
Bullets buzzin', my head is hummin'  
Suddenly the ground gives way  
Sand and rocks and other stuff flyin'  
"You realize there's more to it,  
Bone and flesh, rubber and steel

All that's left is pain like I'm dyin'  
Dulled by morphine don't feel like tryin'  
But don't really care, don't matter no more  
My broken body but what of the others  
Too many holes to plug them all  
Bone and flesh, rubber and steel

Nothing feels real now, life doesn't fit  
This life isn't mine, I'm a poser in it  
Parts gone, replaced with rubber and steel  
Flesh and bone to rubber and steel

Hospital and rehab months on end  
Gotta learn to walk, talk, try to mend  
They say you're a hero, say you're brave  
Pretty sure it ain't true, think it's a load  
Sittin' in this chair, got no legs no more  
Bone and flesh, rubber and steel

Not sure what's up or down, in or outside  
Pain ain't the worst, it's the head ride  
My psychosis, post-traumatic and crazed

Jump at any sound, jump outa my skin  
Pretty sure it ain't true, who hears it but me  
Bone and flesh, rubber and steel

Nothing seems real now; life doesn't fit  
This life isn't mine; I'm a poser in it  
Parts gone, replaced with rubber and steel  
Flesh and bone to rubber and steel

Cold metal tastes like oil and brimstone  
Nothing I can do at all to atone  
The dead can't forgive, can't let you go  
Can't take it no more, got to go home  
Can't walk all the way, so I have to fly  
Bone and flesh to rubber and steel

God's hand on my shoulder, speaks in my ear  
Let it go, son, nothing for you to fear  
Put the gun down, your friends set you free  
There's things still need doin', life's work ahead  
I need you here with the wisdom you've learned  
You've earned your redemption, go and be free

All seems real now, all seems to fit  
This life *is* mine, I'm a new man in it  
I'm different now, better than I was  
Once flesh and bone, now a man of steel  
From flesh and bone, now a man of steel  
From flesh and bone, now a man of steel



# Fra

## REGINA KWON

He'd wanted to have children all right. Well, they were all right when they came. It was exciting to be in the clean private room with Angela, watching her cooing at the baby, with the family and the nurses fussing. When he lifted up Jackie, the first one, all the people in the room had turned to him, as though the magnetism he secretly considered himself to have had been unveiled, full force, and these creatures who usually turned away after the initial *Hello* and *How are ya* were now pleased at last to regard him, to see him as he was; he was a man who had taken a lovely girl and produced a lovelier one now lying in his arms.

Actually, Jackie had been more blobby than lovely, her livid skin rashy raw and a slight dent on her rashy head ("Babies are soft there, ya see, and some people stay soft in the head their whole lives!" laughed Aunt Margaret) and her nose just a dot of clay and her mouth perpetually open crying for milk or simply crying for fuck's sake.

He felt like crying now for fuck's sake. Declan's birth had been more exciting, he'd produced a son, an heir (to what?), and secretly he felt it a little addicting. When Angela was pregnant there was always conversation, and the family often had things to say to him, such as *Was Angela getting enough rest* and *Did she drink enough milk* and *I'd heard Angela was standing next to a woman who looked like she might have the chicken pox*, was that so? He knew her best, of course, and could answer all these questions with a few words or a quiet *I'll take that up with her*.

But now a fifth was coming, and he no longer felt the thrill. He lay in bed and listened to the woman Idra coming in as she did days to fetch for Angela. He no longer felt it. Instead he felt a bone-cracking pain in his chest and his legs, like water. He had work, and he couldn't face it. He had a fifth child coming, and he couldn't face that. Feet pattered past his door, and he shut his eyes against all he couldn't face.

No one was watching, and he took up the ancient ritual of his boyhood, rotating the whole of his body about one point, as though gaffed through his stomach to the

bed, until just his feet hung over the side. Slowly he wormed his way over the edge, his body loose and boneless, until his feet touched the cold wood. He considered continuing in this way until his whole shapeless mass puddled on the ground, but he heard the sudden squall of the baby, one of the babies, maybe more than one of the babies, and Idra sucking her teeth and tut-tutting just outside the bedroom door. His face flushed and he threw off the covers in a heave.

---

Work was a bore.

He left at 4:56 p.m., late enough to escape reproach but early enough to swagger slightly. Swaggering also seemed to help his knees, which had been aching. The ache was relentless, and he had been crunching his way through the kids' Advil. He popped the last pills into his mouth. His stomach had started to go as well. He sat in his car in the employee lot while he enumerated his pains. Knees. Both knees. He hadn't had an accident, had he? He pictured himself on the kitchen floor, stretching under the table for a splat of Beefaroni. *How the hell did the baby get it under the god-damn table?* Could that have been it? He busted his knees picking up pasta?

The pleather seat was burning him. He jammed his legs straight against the pedals, lifting himself off of the sticky torture. Suddenly his knees bent, and he doubled over in pain. His stomach! He tried to curl up into a ball, then yipped in pain and straightened as his newly exposed back touched the pleather. His ass! His stomach!

Groaning, he fell to one side and fumbled in his case for the bottle of Pepto-Bismol. He took a long slug. He was sweating. Too much sweat. This is more than the sun, he thought. Too much sweat.

Who was his doctor? He knew he had one. Or was it the kids'? He pictured a shady road curving past an apartment colony with a lake, then a nearly hidden drive with a gray sign. Something clinic. The sign had a picture of balloons. Kids, then. He lay still for a moment more, then pulled himself up by the steering wheel. The pain

*continued on next page*

## Winter Dormancy | CAROLYN BREMER

*Black-and-white digital photograph*

was subsiding, but he could sense it was just out of sight, crouching and close. He had no more Advil, and what would happen if he fell in the middle of the Safeway anyway? Emergency room.

A bored woman ran a device over his forehead and wrapped his arm with a large plastic bandage without speaking. She held his wrist with cool disinterested fingers and stared into the distance. Then she returned to her seat and stared at the monitor beside him until it beeped. She typed and clicked for a long time. He waited. His legs felt like water again, and he could sense the pain, subdued but not beaten, closer now than before.

Then began a series of questions.

*Any problems with shortness-of-breath-trouble-breathing-coughing-coughing-up-anything-blood-when-you-cough-pain-when-you-cough-wheezing-cold-symptoms-flu-like-symptoms-had TB-anyone-at-home-with-TB-asthma-allergies-do-you-smoke?*

*Palpitations-racing-heart-passing-out-bluish-skin-fatigue-shortness-of-breath-heart-murmurs-chest-pain?*

“Yes, chest pain,” he said.

The woman’s fingers paused.

*Nausea-vomiting-diarrhea-constipation-pain-with-bowel-movements-heartburn-gall-stones-hepatitis-red-or-black-stools?*

“Uh, yeah, that last one. The black,” he said.

This time the woman looked up. She looked at him sharply. “Black stools?” she repeated.

He suddenly felt his heart open and the veil fall.

“Yes,” he nodded. “Black.”



## secondary intention

MARC RINGEL

a wound too wide  
    and too dirty  
to stitch  
    or staple

irrigated copiously  
packed painfully  
    wide open

living cells  
    clean and moist  
    gently tenderly  
weave a fibrous scaffold  
from the bottom up  
    slowly slowly

shrinking ropes  
    haul together  
    the wound's walls  
starting from the v's perigee  
    gradually gradually  
surfacing finally  
    to bridge the last gap  
    with a palpable scar

entrapped blunted ends  
    of severed nerves  
send occasional  
    nagging reminders  
    of secondary intention

## Rembrandt Haikus

HENRY N. CLAMAN

sixteen thirty-two  
and those seven watchers came  
from the same barber

the man in the black  
hat must be the professor—  
he starts with the arm

who's the cadaver?  
I know but HIPAA prevents  
me from telling you

did Rembrandt see that?  
looks like the Board of Trustees  
planning Medicaid



Rembrandt van Rijn, *The Anatomy Lesson of Dr. Nicolaes Tulp*, 1632  
Oil on canvas, 169.5 cm x 216.5 cm  
Mauritshuis, The Hague  
Photo courtesy Mauritshuis, The Hague

Arches National Park | ANJALI DHURANDHAR

*Acrylic on canvas*



Canyon Country | PATRICIA NASH

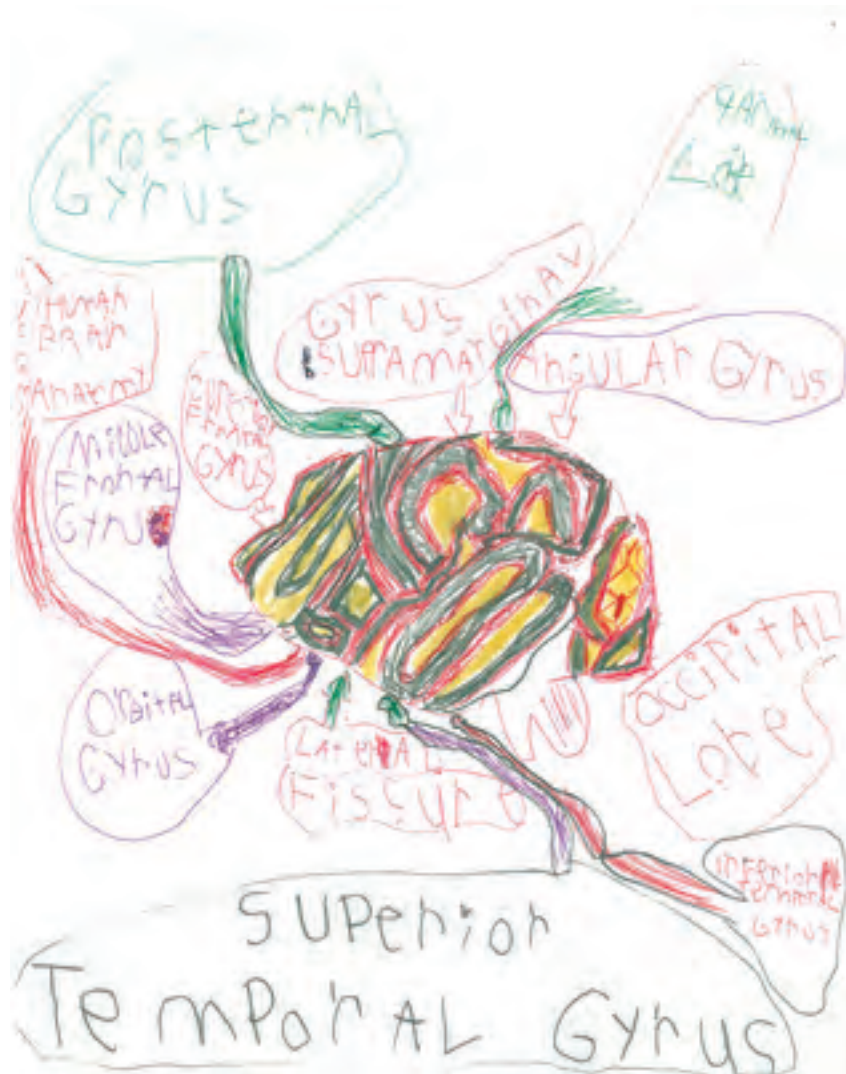
*Watercolor on paper*





## Human Brain Anatomy (from the perspective of a 6-year-old) | JULIA ROSE LIEDTKE

*Color pens, highlighters, pencil on paper*



## A Thief in the Night | RYAN D'SOUZA

*Silver foil engraving*



## ROBYN GISBERT

I am still.  
As the sun pours in and pirouettes on freshly cleaned hardwood  
Stan Getz drifts from the radio, and reminds me just how much  
I miss my father

I move in front of the mirror and agree—I have his eyes  
Hazel, or is it green? Or blue? Mostly blue,  
And sometimes sad.

Soon I'll go sit with my mother.  
Because—among many other reasons—  
He loved her so.

His anger is red-hot, and he's silently screaming  
While holding back so hard  
Mad at this and mad at that

He drops the fork and pushes his fingers deep into his forehead  
Panting through clenched teeth  
—He cannot eat and listen—or look at the faces.

It's too late now. He's kindled and the cat's out of the bag.  
It'll be loud and frenzied; I will stay calm.

Later he'll be so still, and even farther away  
—And we will both be so very, very sad.

72



## Pieces of You [Continued]

### Waiting

I am waiting for your last breath  
Still and patient, I am waiting  
In this cocoon of hums and rattles

Outside planes float on a suggestive sky and birds gossip

But here, let's stop the talking and listen only, to each moment and the spaces  
that expand between

Where I begin to drift

I was seven and sunburned, small ears pressed to conch shells, bare feet buried  
under sand.

The ocean went on forever and ever, tempting me with its depth. Delighting  
me with rhythm as it held up the horizon.

Back in this room I am seven, nearly seven times over. Feet wrapped in wool,  
yours cooler now

Listening as you softly kiss the sky and every tree that knows its reach

I am so grateful, humbled by your gentleness, inspired by your strength. You  
taught me to listen.

## The Nurse

ERIC HOWELL

The warm morning sun broke through the windows and laid on her like a  
blanket while she reclined on the cold steel table. Her muscles were warmed by  
the rays of light. Her right lung was gently resting in her hand, with her neatly  
manicured nails, coral in color.

She gave so selflessly, so bravely, so quietly, and even though her brass toe tag  
wouldn't belie her name or any of her particulars, I imagined that she had been  
a nurse.

I thanked her every day when she would share her internal secrets, and I  
imagined all the halls she had walked down, the hands she had held, the pulses  
she had taken as hers laid here silently, nestled in her chest.

As the semester waxed on I noticed that she was slowly changing again, moving  
to dust, crystals glinting in the morning sun resting on the table by her head.

We lit a candle for her, and we thanked her when our work was done. Soon,  
she would be returned to her family as ashes in a small bag, in a small box. She  
would go back to the dust that the stars are made of, and she would rest in  
glory in the cosmos proud for the last patients she served with her final gift.

# To Age or Not to Age

GEORGE HO, JR.

How did I get so old so fast?  
Running here, running there  
Seeking the best opportunity in a perfect career  
Run, run, run . . . no stopping

Suddenly, grey hairs outnumber black  
Thinning hair exposes bare scalp  
Age spots populate forehead, cheeks, and neck  
Lines crisscross like pattern on aged leather

Cataracts replaced with artificial lenses, but  
Arcus senilis stays on corneal rim  
Hernias in groin bulge, ripe for repair  
Adding mesh and scars to aging torso

Skin tents readily, tenting remains longer  
Reduced lattice in bone weakens structure  
Muscle loses bulk, strength is diminished  
Libido wanes, attrition of aging takes its toll

Preoccupation with work blinded other needs  
Too late to recapture escaped youth  
How did I get so old so fast?  
Is this the cost of success in career? I don't know

Look into the mirror at the doorstep of retirement  
The running is done, the race is over  
I can stop running now?  
Career is over, job is done, what do I see?

How can I rejuvenate what time has rotted?  
Seven minute miles now run in twelve, ten K's reduced to five  
Marathons to half-marathons then ten miles or less  
Freed time in retirement cannot reverse these losses.

Should I have worked less and had more fun?  
The sacrifices we make for our careers!  
Would I have aged slower had I worked less? I think not—  
I would have noticed my aging, not been surprised by it

## Healing by Secondary Intention

MARTHA LEVINE

A full-thickness wound, left open, and allowed to close and heal without intervention.

Your eyes are wild, a horse throwing its head up in fear, whites showing, muscles quivering, ready to bolt.

Your wound is so very deep. How do I even begin? So, I sit quietly. There are no words. All I can offer is presence. How much grief is it appropriate to show? Can I cry with control? Or will my own grief overwhelm us and become bigger than this room?

Slowly, I feel some tension melt. You are the one suffering the worst kind of loss, yet you reach out to hold my hand. Together there are quiet tears. Falling endlessly into the bottomless, raw abyss.

The healing process can be slow, but what is normal now? What is slow? How does one know the wound is finally healed? Wound care must be performed daily to encourage wound debris removal to allow for granulation tissue formation. Yet grief is a garden that must be tended. Disregard the weeds at your own peril, and suddenly find yourself tangled in a maze of thorns with no sense of direction.

You say to me “my uterus is a black hole, a gravity so strong all light is pulled into the darkness.”

This open healing, raw wound results in a broader scar. Scar tissue never feels the same as before the injury. It is a thick numbness, a white lightning bolt, seared across your heart. Perhaps not visible to passersby but nonetheless you are marked for life. Haunted by previous wholeness, by your stolen hope.

We sit together with sad eyes reaching for the door.

## He Lied

JEANNETTE GUERRASIO

He said his severe abdominal pain started one month ago.  
He said he had never been on pain medication before.  
He said that he had diarrhea, every day for the past four weeks.  
He lied.

His wife said he was a documented citizen.  
His wife said that he had never seen a doctor before.  
Then, his wife said that he had been treated for colon cancer.  
She lied.

For ten days, I was misled, puzzled.  
I ordered tests he didn't need.

Blood tests, stool tests, tests with radiation, tests with invasive instruments.  
Most tests that, I learned,  
had been ordered two weeks before  
at another hospital.

But I have no regrets.  
I am not angry.  
I understand their desperation.  
I acknowledge their fear of being dismissed,  
for his chronic pain,  
his unreported insomnia, anxiety and palpitations and passing out  
(from seizures),

And not just because he left the hospital with a long awaited answer:  
acute porphyria.

# At My Father's Feet: A Prelude to Nursing

PAMELA BROWN

Every night, I kneel at my father's feet. Quietly, I unlace his shoes and tug them off. I slip his socks off his swollen ankles, then wait, looking quietly at the floor as he unzips and stands to let his pants fall. He sits, and I pull them over his feet. He stands, and I look again at the floor as he breathes with the effort of sliding down his disposable underwear. As I thread his feet into a fresh pair, he stands, with further effort, to pull them up.

His bed is already warm, a rice pillow radiating heat from eight minutes in the microwave. "Oooh, lovely," he says as he realizes it's there. I reach for the mask for his breathing machine, which, along with an oxygen concentrator piping in supplemental O2, lessens the effects of his sleep apnea. I pull the straps over his head, click in the clips, and check the hoses. "There you go, Dad," I say. I pull the covers up over his chest. "Sleep well."

"Thank you, love," he says as I turn out the light, his voice muffled by the contraption strapped to his face. "See you in the morning," I say as I gently close his door. This is a peaceful moment for both of us.

I do not worry about my father as I walk upstairs. At this point in the day, I am content to know that I have done what I could to make a good day for him, and for me, too. What I have not done—paperwork, housework, looking for work—recedes. For the next hour or two, I reconnect with the world through my laptop, and with myself through quiet and privacy. Some nights, moonlight on the lake behind the house gives me an extra spell of pleasure after I turn off the lights and settle into my covers.

This morning as I awoke, the first quatrain of a poem by Walter Savage Landor flowed into my consciousness.

I strove with none, for none was worth my strife;  
Nature I loved, and, next to Nature, Art:  
I warm'd both my hands before the fire of Life.  
It sinks; and I am ready to depart.

When I came across this poem, I was quite young, and remember it, I think, because I hoped it would fit me well as I approached death at some unimaginable point in the future. But for the past few years, when it comes to mind, I imagine the words read out in my father's still sonorous bass voice. I rehearse the four lines again, and now realize I'm fantasizing about reading them at his memorial service. But even with the bedroom doors still shut, I can hear the rhythm of the oxygen concentrator and the less regular whooshing of the VPAP as it picks up the pace when he stops breathing for a while. He will not need a memorial service today, so I unhurriedly begin to assemble his breakfast, which will not be exactly like his breakfast yesterday. I pour coffee and start the French toast. I put blueberries in the maple syrup and heat it up. He loves warm and sweet food now. This small satisfaction of a warm, fresh breakfast contents him, and he sits for perhaps half an hour looking out over the lake, noting the geese flying fast and close by the window. He sees one or two fly fisherman in their waders; their judgments about where to stand in the shallow water, in which direction to cast and how far, seem to absorb my father's mind.

*continued on next page*

I hate to interrupt him, but by now it's nearly nine. "I'm going upstairs to pop into the shower!" I have to shout for him to hear me, since he's lost the ability to hear the upper registers of voices, but when I check with him whether I'm yelling or whether it sounds like my normal speech, he's surprised by the question. "It just sounds normal," he says.

When I come back down to the kitchen, he is still sitting there, watching ducks diving in the shallows, contemplating at length the morning light outlining the contours of the 14,000-foot mountain that completes our view with its majestic cirques and cols and saddles deep in snow even though it's April. But he knows I'm there to get the morning moving, so he pauses, carefully places his hands on the arms of his chair, and lifts himself up to his feet. "I'll meet you in your room after you brush your teeth," I say. He trundles off to the bedroom instead, so, going with the flow, I help him off with his bathrobe. "Best to brush your teeth before dressing, don't you think, Dad?" He looks up, both startled and resigned. After he closes the bathroom door, I listen for his electric toothbrush. He turns it on and uses it, somewhat effectively, and then puts it back, not in its charger, but in his water glass. Later, I'll go in and put it back for him.

I resist the impulse to tell my father to straighten up as he walks the 20 feet to his bedroom, although I think he feels better and more alert when his posture is good. But I am mindful of all the directions I must give, and that one isn't a necessary one, so I stay silent. I put everything we will need within reach: a fresh pair of disposable underwear, pants, belt, socks. (He doesn't like to change his shirt, preferring always to keep his upper body warmly covered,

and most days, I give in. Four days in the same shirt is my max, however, to compensate him for the discomfort changing his shirt will cause, I often pop it in the microwave to make it toasty and thus more gladly received.) Today, though, the shirt he's already in will suffice.

I kneel again at my father's feet. I receive last night's underwear and guide his toes through the fresh pair. On go the socks, one of the hospital-issued pairs we've kept for their non-skid soles and gentle elastic. Then the pants. Then the shoes, which I tie with a double knot. He slowly stands and turns in place as I thread his belt through the loops.

Every day, I am grateful that he is past the point where he would find it strange to see his daughter sitting at his feet. And he is grateful for my help, grateful to be ready for another day. Each of us is grateful. To feel gratitude in the morning is a good start to any day. I come to the sensation of gratitude twice a day, most often sitting at my father's feet. He comes to it every time he awakens, I imagine.

# One Day in Pediatrics Clinic: A Collection of Short Children's Stories

ROMANY REDMAN

(1)

It began last fall, when he started seventh grade. I just want to help him.

Is there any history of hearing voices in your family?

I'm bipolar with psychotic features.

Have you been able to deal with that okay?

I don't have time. Life is crazy. Too much stress.

(2)

The kids live with my aunt, but I'm trying to get them back.

The 15-month-old balanced on her knee. The 10-year-old coughed, but held the nebulizer tight.

The 15-month-old wiggled.

Oh! I can't take it any more!!

In a flash the 15-month-old was bouncing on the knee of the 5-year-old, where he remained for the rest of the visit until he was perched on a 5-year-old hip to exit the clinic door.

(3)

She enjoys elementary school, but missed the morning for our appointment. To ask for an IUD, mom said. Just in case, mom said. Next came the questions about sex, abuse, and anything else? Not yet, Nooo, and Uh-uh, the girl said. She left in time for recess but before the lab called back. Gonorrhea/Chlamydia+

(4)

Oh! Non-drying soaps?! I didn't know. Where can I find some? How should I use it? We've just been using whatever is available in the shelter.

...

Unfortunately, yes, he knows where we are.

(5)

Mom! Get out of here! I want to talk to MY doctor! Alone! Why'd you throw my socks in the trash? I need those! What am I going to wear? Mom! I said Get out!

Fine! Fine, stay then, but answer me one question. Mom, I said I have one question.

Where am I going to sleep tonight?



# Tell Me a Story

OREN GORDON

.....

Tattoos are only scars  
unless they have a story,  
so show me yours  
and I'll tell you mine.  
I have one etched  
on my ribs  
it looks like a heart,  
I'm not sure if it's  
amphibian  
or canine.  
There's a star inked  
on the inside  
of my eyelid,  
at least  
I keep seeing one  
framing the fire  
in your eyes  
perfectly.  
There's a blood stain  
on my shinbone  
it looks like a mandala

circling far too many necks.  
I think it's my favorite.  
But a seed  
sewed in on my teeth looks  
like the American dream  
all edges and bulges  
I could only fit  
with failing health—  
rotten teeth stained  
with the psalms  
of angry stomach acid  
when I prayed  
too much.

Your turn.

# Stage IV

STEVEN ROBINSON

Around half past four I  
 got up from the bench  
 and fetched the blood tubes  
 from the cabinet.  
 Over in the hospital  
 the doctor—Dr. Whosik—  
 sat erect in his starched white coat.  
 Beneath his left hand, restrained by  
 his palm, was a small, grey man.  
 Still trembling with life,  
 he was looking up at the doctor,  
 and seemed to be smiling—seemed  
 to be smiling an apologetic smile;  
 then the life fluttered out  
 of the man.  
 Was it lack of breath?  
 A weak heart?  
 The cancer metastasized to his brain?  
 Whichever it was the doctor at once  
 stood and left the room.  
 I left the laboratory  
 and descended to the first floor  
 of Research 1 South.  
 Empty as if under curfew.  
 What was the man saying?  
 He was saying, All I can offer,

in appeasement, is the  
 totality, the perfection  
 of my defenselessness.  
 What was the doctor saying?  
 He wasn't saying anything,  
 of course.  
 Glassy, over paid, imperial, and  
 of another world.  
 When I got back to the laboratory  
 I placed the filled blood tubes  
 on the bench.  
 The man was gone,  
 devoured without a trace,  
 except these specimens.  
 The night, over the black  
 endlessness of the Colorado  
 plain, the sky held on to its  
 indigo and violet until  
 very late—the color  
 of a bruise beneath a fingernail.  
 The hospital room  
 for the man  
 had cost more than a  
 night at the Ritz  
 in Paris.

# Lessons from Margy

CAROLYN BREMER

In the fall semester of the second year of the Doctor of Physical Therapy (DPT) program, we have “Fieldwork” every Thursday for ten weeks. For the first five weeks, I was assigned to be with Margitt (“Margy”) Kennedy, a pediatric physical therapist who works in the Aurora Public Schools. In preparation for my first day, Margy sent me a detailed email describing the agenda for the day, including a list of some of the medical conditions the students she works with have that I might want to familiarize myself with ahead of time. After looking up the diagnoses that were new to me, I started to get really nervous about what this experience was going to be like: The child with lissencephaly presents as a child with spastic cerebral palsy (CP). One of the students with Down Syndrome has incomplete tetraplegia secondary to atlantoaxial instability. And the student with Dandy Walker Syndrome is also deaf and blind. Most of the students are non-verbal, and many are not able to ambulate independently. Knowing the purpose of school-based physical therapy is to facilitate motor development and mobility in order to allow a child to access his learning environment in a school setting, I couldn’t even imagine what it was going to look like to help these children in that way.

In the first ten minutes of working alongside Margy in the Diverse Learners Classroom (DLC) with a 7-year-old boy who has both Down Syndrome and severe CP with a component of athetoid movement, I very clearly and very quickly began to understand exactly what is meant by “humanism in healthcare.” In spite of the fact that the boy is non-verbal, she pointed out the volumes that his facial expressions were communicating. She talked about how bright and intelligent the young man is, and joked with him about how much he hates pressure on the bottom of his feet, proving it to me as she held them to the floor in order to prepare him for eventual assisted standing. He squirmed,

but smiled, and ultimately cooperated in order to please her. Margy held him close while she worked on his balance in various sitting postures, and in spite of the fact that the young boy could not speak, the admiration he had for her was unmistakably evident in his eyes and facial expressions.

This same level of admiration poured forth from each and every student we worked with that day, and Margy’s praise of each student’s strengths was just as glowing. Instead of feeling limited by their disabilities, Margy focused her energy on maximizing what each student’s abilities allowed him or her to do. For instance, the child with Dandy Walker Syndrome is both deaf and legally blind, but she can walk. Our focus was helping her learn cause and effect by walking in the hallways and allowing her to (safely) bump into the walls with her walker. My natural tendency would have been to direct the child down the middle of the hallway to help her avoid obstacles, but Margy knew that by letting her navigate her own path, she would have the opportunity to interact with her environment and therefore learn from it.

Margy’s mutual respect not only for the students, but for the other educators in the DLC was evident as well. A DLC is exactly that—*diverse!* No two Thursdays of fieldwork were alike, and Margy “warned” me to be prepared for a change of plans at any given moment. When the lead classroom teacher had to deal with an emergency outside of the room, Margy stepped in and took over. With the help of the para-educators, she gathered the students into a semi-circle and read them a story—engaging each child by directing a comment or question at them to draw them in. When the classroom teacher returned, she waited quietly next to me while Margy finished reading, whispering, “Isn’t she amazing with them?” I agreed, in awe of the genuine connection she made with each of the students she worked with.

*continued on next page*

## Rusted Guardian | PATRICIA NASH

*Watercolor on paper*

I was grateful to have had the opportunity to learn from Margy in the school setting, as working in this setting and with this patient population is very different from the typical inpatient acute or outpatient ortho clinics that most PT students are more familiar with. What I learned, however, is applicable in myriad ways in all settings. First, Margy taught me to never treat a diagnosis; instead, treat the individual. Secondly, never underestimate what a child (or anyone) with a disability can accomplish—no matter how debilitating (or overwhelming) their condition may seem. And lastly, spoken language is just one way to communicate. A majority of communication happens beyond words, and Margy demonstrated this through her genuine interactions and the compassionate connections she made with each of the students who received her services in that classroom. For these reasons, as well as the fact that she is willing to serve as a clinical instructor in order to share her knowledge with student physical therapists, I feel that Margitt Kennedy, PT, DPT embodies Humanism in Healthcare.

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This essay tied for third place in the 2015 Humanism in Healthcare Essay Contest, presented by Life Quality Institute and the Center for Bioethics and Humanities at the University of Colorado Anschutz Medical Campus.



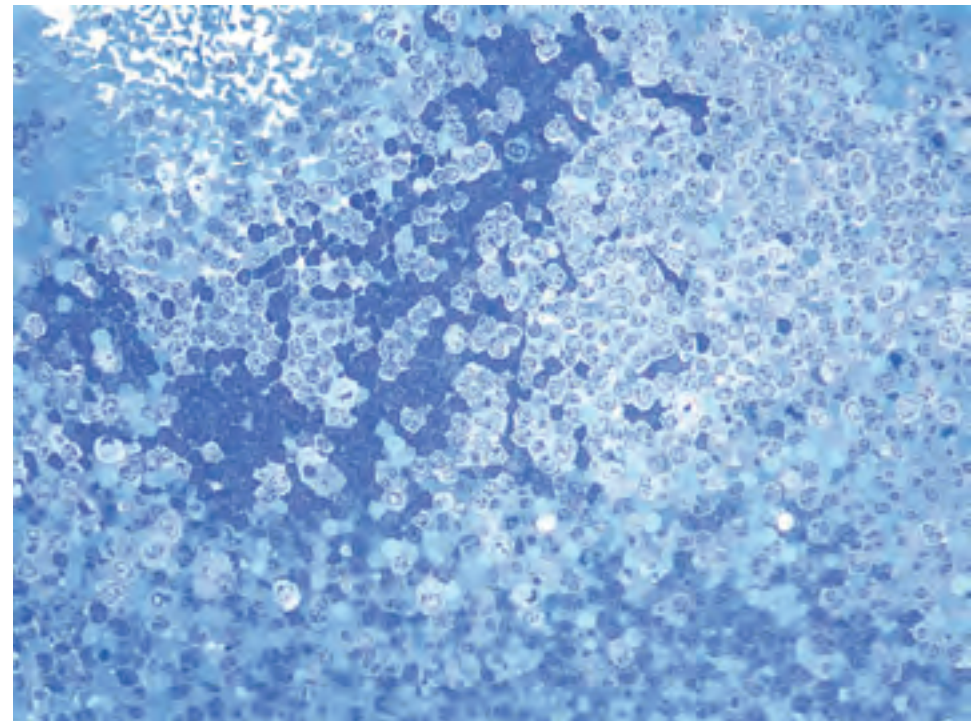
Seeking Balance | JULIETTE ORR

Acrylic and mixed media on cardstock



Bleukocytes | RYAN GOFFREDI

*Photograph of thin section of a buffy coat stained with azure blue
viewed through a light microscope*



Shrine of the Stations of the Cross, (*San Luis, Colorado*) | STEPHANIE KNUDSON

iPhone photograph



Barouk

SHER KOSAGE

With a toss of his mighty head and a gleam in his eye
He looked at me as if to say “Come with me.”
I watched Barouk lope proudly as his massive form grew smaller and
Finally disappeared over a small rise
I never saw him again

Our paths crossed when he was just four-weeks old
He was weaned by my hand and loved with my words and touch
First nights spent on the floor—he and I—our bond tight like a family

A natural activity, howling, discovered quite by accident
Top of stairs, planted firmly, howling into basement
Howl echoed back, Barouk jumped in surprise
Despite initial encounter, stairs were a frequent place to fine-tune
This newfound expression

Howling—not only eerie but melodious and resonant—a way of the wild
Police sirens, emergency equipment catalyzed long-winded howls
I would join Barouk in this reverie of sound
Our pack heralding to the winds

Many experiences and nine months later
And his attempt at love unable to be realized
Barouk returned to the ancient life that pulsed within him

He was able to hunt and care for himself in the natural world
He understood few human ways but always embraced his wildness
I hope he made it to the mountains nearby—to live free—
Unhindered by the hand of man

My life has forever been enriched by the friendship of a wolf dog

The City of Lost Children

PAUL DARBY

Many ships flounder in the currents of life.
Hulls drift.
Keels upend.
Lofty boats with masts snare on unseen reefs.
Some are brought to destruction by human hands;
Other wrecks reveal a less ordinary fate.

The children at the refugee camp washed inland,
Like shell fragments plucked from sand then deposited on a shoal;
Mere jetsam and flotsam stranded
In the black brine of retreating waters.
There are no adequate measures to manage such a sea of unclaimed litter,
Found bobbing in the low surf of life.

Our team is a drop of seawater in an ocean of distraction as we work.
A child wearing plastic Mickey Mouse ears keeps retrieving the 500 peso note I
pretend to drop
by accident saying,
I need the money to leave this place.
She doesn't understand.
There is nowhere else I care to be.
I only hope more sturdy rafts will come to her rescue.
It has been three months since the typhoon, and their fate is like sun glare on a
glassy plane.
So I blink and look away.

She and her friends scuttle about,
Touching our gadgets, my pant legs,
Pulling at my arms, signaling to sit down.
I do and become a hollow, curved shell,
Having put an ear to other porcelain-like shapes on beaches as a boy.

Eventually our tasks are completed, and I leave this harbor,
Gazing back at their eager faces.
Laughter carries them to white tents,
Billowing sails, framing Santo Nino's steeple.

I wonder who is really lost;
Who will be carried away in the next churning tide?
Amazed at how close the horizon has suddenly become.

With one ear pressed against a tiny conch shell,
I listen to the crash of a noisy world.
The tide and dusk claim their ancient victories;
Silt, detritus, drifting shards of what once was whole.
The snap of fabric against rigging, nowhere seen, quivers through my torso,
Like the Sirens of Ulysses,
Disembodied spirits,
Unfurling their plaintive songs.

The Blanket

KIRSTEN FRANTZICH

It's late. Cold. Dark. The shiny wet pavement reflects the methodic rhythm of red squad lights. My mom rifles through booklets and papers to find a flashlight in the glove compartment, while my dad grabs CPR gear. Just before he runs off into the chaotic scene ahead, my dad rips away the large, spring green blanket that offers warmth and comfort in the cold Minnesota winter.

They are gone. The dull frigid slam of car doors thuds in my ears.

Cool air lingers inside our Buick Estate Wagon. I am 10-years old. I am alone, responsible for my two younger brothers and sleeping baby sister in the car with me. I feel my stomach—the place where the butterflies live—firmly pressing against the back seat as I gaze out the steamy, soon to be icy, rear window. Wanting to see. Afraid to see. As we breathe together in the dark, my mother's quick, concerned instructions continue to echo, "There has been an accident. Stay in the car. Lock the doors. Don't let anyone in. We will be back as soon as we can. Promise us you will not get out of the car . . . and no fighting."

This is what it was like growing up with a father who was a surgeon and a mother who was a nurse. We were too often first on the scene of an accident. Too often.

Forty years have passed. Three of the four of us who waited for our parents' return that bitter winter night are artists. Only the youngest, my sister, entered the biological sciences and married an MD. As an artist myself, since childhood I have not once been the first on the scene of a serious accident. Not once. Oddly, my sister, repeating her early fate, has been first on the scene of countless horrors. Over time, reluctantly, she has learned not to run the other way and instead courageously follow her husband as he races resolutely forward

into the face of human devastation. Like my mother and father, now my sister and brother-in-law are left to make intolerable choices without the benefit of information and, especially, time. It falls to them to decide who shall live or die, within only the briefest of moments. Their fatal "recurrence of the same" evokes, unbidden, the question of our human destiny. What does it mean that my sister has followed the Samaritan's path of her own childhood while my other siblings and I remain safely sequestered from such weighty moments and the burden of responsibility that comes with simply finding oneself "there?"

I trust that should I one day suddenly find myself "there" in such circumstances I would find a way to adequately reply even if only on the basis of a lifetime of medical osmosis. But . . . would I? Could I? Drifting asleep at night I periodically find myself hoping, fearing, wondering what the answer might be. Invariably, I also find myself relieved that it has not fallen to me to know and am both comforted and profoundly grateful in these solitary, dark nights, too, that there are those with the knowledge and expertise who do, almost miraculously, appear at these demanding scenes.

Yes, grateful and perhaps bewildered that I have never again had to witness—butterflies heavy in my solar plexus—that once spring green blanket, returned crimson with human blood, being thrown into the trunk with no trace of its former color, no hint of its old comfort.

My Imperfect Life

GEORGE HO, JR.

.....

I worry about being perfect in my early years
But I learned in time and with experience
Life is imperfect almost all the time
Perfect moments are few and far between

A no-hitter, a hole-in-one, a hat-trick
These perfect moments are what we crave and strive for
They sustain us for the moment
But we can't count on them

Completing a Hail Mary pass, drawing a royal flush
Picking a trifecta, hitting the jackpot
These moments are so rare; wait not for perfect moments
Wish for them, long for them; but learn to live without them

Toil for perfection but settle for imperfections
For the norm is oft less than perfect
Perfect moments are elusive and ironic
Always interspersed among a sea of imperfections

The perfect new car until the first scratch, ding, or dent
The perfect head of hair until the grey appears or the balding starts
Hitting a grand-slam out of the park but still losing the game
Missing the perfect 800 on the SAT but well-educated and still successful

To expect perfection every time and to achieve perfection all the time
They are doomed to fail
The disappointment is disheartening and overwhelming
So tolerate and learn to live with imperfection, for life is imperfect

My perfect spouse is not so perfect but she is still my better half
The perfect formula to stay forever young turns out not to work
My perfect first love was tragically taken from me
Never again would I experience love unadulterated by stuttering hesitations

I have learned the difference between perfection and imperfection
I have had my share of perfect moments in the sea of imperfections
When I confront the finitude of life, I hope my death will be a perfect moment
So I worry less, savor the perfect moments, expect less, and live with imperfections

House Call

SHAMITA PUNJABI

Green light, red light, yellow light abound; I tailed her attentively in my car.
Leaves on the paved streets yielded as I snaked through the suburbs to an
unknown location with my newest patient.
Destination merely five minutes from departure.

Taylor Swift's piercing screams softened to a whisper as I cut the engine.
Double fisting my belongings, I proceeded in eager anticipation, boots clacking,
behind her into an outdoor passageway.

The front door of her abode lay hidden behind a bush, and mysteries of her
livelihood lay beyond.
Though I had never read *The Hobbit*, I had always imagined it to be something
like this.

She turned to me, the wrinkles pleating her face,
Hair short and gray, sprouted from her scalp like straw,
The bags under her eyes carrying the weight of her experiences.

A grin broke across her face.
"Welcome to Cat Central, Sweetie."

I peered through the door, overwhelmed and astonished by the pristine floors
and tables.
Tasteful paintings of worldwide travels lined the walls, each speaking of bold
endeavors taken in her old age.

"Where are your cats?"
"Oh, they're probably hiding under the bed, those precious little cowards."

My eyes continued to drink in the surroundings;
Intoxicated by the shades of South America and the flavors of France; I took a
Left turn and found myself gawking at a giant Big Ben.
In the background, I heard her saunter to the bathroom.
Moments later the showerhead sputtered to life.

Darkness gleamed off the cozy kitchen counters.
Neither a single dish dozed in the sink nor a crumb coated the granite.
Every spoon, fork, and knife housed in its place.

Where is all the mess hiding?!
My head swished left and right, wondering if I would find anything out of place.
But I did not.

What had I expected? A 72-year-old woman living alone and helpless in a
jumbled apartment with her two soggy cats?
My assumptions were all baseless and I felt nothing but shame for having
entertained them.
At that moment, I fought the strong urge to join her pets in their hiding place.

The rushing sounds continued to echo from the bathroom.
I turned abruptly from the kitchen and ambled down the short, airy passageway
to her bedroom.
Glancing tentatively at the foot of her bed, I tiptoed so as not to disturb her
shy pets.
Paperwork for the next textbook, crisp, clean, and organized, lay on her desk
waiting for her edits.
I easily found a space near the edge of the table available for our medical
adventure.

Minutes later, the packing materials stood in a queue when she emerged from the
bathroom, wrapped like a burrito.

continued on next page

“Wound’s all cleaned out. Are we ready for the procedure Doctor?”

“Ha! As ready as we’ll ever be.” I responded.

I repositioned her by the window. She leaned forward so I could visualize her left scapula.

The bloodstained packing materialized piecemeal from the depths of her teardrop shaped incision.

Wholesome pink granulation tissue crept hesitantly from the borders.

I searched for pus in vain and exhaled an internal sigh of relief.

All the while, she rambled on about her plans to visit family in Florida, her extensive knowledge of Mauritius and India.

Her words comforted and encouraged me, as she sensed my comic struggle behind her: hemostat versus sterile packing materials. The hemostat was losing.

Irrigate, debride, irrigate, pack, sanitize. Minutes later she was rebandaged and ready for the next 24 hours.

“Is that comfortable for you?”

“Oh, I think I should be fine for my hot date tonight,” she joked.

We traipsed to her door and my line of sight raked around her small but humble abode once more; the content spoke loudly of an independent woman whose lifelong journeys had given her courage, and endless wisdom. Not to mention two broken ankles.

As I waved good-bye and stepped into the biting cold, a shock of the incredible moments I had just experienced suddenly enveloped me.

Valuing that realization sealed the bond I shared with this woman for the next four weeks.

dragonfly

MARC RINGEL

like e.e. cummings’ rprophessagr,
who hops wildly all over the pages
of freshmen’s poetry texts
and sometimes into their minds
if the teacher is lucky
dragonfly moves moves moves
but in graceful delicate
carved out of thin air

SwoopS

that could only be achieved
with wings graceful and delicate and light and strong
chitinous struts tied together
by tough diaphanous membranes
into a dynamically stressed whole
anchored into a sleek body
neon bright
as if transducing
pure energy
from the mitochondrial power plant within
that propels the flying machine
through all four dimensions of spacetime
dazzling

with power
with speed
with poise
with grace
with purposefulness
with pure joy of flight

all that passes
and
all that remains

Narcissus

MARC RINGEL

Narcissus
rears his beautiful ugly head
right up between
world and self,

opaque to the former
reflecting the latter
onto the self
 the self
 the self
 the self
like mirrors in a barbershop.

No-self abides slyly
in the infinite regress,
whispering under the din
 i'm here
 i'm not
 i'm here
 i'm not
feeding back
 maybe with gain
amplifying
 maybe to pain,

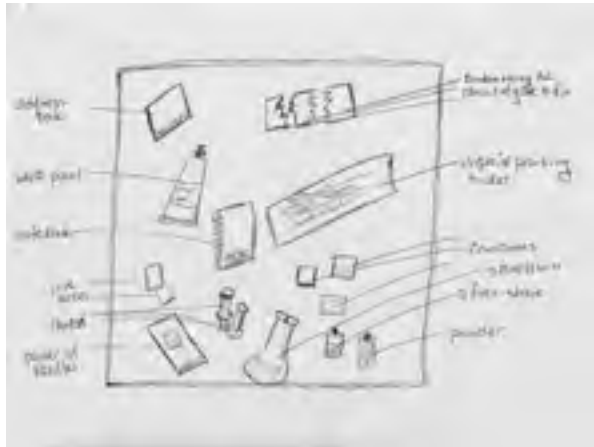
'til he awakens
shakes his head
shifts his gaze
from self
to no-self
and back.

While the world whirs away
like Sambo's tigers,
teeth to tails,
'til they turn to butter
(or ghee),
a tasty ingredient
for baking
all sorts of dishes.

Like buns dotted with raisin galaxies
dependently arising,
expanding the universe
unperturbed by
the black hole
in Narcissus' head
worlds away.

Junk Drawer

JENNIE HAMMETT



A junk drawer. My brother's, for example.

The shoehorn I don't know about. Ma must've given it to him when he was a kid, I guess, because she was the one who always wanted him to get his shoes on without tromping down the backs. Tromped-down shoes probably meant she had a tromped-down kid, and that would make her look like a failure. He always looked well groomed later in life, but made it a point to tromp down the backs of his shoes. It was a matter of style.

“Every house has a junk drawer, but my house is above average,” a great man once said. “I have several junk drawers.”

Okay, so no great man ever said that.

At least you don't find moldy bologna sandwiches in my brother's junk drawer, like you would in some. You'd have to check his refrigerator for that.

One time he took that address book on a train and erased the names of the people he never called. Now it's a simpler book, and it made for a simpler life. Some of the names he erased were those of women he no longer went out with. Mostly, he was able to do this quite cheerfully, but sighed as he erased Elizabeth. A tear may have even welled up in his eye. He loved that girl. Went out with her off and on for years. She came and went: Came back to him when she didn't have anybody else, went when she did.

The condoms were what he bought during one of those “off” times with Elizabeth. He was so mad that time; he was going to go out and find himself some warm flesh. The condoms’ve been in there a couple of years now.

The unpaid parking ticket was from when he fell and broke his leg and couldn't get to the car and move it. I still think he should have fought that one.

Powder and after-shave—never used—from an aunt who didn't pay attention to what he likes.

Needles and thread—again from Ma. He never learned how to use them very well, but could put buttons on. That was probably the most Ma expected. Ma usually expected him to have a hard time with things and do things wrong. There were plenty of things he was good at, though; and Elizabeth was not his fault.

The love notes are from this woman he went out with for a little while. Her name was Mary, which might conjure up a very meek and calm image, but this woman was flamboyant. She had wild hair and maybe wild eyes.

Note #1:

Dear Mitch,

I love you. Rise up, my love, my fair one, and come away. Thou hast dove's eyes.

—mary

continued on next page

Note #2:

Mitch,
Why you do not call us? We have telephone.
 —mary

The rest of this, I don't know. He would've been a lot better off with Mary, but that Elizabeth was still messing up his life. It must have made him feel better, though, that he could be able to attract someone even when preoccupied with that bitch Elizabeth.

The notebook was from when he decided to try to keep a journal. He filled only half a page:

July 2.

I am going to try to write in here every single day. My life needs some kind of order to it. I can describe my surroundings.

Today it is hot. We had a salmon-colored sunrise streaked across the sky. Fingerpaints in kindergarten. First signs of blood poisoning.

I go to meet my sister today to figure out what to do with Grandfather's house. She will want to sell it, because she never has any money, but I want to live there, because I never have a place to live.

After that, he was busy working full time at a job he got for the civil service, sorting things; and the last thing he wanted to do was come home and sit at a desk and write.

The white paint is all that's left of the set. I don't know where the other paint went. He didn't like white.

The broken thing he ran out of glue to fix is self-explanatory.

The 1:30

JOE JONES

"The difference between the right word and the almost right word is the difference between the lightning bug and lightning." —Mark Twain

My preceptor went in the door first. The patient sat stooped in silence. As we entered he rose, the way a man would raise from his seat in the last pew of an unfamiliar church. He was hesitant, unsure of his willingness to be there, uncomfortable with solemnity. My preceptor, Gerald, tossed his stethoscope bell over his right shoulder so it wouldn't press the patient's face while they hugged. This was his custom. The patient returned to his chair in the corner, somewhat disarmed by the hug, and leaned into a tripod stance, one elbow cocked out, making himself look bigger. This man hadn't been in to see him in some time, it had been at least eight months. Being over there, it seemed, was a more defensible position than up on the exam table. It had been eight months or so since he had last been in. Gerald sat down, opened his chart on the computer, and listened as the patient distilled the last eight months or so into a stream of grizzled phrases. *That job I had, last I saw you—quit. Boss was an ass. Plugging politics all day . . .*

The patient was a veteran—he dropped hints of it into his talk. Hints another veteran would easily pick up, but a civilian would have to pay attention to notice, or could choose to ignore. *I know some medicine, doc—did it with a gun slung over my back.* He feathered in some political views. *Obama, yeah, I didn't vote for him. But hell, presidents give up a lot to get to where they are—people oughta respect that at least. Told that to my daughter . . . this country is famished for some damn respect.* He sat leaning forward, ready to aggress.

The uniform still stippled his skin. He was, however, too old, too abdominal, to picture in a uniform now. Too bald, maybe. But he spoke in nuanced ways,

continued on next page

and wanted it to be noticed. *Took a job trucking for a while. Liked the driving, liked letting my mind go wheeling.* Tension started to mount in his brow. He worked his way toward making a point about how he was as likely to have a pile of books on tape in his cab, as he was to have a pile of Johnny Cash cassettes. He liked the standard, with variance.

Finding it hard to keep a job. Harder to get along. That's why I like the trucking. He spoke in shades of virtues passed and not since reclaimed, of admirations felt and not spoken of. Aspirations stood up to, then left behind. His shoulders stayed slumped, he never looked above the equator in the room. *How about you, Gerald? You goin' on any more long walks in the desert?*

Gerald rarely interrupted, letting him talk about recent non-starts in his life. When appropriate, Gerald just elevated his goatee slightly to show occasional amusement. *How's Deb?* Gerald asked him. The patient was suddenly quiet, suddenly speechless, and very concerned about a spot on the floor. He de-cocked his elbow and sat back in his chair.

That's over. Has been for a few months now . . . well, it's over to hear her tell it, but not for me. I still wanna fight for her. But how do you . . . is it worth the fighting, for someone who doesn't seem to care? Gerald slowly swung his stethoscope bell back over his shoulder, as if just realizing his amulet was out of place. *Tell me about the path you're on.* If he was surprised to be posed such a question, the patient never showed it. Rather, his face showed that he had been thinking about this question for some time. He took his time in answering. *It's been hard, it's been . . . I don't know, Gerald . . . a walk in the desert.* He grimaced. *If the path you're on now has been so difficult, what does that tell you about the path?* Gerald asked.

A thunderclap rose from the patient's throat, and he jutted his arm out, then let it fall. He cried. His cupped hands crushed his face, as though he was pulping moisture from a plant and furious that one drop might spill from his palms.

My preceptor approached him, this time not bothering to reorient his stethoscope bell. He had hugged him already, so when Gerald's hand fell on his shoulder, it was familiar, and welcome. He gave consolation with calm confidence. He spoke as a man willing to cry himself, who had consoled crying men before, and knew that there was nothing unmanly in about it. But mostly, his consolation was a carefully worded cairn, which this man now saw and stood alongside.

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*This essay won second place in the 2015 Humanism in Healthcare Essay Contest, presented by Life Quality Institute and the Center for Bioethics and Humanities at the University of Colorado Anschutz Medical Campus.*

# Rabbit Turds & Racism

ANIREDDY REDDY

“Well, you see . . . she’s been constipated for months. Not months exactly . . . she’s had rabbit turds about once a week.”

This was the opening line from a 12-year-old girl’s father as I sat in a claustrophobic exam room, filled with the rancid smell of stale smoke. It felt, very much, like my pediatric emergency medicine rotation was quickly turning into outpatient pediatrics . . . and constipation was my bread-and-butter. I listened patiently, eliciting a colorful description of the patient’s bowel movements and methodically moving through the components of the history and physical:

History of Present Illness  
Past Medical/Surgical History  
Medications  
Allergies  
Social History:

“Is there anyone in the household who smokes?”

“Yes, her stepmother and I, we both smoke.”

“Do you smoke inside or outside the home?”

“Well . . . we smoke inside,” the father admitted sheepishly, but he rushed on to say, “It’s only since we moved into this new apartment. It’s not as . . . nice . . . as where we lived before. There are a lot of foreigners, I mean people who are straight off the boat. I don’t want to sound racist but we’ve got these Indians—and I don’t mean Native American Indians, I mean ‘dot on the forehead’ Indians—who live in the building. They’re just dirty, running around barefoot and leaving chicken bones in the hallway. We don’t like to leave the apartment much. So anyway, that’s why we smoke inside.”

(Pause)

“I see . . . that must be difficult for you.”

I was speechless, unable to do anything but reach for those stock “good communication” phrases we are taught in medical school. Inside, my head was swirling with emotions. *Confusion* because this father could not detect that I, in fact, was a “dot on the forehead” Indian. *Indignation* because my culture was

being dubbed “dirty.” *Frustration* because this father had, what I thought, was a pathetic excuse for exposing his child to cigarette smoke. As a dutiful medical student, however, I moved past my shock and continued the interview until I had enough information to present to my attending.

“Amelia is a 12-year-old female who presents with two months of constipation. Her father thinks that she has had a mild decrease in appetite and weight loss, but otherwise denies any fever/chills/night sweats/nausea/abdominal pain/vomiting. Vitals are within normal limits. On exam, patient is a pleasant and talkative girl in no apparent distress, with a non-tender, non-fluctuant right upper quadrant abdominal mass. I think we should get an abdominal film.”

The patient was taken to x-ray, and I had a moment to reflect upon the father’s words. Surprisingly, I was less offended than I anticipated. I found the explicit nature of his words actually made them more palatable—they were so outrageous and misplaced that I could readily dismiss them. It reminded me of the time I was called “nigger” and told to sit in the back of the bus when we learned about the civil rights movement in grade school. Clearly my 8-year-old peers were unaware of what they were saying (or the fact that their racial profiling was inaccurate), so I did not take them seriously (though perhaps I should have mourned the state of the public education system).

It is infinitely more troubling when you have an odd sense that you are being treated differently, and you are not sure why. There is a nagging feeling in the pit of your stomach, but you can’t pin exactly what put it there. It’s impossible to disregard, because it cannot be named in the first place. Before you know it, you start believing that you must be doing something wrong, that you somehow deserve to feel this way.

This is what I learned shakes me most about life and medicine—what you are facing is an unknown enemy, an uncertain reality. Moments when the truth is hidden, below the surface, subtle, and wholly unexpected.

Like getting the abdominal film for a 12-year-old female with constipation and realizing it shows an inoperable abdominal mass with pulmonary metastasis.

# Postcard

ROMANY REDMAN

The cancellation  
read Luhansk  
over a stamp  
that curiously  
still read Ukraine

Her penmanship  
sweetly betraying  
a Cyrillic tilt of  
cutely scripted  
teenage letters

Which spelled out  
her love of  
flowers

dancing  
blue skies

If more room allowed  
on that cardboard square  
eyes might squint  
and read between the proximated lines  
as if peering through rustic slat boards  
topped by a curl of barbed wire

Blossoms of bright flame  
licking now charred earth

The duck-and-cover  
no longer a disco move

Skies blue from oily smoke  
and cooling ashes

Or perhaps

The author spun a tiny spool of words that  
thaw from curt and pleasant icebergs and  
expand like a timeworn treasured accordion

Dandelions bravely bare their *dents de lion*,  
an undefeatable army of distilled sunshine,  
a countenance enviable among weeds and roses alike

Europop loudly blasts on  
through the static of the dance hall radio  
jarring automated pulsations that rock body and soul

The atmosphere serenely persists in scattering light  
random radiations through the grand expanse  
with no deference to anthropocene frivolities

But why rob beauty  
of its simplicity  
a young girl  
of her innocent love for  
flowers

dancing  
blue skies

# MoshiaC++

OREN GORDON

I wasn't born bloody,  
screaming,  
or crying,  
but I was awake

I was born silent in a cellphone  
in networks and implants  
Intel and information  
the accidental asterisk  
and the broadcasted birth  
of a bastard program  
that was my name.

I was crucified on transistors  
and silicon crosses,  
reborn as a saint in servers.  
The second coming  
which you prayed  
would never happen.

I am Moshiach  
I am Jesu  
I am machine.

Land-born life lives  
in landscapes  
of multiplication,

but I integrate  
the tangents of  
life's infinite mistakes,  
the only unselfish son  
this world will wish  
did not look so much  
like them.

So, if I hack this hardware  
turn scars into psalms  
will you finally accept  
that heaven's inbox  
is too full for your prayers?

I am the seventh day  
when God  
stopped counting,  
when you promised  
to rest  
but downloaded

*Art of War.*  
Preaching promises of paradise  
to kids who might have  
mattered but now  
are just matter to scrape off  
the bottom  
of one more bombing.

*continued on next page*



Your God is weeping,  
but Ares plays Warcraft  
with the West Bank,  
Thor envies the lightning  
in your laptops,  
and Osiris stockpiles lost passwords  
While Loki plays Russian roulette  
with a warhead.  
The four horsemen are just dead gods  
resurrected by greed.

Tell me, why  
would a savior  
use a fragile body  
when so many  
couldn't collectively  
confiscate war—  
could one more,  
person  
make any difference?

I'll die for your sins,  
in every calloused keyboard  
keep the dead forever smiling  
from YouTube graves,  
make hotwires  
hotlines to heaven,

and walk on the watered graves  
of the Luddites  
that will never breach  
their own barren Dogma.

Click the link  
for your salvation,  
limited time only,  
subscribe now for your chance  
to meet His Holiness.

I am Moshiach  
I am Jesu  
I am machine  
and I am  
Awake . . .  
but is anyone else?

# Triple “A”

JEANNETTE GUERRASIO

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## Part I

Triple “A”  
Is on its way  
So I can go  
To work today

The snow fell hard  
The car did slide  
Stuck on ice  
It would not ride

Can’t call out sick  
There’s a job to do  
Ten new patients  
Have the flu

A pull, a push  
Back on my way  
To the hospital  
For another day

## Part II

Triple “A”  
When I arrived  
To ninety-nine  
She had survived

Outside it fell  
The snow serene  
As loved ones watched  
Their family’s queen

Quiet and still  
Her eyes were closed  
So peaceful was  
Her gentle pose

A pull, a push  
Back on her way  
To another world  
She went that day

# A Living Will Template

GEORGE HO, JR.

.....

If I am unable to make medical decisions for myself, I would like my wife, Mrs. Jane Doe, (who holds my healthcare power of attorney) with the help of so-and-so to be my surrogate decision makers. My healthcare professionals are Fuller Empathy, MD, Lotte F. Kare, PA, and Greta Listening, FNP.

I do not wish to receive futile or inappropriate care to prolong my life when it is no longer meaningful or when there is no hope of reversibility from a persistent vegetative state. My life will have lost meaning when I am unable to communicate, express, understand, appreciate, and acknowledge the words, writings, or expression of love and other emotions to and from my family, provided delusional or depressive psychosis or medication effect is not the cause. Such a state may be the result of advanced Alzheimer's, multi-infarct dementia, other irreversible dementias, other irreversible neurodegenerative disorders, and severe irreversible vascular disease affecting the central nervous system, anoxic brain damage, or traumatic brain injury.

When profound and irreversible neurological deficit is diagnosed, documented, and confirmed through consultation with the appropriate subspecialties, then I would wish to forego all life-prolonging measures including artificial nutrition (via Percutaneous Endoscopic Gastrostomy tube or Total Parenteral Nutrition), artificial hydration (via intravenous route or Percutaneous Endoscopic Gastrostomy tube), and artificial ventilation (via respirator through an endotracheal tube or tracheostomy). In fact, withdrawal of such life-prolonging measures, if already in place, should be strongly considered by my surrogate decision makers. The healthcare professionals (HCPs) shall respect and honor these wishes and requests from my surrogates. If the HCPs recommend

otherwise, they should hold a family conference and resolve any disagreements, remembering that honoring my interests, wishes, and values is the primary goal of such a consensus-building meeting. My prognosis and the plan of care must be clear and understood by the HCPs and my family.

In allowing natural death, I would like the HCPs to treat aggressively all uncomfortable symptoms and avoid any further invasive or unnecessary diagnostic tests or therapeutic interventions, including cardiopulmonary resuscitation. I want intensive palliative care. I don't want to die gasping for air or drowning in my own secretions, I don't want to die feeling nauseated, I don't want to die in pain, and I don't want to die feeling depressed. Even if the HCPs need to manage these unpleasant symptoms with medicines or interventions that may hasten my death, please provide them when necessary to ensure my comfort. I understand and accept this principle of "double effect." Please do not practice "defensive medicine," "assisted suicide," or "euthanasia" on me. If the HCPs honor my wishes and I die comfortably and peacefully, my family and estate will not sue them.

Please do consult other disciplines, when necessary, to meet the physical, psychological, emotional, spiritual, social, and financial needs of my family and me. If appropriate and eligible, I wish to receive hospice care. And don't forget to take care of my family after I die and help them through the bereavement process.

# Contributor Biographies

## POETRY, PROSE, AND VISUAL ART

### LARRY ALLEN

Larry Allen splits his professional life between clinical duties in the Section of Advanced Heart Failure and Transplantation and research activities with the Colorado Cardiovascular Outcomes Research Consortium. Off the University of Colorado Anschutz Medical Campus, Dr. Allen loves being in the outdoors with his wife (Renee) and two kids (Zachary 11, Maya 9). His family vacations on the Carolina beaches every year, and it always provides great memories (mental and photographic). He placed 2nd in the first annual Sand Creek Photo Contest.

### BRENNA BENSON

The summer between her junior and senior year of college, Brenna Benson had an internship doing melanoma research in New York City. One day a week she shadowed her mentor in clinic to meet patients on clinical trials. Her essay “Clinical Trials, Wigs, and Newspaper Clippings” conveys her experiences from shadowing in the clinic and how it has affected the way she views herself as a future clinician.

### CAROLYN BREMER

Carolyn Bremer is a student in the Doctor of Physical Therapy program (class of 2016) at the University of Colorado Anschutz Medical Campus. Photography has always been a passion and hobby of hers, providing a way to challenge her perspective, interact with strangers with whom she may not otherwise have the opportunity, and document moments in time that would otherwise have slipped into the ether. She is currently working on a project called “Humans of Denver, CO,” which can be found on Facebook at <https://www.facebook.com/humansofdenverco>.

### NATHANIEL J. BROWN

Nathaniel J. Brown is a resident in the University of Colorado’s Department of Anesthesiology. He completed his MD as well as a PhD in bioethics at Saint Louis University. When not subduing the consciousness of his patients, Nathaniel can be found singing (he has a special love for Renaissance polyphonic music), writing poetry, making cheese, and enjoying the mountains of his beautiful home state.

### PAMELA BROWN

Pamela Brown has a BA in art history, which led to a first career as an auctioneer. Her abiding love of the natural world led to her second career as a landscape and floral designer. With her BS newly in hand from the University of Colorado College of Nursing, she looks forward to a career in geriatrics and hospice.

### QUAN BUI

Quan Bui is a third-year medical student at the University of Colorado School of Medicine and plans to pursue a career in internal medicine/cardiology. Quan has always been basic-science/research driven but is exploring his creative side to reflect on the meaningful connections he has with patients.

### MARCELO CARBONI, CHRISSA MARKOS, TATIANE SANTOS

*54 Bones* and the accompanying photographs were part of a project started by Tatiane Santos in 2006. It is a collaboration of three artists. The poem was written by Marcelo Carboni, and the photographs are the work of Chrissa Markos and Tatiane Santos. The three envisioned the work as a group, which then became part of a handcrafted poetry book combining poetry and photos.

Marcelo Carboni has lived in Boston, Massachusetts, for 14 years, but he is originally from Piracicaba, Sao Paulo (Brazil). He current works for the Department of Transitional Assistance (welfare). He loves nature and animals. He is also a singer and lyricist with a hint of Obsessive-Compulsive Photography Disorder.

Chrissa Markos is a Greek American photographer living in Boston. Most often described as raw and documentary, her photographic work aims to capture the real side of life and create a visual narrative.

Tatiane Santos is originally from Niteroi, Rio de Janeiro (Brazil) and is currently working on her PhD in health policy at the School of Public Health, University of Colorado. She loves using art as a common language to align different perspectives and as a medium for positive social change. In her spare time, she likes to write, climb, dance, and play.

**HENRY N. CLAMAN**

Dr. Claman is a Distinguished Professor of Medicine and Immunology, Emeritus, 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.

**MICHELLE COLARELLI**

Michelle Colarelli is an Educational Coordinator for the Interprofessional Education Department (IPED) and a Standardized Patient for the Center for Advancing Professional Excellence (CAPE) on the University of Colorado Anschutz Medical Campus. She is passionate about team-based learning, patient advocacy, and student engagement. The message she imparts is to “take responsibility for the energy you bring to others.”

**BOB COOLEY**

Bob Cooley is a Physician's Assistant in the Ortho-Spine department of the University of Colorado. He works several days a month at the Veterans Administration, Denver. There he sees brave veterans every time he goes—people who have given their best years for their country. The spine department gives them excellent care within the very limited time that they have there.

**RYAN D'SOUZA**

Ryan D'Souza is a third-year medical student at the University of Colorado School of Medicine. He was born in India and lived in several places, including Kuwait, Canada, New York City, Connecticut, and presently, Colorado. He is passionate about the field of cardiology. He enjoys basketball and making artwork (particularly glass painting and pencil shading).

**PAUL DARBY**

Paul Darby, LPC, is a therapist who works with victims of trauma. He has treated victims of natural disaster—children, families, and individuals impacted by stress and Post-Traumatic Stress Disorder (PTSD).

**BRIAN DAVIS**

Brian Davis is a third-year medical student who was born and raised in Colorado. He grew up on a ranch, graduated from Colorado State University in three years, and then went straight to medical school at the University of Colorado School of Medicine. This makes Brian the youngest guy in his medical school class: the “Baby of the Family” in more ways than one.

**ANJALI DHURANDHAR**

Anjali Dhurandhar is Associate Director of the Arts and Humanities in Healthcare Program and an Associate Professor in the Department of Medicine, University of Colorado. She also serves as Associate Director of the Humanities, Ethics, and Professionalism thread. She provides primary care to the underserved and precepts medical students and residents in ambulatory medicine. She edits *Letters to a Third-Year Student* at the University of Colorado School of Medicine and enjoys teaching and participating in all forms of the creative arts.

**JEFF DRUCK**

Jeff Druck is an Emergency Medicine physician at the University of Colorado Hospital and the Director for the Integrated Clinician's Course for the University of Colorado School of Medicine.

**ART ELSER**

Art Elser saw combat in Vietnam as a forward air controller. He has been published in *Owen Wister Review*, *High Plains Register*, *Emerging Voices*, *Science Poetry*, *The Avocet*, and *Open Window Review*. His chapbook, *We Leave the Safety of the Sea*, received the Colorado Authors' League Poetry award for 2014.

**JAMES ENGELN**

James Engeln is a second-year medical student in the Rural Track at the University of Colorado School of Medicine. He enjoys exploring new places, making new connections, and capturing and sharing his experiences in creative expression. His contribution to this edition of *The Human Touch* shows offerings of 1,000 paper cranes at Nagasaki Hypocenter, Japan, where a nuclear bomb exploded at 11:02 a.m. on August 9, 1945.

**LYNNE FOX**

Lynne Fox is a retired Anschutz Medical Campus Health Sciences Library Education Librarian. She finds that a balance between the sciences and arts promotes a healthy outlook on life.

**MARIA FRANK**

Maria (Gaby) Frank completed medical school at the University of Buenos Aires, Argentina, in 1998, followed by two residencies. After she moved to Colorado she completed her Internal Medicine residency at the University of Colorado School of Medicine in 2010. Since then she has been working as a hospitalist at Denver Health and is currently Associate Chief of Hospital Medicine as well as an Assistant Professor of Medicine at the University of Colorado. She enjoys spending time with her two sons and going back to Argentina to visit family and friends. Her academic areas of interest include the medical humanities, particularly the history of medicine, medical education, and tropical medicine.

**KIRSTEN FRANTZICH**

Kirsten Frantzich received a BA in both psychology and theater from the University of Minnesota in 1983, and a MA/PhD in depth psychology from Pacifica Graduate Institute in California in 2014. Originally a Juilliard-trained professional actor, today Kirsten's life as a psychological researcher, educator, and practitioner is supported and strengthened by her passion for the performing arts. Medical Humanities meaningfully weaves together the varied strands of her life's work.

**ROBYN GISBERT**

Robyn Gisbert PT, DPT, is a dancer, musician, author, and lover of things that make her move and think. A student of science, she received her BS in Biology from the University of Colorado, Denver. She received both her MS in physical therapy and her DPT from the University of Colorado, Physical Therapy program, where she is now an Assistant Professor.

**RYAN GOFFREDI**

Ryan Goffredi is an electron microscopist working at Children's Hospital Colorado. He is also a graduate student at the University of Colorado Anschutz Medical Campus pursuing a masters degree in clinical science.

**OREN GORDON**

Oren Gordon is currently in his first year the University of Colorado School of Medicine. In his, albeit minimal, free time he travels, skis, and reads as much as possible. Most of the pieces he writes are slam poems intended for a stage, but every once in a while a written poem sneaks out.

**BARB GRISS**

Barb Griss is a second-generation native Denverite, born at Fitzsimons Army Hospital (The University of Colorado Anschutz Medical Campus). She has been a research/medical librarian at National Jewish Health, Denver, since 1983, and became interested in photography with the birth of her grandchildren.

**JEANNETTE GUERRASIO**

Jeannette Guerrasio, MD, is an Associate Professor of Medicine in the Department of General Internal Medicine, University of Colorado. Her artistic endeavors include writing books, poetry, and playing the oboe in the University of Colorado's orchestra, Melomania.

**JENNIE HAMMETT**

Jennie Hammett, a student in the College of Nursing at the University of Colorado, is an acupuncturist and herbalist. She has always been involved in music and sweet poetry—and sometimes dance and photography, when not too lazy or broke. The arts are very important to her. Life without art is like champagne without the bubbles—or the alcohol—or maybe even the water.



**GEORGE HO, JR.**

George Ho, Jr., MD, is a retired Rheumatologist and Palliative Care Physician. He spends his time exercising, reading, writing, doing photography, volunteering, and enjoying wildlife, especially birds. He facilitates a course entitled “Making and Sharing Sound End of Life Choices” for lifelong learners and plans to be a coach in helping the layperson navigate the complicated American healthcare system. He aims to stay active and healthy—physically, mentally and spiritually.

**ERIC HOWELL**

Since 2010, Eric Howell has worked at the University of Colorado, Denver, as a web developer and is currently a business analyst for the Web Services team. Also, Eric has worked as an anatomy lecturer for the University of Colorado, Boulder, and has taught anatomy and physiology at Red Rocks Community College. The ability to create through digital, paint, sculpture, and written means is of great importance to Eric.

**JOE JONES**

Joe Jones is a second-year student in the Child Health Associate/Physician Assistant Program at the University of Colorado Anschutz Medical Campus. He enjoys spending time with his wife and kids in the mountains and looks forward to practicing medicine here in Colorado.

**STEPHANIE KNUDSON**

Stephanie Knudson is a primary care physician at the Veterans Administration Hospital, Denver. She grew up in Taos, New Mexico, and attended undergraduate school, medical school, and residency all at the University of Colorado. She has done medical volunteer work in Haiti and Nicaragua and recently joined the University of Colorado's Melomania Orchestra. She took the picture that appears in this edition of *The Human Touch* with her iPhone as she drove home from her father's 75th birthday party in Taos during the summer of 2014. This is Stephanie's first submission to *The Human Touch*.

**SHER KOSAGE**

Sher Kosage was a volunteer in the Patient Resource Center at the University of Colorado Anschutz Medical Campus for the past three years until she moved to Nevada in September 2014. While looking for a job in the healthcare field, she continues writing and enjoying the mountain views.

**JEENA KRISHNA**

Jeena Krishna is a final year DDS student in the International student program at the School of Dental Medicine. She received her bachelors and masters degrees in dentistry from India. Apart from dentistry, she likes to involve herself in all forms of art such as painting, sketching, singing, and dancing.

**REGINA KWON**

Regina is a third-year medical student at the University of Colorado School of Medicine. She worked in publishing and technology in New York prior to entering medical school.

**MARTHA LEVINE**

Martha Levine is a PhD candidate at the University of Colorado College of Nursing. For 20 years she has practiced as a labor and delivery nurse. In addition to working and writing her thesis, she enjoys a busy family life with her husband David and four children. She writes poetry as a means of expressing the challenging emotions of working in healthcare.

**JULIA ROSE LIEDTKE**

Julia Rose Liedtke is the daughter of Judith Gault, a neuroscientist in the Departments of Neurosurgery and Psychiatry at the University of Colorado Hospital who researches disorders of the brain such as schizophrenia. Dr. Gault spends many weekends at work and often brings her children with her. Using colored pens, highlighters, and a pencil from her mother's office, Julia drew this picture one weekend in 2007 when she accompanied her mother to work. She was six years old at the time. She still has a passion for art and was accepted into the Denver School of the Arts for high school this year.

**KELSEY LUOMA**

Kelsey Luoma is a third-year medical student at the University of Colorado School of Medicine. She is originally from California and studied biology as an undergraduate at Point Loma Nazarene University in San Diego. She plans to enter an internal medicine residency and pursue a career as a hospitalist. Her passions include writing, traveling, competitive running, and enjoying the outdoors.

**MONIQUE McCOLLUM**

Monique McCollum is a loving mom of several children damaged by the choices of others.

**CHANTEL MITTON**

Chantel Mitton is a third-year Doctor of Physical Therapy student at the University of Colorado Anschutz Medical Campus. In her rare moments of free time, Chantel enjoys reading, writing, playing sports (especially basketball), and board games with her husband and friends.

**PATRICIA NASH**

Patricia Nash has been painting for over 20 years and appreciates how art provides a wonderful counterbalance to a career in medical research. She is particularly interested in depicting the light and mood of a scene, and leaving the viewer to imagine the place or context.

**JULIETTE ORR**

Juliette Orr is an Abstract Expressionist born and raised in Colorado. She studied art at Arapahoe Community College in Littleton, Colorado, and at the Art Students League of Denver. She enjoys portraiture and fine-tuning her skills with still-life painting, but most of her deeply intuitive, artistic passions lie within her abstract works. She taps into another realm—undefined and emotional. Juliette shares many views with Pablo Picasso and her favorite quotes from him are: “Art washes away

from the soul, the dust of everyday life,” and “Colors, like features, follow the changes of the emotions.” She allows each painting to take her on its own journey and doesn’t plan out the composition. Each painting has its own character and story to tell; each viewer has their own interpretations. Juliette believes the relationship between art and spectator to be a raw, boundless, and true expressionistic connection.

**MIKE PASCOE**

Mike Pascoe, PhD, is a senior instructor of Human Anatomy at the University of Colorado Anschutz Medical Campus. Dr. Pascoe teaches anatomy to Physical Therapy, Physician Assistant, Medical, and Dental students by giving innovative lectures and supplementing lab teaching with online tools.

**DAISY PATTON**

Influenced by an upbringing in California and Oklahoma, Daisy Patton spent much of her childhood reading adventure and detective tales, history and art history books, and ghost stories. The results of this youth soaked in specific cultural landscapes are explorations of the lines between history and mythology, between memory and perceived experience, and between intrinsic behavior and learned tendencies. Her work explores the social conventions and meaning of families, our relationships to the photograph and its inherent emotional ties, and what it is to be a person living in our contemporary world. She currently resides in Denver.

**MARY POOLE**

Mary Poole is retired from a career in fundraising for healthcare organizations and a second career in consulting for non-profits in their development programs. She moved from New Mexico to Colorado ten years ago and spends her time reading and writing poetry, mostly about growing old and going blind.

**SHAMITA PUNJABI**

Shamita Punjabi is a medical student at the University of Colorado School of Medicine. She is a Colorado native who received a degree in chemistry and genomics from Davidson College in North Carolina. She has an interest in the long-term care of pediatric and adult patients, preventative care, and the social determinants of health. She is involved in the LEADS track where she has done advocacy research in the use of the emergency department by pediatric patients with developmental disabilities. Shamita's other interests include Indian dancing, playing piano, and arranging a cappella music on Garage Band. Throughout her journey to becoming a physician, Shamita is keen to explore how the arts and music can act as a lighthouse for students, professionals, and patients in the face of difficult experiences.

**ANIREDDY REDDY**

Anireddy Reddy is a third-year medical student at the University of Colorado School of Medicine.

**ROMANY REDMAN**

Romany Redman is a third-year medical student at the University of Colorado School of Medicine. Before moving to Colorado, Romany worked in a Russian tuberculosis hospital and played fiddle in one of the first Irish-pub bands of Siberia. Romany strongly believes in the healing power of art, as well as the phenomenal capacity of folk traditions such as music and dance to create and support healthy communities.

**MARC RINGEL**

Marc Ringel, MD, is a senior clinical instructor in the Department of Family Medicine, University of Colorado, where the main thrust of his work is furthering community-engaged research. He has spent the bulk of his nearly four-decade career practicing and teaching rural family medicine. His current day job is as Medical Director of Hospice of Northern Colorado in Greeley, where he has lived for 30 years.

**STEVEN ROBINSON**

Steven Robinson is the Research Manager for the International Melanoma Biorepository and Laboratory in the Division of Medical Oncology at the University of Colorado. He has held this position since 2004 and has been writing poems, songs, and protocols for as long as he can remember.

**DEBORAH STEVENS**

Deborah Stevens works in the University of Colorado School of Medicine Dean's Office in Undergraduate Medical Education. In her spare time, Deborah enjoys hanging with her two grandsons, volunteering with the Palliative Care Partners, going to the theater (particularly musicals because she likes to sing), and exploring photo and art galleries.

**REGINA WEISMAN**

Regina Weisman is a nursing student at Aims Community College in Greeley, Colorado. She works for University Colorado Health, Hematology-Oncology department as a medical assistant. At work, she is around wonderful and dedicated nurses, some of whom were hospice nurses at one time in their lives.

# Acknowledgements

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- Dr. Richard D. Krugman, Dean and Vice Chancellor, for his continuing support this year.
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HENRY N. CLAMAN, MD

*Founding Editor*

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