

THE LEGIBLE SCRIPT

A LITERARY JOURNAL PUBLISHED BY THE STUDENTS OF THE
UNIVERSITY OF SOUTH FLORIDA COLLEGE OF MEDICINE

SPRING 2006

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*The Legible Script is supported through the Dean's Academic Fund from the University of South Florida
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From the Editor

This edition of *The Legible Script* is not another *Reader's Digest*. This magazine is a reflection of the spectrum that encompasses medicine. As medical students we observe, and as writers and artists, we preserve, and the privilege of this profession is the abundance and availability of the stories and scenarios we come across. On rounds, the pockets of my white coat were filled with my stethoscope, pharmacopeia, and a multitude of scraps of paper with the P's of pheochromocytoma mixed with Mrs. C's enjoyment of Sartre. I jotted down this anecdote or that, before time and dwindling memory erased the details I would need to write a story or poem later. This magazine allowed me to parallel an arrhythmia to free verse poetry, appreciate the aesthetic beauty of a Roux-en-Y, and realize that a patient on dialysis could smell my fear of his situation. Becoming a national venue for people to express not only their medical Hallmark moments, *The Legible Script* allows us to see the equally numerous disappointments and frustrations that medical students encounter during their learning. As I moved from the observation mode in my learning to actual participation in medical management, the ability to process my experiences via art and writing not only solidified my understanding, but gave it personal meaning, as well.

Many thanks are owed to many people. The University of South Florida College of Medicine, especially Dr. Steven Specter, Associate Dean of Admissions and Student Affairs, recognized the importance of the humanities in medicine and generously supported this project. There are not enough words of gratitude for our stipend from the medical school, which allowed for this publication to be possible. Also, in his introduction, Dr. John Sinnott showed us the idealism that he brings to his practice, and his mentorship has been a blessing.

I also would like to thank my entire staff. Their efforts made this magazine the success it is. Certain individuals must be mentioned in particular. Scott Perrin and Daniel Yoder are the most reliable, industrious, and efficient Associate Editor and Financial Officer, respectively, an editor-in-chief could ever ask for. They were the calm in the middle of any deadline storm. Shana Coplowitz, David Fritz, and Heather Goode lent their brilliant layout skills. As Receiving Editor, Tazia Stagg tolerated my countless e-mails as she tediously organized the submissions to be evaluated by the editors. Their contributions are greatly appreciated, and it has truly been a joy working with each of them.

It is the productive escapism of *The Legible Script* that appeals to writers, artists, and readers. Nonmedical stories are valued as much as medical ones, as well, and display that medical students can reflect on life outside of medicine. This magazine has allowed all of its participants—staff members, contributors,

and readers—to use the other half of their brain and hopefully, a bit of their heart, as well.

Lena E. Irvine, Editor-in-Chief
 University of South Florida College of Medicine
 Future Psychiatrist
 Duke University Medical Center, Durham, North Carolina

Introduction

This edition of *The Legible Script* is a remarkable literary achievement. Much of medical literature attempts to capture the discord we first encounter as students between the perceived wisdom of the medical system and the conflict with the human heart. We confront the fact that to cure disease we often must cause pain. We realize also that we must always act in a most humane fashion towards our patients, even in the most adverse circumstances.

The stories you will encounter in *The Legible Script* address fundamental issues in the practice of medicine. We learn about talking to the patient; we also learn about listening. We recall the words of William Carlos Williams, in relating his joy in talking to patients,

The physician enjoys a wonderful opportunity actually to witness the words being born. Their actual color and shapes are laid before him carrying their tiny burdens which he is privileged to take into his care with their unspoiled newness. He may see the difficulty with which they are born and what they are destined to do. No one else is present but the speaker and ourselves.... Nothing is more moving.

These comments from by the poet pediatrician Williams are underscored numerous times as you peruse *The Legible Script*. As you proceed through the journal, we also learn how people show their love for medicine. In the 1950's psychiatrist Ezzo asked, how do we show love? It has so much to do with the practice of medicine reflected in these creative literary pieces. He talks of touch, service and encouragement, all of which each of us practice on a daily basis as we care for our patients. We learn the value of wisdom as opposed to simple knowledge. Dante tells us that without wisdom, "[W]e are in a dark woods, the true way lost." These stories tell us that the true way is putting the patient first, not finances, and not market forces. Without wisdom, we have too many questions, questions that are answered in *The Legible Script*. We find out the core values of medicine: how do we know who we are professionally and how do we establish a harmony between our vocation and our occupation?

Most importantly, *The Legible Script* serves as a source of wisdom. It is evocative, revealing, settling, and sustaining. The artists' and authors' lessons emanate from a place beyond ordinary cognition, a place that is also the origin of wisdom, where decisions are based on patients' well-being.

We also learn that mentors can help. We learn that the mentors the students appreciate may not look like them or sound like them, and they often have another way of thinking. But, like all great teachers, mentors want to share their

wisdom and will often teach by allegory. They will have a deep understanding of the dark corner of the soul where duty and desire do battle. They show us that a passion for learning is but a reflection of our passion for life.

This journal illustrates that the doctor-patient relationship is the most extraordinary social contract in human history. With all of our technology today, caring for the patient requires a more personal touch. In each of these works, the students' words and behaviors exhibit meanings, emotions, and values not found in technology. We see that when properly applied, words, and behavior can provide relief. We are repeatedly shown that the commodities of modern medicine complement care but don't replace it.

The Legible Script teaches us that we should focus on what we should be as well as what we should know. Talking to our patients, touching them, and caring for them address fundamental aspects of the human condition. They make the difference not only between pain and suffering but often between life and death. This journal teaches us both the challenge and glory of medicine.

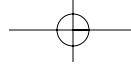
John T. Sinnott, MD, FACP
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 Director, Division of Infectious Diseases and International Medicine, University of South Florida

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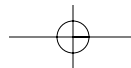
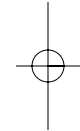
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Poetry



First Place

Marshfield, VT

Peter Rohloff

University of Illinois at Urbana-Champaign College of Medicine

'Closed due to death in the family' had the best sandwiches,
I remember, good for gulping down
after a long day mowing lawns
or driving post-holes or tossing bale.
Their only flaw, according to my friend Mike,
was the lettuce.
'I'm not a rabbit' he used to say, and I listened,
because Mike drove a grey Chevrolet van,
the kind that plumbers use,
And because he had big arms and had been to Vietnam.

Closed was a large woman,
all breasts and eyebrows,
never smiled, wore blue shirts,
cooked with indifference.

I only met death once.
Mass of liver spots and wrinkles,
Sandals, short blue shorts, burgundy cardigan.
Coughed, fidgeted, peered at the register,
dropped my change on the floor.

'Damn' said Mike, 'I'm hungry!'

Second Place

The Cobra's Game

Akas Siddiqui

Medical College of Ohio

For Arthi

Nosheen flits
through the pagoda's gray pillars
in the garden, her saffron
salwar-kameez making only the slight rustle
of a mouse through wheat, escaping
the cobra's preying

eyes. As she toes past the *paan*-spit
her silver *payal* tinkles
like the household's laughter
near the garden's gates, where
the gatherers swallow whole mango
slices and pomegranate seeds
after arranging for her to marry
her cousin, a man she barely knows
and does not like. Pressed

under her eyes, the *kajal*
cannot hide the hands the pressed
there before, her eyelids
outlined like her future. The cobra's
ribbon sliths out, catching
a scent in the wind.

Glossary of Urdu-Hindi Words

<i>Kajal</i>	Black eyeliner
<i>Kameez</i>	Woman's tunic
<i>Paan</i>	Betel nut and leaf used as a delicacy, sometimes combined with tobacco
<i>Payal</i>	Anklet with little bells attached
<i>Salwar</i>	Woman's loose pants

Third Place

Untitled

Peter Rohloff

University of Illinois at Urbana-Champaign College of Medicine

Tell me about home, she said,
and I smiled.
'Its very complicated.'

For years, it was a place I left
early mornings
amid stone-lined fields
with cows and apples
and small red barns
on a one-lane road
pointed at the August sun.

These days I think more about arriving.
Open doors that lead to
small quiet places.
The smell of coffee, dish soap,
flowers.
Freshly cut wood.

Funny, she said,
I still find myself
trying to walk in a straight line.

Gently On 2-5-8

Zana Patrick Desgranges

Tufts University School of Medicine

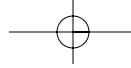
The snow falls gently on the house,
Where cries are heard as life begins,
Where cries are heard as the journey ends.

In room 2-5-8 she drifts closer and deeper into silence.
The air which once gave life
Now fills her heart with emptiness
And her warn-out frames cries
As mistake turns to injustice.

The snow falls gently on crimson bricks
While frantic docs try everything.
The eager needles pierce her skin,
As drugs shoot in,
And current shocks her violently,
Again and again.

She fights, she cries,
With all her might,
To stay alive for just a while.
To be between,
Where feelings live
She fights, she fights bravely
But in vain.

And the snow falls gently...



Sweet Warm Comfort in the Gray

Mark Dassel

University of Kentucky College of Medicine

O Soft blanket,
River of denial,
Flow o'er me,
Warm me a while,

O Sweet damning of my blood,
Halt my heart's work,
Keep my piercing hurt within these chambers,
Hide my soul from this bloody murk,

O Beautiful, restful, burdening duty,
Keep, hold, enslave my mind,
That I may build nations and solutions
And walls and barricades,
That I may never look behind,
Again,

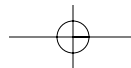
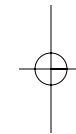
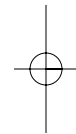
O Regal cataracts that lay mine eyes on fluffy, cotton-candied clouds,
That mine eyes see none for everything,
And the truth that rest deep in that cumulus,
Make mine altered visions ever sing.

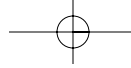
O Warm, nurturing cancer grow,
Gulp greedily the warm red liquid of my soul,
Divert that vile drink to thine,
That my heart not hear its truthful call,

O Thou that lie within my throat,
Stay fast, hold strong,
That I may block that poisoned truthful brew,
That lies life-sustaining oxygen among,

O Soft blanket,
River of denial,

Flow o'er me,
And my pain so vile.





Stroke

Amelia Welsh Jones
University of Washington School of Medicine

Not in a swimming pool.
Not a gentle caress of the hair.
Nothing to do with golf.

Your grandfather had a stroke;
His brain is not working properly.
He can understand you, but he can't speak.
Here's the phone.

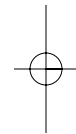
I want to scream don't die!
Beg pretty please into the receiver.
I decide against these words.

They probably belong on the Inappropriate List
which already includes discussing the niceness of Grandma to Grandpa's new girlfriend.
Memory of my mother dragging me into the next room.
She is red-faced and shrieking.
Don't talk about that!
Don't talk about what?

What is wrong?
What is right?
What should I say into the phone?

Silence on the other end.
I try to imagine my grandfather's brain as a machine,
gears catching,
listening.
His voice is broken like the lawnmower in the shed.
It won't start no matter how many times you pull the chain.

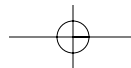
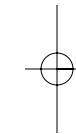
Dinosaur footprints I say.
We saw dinosaur footprints in the rock today.
The stars are bright at night here in the canyon.
And there's sagebrush growing just as it does on the Deschutes River



where we've spent a week together every summer of my life.
I love you.
Right words.

Months later.
Last words.

Once at his bedside.
Shouted a final time from the hallway.
I can still hear them echoing in my grandfather's room



Girl in the Mirror

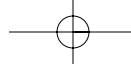
Kelly Elterman
Boston University School of Medicine

The girl in the mirror is a creature quite strange
Everyday she seems to change
One day bigger, one day smaller
Some days thicker, some days taller
Sometimes shattered, torn, and hurting
Others complete and of herself certain.
Always comfortably insecure
Yet of one thing she is sure
Her eyes never have changed color
Her hair is never a shade duller
She stands in the mirror day after day
As she is, was, and will be - far away
Distant, weak, and unreal
She knows not who she is, nor what she feels
Easily convinced into living a lie
She is unable to decide
The answers are not for her to find
It is the girl on the other side
That must make up her mind

Insomnia

Monica Alborg
University of Vermont College of Medicine

I lay awake
and feel the eyelids of books closing in their thickness
and pressing the bookmarks of my pre-dream breaths,
bursting through my loosening lips.
I rest my hand upon my belly,
hearing the rise of my palm and the fall of my knuckles.
I concentrate on the stretched bag of skin which houses my existence.
Thoughts of TV channels flipping with a remote that is lost under the
bed. I wait for the evening news of my life.
Fragmented laughing, sighing,
the flickering of my eyeballs search for
three-dimensional rainbows that curl into my skull.
I get up and sip tea,
thinking about how chamomile is soothing.
An Internet, a book, a pace, a look into the snow
and a rummage through the pile of papers that always spread more horizontally.



My Own Beating Heart

Gabrielle Johnson

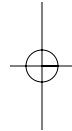
Meharry Medical College School of Medicine

Strange how a broken heart keeps beating all the same
Brokenness doesn't seem to break it like it breaks you

Sad how a shattered dreamer weeps while continuing to dream
Brokenness doesn't seem to break the dream even when the dreamer is broken

Silly how a wrecked mind keeps hoping when all is lost
Brokenness doesn't keep a lost mind from finding its way to hope

But when I'm broken I would give anything I would pay any cost
If I could find one sign of hope, one shard of dream...
I would give it my own beating heart if it would give it life

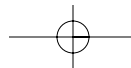


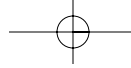
Early Morning Ignition

Christopher Wohn

University of Maryland School of Medicine

The past is safe from heartbreak
I'll hide there when I sleep
For when the morning hour comes
My eyes
They start to weep
The engine starts
Metal creaks
The radio comes on
And on the air
A mellow tune
I think that was our song
But nothing's wrong
Nothing's wrong
I say it with the beat
Pedal down
I'm on my way
Rolling gently down the street
Perhaps someday
In passing by
Our two souls will meet
'Til then I'll say goodnight to you
When I've already gone to sleep





Self-Portrait as a Stair

Abbey Winant
Harvard Medical School

But if I am a means, then to what end?

Where can I lift you? For example,

How many nights? How many floors?

~

That was how I thought about it before.
When I believed the backbone of the house
must be rigid: the tiered spine you'd storm down-

While my five-year old ghost perpetually sobbed
on the landing, dreaming mother would steal away
from the house and lock the front door.

In my room, I cowered in a little wooden chair,
planted in grassy shags of yellow carpet.

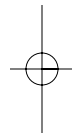
I never even tried to move,
never screamed or banged on the door.

And if I stared long enough, it seemed
tiny cracks opened in the floor-just wide enough
that a toothpick could fall clean through.

~

The various levels of myself:
checks and minuses, promises of sustenance,
the intent of building a tall structure.

So silent now-in the after.
Hope, all wooden and flat.

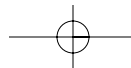


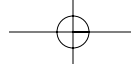
My mind flips through

the rooms inside me like framed pictures
of rooms, trying to wind back to the error.

Though the body pushes forward,
the mind keeps pulling up all the lists.

Thursday's child has far to go-
Yet I never move.
The planks of me. These tight joints.





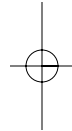
Miss New Orleans

Lena Irvine

University of South Florida College of Medicine

Mama Brass,
She sing so Big.
Bolder than The First Lady,
Sadder than Lady Day.
Always about some Man who
Left Her and
Done Her Wrong. And

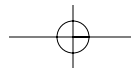
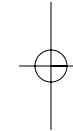
What it means to Her.

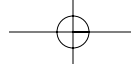


Faith

anonymous

Looking back, I see clouds of dust
That blinds me to now.
Not sure where I'm going,
Trying to figure out how
To navigate the future
With dust in my eyes,
Knowing that I'll get there.



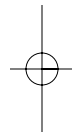


Med School Birthday

Alex Fertman

University of South Florida College of Medicine

This is officially my worst birthday ever.
Slept crappy the whole night
I had a test this morning
Had to study all afternoon
For another test tomorrow
Got stuck in the rain and traffic
Burned my hand cooking
Had dinner by myself
Which was a frozen meal.



A Broken Heart

Michael A. Zacchilli

University of Massachusetts Medical School

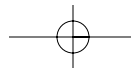
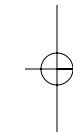
the examination room
a clean and well-lit place
in a corner's slightest gloom
tight grimace
youth's face

laughter greets the quivering hand
a scratching, tearing blow
coarse sounds through a diaphragm
broken heart
life's glow

acronyms make death compact
sequestered so the eyes can't see
a cruel, ironic, haunting fact
grips her
breaks me

but of the two adults here
my pain by far the least
her mother-stoic, quiet fear
lips quiver
brows crease

murmurs deafen caring ears
unknowingly aloof
more than what a bell can hear
listen hard
and dull the truth....



Ode to Acapella

Shana Coplowitz

University of South Florida College of Medicine

My love for you
Is without reason
Without bounds
Some call it excessive,
Most call me crazy
And yet
I can't stay away from you.

In college
I spent all my free weekends
With you
I spent all my money
On you
And in return
You left me
With a song in my heart.

You make me happier
Than my ex-husband ever did
It's not surprising that
My love for you has
Outlasted my marriage to him
Though I may try
I can never explain why
But in this hot, sunny place
I miss you.

Prostate Poem

Mark Collins

University of South Florida College of Medicine

A River Runs through it
So say some
Yet at certain times from it
A river may come

But it doesn't leak blood
With rhythm or rhyme
It only leaks anything
At the appropriate time

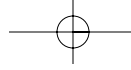
And it's a small little thing
A walnut sized ball
Sitting and waiting
For its beckon call

As it patiently waits
It sometimes grows
Which tends to cause problems
With life's ebbs and flows

But it's a pleasant thing really
My round little gland
Until the proctologist
"Lends it a hand"

It helps all my swimmers
As they fiercely compete
By easing their passage
Through a tunnel of meat

If they had to remove it
I would greatly protest
And copious amounts of
Lycopene would ingest

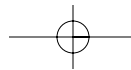
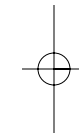
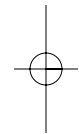


22 - THE LEGIBLE SCRIPT

But if cancerous growth
In it were found
Cut it out! Cut it out!
My cry would resound

And hastening to the
Dark, cold cutting room
Where a red bag awaits
My prostate's new tomb

Prose



First Place

Journey to the Laundromat

Christina Ahn

Washington University School of Medicine at Saint Louis

It is 1959. You stand in front of the sign in the hot Louisiana sun and try to sound out the syllables as you squint through the condensation fogging up your thickly rimmed glasses. Eventually, you give up and rummage through your backpack for the tattered and well-marked Korean-English dictionary. "Laundromat," you read in relief as you lift your big duffle bag stuffed with clothes with an audible grunt. You inwardly groan as you see two more signs, one with an arrow pointing inside and the other with an arrow curving around. With the dictionary's help, you discover they read "white" and "colored" respectively. You don't know that much about doing laundry, but you do remember how to separate your clothing. You enter the closest door and find an open machine. As you place your white clothing in it, you see a little girl with blond pigtails and brown freckles splayed across her nose who looks at you curiously as she plays with her dolls. She pulls at the edges of her eyes, making them thin and slanty as she giggles. You wonder if she has an eye irritation. While listening to the satisfactory hum of the washer starting, you glance around for an adjoining door to the colored washers. You realize that there isn't one, and shaking your head over the inefficiency of the architecture, you exit the building and lug your bag to the other entrance. You see a dark woman with her coarse hair tied up in a blue handkerchief, humming to herself as she folds her clothes. She stops upon seeing you and stares at you without blinking. Trying to hide your discomfort, you hurriedly dump your colored laundry into the nearest available machine and flee the room. Outside, you take a deep breath and make a mental note to yourself to ask your new friend, Alex, if he knows of another Laundromat you can use. They can't all be structured like this one. You rub your sore arms. You doubt you'll be coming back to this one any time soon.

Second Place

What I Meant to Say

Meghann Kaiser

University of California, Irvine, College of Medicine

I have two tongues. I haven't really settled whether that's a right and a left, or a top and bottom, but I've told just about every Spanish-speaking patient I've met in the past four years. Turns out "lengua" means "tongue" and not "language." I blame that pesky second tongue for sending patients to get "sangria" tests, and for an entire semester asking patients how many meatballs they slept on at night. (My patients were simultaneously relieved and flabbergasted to learn that sleeping on two or three meatballs at night is a sign of worsening heart failure. All but one proudly declared that they never slept on any meatballs at all.) And then there was last Tuesday, when I queried of an elderly widow "¿Cuántos años tiene?" Which would have been just fine, but for a distinctly gringo accent: rather than asking how old she was (años), I instead learned how many anuses (anos) she has. Apparently, "Solamente uno."

But foreign languages aren't the sole pitfall of day-to-day medical communication. Giving bad news almost inevitably implies that you will say something either unintelligible or inexcusable. When a patient asked me what "metastasized" meant, I said, and I quote, that "the big tumor had sent out little baby tumors." I could have said it spread through the bloodstream, or that the cancer had seeded other organs, but no, I had to turn a terminal diagnosis into a Mother Goose tale. A friend of mine, in an effort to explain the high incidence of prostate cancer in elderly men, told a patient that, at 91 years old, he "deserved" to get cancer. And then there was the ICU moment when an attending, trying to break the news gently, told the family that they might want to go over to Grandma's house and leave post-it notes on all the stuff they wanted. Sometimes, shooting the messenger is entirely justified.

Doctors are famous for our exemplary communication skills. We crouch fearfully like Frogger in traffic, either hopping hesitantly in nonsensical circles or else simply squashed in our enthusiasm to reach our patients. I'm still not sure how to get my initials under all-time high scores, but I'm trying. I bring translators in to observe my interviews - not to translate, necessarily, but just to interject every now and then and clarify that by meatballs I mean pillows, and vice versa. I have earned a reputation for morbid fascination because I tag along with mentors to every dreaded family conference, taking mental notes all the while. And I have learned to trade notes with classmates on explaining every topic from teenage contraception to tonsillectomies to the importance of rectal exams. Maybe mastering the ability to communicate is no different than refining my suturing skills. Maybe we fall short as a profession when we assume that while the intricacies of anatomy must be taught, the finesse to discuss issues of life, death and well-being are merely awaiting deployment at the tips of our tongues. Maybe the secret is nothing more than study, study, study, practice makes perfect, and all that. Then again, the instinct to sit down, hold

a patient's hand, and just be still requires nothing more than a sincere desire to understand, and be understood.

And I think I am just beginning to understand. For as hoaky as it would sound, empathy should be a native language to us all. The rest, I hope, can be learned-which, I have discovered, is no small undertaking. Sort of like learning Spanish. So as of today, how many languages do I speak? As my patients would assure you, just one. Solamente uno. For now, that is more than enough.

Third Place

Headed North

Cristobal Goa
New York University School of Medicine

In my late twenties, I used to drive a delivery truck for Moshe's bakery in the Bronx. It was located in that area between Pelham Parkway and East Tremont Road, not too far from Manhattan. Well, nothing seemed that far at four in the morning when I started making my rounds in Harlem. There was barely anyone out in the streets and definitely no traffic, except for on nights when they closed two lanes for construction on the Cross Bronx Expressway and there was bumper-to-bumper traffic for miles just when I was trying to get across the Harlem River. That's why it usually paid to stay off the highways and go local. Also, there was less chance of me falling asleep at the wheel when I had to stop every once in a while at a red light.

I had been assigned to the Harlem route because of my dark Sicilian complexion, black and curly hair, and the fact that I could handle myself pretty good in Spanish. I had Spanish skills because I grew up in a part of the Bronx that had been Italian, but was getting taken over by Puerto Ricans. Some of my friends were Puerto Rican, which my mother didn't really approve of. Mom had grown up one block away from where I grew up, but I never knew my dad. He hadn't stuck around very long after knocking up my mom.

The delivery route was pretty straightforward, as I remember it. I would drive into Manhattan, and start near the northern tip of the island, around Washington Heights. We used to deliver bread to about thirty delis and grocery stores in the Harlem area back then. I would go to the early morning places first, 'cause I couldn't just drop off the large paper bags of bread on the sidewalk in front of all the unopened stores. This would take me all the way from about 190th street to 125th by 6am. After that I would start delivering to the places that were just opening up and make my way back up the avenues towards the 181st street bridge, where I could cross back into the Bronx and drop off the truck before 9am.

I remember every morning I would stop in at this one place, called Ramon's Marketa, or something like that. I think it was on Saint Nicholas and 145th, right by the Jackie Robinson Park. The guy who opened the store at around 6am was the owner's cousin, and his name was Raul. We were kind of buddies: he would make me a bacon egg and cheese with salt pepper and ketchup on one of the poppy seed rolls I would bring, and I would pour myself a coffee while he was in the back by the grill. Then, we would talk about our wives and about the latest scandal we had seen in the New York Post. Raul was a nice guy, and he liked getting the chance to practice his English with me, since he was planning on going to night school some day.

He used to tell me the craziest shit about his wife. I never heard a man so proud of the things his wife let him do to her in bed. I think I may have gotten some ideas from him actually, which ended up being really good for me and Jane. We had always been pretty normal in our positions and stuff, but after talking to Raul I learned how to have Jane lie on her belly and me on her back while we made love. It was a great position; I think that whenever we have sex these days probably about half of the time we do it like that.

Raul was a little older than I was, and he had like four kids, or something. Me and Jane had been more careful than him, or maybe Jane just wasn't as fertile, 'cause we didn't have any children, yet. That was a pretty good time in my life. I was working hard at both my jobs and I felt like a regular guy, with a wife, half a house near my mother's place in the Bronx, and the will to get some money saved up and get us out of the city.

When I was a kid my mom used to always talk about how she wanted me to go to college. She wanted me to get through high school, because she never did. But, she also wanted me to make something of myself, like be a doctor, or a surgeon, or something. I think this sounded pretty boring to me; I wanted to be a foreman on a construction site back then. Uncle Leo worked construction in Brooklyn when I was little, and I used to love hearing him tell stories about his job. Actually, he never really told me anything to my face, but I would sit by the door of my room late at night when he came over and sat in the kitchen with Mom, and I would listen to them talk. He loved telling my mom about his day at work, and she would make him a fried egg, and serve him a glass of orange juice. I never saw this happen, at least not until I was older, but I heard all the details of their conversation. I liked it, 'cause the stories he told her were usually the kind that made me lie in bed afterwards and feel my heart beating hard and hear all kinds of strange noises in my room and on the street outside my window. Mom was used to his stories, and she would usually just laugh, or make surprised sounds when he told her something crazy. She always used the good frying pan for Uncle Leo's crispy fried egg.

The story I still remember to this day, and the one that made me stop wanting to work on the sites after I realized what it really meant, was the one about the guy's ear. Uncle Leo sounded real excited when he told Mom this story. That afternoon, some guy on Leo's team was throwing big pieces of wood up into the air really high to some other guy who would catch the wood. But one time, the guy who was up top missed the board, and it dropped down towards the ground, while the other guy was bending over to pick up the next piece. I remember thinking that if Mom had been on the site she wouldn't have let that man throw wood like that. Uncle Leo said that if the guy hadn't been wearing his helmet, he would've gotten killed. But, the board came down hard and slid along the side of his helmet. Uncle Leo said there was so much blood when the guy's ear got sliced off that they thought there was a hole in his head. I remember feeling really good when Uncle Leo said a doctor had sewn the guy's ear back on, and everything would be all right.

One morning during the summer, I got assigned to a different delivery route across the Hudson River. Moshe's made the best raisin and nut bread in the city, and because of this, even some places across the George Washington Bridge in New Jersey ordered bread from us. The guy who usually drove that route had been deported back to Santo Domingo or something, so I got switched to New Jersey, 'cause I was more experienced than the other guys, and I was always good at finding my way around new routes.

Since I didn't have my own car, I had only been to New Jersey a few times in my life. There had never been any reason to go there; all my family and friends lived in the Bronx. But, the times I had been across the river had been with my childhood buddy, Julio, whose family had a green astro van. When they went to visit their cousins in Jersey City, I would tag along sometimes. Those visits exposed me to a lot of Spanish and really great food. I never told my mother about those trips, 'cause I knew she felt bad about us not having a car and all.

However, I had never driven around the nice parts of New Jersey that were on the route that morning. Most of the places I was delivering to were restaurants off of small roads with a lot of trees and nice houses along side. I remember being surprised that it was OK to leave the bread in wooden bins at the back of the restaurants. In the city the bread would have been gone minutes after I drove off.

I think I had gone to about four or five restaurants before I found the stray dog. She was lying on her side behind the building near the back door. She woke up when I drove up to the back of the restaurant and the truck's headlights shined on her. We were both startled: she jumped to her feet, and I slammed on the breaks. I wasn't used to seeing many dogs in the city, especially not stray ones. Even though she was trying not to show it, she was so weak that she could barely stay on her feet and she leaned against the back door. I didn't know that much about dogs and I still don't, but I could tell that she was a mutt. She just had that mixed look to her and she wasn't like any of the dogs I had seen in the city before. Her black fur was dirty and matted, and there was dried blood on her floppy ears. She had a long face like a German Sheppard with big watery eyes. It looked as though she hadn't eaten for days, and her legs shook a bit as she stood there staring at me. She was just surprised, not mean looking.

I always got the feeling that my mom wanted to spend more time with me when I was a kid. She worked at this laundromat in our neighborhood that kept her at work until pretty late at night most days of the week. I would go to Grandma's house after school, and Mom would pick me up when she got off work. Sometimes, if she got off early, she would tell me on the way home that she wanted to start reading with me before putting me to sleep. I wasn't that good in school, but my teachers said I had learned to read really fast, and I think my mom wanted to get me to like reading books so that I would stay in school. Even though she mentioned it every once in a while, there was only one time, for a few

weeks, when we actually read a book together. It was *The Call of the Wild* by Jack London. My mom had taken it out from the library after asking the librarian about books for kids.

I don't remember that much about the book, but I loved the feeling I got when me and Mom read together on my bed. I would be in my pajamas, and Mom would slip her shoes off and hold her knees against her chest while I read to her. I could tell she liked the way the words sounded when they came out of my mouth, because she always had a quiet smile on her face during those moments.

The whole story is about this dog-I can't remember what kind of dog it was-that feels the call of nature to be wild, and hunt, and get away from human civilization. I remember that at the beginning of the book the dog lives in a house with humans. Then, he escapes and slowly moves up north to either Canada or Alaska. Eventually, he fights with wolves and becomes the leader of a pack of wolves and he has a mate and everything. A really important part of the story was the dog's howl, with which he called out to the wolves. His howl made him seem powerful to me at the time. It was so cool that a dog could have all those adventures that I wanted to have.

I met Jane one time in a Chinese restaurant in Brooklyn. She was working there as a waitress, and her parents were the owners. Me and a couple of buddies were going to check out some new bars later that night, and we stopped at this place to eat. Jane's first impression of me was really embarrassing: she walked over to our table right when Ugo, the loudest one of us, made some stupid joke about how Chinese people ate cats and dogs. Jane just dumped the menus on the table and walked away. After that, her father came over and took our order. He was perfectly nice about everything even though we were pretty sure that Jane had told him about Ugo's joke and that she refused to wait on us. I couldn't stop thinking about this skinny, pretty Chinese girl who didn't take shit from three young Italian guys. Her dark eyes had flashed angrily at us before she left the table.

Later that week I came by the restaurant again, alone this time, to apologize to Jane for my friends. She was cleaning the tables and helping her father close up. I had a bouquet of carnations in my hands, and I remember standing outside the glass front of the restaurant waiting for her to notice me, and it was cold outside. When she finally looked up from wiping down the last table, she looked really surprised. As she walked towards the front door and unlocked it, she started to smile, and I knew that I had made a good second impression.

I said I was sorry and that I didn't know why my friends were like that; I never had anything against Chinese people. Then I got daring and told her I thought she was beautiful. She later told me that she liked that very much. Jane was so touched by my apology and by me coming back that she even said yes when I invited her out to a movie. We had a great time that night considering that it was our first date. The movie made us laugh,

and afterwards we talked for a really long time over hot chocolate and whipped cream in the diner down the street from Jane's parents' house.

After this we dated steadily for two years, and the whole time I was sure that Jane was the woman I would marry. Jane taught me to cook Chinese food and I took her to my favorite pizza joints. Her parents liked me, 'cause I was polite and I treated Jane like a queen. Jane liked me, 'cause I didn't expect her to wait on me hand-and-foot like the Chinese men she might have married. I liked her because she was a beautiful and decent girl. At first my mother wasn't thrilled about me not marrying an Italian girl, but Jane was very sweet, and Mom liked her a lot after she got past the fact that Jane was Chinese. It also helped that Jane's parents were hard-working responsible people and that in the end, Mom really cared about what made me happy. Jane and me had been married for about a year before I started working for Moshe's Bakery.

The dog was good-natured, and I didn't have much trouble getting her into the truck. I gave her a piece of our famous raisin and nut bread and tried to finish up the route quickly. I only had a few more stops to make, and after crossing the bridge back into the city, I drove straight home, instead of going back to the bakery, like I usually did.

I remember that Jane was still at home for some reason and I was pretty nervous about bringing a stray dog into the house, but I couldn't have left her lying there, I just felt really bad for her. It turns out this was a great decision. I found out that Jane loved dogs, and that, as a child, her neighbors had owned a German Sheppard that she loved to pet. Jane was definitely surprised to see me gently guide the dog in through the back door, but she didn't complain when I told her I was going to give the dog a quick bath before dropping the truck off at the bakery. In fact, I think Jane offered to help.

The dog, which we later called Leah, was incredibly friendly. I could tell she had probably lived in a home at some point, because she wasn't startled by being inside our house or even when I opened the bathtub faucet and helped her in. Jane made Leah something to eat, but then left her in the small hallway between the back door and the kitchen door for most of the day when she went to work.

The time Raul found out my wife was Chinese was pretty funny. He was totally surprised and asked me all kinds of questions. In the same way, as my other friends, he had all these weird ideas about Chinese women, like they were somehow different from non-Chinese in bed, or something. I also think Raul hadn't really seen many Chinese people, or at least not outside of China Town. I told him about me and Jane, and that she was special to me, but that I didn't think it was because she was Chinese or anything like that. She was just as much a woman as the Italians and Puerto Ricans I had slept with before meeting Jane, with hips, breasts, and everything else that came along with the women I usually got involved with.

I liked having something interesting and exotic to tell Raul about, because he was always the one telling me about some special way he held his wife's butt while they made

love or something. Even though me and Jane weren't the most creative people when it came to sex, our different backgrounds were always a topic of conversation.

Leah quickly got used to living in our house. She was actually a very beautiful dog after she got some meat on her bones and her black coat was clean and thick. She slept in the kitchen, right in front of the refrigerator where the floor was coolest during the warm summer months. Jane became really attached to Leah after nursing her back to health, and we used to sit in our kitchen and pet her for entire evenings while we talked about our jobs and our hopes for the future.

Whenever my mother came over to visit she would talk to Leah like she was a little kid; it was sweet to see how much love Mom had to give, and Leah would get excited when she heard my mother knock on the door. She came over a couple of times a week, and she always brought us something good to eat, like meatballs or lasagna. Jane wasn't nearly as good at making Italian food as my mother, but I was a big fan of her Chinese vegetables and spicy meats. She made pretty good things for Leah, too, even though I was always pushing her to buy some dog food instead.

Leah loved it when we took her for walks with the new green leash we had bought her. Sometimes Jane and me got worried that Leah had stepped on glass in the park, but we soon discovered that her footpads were calloused and tough, as if she had traveled a long distance by road before I found her in Jersey. Her eyes sometimes had this kind of far away look and she pulled strongly at the leash. Almost every afternoon when I walked in the back door of our house, I saw her sitting by the living room window staring out at the street. Sometimes, she didn't even notice when I came in, or at least she didn't pay much attention to me.

About three weeks after Leah had come to live with us, Jane noticed that the dog was getting fatter and that her nipples were starting to swell. I got a little worried, but Jane thought Leah was probably pregnant. We took her to the animal shelter, not to leave her there, but to get some free advice about Leah. It turns out she was pregnant. We were surprised about this, especially since we hadn't let her out of the house alone, and we definitely hadn't seen her mate with other dogs. At the time we thought that maybe something had happened that we hadn't noticed, with another dog in the park or something. But afterwards, when she got really big and had five puppies only 7 weeks after moving in, we realized with the help of a vet that she had probably become pregnant right before I picked her up.

Mom never returned the Jack London book to the library. It sat in the cubby of my night table until the day after my fifteenth birthday when I decided to run away and go up North. I packed a backpack full of my clothes, a box of cookies, the butterfly knife that my mom didn't know I had, and the only book I had in my room, *The Call of the Wild*. I didn't make it very far: I took a train up to Millbrook, New York without buying a ticket, and then, I tried to hitchhike up through New York State to Canada. No one stopped to

pick me up, so I just went back by the train tracks and pulled the same stunt back to the city. I remember I had to hide in the bathroom while the conductor came through checking for tickets. I guess I realized that my life wasn't so bad and that I couldn't hear the call of the wild so good.

Leah had her puppies on the last day of the week the vet had predicted she would. We were starting to get nervous about her condition, and Jane had called the vet, like, four times to make sure that this was normal, but we had nothing to worry about. On that last day, Leah was looking especially fat, and when I put my hand on her belly for a while I could feel the little puppies kicking inside. She started to get real lazy and wouldn't move from the corner of the kitchen between the fridge and the stove. Jane and me went to sleep with a full moon, and at about 1am, we heard Leah wheezing as her belly contracted. Jane stayed up with her the whole night, but after the second puppy came out all covered in fluids and blood at about 2am, I went to bed so I could catch a couple hours of sleep before waking up for work.

Leah stayed with us for about five months and took care of her six black and white puppies the whole time. I thought she was a pretty good mother, but I had nothing to compare it to, so I don't really know. The little dogs would push each other around trying to get at Leah's nipples, while Jane and I would sit watching them and laughing at their clumsy movements.

We gave away four of the puppies when they were three and a half months old, but since we couldn't find anyone to give the other ones to, Jane and me decided to hold on to Mickey and Tiny for a while and see what it was like to have three dogs in the house. Mom had taken one of the puppies, and she called it Ruth. The two of them got along really good, and I had to admit, I had never seen my mother happier than when she and Ruth met us in the park for walks.

As the dogs got older and bigger, Leah paid less and less attention to them. They played with each other, and once in a while, Leah would chase them around the house from the kitchen to the living room and back to the kitchen through the other door. For the most part, though, Leah went back to her old self, sitting by the window and staring outside for long hours.

A few weeks after Leah ran away, I finally got Jane pregnant. We'd been trying to have a baby for a while, because we thought it would be really nice to have a little person to take care of, but even Raul's advice on what time of day and what position to use when having sex weren't working. Jane was so excited the day she told me about it that I couldn't believe it was her on the phone. I was at the hardware store, my other job, when she called me to tell me about our baby. I got real happy too, but Jane was over the top: she was laughing and smiling all the time for the next few months, it was a beautiful thing to see. I think I had never made a woman that happy before, or if I had, I didn't know about it.

I guess I wasn't surprised when I came home one afternoon and Leah was gone. Jane was still at work, and Mickey and Tiny were kind of agitated, walking and sniffing around the kitchen. By now it was mid-January, and the dogs had gotten a shaggier winter coat. The only way I could explain Leah's disappearance was that when I got home, the wooden back door was ajar, and I think she could have opened the outer door with the storm window by herself; it didn't have a knob you turned, but a push-handle instead.

Jane was heart broken. I think she took it as though Leah ran away from us because she was unhappy, but I was pretty sure this had nothing to do with it. I felt Leah had loved living with us and that she knew she had to stay with us so that she could have her puppies in a home with food and warmth. I also didn't believe it was a coincidence that Leah had run away in the middle of winter.

Not long after I found a little red book with the words Bronx Public Library on the sides of the pages. I couldn't resist the urge to start reading.

Chief Complaint: Diplopia

Carlene Kingston

New York University School of Medicine

I saw in her this magnificent beauty. She was a brown woman, whose skin was smooth, a chocolate richness, deliciously birthed straight from the earth. She sat stoically, facing the window. Back straight, with squared shoulders, hands clasped at her lap. She sat as the world lay at her feet and she, peacefully and unthreatened, guarded all of its magnificent treasures. Her breaths were deep and full, her chest evenly expanded with levity that ignored gravity. I was comforted instantaneously by the ease of its rise and fall.

She wore the hospital gown like a garb of the finest silks baring to the fortunate seer the slightest glimpse of her shoulder. Her hair was wrapped up in a shower cap, almost as if my eyes were too naive to receive its allure. This brown woman, held at her fingertips the wisdom of years and experience, her rich history, a lineage of queens not of this continent, slave women whose true worth was never revealed.

The room was silent; the light fell on her without casting shadows, revealing a 64-year-old masterpiece. Her presence commanded the room, as if life ceased to exist outside the four walls. Her eyes were closed and her chin pointed forward. Her lips were slightly opened as if she was about to whisper, but she made no sound.

I scanned my sheet, wondering why this woman was here. Among the frail and diseased, she had no place. I tried to create a preliminary differential diagnosis, but my thoughts were interrupted again when I glanced at her face. She reminded me of a woman who was in my church choir, a woman with a rich voice and a presence that commanded the room more than the preacher himself. I remember as a child watching her as she moved and sang, as if she and the music were one.

I wondered what melody played in the woman who sat before me. I could say it was some hummed negro spiritual that she heard at her mother's breast, but part of me wanted to believe that a solitary jazz horn whined through the mind, telling a tell of journeys pasts.

Why was this woman here?

I stepped toward her bed. She opened her left eye, very slowly at first. I saw the effort in her brow to keep the right eye closed. Her face appeared annoyed, as if she hated the task of seeing. I immediately bowed my head, hoping that she wouldn't direct her annoyance at me.

She apologized. She explained that everything was easier when she kept her eyes closed. She explained that she never really learned how to deal with seeing double.

I started creating a differential for diplopia...

I racked my brain for nearly 30 seconds, as I engaged her in small talk, asking how she was feeling this morning, until my differential was disturbed by her reply. Her

answer came not in the form of words, but a single tear slithered down her cheek. A sadness that immediately turned her cachetic in my eyes. Her frailty became revealed, as I watched her gaunt finger wipe away the tear. Pallor grayed her earth toned skin. Her square shoulders now rounded forward, as she faced me. As she squinted through the one eye, it pained me to look at her face. But in a distant place in the corner of my mind, the jazz horn still played, a melancholy sweet. I strained to hear the notes.

I found her name on the sheet, as I explained that I needed to take blood. Metastatic breast cancer was typed to the right of it, as if it was her nickname. She had cancer. A ruthless metastatic cancer originating in her breast, snaking its way to her skin, her lungs, and her brain, invading her beauty, as it invaded my view as well.

I never was able to turn her into a case. I never cared about the pathogenesis or treatment of her disease. As I examined her, searching for a suitable vein, I cared less about the seeping purulent discharge that escaped the lesions on her skin.

I never really finished my differential diagnosis.

I wondered where the beauty went.

How did it disappear so quickly?

I saw a person, not a person with disease. I saw the beauty in a person that I had never known. And I made her ugly when I attached the label. I made her sick in my mind. And worst of all, as if that wasn't enough, my response, was not wanting to fix or help cure, because that is why I am here, right? To learn to fix and cure and alleviate and heal. I did not even mount an appropriate response to the disease. My reaction was to the loss of beauty and I felt helpless and guilty. I somehow skipped the workup and went straight to prognosis and in my mind, pronounced her dead. Like fleeting images of Katrina victims as I channel surfed, or as I walked past homeless men in the subway without so much as a sideways glance. She was one of the weak now, and I placed her there. She just became a complicated write-up.

The Best Medicine

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My two weeks of psychiatry consultation at the VA as a third year medical student had been a mixture of young veterans returning from Iraq with post-traumatic stress disorder and older veterans suffering from years of depression, drug abuse, and alcoholism. As I waited in the psychiatry office one November afternoon, the printer suddenly awoke and spit out our next consultation: capacity assessment of veteran with history of esophageal varices who presents with variceal bleeding and refuses endoscopy. For the past week, my psychiatry resident had stressed the differences between capacity and competence and the importance of making sure that patients understand a specific treatment along with all the risks and benefits of receiving or deferring that medication, procedure, or surgery. As we walked toward the elevator on our way to the MICU, we discussed possible reasons for refusing a needed procedure, such as cognitive decline, depression, communication barriers, or failure to understand the procedure.

As we entered our patient's darkened room, we saw an elderly Asian male sitting up in a hospital bed surrounded by IV poles and monitors. A blood transfusion had been started until a decision could be made regarding the endoscopy. His pale face appeared very tired as a slow stream of tears gently flowed across his wrinkled eyes and down his leathery cheeks. We began our usual line of questioning by asking about his understanding of his condition along with the risks and benefits of undergoing endoscopy. "I understand that I may die if I do not have this procedure but I was told that I also may die while I am having this endoscopy." We tried to explain that death was one of the risks of endoscopy along with infection, bleeding, and esophageal perforation. The veteran would not listen despite our efforts to put his risk of death related to endoscopy in perspective compared to his risk of bleeding to death without treatment. "I do not want to die on some cold operating table surrounded by foreign people. I want to die in my home surrounded by my family." As I looked around the room, I could see that he was accompanied by a devoted wife and four grown children who had graduated from prestigious universities, earned graduate degrees, established successful careers, and traveled many miles to be with their father. "I have lived a full life and am ready to go when it is my time. I only have one more thing I hope to finish before I die." This patient had lived a very healthy life up until the last few years. He gave all the credit for his good health to a special concoction that he had been drinking for many years made from vitamin E, selenium, and coconut milk. His lifelong dream involved marketing his drink, with the help of his sons, and giving the money he earned to the children in his native country of the Philippines. In the past, the patient had received blood transfusions and experienced improvement of his weakness and fatigue for several weeks. He explained that he planned to make one final trip to the

Philippines to establish his health drink business with his sons after he finished this blood transfusion.

While most families were preparing to gather around a feast of turkey and dressing on that late November afternoon, the family of our patient had united around their father and faced the difficult task of accepting his decision to refuse a treatment that could prolong his life. Based on our evaluation of this veteran, he had full capacity to make sound decisions regarding his medical care; he did not demonstrate signs of cognitive decline, depression, or a misunderstanding of the risks and benefits of endoscopy. As I left the hospital, I wondered if this veteran would be able to make his trip back to the Philippines or if his sons would work to market his health drink and fulfill his dreams of helping Philippine children. I was reminded of the lessons we learned in first year Ethics concerning a patient's right to refuse treatment and the importance of quality of life. In medical school, we have been trained for years to understand disease processes, construct a differential diagnosis, chose appropriate lab tests, and select the best treatment regimens. It seems disconcerting when a patient is not interested in participating in our treatment plans and is satisfied with a allowing a disease process to run its course. This patient showed me that sometimes the best medicine is no medicine at all and that no magic procedure or pill can give a person the benefits and satisfaction of having a strong family, living a full life, and holding on to your dreams.

Two Blocks from Thomas

HelenMari Williams

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"Why were you walking two blocks behind them?"

My back is turned to my doorway but she knows I'm not sleeping. It has been almost two weeks and none of us can sleep yet. I hold my breath, wait for the hall light to turn off, and listen for the sounds of her receding footsteps back down the stairs. I sigh when she's gone and roll over to look at my own bed across the room. It is illuminated by the light from the window and still unmade from the day that had changed us. I haven't slept in my own bed since.

On that morning, two weeks ago, I had hit the snooze on my alarm clock about seven times, as usual. Across the room, my brother, Thomas, got up, chose his clothes, made his bed, and headed off to run the water in the shower until it heated up. About twenty minutes later I got up, grabbed some clothes off the floor that didn't smell too bad, and pulled a comb through my hair. Thomas and I left the room we shared, and both made it downstairs for breakfast at about the same time. Thomas stopped at Abigail's room to bring her down with us. Like every morning by this time, she was standing on her dresser concentrating her attention to her mirror and making sure the buttons on her shirt were exactly in a straight row. It was Tuesday, waffle day. It was sleeting outside, and the wind was rattling our windows again.

"I need a new coat Mom." I told my mother as I looked out at the weather. I had just gotten a new one three months ago, and I already didn't like it anymore. This kid at school, Ricky, had gotten a cool black coat with a detachable hood and lots of zipper pockets.

"We'll go look for coats tomorrow afternoon," my mom said absently.

She was an attorney, and had been awfully busy on a case involving some car accident that happened here in town a few weeks ago. My mom was the type of person who would bend over backwards to make sure you liked her, even her own kids. I think that is why it was so hard when her only daughter, Abigail was born.

Abby was only six years old that Tuesday in November, but I remember when Abigail was very young, my mom and dad had both gleamed with pride over how fast she was developing. I don't know if it was because she was their first and only daughter, but they thought for sure she would leap ahead many years in school and become some sort of child prodigy. When she was only four, we could say a date like "September 15, 1992," and she could automatically tell us the day of the week that it fell on, and be right 100% of the time. I think it was my dad who finally noticed there was something about her that was a little bit off. She would spend a lot of time, too much time, spinning her toys and herself

around in circles. She would spread her arms out to catch the air and twirl around and around, laughing eerily, until one of us grabbed her and made her stop.

When she began making less eye contact and whispering secrets to herself as she poured over calendars from years past, they took her to see a doctor. It was about this time that my dad also seemed to go into his own world. He spent more hours at work, a large impersonal building with twenty-six floors in the middle of town where, my mom would say, men without real families worked. His eyes, like Abby's, made contact with ours much less often, and were filled with a weird embarrassment when by accident they did catch mine.

After months of different doctors and tests, Abigail was diagnosed with autism. The word crashed down on our family like the rain that fell so angrily the night my father left. Abby had just laughed to herself at some joke unknown to the rest of us, while our family fell apart. She was sitting cross-legged on the tired, ragged brown carpet in the living room and my mom was trying to hide her tears in her hands. I remember seeing her look up from her chair to stare in half-amazement, and what looked to me like half-hatred at my little sister who had ruined our lives. I didn't even bother to reserve half of my feelings for Abby with anything but hate.

"Better grab your mittens," Thomas said. "Looks like it's going to get colder outside."

The three of us kids always walked the two blocks to school together. Well, I say together loosely, meaning we left the house at the same time and then I would find some excuse to walk several blocks behind Thomas and Abby.

"Hey, is there a Cherry Coke in the fridge?" I asked craning my neck out the window to be sure my mom's SUV had pulled out the driveway. "I want to switch my apple juice."

Thomas opened the fridge door and produced two Cherry Cokes with a grin on his face. It was our tradition to evaluate the lunch our mom packed for us before we left the house and see if there was anything that we could profit from in the cupboards or refrigerator. He quickly scanned the cupboards and triumphantly tossed me one of the Little Debbie cupcakes he'd also found.

"Jackpot!" we said together.

I opened the door to the coat closet and grabbed out our coats. I pulled on my jacket over the wrinkled Chicago Bears sweatshirt I had thrown on and pitched Abby's little coat to Thomas. He slipped the red coat over her tiny frame while she stood solemnly gazing into space, then he grabbed her hand as we stepped out the door. For the last two years, Thomas had kind of taken over making sure everything ran smoothly around our house without my dad around. He seemed to think he had a special bond with Abby, and that he had to protect us all from the world.

My mom equipped both of us boys with a key hung on a shoelace that we were to wear inside our shirts whenever we went out, just in case she had to go somewhere.

I don't know why Thomas always waited while I locked our front door and put the key carefully back under my shirt. As usual, I made up some excuse to run back into the house so they would go ahead and get on their way to the school.

"I forgot to grab Julie of the Wolves and we have to read it in class today," I lied as I turned back around. "You go ahead, and I'll try to catch up."

Of course I never did try to catch up. Abby embarrassed me enough when we were around people we did know, and I was not taking a chance with her weird noises and blank stares with the kids at school.

The wind blew so hard in the mornings that my eyes would water and tears would streak down my face. Walking home from school was never quite as bad, partially because we knew there were hot chocolate packets with the miniature marshmallows waiting for us to make at home, but mostly because the wind was at your back instead of screeching in your face.

When I got to school that morning I put my coat in my locker and grabbed some homework to finish in homeroom.

"Eric! Hey, did we have to read anything for homework last night in that book about the wolf-girl?" My friend Kevin was always trying to get me to let him cheat off me in the quizzes we had in our English class, and I knew that was where he was headed with this conversation.

"I don't know. I think we were supposed to read Chapter 8."

I closed my locker door and started walking to my classroom.

"I heard your sister is going to our school here this year. I saw your brother walking her to class yesterday. Doesn't she belong somewhere else?" he said with a curious look on his face.

"Shut up. She can go to school wherever she wants to."

I hated when kids at school asked questions about her. I swear they were making jokes and laughing behind my back. When my mom found out they had a specialized program for kids with autism at Lincoln Elementary that year, she thought it was a good idea to enroll Abby since having us around might make her feel more comfortable. No one asked me how comfortable I would feel.

Mr. Walker gave us a quiz on Julie of the Wolves during fourth period and Kevin tried to copy off me as usual, his eyebrows knit together as he squinted to see what I was writing. When the bell rang, I hurried to the bathroom to hide out until Thomas and Abigail would be far enough ahead of me on the way home. I looked out the bathroom window and saw that they were playing on the merry-go-round that had been left on the grounds from when our building was the elementary school. Even if it was about two

degree above freezing, Thomas always waited at least ten minutes for me to appear and would keep spinning her around and around until I guess he gave up on me. He would spend hours with her on the carpet spinning tops or toilet paper rolls on the floor, and listening to her laughter fill our house as it so seldom did.

After they left the schoolyard, I started out. I watched them up ahead of me like I always did. I hoped the snow that was packed down from weeks before was not making too much noise for them to hear and maybe turn around. Thomas did not ever ask questions about where I went or why I did not walk home with them later in the afternoon.

That was just Thomas though. He was the type of person who would mind his own business and be content in taking care of his family.

About six months before that Tuesday, we had all been at the mall. We were standing by the fountains just outside the Dillard's store and were trying to decide where to eat lunch.

"Let's have Chinese," my mom said. "Doesn't some sesame chicken and fried rice sound good? There's that Little Taste of China place in the food court we could try."

"I don't really feel like Chinese food. Can't we just get McDonald's?" I had complained as usual.

And McDonald's it was, even though I knew my mom hated the chicken pieces in their McNuggets. We looked around for Abby who had been twirling the water in the fountains with her hands, but she wasn't there.

"We'll go back down by the main entrance, Eric. You look around here," my mom sounded worried as she and Thomas headed away. I stooped down to tie my shoelace before I made any effort to find her and I saw her out the corner of my eye in the Pet's Plus window, standing on her tiptoes to reach into a hamster cage and touch the spinning wheel. She looked up randomly and her eyes met with mine. I didn't think she would remember seeing me, so I quickly glanced side to side to make sure my mom and Thomas weren't around, then stood and walked away in the other direction. God, I wished they would never find her. Couldn't we just eat some French fries and go home with our shopping bags and hope our lives would return to normal?

We met back at the fountains after fifteen minutes. Thomas was beaming and Abby's hand was in his and she trailed behind them with her attention already caught on something new. "We found her in that pet store right over there," Thomas said.

When Abby saw me, she pointed and said "Animal spinning around. You see?"

Thomas looked very carefully at me, and I swear he knew I'd left her there, but he never brought it up.

"Chocolate sundaes on me!" my mom said breaking the silence between her two boys, but I really wasn't hungry anymore.

I remember that Tuesday, it all happened in slow motion. I looked up from my feet to see Abby and Thomas crossing the street right in front of our house. They were

almost home. Abby had seen my mom pulling in the driveway and was running ahead to get to our house. Thomas chased after her, and was reaching out to grab her hand when the sound of screeching tires filled the air.

A car had lost control on the icy streets and somehow, Thomas was under it. I don't know how my feet carried me there, but in no time I was standing on the curb watching a pool of blood melt the frozen ground under my brother's head. Abby hadn't even stopped until she reached my mom. There were sirens. There were a lot of people who didn't know me or my family crowded in the street as paramedics arrived, yet we were alone.

I don't remember why, but as I stood on that curbside and listened to the water trickling down into the street drains from the melting ice, I thought of that day that Abby was lost in the mall: I wished I had been more like Thomas.

At Thomas' funeral, I don't remember why I thought of all the birthdays that my dad had missed since he left. My mom swore to me a couple months after my ninth birthday last year that I just forgot that he had sent me a birthday card with a clown on the front, and a crisp twenty dollar bill inside. She said he was at our swimming competitions and I must have just missed him. She made an excuse for him every day of my life, until that Tuesday when she couldn't explain to Thomas as he died on that cold pavement why our dad was probably not going to make it to say goodbye.

I saw my mom kneel beside him and rock him back and forth like he was a small child, and I knew he was dying. I don't know why my feet never let me step off the curb and tell him how much I looked up to him and how much I was going to miss him. I just stood there and watched as my mom whispered in his ear, and swept his hair back from him eyes as she rocked and rocked and rocked. I watched as Abby stared on, her eyes never blinking once, and I think even she knew what was happening.

They never even turned on the sirens as they drove away in the ambulance. We drove in silence behind them until we reached the Emergency Room doors, and then we didn't know what to do. Where do visitors go to see their dead brother? I saw my dad's gray BMW at the hospital, but he never came into the room with us. I knew my mom would tell me later that I must have just missed him, like so many times before.

At the funeral two days later, my dad held my mom and they cried together. My dad's new girlfriend looked awkward, and Abby sat on the snow and cried to herself as she rocked slightly back and forth. I couldn't cry. I thought of all the times that Thomas had taken the blame for the treats missing out of the cupboard that we snuck into our lunch everyday. I thought of the way he held Abby's hand, like it was a precious gift he was afraid to break. I thought of our swimming competitions and how every time I brought my head out of the water, I could hear my older brother cheering me on. I thought of how silent our house had become and how silence the cemetery was then, even though our whole town had turned out to show their respect for my brother.

"Why were you walking two blocks behind them?" My mom is back up the stairs to ask me again, and this time she has Abby with her. "Are you embarrassed of your family?"

Doesn't she realize that I had asked myself those same questions a thousand times each day in the last two weeks? I have thought in my head, but never aloud, that if I had been walking beside them, maybe I could have pushed Thomas out of the way. Maybe things would be different now.

Abby shuffles into our room, I suppose it is my room now, and crawls into the rocking chair next to the closet door. I watch silently, because she has never shown an interest in our room, especially that chair, before. She hasn't been spinning things anymore. She usually just sits on the floor and rocks her body back and forth silently; she doesn't laugh like she did when Thomas would spin her.

I don't know why, but as I watch her rock slowly in that chair, I get up and go over to the chair and pick her up, and she lets me. I begin to rock. I put my head into her messy hair and I start to cry, single tears at first, then stronger, faster swells of sorrow until I can't stop the sobs. While my mom looks on, I hold Abby in my arms, and I cry a million wordless apologies in my mind. For all the times I have not been there for my family I weep; for all the times that I have been two blocks behind them I am truly sorry.

Property Rights Over a Diseased Spleen

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As ethical considerations will be continually encountered in our practice of medicine, I have taken a fresh look at an ethics case I studied in college, and come to a new conclusion, as follows.

The California case of *Moore v. the Regents of the University of California* brings to the forefront a fundamental issue regarding an individual's property rights over his own organs and body parts. Upon removal of John Moore's diseased spleen, Dr. Golde and Shirley G. Quan used its cells without his consent, and developed a cell-line of tremendous market value.¹ The center of the dispute focuses on whether, upon removal of Moore's diseased spleen, the defendants were entitled to use cells from the spleen for their own purposes and without Moore's expressed consent. On the basis of Lockean definitions of property and acquisition, the defendants were justified in their use of the cells. Moore's removed spleen ceased to be his possession when he had it removed and did not lay claim over it, and as an unclaimed piece of property, Golde and Quan were entitled to mix their labor and claim it as their own.

As a starting block, let us consider the spleen when it is inside of Moore's body. He alone has access to it, and thus has sole use of it. If another individual, say a doctor, wants to access his spleen, change it, or use it, he must have Moore's expressed consent. As part of his physical body, Moore's spleen is his tangible personal property. As John Locke puts it, "every man has a *property* in his own *person*: this no body has any right to but himself." (*italics his*)² Thus, when inside his body, the spleen was Moore's property.

It is next necessary to determine what becomes of the spleen when it is removed from Moore's body. For as long as he desires it, the spleen continues to be Moore's. He has paid the doctors for their service of removing his diseased spleen, and without any transfer occurring, the spleen does not cease to be Moore's property. Moore has three options: keep his spleen for himself, give it away, or throw it away. In the first case, Moore would maintain possession of his spleen. In the latter two scenarios, Moore would relinquish his property rights over the spleen, either transferring them to another individual or leaving them unclaimed. Moore perhaps didn't consider what the hospital would do with the spleen, but because he did not assert his possession of the spleen he has given up his ownership of it. Moore made an implicit decision that the spleen was no longer of value to him, and that he did not want it. Moore's spleen became human waste and essentially

¹ *Moore v. The Regents of the University of California*. 215 LEXIS 666. Court of Appeal of California, 2nd Appellate District, Division Four 1988.

² John Locke, *Second Treatise of Government* (Indianapolis: Hackett Publishing Company, Inc., 1980), 19.

garbage, in that it was discarded material, considered to be of zero value to the prior owner, and was without a new owner. As the spleen is without an owner, it becomes part of the state of nature.

Having established that the removed spleen is no longer Moore's property, we must now consider how it becomes the scientists' possession. The diseased spleen is an unclaimed piece of property, essentially without value to the common eye - much like a piece of trash in a junkyard, it is now part of the state of nature. The item was discarded after its owner no longer found it useful, and without a new owner becomes incorporated into the junkyard. Whether that junkyard is of trash or of human waste is irrelevant; it is a junkyard of un-owned items. Let us consider an artist who happens upon this junkyard. He pokes around in the rubble and finds some things of interest to him. This trash is not anyone's property but is part of the state of nature, so the artist is perfectly entitled to pick up the items that interest him. Now, when he takes these items and creates an artistic masterpiece from them, the product of his work is his and only his. Should someone see a piece of rubbish he had earlier discarded now included in the artist's masterpiece, he has no basis on which to lay claim over the artwork. As with Moore's spleen, the discarded item was considered of negligible value to the owner, thus he abandoned his claims of ownership over it. One individual did so by directly discarding it, the other by leaving it at the hospital without asserting any claims over it. Now how did the item become the artist's (and in Moore's case, the scientists')? They found this item of minimal value in the state of nature and added their labor, time, effort and skill. Locke addresses this issue specifically, commenting that "every man has a *property* in his own *person*: this no body has any right to but himself. The *labour* of his body, and the *work* of his hands, we may say, are properly his. Whatsoever then he removes out of the state that nature hath provided, and left it in, he hath mixed his *labour* with, and joined to it something that is his own, and thereby makes it his *property*."³ Our fundamental notion of self-possession tells us that a man's body is his own. Just as a man's body is his own, so the work of his body is also his own. This individual's labors are his and only his, and by mixing what is unquestionably his with something unclaimed from the state of nature, he has joined the two things together, making it his own. Any person who would claim ownership over the artist's masterpiece because he had previously discarded the rubbish would be asserting ownership over that which is fundamentally not his - the labor of the artist. It was by the artist's skill and expertise that the garbage was transformed into a work of art, and the increased value of the item was a direct result of the time and effort of the artist. As Nozick comments in *Anarchy, State, and Utopia*, "laboring on something improves it and makes it more valuable; and anyone is entitle to own a thing whose value he has created."⁴ George's dissent to the

³ Locke, 19.

⁴ Robert Nozick. *Anarchy, State, and Utopia*. In *Moral Reasoning 22 Sourcebook*. Comp. Professor Michael Sandel. 27-43 (39). Harvard University, Fall Semester 2003.

verdict of this case states that "it was only after defendants expended great effort, time, and skill that ... plaintiff's spleen ... became transmuted from human waste into patentable blood cell-lines."⁵ And so by acquiring it from a state of nature, mixing their labor with it, and improving upon the item's value, the scientists have gained possession of the cell lines, just as the artist has gained possession of his masterpiece.

There is likely to be concern at this point over a significant distinction between the spleen and the piece of trash: the spleen contains John Moore's genetic material and is thus fundamentally his. One may argue that regardless of distance between them, a part of a person's body, as it contains his DNA, does not ever cease to be his. I would contend that the presence of a person's DNA or the cells from their body does not make an item his forever. Consider the woman who donates pints of her blood. She has taken what is fundamentally hers - the blood of her body - and transferred ownership to someone else. Such transfers of one's own body parts are perhaps not as uncommon as it may seem initially. There are people who donate bone marrow to family members who are ailing; there are people who gift large amounts of their hair to make wigs for children without hair; there are people who donate the blood from their body. The crucial point is that these people are separating themselves from items that were once parts of their bodies, and there is a transfer of ownership which occurs at that moment. And so we see that it is possible to separate oneself from parts of one's body, and that an individual is free to surrender ownership over these things to the extent he desires.

The issue may be raised that there is a distinction between Moore's spleen and the donated blood. The donated blood, one might argue, was given by an individual who understood exactly how the blood would be used in the future, and was given with that expressed intention. The owner of the spleen, on the other hand, was not aware that his diseased organ was of any value and so he did not explicitly consent to its use elsewhere. I would remind us that once the piece of trash is discarded and sent to the junkyard it is no longer that individual's property. The doctors at that time, probably did not realize the future value of the derived cell-line. But were they at fault because they did not inform Moore of such a possibility? Fundamentally, no, they were not. The artist who gathers rubbish is not obligated to knock on doors to warn people that the items they throw away may be used in his artwork that may have potential future value; he simply gathers unclaimed rubbish, invests his time and talent, and produces a fine piece of art. Moore relinquished his ownership of his spleen, and in doing so, gave up control over its future.

At this point, we might consider the artist-junkyard example an imperfect comparison. After all, the person throwing away his trash made an active decision that he no longer wanted such items, and knew that the trash would be taken to the junkyard. Moore, most likely, did not consider the future of his diseased spleen. His decision was a passive one, then. He did not lay claim over the item, and so his absence of action caused the ter-

⁵ Moore v. The Regents of the University of California, DISSENT: Goerge, J.

mination of his ownership over the spleen. In principle, Moore should be given the opportunity to make the active decision to keep, gift, or discard his diseased spleen as he chooses. Failing to give him such an opportunity takes advantage of his compromised condition as a hospital patient and his presumably less extensive scientific knowledge. Given that Moore wasn't asked what should be done with his spleen, and in principle he should have been, it might be that he should be compensated. It is unclear the extent to which Moore should be compensated. The cells of Moore's diseased spleen were of minimal value until the scientists labored upon them, added their expertise and ingenuity, and so multiplied the value. Moore clearly has no claim to these scientists' labor, but only to the diseased cells upon which they worked. It is true that the labor was the cause for the increased value, however Moore maintains that he would not have consented to the use of his cells had he known the potential outcome. Thus, the use of cells from Moore's spleen is of great consequence as it was allegedly against his consent. Though Moore's active contribution to the scientific process was nonexistent, the use of his cells was an integral part of the procedure. His due compensation for the absence of explicit consent is an issue for further discussion which the confines of this discussion do not allow.

At the time of the scientists' use, Moore's cells were essentially not his own. He had failed to assert ownership over the spleen, and as a result, it became un-owned property. The subsequent use of the spleen's cells by the scientists was nothing over which Moore could have exerted control. Due to the nature of his initial consent, however, and the fact that he was not fully informed as he might have been, we are led to the conclusion that Moore is entitled to a compensation of some sort. The terms of the compensation have yet to be determined, but I would like to note that such compensation should not become a precedent. In the future, a more explicit initial decision ought to be made by the individual whose body part is in question, with all relevant information provided by the patient's physician. In the vast majority of cases it is unlikely that patients will choose to maintain possession of their diseased organs or other body parts, and so this decision need not impede the state of scientific progress for the sake of explicit patient consent.

The Children of Mumbai

Salil Bhandari

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It was just a few months ago that I sat next to Dr. Amit on a half-broken metal chair in a dilapidated medical clinic in Dharavi, the heart of Mumbai and Asia's largest slum. It was the middle of monsoon season, and children from the local embroidery factories, or "karkhanas," waited anxiously to see Dr. Amit—one of the few doctors willing to work in such unhygienic and poor conditions. It was nearing the end of my two-month stint with Niramaya, the health branch of the larger, education-focused organization, Pratham. As I helped Dr. Amit examine a child for a case of scabies, the most prevalent disease among working children, my mind wandered back to my first visit to the sweatshops of Mumbai...

I remember sloshing through the calf-high flood waters of Dharavi behind Dr. Amit. Two-story wooden shacks lined both sides of the streets, with half-torn tarp coverings that offered minimal protection from the rain. I tightly pinched my nose, as the putrid odor of a trash and defecation mixture enveloped the air around me. I remember how quickly I began to doubt my ability to work in such conditions.

We entered a small shack, and inside, two wooden panels ran from one wall another, about one foot off the ground—a piece of fine silk cloth stretched across them. A group of twenty young boys, ages 8 to 16-years old, sat on the ground, legs crossed Indian style. Their right hands manipulated a needle and some loose beads above the cloth as their left hands anchored the thread from below. My first thought was of all the kurtas lining my closet at home, whose embroidery was likely stitched by children such as these. A feeling of guilt swept down my throat and into my stomach as it growled.

During the next two months, I assisted Dr. Amit in treating children at the clinic and led AIDS education sessions in the workshops. As I spoke with the children in my broken Hindi, I learned that many had been sent by their parents from Bihar to earn money to send back home. Some children complained of their hands hurting from working long hours while others revealed their aspirations of one day becoming karkhana owners themselves! How could the cycle of child labor ever end if those suffering the most from it aspired to perpetuate that cycle?

I soon began to understand why Dr. Amit was willing to work under such horrible conditions each day at the clinic. If we could not solve the problem of child labor, we could at least help ease the suffering of these children by tending to their health and showing we cared for them. As they worked, I could often sense a burden of responsibility in their eyes. However, when they came to our clinic, they laughed and played games while receiving medical attention. This helped bring a sense of normalcy back to their lives.

Looking back, my summer in India was the most humbling experience of my life. I no longer get upset at small things, such as missing a favorite TV show or dealing with lost luggage, for I know that I am lucky to have the luxury of a television and the money to travel in the first place. I have become a calmer person and have learned that the key to happiness is not getting what we want, but rather being content with what we already have.

I may not have saved the world or changed the lives of an entire community while in Mumbai, but I have learned that every effort, no matter how small, can always help make a difference. Perhaps there was one child who appreciated my presence during those few months, and for the first time in his life has begun to dream. It is for that child that I volunteer.

Still Life

Justin Belin

Jefferson Medical College of Thomas Jefferson University

Up close, a barren landscape of white which neither possesses nor sustains a hint of life. A shade of yellow has seeped under the surface, as if revealing spoilt and unfertile earth hidden under a light snowfall. Shadows cast by the swelling and receding of its geography are purple and blue.

What has been spread across the stainless steel altar, half tucked away in a bag of unmistakable purpose, was once flush with color and life, now being bleached of both by the stale light above. What spills out of the bag would at first appear to be limbs of stoic marble, the remnants of a forgotten statue, the cracked appendages of Ozymandias the Great found behind a non-descript door at the end of a long poorly lit corridor.

But stone does not part, as does the flesh on these limbs. The thin skin below his bicep has been cut away, his layers peeled back. Inside, the muscle fibers have fossilized, the veins stare up like the strings of a violin long since played and fallen out of tune. His cheek has been hollowed; the yellow teeth peer through in a smile at odds with the emptiness of all other features. Around his ankle is tied a plastic bag containing his pieces, blocks of gray matter that could be either rock or tissue. They soak in a cloudy yellow liquid pooled at the bottom of the bag that both preserves and dilutes him.

At his side, possessing the same colorlessness as the steel bench on which he lies, is a single nameless tool, a chisel or a knife. Beside the table, a stool has been pushed away, almost to the perimeter the circle of light in which he lies. Resting atop the stool is a single sheet of paper that lists his parts in numerical order. Darkened smudges on the paper reveal the mark of fingers that have been inside of him.

In death, he lies between statue and man, between stillness and life. His very body simultaneously shares the softness of flesh and the rigidity of stone. Yet, his stillness weighs far more heavily about him than would that of any sculpted mannequin of a man. No form of rock or shape of clay that has never known life to begin with, could be so visibly still as one from whom it has recently left.

A Time to Face

Gerard T. Berry, Jr

Jefferson Medical College of Thomas Jefferson University

I am not going to tell you how old I am; you can read it in that file by the door. If I whisper it, death will hear and finish his business. My grandchild, Tommy, is six. At his brother's eighteenth birthday Tommy looked up while playing with his toys and asked, "How old are you Pop Pop?" My response left him perplexed enough to stop pushing the toy truck in that repeated forward and back motion. It was like a mathematician attempting to explain the nuances of infinity to an eager but confused student.

I can't complain about my ending, life has been good; and now that you nurses and doctors have me doped on so many pain killers I feel nothing and ramble about nothing, sometimes to no one. In youth I was an athlete, a runner. The pinnacle of my college career was breaking the four minute mile. My competitive spirit was too strong. Running was my sole pursuit and I felt as if there was something I missed because of my intensity. Ironically, after college I went off to medical school. It was there that I realized all along I had it right. Whatever experience rouses your interest, you really are not living until you cease using your toes to test the temperature and leap head first, eyes wide, from the high dive with all your fears blowing back behind you. That same feeling I had when proposing to my wife. Monica changed my life. I still remember meeting her in that coffee shop, glasses on her forehead restraining her lively blond hair. Next to her on the couch was my favorite book, *Catch 22*. I joined her in a conversation. I told her the pinnacle of the novel was the imagery used during Snowden's death, which was one of the most beautiful depictions of the human condition. She thought the key moment was the discussion between the old Italian man and Nately, an American soldier, concerning war being the result of an irresolvable disagreement of perspective. We agreed to disagree. Love is war and we were married.

Monica and I have three children-Marty, Sarah, and Mike. They are great children. Sarah is a physicist with two kids, and Mike writes a sports column in the local paper and has one little guy. Don't tell them but my favorite is Marty. He was never as athletic as Mike or as smart as Sarah. In fact, during his twenties and early thirties he battled with alcohol addiction. I am glad he was not married during that period, because it would have been tough on his wife. We really bound together as a family, and he made it through AA. Now he is fifty-five and happily married with four children. Marty was always tough and has that underdog fighting spirit. He makes me so proud when I remember back to the years of troubles and now see him walk into this hospital room and smile at me in this bed.

This bed, don't believe the movies; life is a struggle. See what I am now my swollen eyelids, my hanging skin, the wrinkles which once carried tears of joy and now...

I feel like if you nurses and doctors had caught this earlier I would have lived forever. In the end everything breaks. This damn cancer has traveled from my prostate and is assaulting my body. It is in my bones and my blood. This is not its first mutiny. When I pushed that clock under four minutes my body had given up but my mind willed me through the pain to the finish line. As long as my mind is sound I will fight. What Marty struggled through was a lot worse than this. I feel submission to this illness would be a disservice to his life and the obstacles he conquered. I can beat this.

Why couldn't I have gone like Monica? Five years ago on a Monday morning I awoke to a cloudless sky, a brilliant yellow sun, and a cool breeze flowing across the sheets. She was no more. She had drifted out through the open window, up into the night as a peaceful angel. Here, I now lay in this stale bed with you strangers coming in and out while I watch ninety-nine channels of crap on the television. My friends have all passed on. The only thing left is my family. They visit me everyday with the children. Our conversations are always different. Sometimes we speak of God. Sarah has become a skeptic because of her profession. She always argues that with every new physics discovery there is less and less room for God in the Universe. She says that religion is a catchall used by weak minds for phenomenon that cannot be explained through reason. I reminded her that Einstein's ultimate purpose was to use physics to reveal God and that we truly know a lot less about humanity, and this Universe then we can fathom or openly admit. Then, I teased that if she is right, I won't be seeing her mother anytime soon.

The boys seem like they are holding up, but Sarah is not doing very well. She and I are very close because of her career in science. They always end their visits with "I love you" and "It will be all right." I respond, "Come on, Sarah, show me a smile!" She usually gives one to me, but sometimes, she breaks down and starts crying, and we hug for a while. These fleeting moments force me to ask, "What is life?" Way back in the '96 Olympics there was this commercial running. A scrawny eight year old with scrappy clothes and untied sneakers lines up on the street next to his friend. You hear a gun fire and this kid blasts off. As he is in his all out one hundred meter sprint, the background morphs into a high school track stadium, and the kid is in a track uniform and not so scrawny anymore. Then college, then you blink and this kid is now a finely tuned human crossing the finish line of the Olympics. Winded, he looks back down the track from where he came and sees that scrawny eight year old kid staring right back at him with the same look of amazement and confusion as him. Life really does feel like a thirty second clip. If I can just hold on till I see my Sarah's smile once more; the heavens will wait. (Silence)

Mashed Potatoes: A Milestone Moment

Kelly Elterman

Boston University School of Medicine

As far as I can remember, every morning in fourth grade was the same. I woke up at seven, maybe seven-thirty. I brushed my teeth, changed out of my pajamas, and grabbing a rounded paddle-style hairbrush, headed downstairs where my mother stood waiting for me. Taking the brush out of my hands, she pulled it quickly through the long strands of dark hair that flowed down my back. Once satisfied, she flung the brush on the couch and twisted the hair into a single fishtail braid that started at the nape of my neck and made its way narrowly to my waist. Securing the bottom with a brightly colored rubber band, she sent me to school.

I don't know when that became a routine. It seems to me that the instant my hair grew past my shoulders, my mother brought out the pins and rubber bands. It was fun at first, but after watching my friends show off long shiny locks free of bobby pins, I quickly grew bored of it. When I suggested leaving my hair down in the morning, my mother refused. "It will only get messy that way," she said. "It is much better when it is braided, trust me." And that was the end of that.

My hair spent the next three years in woven monotony. I tried many times to do something different or more interesting, but I was continuously unsuccessful. Ponytails were always loose and slightly off-center; pigtails were consistently sloppy; even choosing the best way to leave it down was difficult as my hair could never fully decide if it was curly or straight. Frustrated and feeling helpless, I continued to let my mother fix my hair every morning.

I finally became master of my locks sometime near seventh grade. Announcing that she had no desire to wake up before seven, my mother no longer bothered to fix my hair in the morning. Instead, she found alternate means of supervising my life. One afternoon I came home from school to find my entire bedroom rearranged. She had moved the furniture around while I was having lunch and managed to reorganize the drawers during fifth period. Looking around, I knew the clothes, books, and pictures were mine, but suddenly I felt I was a stranger.

I decided to ignore the situation initially, but when I reached into the desk and saw that my journal was missing, I could no longer suppress my outrage. I stormed downstairs and demanded to know what had happened.

"What did you do with my room?" I asked, wrinkling my forehead and biting the bottom of my lip.

"Is something wrong?" my mother asked, innocently. "I just thought it could use to be a little more organized, that's all."

I think I grumbled something about wanting to keep my room the way I wanted it, and rolling my eyes and sighing heavily, turned to head back upstairs. She smiled at my anxiety and said, "Don't worry, I didn't read anything." And that was the end of that. It wasn't until I was at the top of the stairs again that it occurred to me I hadn't mentioned anything about my journal.

From hairstyles and methods of organization, my mother moved on to eating habits. She had always carefully watched what I put in my mouth, but never said much about it until I was older. When at sixteen I announced I wanted to become a vegetarian, she squinted her eyes and asked me if I was insane.

"That's the stupidest thing I've ever heard," she said. "You need to eat meat."

"Actually, I've done a lot of research, and it is much healthier not to eat it," I argued. "Besides, there are other things I could eat."

"Meat is meat. Anything else is just junk," she maintained. "You are going to make a lot of problems for yourself if you don't eat it, and as your mother, I won't let you do that."

"But it is my body," I persisted. "And this is important to me, it's something I want to do."

"Why do you have to be difficult?" she asked, not even wanting to try to understand. Then, after I didn't respond, she added, "You are only sixteen, you don't know what you are talking about." And that was the end of that.

So for two years I closed my eyes, swallowed my pride, and chewed on chicken. With every meaty bite, my throat gagged, my insides shuddered, and my mother smiled.

Upon moving hundreds of miles away from home to attend college, I again swore off anything that had ever breathed, walked, or swam. My mother had no idea. She called regularly to see how I was doing, of course, but whenever she asked if I was eating well, I simply told her I was. She didn't ask for details, and I certainly didn't volunteer any. When it came time for Thanksgiving, and my first time home from school, it had been four months since I had last touched a piece of meat.

It didn't occur to me that keeping my decision silent was not the best thing to do until I was sitting at the dining room table, surrounded by aunts, uncles, and cousins, face to face with my mother's Thanksgiving turkey. Roasted to a golden brown and lying on a shiny silver platter decorated with fruits and vegetables, the bird appeared absolutely disgusting; the smell alone made me want to vomit. The instant my father sliced the tender bird, I knew there was absolutely no way I could eat it.

Sucking in my breath, I quickly glanced around the table for something to fill my plate before someone passed me a piece of turkey. There were countless dishes, small bowls of this and that littered the table, but almost everything contained meat! Frustrated

and mildly panicked, I served myself salad and heaved mashed potatoes on my plate as though they were a delicacy I hadn't seen in years. Everyone around the table went on talking, and nobody noticed my mini-crisis until my father looked at me and said, "Do you want part of the leg as usual, honey?"

I smiled and tried to be as nonchalant as possible. "No thanks, dad," I said. "I'm fine."

"Fine? She's more than fine. She's got enough potatoes to last her through the winter!" my grandfather commented sarcastically.

That quickly got my mother's attention. "You can't just eat potatoes, Kelly. Here," she said, motioning toward the big platter, "Have some turkey."

For a moment I considered just taking it to avoid making a big deal of the situation, but then I decided that wasn't the answer. I needed to be honest. I couldn't back down this time. Shaking my head, I blatantly refused.

"No, I don't want any," I said. "Thanks."

"What? Why not?" my mother asked, frowning. "It's perfectly good white meat. Besides, you love this recipe."

Biting my lip, I continued to shake my head. Then, I took a deep breath, swallowed, looked straight in her eyes and said, "I don't eat meat anymore."

The table became instantly silent. Everyone stopped and looked at me. I just kept looking at my mother. She didn't say anything at first, and then, "What do you mean, you don't eat meat anymore?"

"I haven't eaten meat in four months," I said, a little unnerved.

"Not even white meat?" my mother asked, wrinkling her brow and implying the concept seemed utterly preposterous.

"Not even white meat," I replied. "I decided to become a vegetarian."

More silence. Suddenly one of my cousins laughed. "A vegetarian, huh? Imagine that. And you still look healthy," she joked.

That seemed to ease some of the tension and slowly everyone returned to what they were talking about. My mother kept looking at me, but she was quiet. Then, giving me a clear look of disapproval, she said in an obviously displeased tone, "Well, I don't know what you are going to eat, but whatever. Do whatever you want."

As she turned to pass a plate to my brother, I heard her mutter, "Vegetarian ... ridiculous..." but I felt too triumphant to care. At last, I had the last word. Satisfied with my near-milestone accomplishment, I smiled and helped myself to more mashed potatoes.

And that was the end of that.

Diego

Kori Sauser

Keck School of Medicine at the University of Southern California

"Do you see that there?" Dr. Johnson asks me, pointing to a spot on the screen that is indistinguishable from the area around it.

"Not really..." I shake my head. I stare at the screen concentrating on the outermost region of the lung, the area where my mentor has now spotted two tumors that my eyes cannot see.

"Here's another one," he says. I move my gaze with the cursor as he shifts it to the very periphery. I concentrate, wanting to see it. I disengage my eyes as though I am staring at a Magic Eye poster and wait for the tumor to jump out at me. Slowly, incredibly, I start to see it: a tiny region on the screen that is lighter than the rest of the space around it. Just slightly off in its coloring, as though it had been smudged by an eraser where the rest of the area remained the gray of pencil lead.

"Oh, ok! I think I see that one!" I exclaim, excited to finally see what he's seeing.

"You'll spot them more easily and more quickly as your eye gets trained." Dr. Johnson tells me. Then his face softens slightly. "This is not good news," he says, speaking sadly. "We thought we'd beaten it and now it's back, and it's in the lungs and a femur." He says of little Diego's neuroblastoma.

"Hello, hello! How are we doing today?" Dr. Johnson asks as we walk into the examination room to a Mexican family that I know must be Diego and his parents. Dr. Johnson has brought the social worker with him, and she quickly embraces Diego and asks him if he'd like to take a walk. As the six year old boy in his Batman sweats nods the affirmative, Dr. Johnson pulls a few dollars out of his pocket.

"Why don't you go get some McDonalds from downstairs." Diego's eyes light up and they are quickly out of the room.

Dr. Johnson sits down to talk with Diego's parents. He explains the course of the neuroblastoma thus far, and goes on to say "I'm afraid we have some disappointing news today." As Dr. Johnson explains that Diego's remission is over, I watch his parents respond. The mother - a soft woman with a tender disposition - sits quietly, speechlessly, with tears running down her face as she mindlessly shreds the tissues in her lap. The father, a young, macho construction worker, sits struggling to understand that his little boy is dying. As the parents grieve their son's health, and I grieve for them, none of us hear Dr. Johnson's words. He finishes up, gently telling the couple that he will leave them to themselves, and will return in a bit. I step out into the hall with Dr. Johnson, shell-shocked by what I have just experienced. As we close the door, we hear the loud moaning and wailing

that I know belongs to Diego's father. I imagine the parents joined in an embrace, clinging to one another when they have so little hope to grasp.

A couple of more paces down the hall, we run into Diego and the social worker.

"How was your McDonalds?" I ask him. Diego grins shyly but doesn't answer.

"We're still waiting," the social worker tells us. "Diego wants to save the money and share his McDonalds with his parents when they leave today." My stomach feels like it has crept up into my throat - I watch this grinning, darling little boy in front of me, selfless even now, and struggle to imagine what his parents must be experiencing as they think of his loss.

Months later, as our cumulative exam is over and first year draws to a close, I wonder if Diego will be gone by the time I return to California in August. Having garnered permission to visit his home where he is receiving hospice care, I drag my roommate with me into a Mexican neighborhood with which neither one of us is familiar. We tentatively knock on a door and enter the family's apartment. Diego's brothers and sister run around, excited by the new faces, and ready to entertain. The mother comes, with a large smile, and welcomes us to their home.

"Diego no very well today," she tells us in stilted English. We look over to see Diego on the couch covered by blankets, and with tubes coming every which way. He looks thinner and frailer even than I'd anticipated.

As his mother speaks, I recall that her husband always spoke for them as a couple, the few times that I saw them at CHLA. Monica and I do our best to converse with her in the Spanish that is slow to flow from our tongues. We touch on the weather, on Diego's siblings names, ages, and schools, and on Diego's hospice care, and we realize how difficult it can be to carry on a conversation with a stranger in another language when her son is dying on the couch beside us. As Diego's siblings come and settle down nearby, we are glad for the diversion and happily pull out the toy that we've brought - remote control cars. We work on getting the batteries out and charging by the wall, and showing the eldest brother how Diego will be able to use the controller even from the couch.

I look down, and though it seems as though we've been here an eternity, my watch tells me that only 25 minutes have passed. We mention our desire to beat traffic and bid the family farewell, exchanging hugs with Diego's mother and blowing a kiss to little Diego.

Walking back to the car, I am overwhelmed by emotion: devastation over Diego's worsened condition and frail body; relief over the end of a socially trying visit; grief for Diego and for his family; and curiosity about the future. Will Diego still be around in August? How will Juan remember this? Will he remember the times he and Diego used to play together, or will he only remember his brother in this state of sickness? What about

little Pablo and Ana? Will they have memories of their brother beyond the forced memories of pictures? And how about Mom and Dad, how will they cope with the grief?

November, five months later, and we're in the midst of endocrinology. I come to school excited today, both because I enjoy endocrine, and because today is the day we will learn about neuroblastoma. Diego has miraculously fought his way through the past months, and his family has re-initiated treatment at CHLA. Things are looking up for the Juarez family.

Lab 157, I stare at the screen, listening to our instructor wax lyrical about rosettes and small blue cells and find myself taking notes at twice the pace I usually do. My attention is fixed on our lab to a degree of focus that I seldom achieve, and as I study later on that week, I find myself remembering word-for-word the instructor's comments about neuroblastoma. So it's true, I decide, having a face and a patient to put to an illness truly does help one to learn and remember it.

December 31st, Diego has died. I don't quite know how to respond. I experience a cocktail of emotions, some I can name, others I cannot, and all leave me strained and exhausted. The first loss I've experienced in the medical setting, I'm not sure how to cope; I'm not sure whether I should need to cope. What's normal, I wonder? How do doctors do this on a regular basis? Do they maintain a detachment from their patients that protects them from such grief? Yet if that's the case, then how are they able to invest themselves in their patients and their care? Have I connected too much? Not enough? The questions abound, and the answers are few and far between, but one thing I do know is that I will forever remember Diego and his family, and be grateful to have been included in such a momentous part of their lives.

*note: names have all been changed to honor HIPAA and patient confidentiality.

Trail to Avery Peak

Salil Bhandari

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Oh God, it was way too early in the morning. My muscles ached, and my head throbbed from yesterday's hike. We were camped out somewhere on Avery Mountain, and enormous pine trees formed a dome over the small clearing where we had pitched our tent for the night. I wiped the crusty stuff out of my eyes, and instinctively looked at my wrist, only to see the tan line from my watch. I didn't understand the whole concept of not being allowed to bring a watch on this stupid hiking trip ... something about "being one with nature," or some crap like that. All I did know was that the incessant pain in my extremities was warning me that my body still longed for more sleep. I wasn't sure how much more torture my skinny legs could endure and I didn't want to find out.

I heard Theodore, our group leader, bellowing at the other end of the tent, "Rise and shine guys! What more could you ask for than an opportunity to be one with nature?" Oh, shut up, you big dork! My fist is gonna be one with your face in a second if you don't close your mouth.

Jordan and Dave were at the other end of the tent, slowly making their way out of their beds, too. They were the only other guys on the trip, well, Theodore, too, but that's stretching it a little. Again, Theodore's high-pitched voice pierced the tent, "Hey let's go. We gotta reach the top before mid-afternoon." Reluctantly, I crawled out of my safe haven and massaged my calves, hoping they wouldn't tighten up again any time soon.

It was cold this early in the morning, and because of the high altitude, I searched the front compartment of my backpack for my inhaler. I took a couple of puffs and returned to packing. I rolled up my sleeping bag, pretended it wasn't rolled properly, and unrolled it, trying to postpone our departure as much as possible. I then retrieved the pocketknife from inside my backpack and unfolded the biggest blade. I knelt down and slid the knife underneath the loop of my shoelace, cut it, and quickly replaced the knife in my back pocket. "Ah ... crap! What happened to my boot? My shoelace is ripped!" Within seconds, Theodore was searching his bag, hoping to find something I could use. I sat on the ground and continued to massage my calves in the meantime.

"Here, just use my shoelace. This vine should do the job for me," said Theodore. He reached up and pulled a vine off the tree above him, slid his finger along it as he approximated the desired length, cut it with his teeth, and began threading it through his boots. I snickered, laced my boot with Theodore's shoelace, and sat on a small stone next to him. Suddenly, my hands trembled as Theodore stood up, "All right guys, just head out when you're ready." Leave when we were ready? Excuse me? I'd be just fine, staying right where I was, but I knew the fun was over. Here we go.

I slipped the strap of my backpack over the top of my shoulder, cracked my back to the left and to the right, and took my first few steps towards Hell. I had always thought that Hell was below me, but I guess things were different up here in the Northeast. I strategically placed myself behind all the guys, but ahead of all the girls. Leaving the campsite, I looked back one last time with a solemn face, but kept on walking. There was no turning back. Soon, the path narrowed and was crosshatched by the roots of trees on either side. I looked up into air, wanting to see the open sky, but there was only the thick brush of trees staring down at me, forming a tunnel above me and all around me.

Jordan and Dave moved fairly quickly, and within fifteen minutes they were out of my sight, but I kept walking, and the distance between us grew larger and larger. I constantly looked back to see if the girls were following behind me. I called ahead of me, "Jordan ... Dave ... you guys there?" I waited, but received no answer except for the echo of my voice resonating off the sides of the mountain.

The trail was getting steeper to the top of the mountain; it worried me. Had I missed a fork in the trail? How could I survive by myself in these remote mountains of Maine? I failed to answer any of the questions, and the early-morning pain in my legs quickly returned.

The sun was up by now; it must have been around noontime, and I had stopped to rest against another tree as my thoughts wandered. The Price is Right would be on TV right now, followed by General Hospital, which I always skipped, 'cuz all the soap operas were the same anyway. Every guy ended up marrying every other girl, and everyone was related to each other by a half-cousin or a half-wife. There was one episode that I happened to be watching in which a couple went hiking up in the mountains. How had they gotten all the cameras all the way up those mountains in the first place to tape the episode? Did all the make-up artists have to climb the mountains, too? "Note to self: Never join the soap opera business." I pushed myself off the tree and continued onwards.

Every once in a while I stepped in a hidden pile of mud that only my feet would somehow find, adding another layer of grime to my already beaten up boots. Every step hurt more than the step before it. It was only the mountain and I ... alone. I could neither see the top nor the bottom of the mountain. How far had I gone? Not a clue. I could hear no sounds of insects, no sounds of birds singing in the underbrush; I listened ... nothing was alive. Even the trees stood still as if waiting for me to pass. I felt for my water bottle, and of course, it had been leaking. Just perfect.

I paused again to rest, with my head bent over and my hands on my knees gulping down the small amount of water I had left. I couldn't take it anymore. My legs gave in and I collapsed on the ground. I laid face up on the ground and stared into the green igloo above me. Maybe those soap opera people would find me here-who knew? I was tired.

My eyes instantly flew open, however, as I swatted and killed a mosquito that had been buzzing around me. It was the first sign of life that I had encountered after a long time. I pushed myself onto my hands and knees, and looked up. In the distance, I could faintly see the blue tint of the sky; it was an opening! A resurgence of energy flowed through my legs as I muscled them forward. I hurdled over large stones and whipped away the branches of trees that blew in my face as I ran. The trees around me shook violently, and the wind pushed me forward and towards this opening. I had finally crossed above the tree line. I could see the mountains, valleys, and lakes below me for the first time that stretched for miles and miles. How had I climbed up so high in such a short amount of time? I again looked up and barely saw Avery Peak through the trees. I heard the sounds of chattering voices above and below me, my cue that Avery Peak was anxiously awaiting my arrival. I finally climbed over two large stones in the path and touched the sign that read, "Avery Peak, Altitude: 5083 feet."

I flung my enormous backpack onto the ground and bear-hugged Jordan and Dave. What a sight! I saw the inlet in the lake where we had started our hike just yesterday, and little creeks below slivered through the mountainous terrain. I had always seen mountains and valleys through the windows of airplanes, but this ... this was different. I looked down below; the girls were making their way up the trail, followed by Theodore, compass in his left hand, and hiking stick in his right. Now that was a Kodak moment. He wallowed the rest of the way up to the top and walked towards me. "Hey, Texan, I see you made it up here all right. Didn't need any more shoelaces, did ya? I wasn't sure if you decided to cut your other one too." I cleared my throat, but couldn't respond. "Oh, and you know how to test if your water bottle's pretty good?" he asked. "See if a knife can pass through it. How good is your water bottle?" He smiled, unclipped his water bottle from his belt and tossed it over to me. "All right everyone, let's break out the tents!"

By now, the sweat had dried off my face. The cold wind surprised me as it slipped through my clothing and down my spine. I shivered and took another puff of my inhaler. I leaned against a rock, wrapping my arms around myself. I gazed across the lands that extended for miles around me as I felt myself becoming one with nature.

Men in White

Meghann Kaiser

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I no longer stop to gawk at the alien the moment I walk in the room. Not that it's not there-or that I don't see it anymore-it's just that I'm starting to overcome the compulsion to stand paralyzed like a deer in the headlights, or worse yet, run screaming from the room. Oh, it's still there alright. But, I think I'm learning to let it live. It's life, and I'll live mine.

When you apply for med school, you don't know you're signing up for the mortal CIA. Then, somewhere in the catacombs of your years there, you learn the secrets of this world and the next. It's not as though anyone ever sits you down and spells it out. But you see the fleeting shadows as you walk down a hospital hall at midnight. Doors close on their own. Lights flicker off by themselves. A patient dies for no good reason, while the family prays, doctors pound on his chest and antibiotics drip above. You begin to feel the eyes of a stranger watching you, and with time you start to suspect. Then one day, you're reading a CT, a smoker for 30 years, and you hear the faintest rustle from the corner. You turn, and there he is, the alien. You're not surprised-after all this time you had figured something fishy was going on-but somehow, the patient doesn't recognize him, doesn't know him, doesn't even know he exists. What are you supposed to do? Introduce them? "Mr. Jones, you have lung cancer. It's probably not resectable: most lung cancers aren't. We can give you chemo, but frankly, it will make you sick as a dog and only slightly delay the opportunity to drown in your own blood and mucus." There used to be a part of me that believed knowledge was power, that if there was an alien in the room, people would want to know.

But people don't. We all understand the concept of aliens, but most of us think it's baloney. It's foreign. Some will think you're nuts if you come up with something so preposterous. An alien indeed! "What about modern science? What about my sister's neighbor's mechanic? He had lung cancer and now he's just fine and para-sails on the weekends. I want a second opinion!" On the other hand, some folks will believe you and leave your office overcome with panic, unable to live the remainder of their lives knowing an alien has breached the borders of their home and hope. "I give up, Doc. I just want to go. I don't want to die like that. I don't want my kids to see me like that." So what do you do? You do what every doctor has done before you. You look past the alien, you walk around him, you pretend to the populace at large that there is no such thing as aliens even though you know better. You offer radiation, and ocean scenes on your waiting room wall. But you don't book appointments too far in advance. And you suggest they spend Thanksgiving with their grandkids instead of Christmas this year. "It will be a nice change, and the leaves are so pretty in the fall." So you sit beside them, squeezing their hand, until

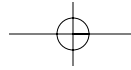
64 - THE LEGIBLE SCRIPT

one day, the alien steps out of the shadows, and you cannot act surprised, but you tell them, your heart sinking, that you've seen aliens before, and you know. And maybe you find out that they know as well-that everyone believes in aliens a little bit, that everyone suspects-but that they choose to pretend those doors had stayed open, and those lights, always on, always bright.

Last winter, an old friend's daughter was diagnosed with breast cancer. "But," she offered hesitantly, "They don't have to operate. They said they would just try chemotherapy." They don't have to operate? They won't operate, because they can't operate. It would do no good. And there we were sitting on her flowered couch, coffee cups in our hands, an alien between us. "The doctors say she's doing well on the treatments. She's even taking some time off to come down and visit next month." A lamp overhead dimmed.

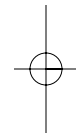
"Well, the two of you should enjoy that time," I replied, as I stood and opened the front door to a flood of full sun, full light, and full life.

Art and Photography



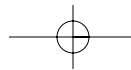
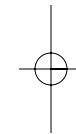
Art and Photography - 66

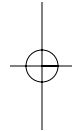
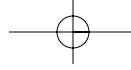
Artwork and Photography - 67



First Place
Modest Home, Magnificent Perspective
Nirali Desai
Rush Medical College of Rush University

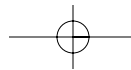
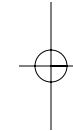
Second Place
Prayers to Buddha
Jean Brown
University of South Florida College of Medicine

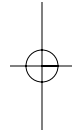
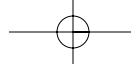




Third Place
Port of Manaus
Lauren Hughes
University of Iowa College of Medicine

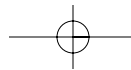
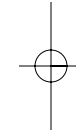
Adeline (Noble)
Heidi Haun
University of South Florida College of Medicine

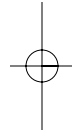
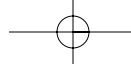




The Color of the Human Soul
Jeffrey Muir
University of Utah School of Medicine

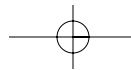
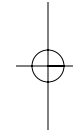
Neonatal Exam
Cameron Smith
University of Florida College of Medicine

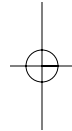
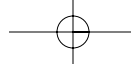




Tom and Doris
Miller Pearsall
The Brody School of Medicine at East Carolina University

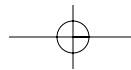
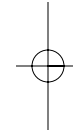
Amazonian Waters
Lauren Hughes
University of Iowa College of Medicine

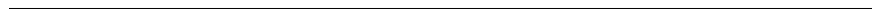
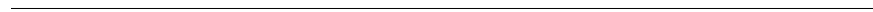
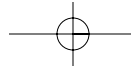




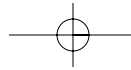
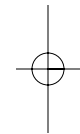
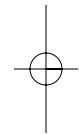
The Vendor
Jamison Engle
University of Iowa College of Medicine

The Harvest
Jeffrey Muir
University of Utah School of Medicine





Personal Statements



First Place

Personal Statement

Ngee Foong Thai
State University of New York at Stony Brook Health Sciences Center

"You did what?" asked my wife, still somewhat shocked from what I had just told her. "That's right," I reiterated to her, my chest protruding into the air filled with pride. "I changed diapers today!" It was true. I had my first official face-off with a diaper, supposedly one of man's scariest challenges, and had won. The summer following my first year of medical school I spent working at a daycare for special needs children, and it truly changed me. My days were not filled with writing SOAP notes, learning to take a history and physical, attending lectures, and seeing patients in hospital beds. And yet I learned. I sang silly songs, created stories from a book without words, and watched a mentally retarded boy take his very first steps. It took time, and a lot of patience to learn the best way to examine two-year-olds who have yet to learn the definition of cooperation. Thankfully, my ability to laugh like Barney finally paid off! Those seemingly brief eight weeks that I spent helping feed children, pulling kids in a big red wagon, and rocking a girl with Down syndrome to sleep have meant more to me than I could have imagined. My eyes were opened to an entirely new meaning of service, one that is both humbling and rewarding.

Throughout those hot summer days, my passion and desire to involve children in my career path was reaffirmed. I no longer wondered if I would end up in pediatrics; I knew I would. And I knew I would be happy. I seem to fit right in with children, regardless of their age. After all, who doesn't like finger-painting, kickball, and hopscotch? My family jokingly tells me that I am just a "big kid," and while part of that may be true, I believe I have a special connection with kids. During my pediatrics experience, this special connection was never more evident. Raven was a sick, scared four-year-old girl. The hospital was a big, new place to her. And despite the colorful paintings that lined those blue hallways, it was far from the comforts of her warm, soft bed. But in the midst of the hustle and bustle that surrounded her each day, I was a constant. I spent extra time with her each day, trying to make her laugh, and learning her favorite foods and television shows. Ultimately, she knew I cared more about her than the sound of her heart and lungs. My familiar, smiling face each morning was greeted with a shy smile in return, and it was in those moments that I knew Raven trusted me. I was no longer another frightening stranger dressed in white. To her, I was just Jeff, her hospital buddy. With any child, I feel comfortable being goofy to open them up, and in turn enjoy laughing at their silliness. Children have an innate joy in living life, with few cares and responsibilities. They just enjoy the moment. "I've heard a lot of sermons in my day, but the best sermon I've heard in a long time was preached in one word by a busy waitress as she poured a cup of coffee. 'Enjoy!' (Gloria Gather)" With few exceptions, children need to be healthy to enjoy all life has to

offer. As their physician, I will make that possible through a warm smile, gentle words, and a healing touch.

My family was born to teach. Everyone from my siblings to stepparents is a teacher. This undoubtedly begs the question 'Why am I not going to teach?' The truth is, I am. Perhaps not in the traditional sense, sweating in front of a room full of raucous high schoolers, chalk in hand, attempting to lecture about the advancements made during the Progressivist Era. But I am going to teach. In fact, the professions of medicine and education share a unique bond, the latter being integral to the successes and advances of the former. All professions require a certain level of education, a "foundation of knowledge," for its participants to be successful. But in no other field but medicine does one find a group of professionals who are soundly educated, now teaching, and yet still students in their field.

Physicians are constantly educating themselves, as well as colleagues, through a variety of means to improve their service to patients. This aspect of continual education makes medicine appealing, hopeful, and exciting. Appealing because education is a part of who I am and who I was brought up to be. Hopeful because through education physicians continue to provide the best, most up-to-date health care to their patients. And exciting because each day the field of medicine moves closer to breakthroughs and monumental discoveries. So, it may be something quite simple, like demonstrating to a future medical student how to measure blood pressure. Or a task more difficult, educating parents about their child's congenital heart defect. Regardless of the topic at hand, physicians constantly find themselves in a position to educate. These situations are everywhere, inescapable even. Medicine and education are too intricately woven together to have it any other way. Therefore, I will choose to embrace my role as a helper, healer, and teacher.

Second Place

Personal Statement

Michael A. Harrington
University of South Florida College of Medicine

Fourth down and six yards to the first down marker, our team was on the 15-yard line, and the game was tied with less than two minutes to play. I never imagined that I would ever play college football, let alone be a focal point in my first game as a freshman. Time was running out and the quarterback called the play from the line of scrimmage. "Blue 40. Blue 40." The play was a seven yard stop route to my side. The center snapped the ball I ran down the field with the defender following my every step. I stopped suddenly, but my shadow continued downfield. The ball hit my hands as I turned around. I took a jab step to the right and turned left. I felt the shoulder pads of the first defender skim the back of my legs. As I turned up field, I realized that only one more defender was between me and the goal line. I lowered my helmet into his sternum, and as he attempted to wrap me up, I spun off him like I had practiced daily in training camp. I passed both defenders, but was off balance from the last hit. As my hand reached to the turf to catch myself from falling, I realized I was only yards from the goal line...

While I knew as a freshman in college that I would never become a professional football player, I never anticipated the impact that playing college football would have on shaping my character. I have since traded in my shoulder pads and helmet for a white coat and stethoscope, but the same qualities that led to my success as an athlete persist in my medical career. These characteristics include leadership, positive teamwork, composure, and a strong work ethic.

Surgeons play a critical role in directing medical decisions in the operating and emergency rooms. Football taught me priceless leadership skills that I now apply to all facets of my life. I demonstrated these skills in college while serving as captain of the Davidson Football team, and in medical school while serving as class president for two years. These are the same leadership skills that I will embody as a surgical resident.

Teamwork is more than just organizing a collection of individuals. True teamwork creates a bond between team members, maximizing individual strengths. Team members must be willing to put the needs of the group above personal ones, regardless of their role. As a part of many teams, I have learned important strategies and interpersonal skills necessary to create the bond defining teamwork. Teamwork is an essential part of every operation, and successful patient care can only be achieved if all parties involved work as a team. As a future surgeon, I will ensure that everyone in my operating room works as a cohesive unit.

Surgeons deal with life or death situations on a daily basis and are forced to make important decisions in a matter of seconds while maintaining composure. Through athletic competition, I developed the ability to maintain my composure during stressful times. My ability to control my emotions under duress is a true asset and will further assist me in my pursuit of surgery.

While I was never the strongest or fastest player on the field, through self-discipline and a strong work ethic, I persevered and earned a starting position as wide receiver my freshman year at Davidson College. I have always worked hard at whatever I set out to accomplish, whether it was on the field, in the classroom, or at work. The field of surgery is physically and mentally demanding. However, my work ethic will allow me to overcome these conditions and perform at an optimal level as a surgeon.

The aforementioned traits which guide my life are only of part my intrigue with surgery. The field of surgery allows the prospect of diagnosing and treating challenging medical problems while seeing immediate results. No other field in medicine allows a physician the opportunity to dramatically improve the state of a sick patient within a matter of hours. Surgeons not only operate, but they serve as medical doctors as well. It is also this perfect blend of healing that drives me towards the field of surgery.

I realize football pales in comparison to the work of a surgeon. However, I believe that the traits that I developed as a collegiate football player will aid in my transition from a medical student to a surgical resident. Reminiscing about playing a collegiate sport can evoke different memories. For most, the memories are the glory years revisited. For me, the memories mean so much more. Playing collegiate football has helped shape me into the person I am today. I persevered and overcame adverse conditions in the athletic arena due to strong leadership skills, ability to work as a team, enormous composure, and a strong work ethic. These strengths have brought success throughout my life; and these are qualities that I will certainly use in my future surgical career. The traits that I already possess added to the training that I will receive will ensure success in the surgical profession. I now only hope for the opportunity to fulfill my lifelong goal of becoming a surgeon.

Third Place

Food and Friends

Trushar Patel

New York University School of Medicine

It is 6pm and the usual hunger pangs that often accompany afternoon rounds begin. After the last patient is seen, I usually collect my belongings and proceed to make my phone calls. I am not just simply calling my friends; I am organizing our usual evening dinner plans. After coordinating meeting times, my friends and I proceed to one of our favorite food finds-affectionately known amongst our group as "The Cart." Although some may find the thought of consuming "meals made on wheels" as unappealing, they have yet to discover that some of the best culinary fairs in New York City can be found right on the street, literally. As we make our way towards the street vendor it is, for us, familiar territory. The vendor knows exactly what we want and will occasionally, in jest, remark at how we cannot seem to find "any other place to get a meal." We usually respond, with something to the effect of how a \$4.00 platter of chicken and rice with hot yogurt sauce goes a long way, especially for the famished and impoverished medical student. After paying for our food, a few minutes of silence usually envelopes the group as everyone devours his or her food. And not before long, one of us will invariably have an issue to discuss or, perhaps more accurately, a gripe to complain about.

For these few minutes that we are all together, there exists a time for us to share, joke, and ultimately provide support for each other. These times with friends allow me the freedom to voice my opinions, exercise my right to be wrong, and hear views that may be different to my own. And in many ways these relationships I have built in the infancy of my career reflect why I came to medical school. Beyond the scope of simply making friends to socialize with, these relationships represent my genuine appreciation and understanding of what there is to be gained from others. Ultimately, it is this interest in the individual, an interest stemming from a true want and willingness to learn and grow as a person and as a physician that is beyond the reaches of the classroom, which has drawn me to the medical profession.

My life with the people around me, as well as my interest in medicine, do not merely stem from flexible "taste buds," nor does it originate in a feeling that I must incorporate the two. Rather, this fusion, which I consider my life, is a true expression of my personality. Medicine is thoughtful, extroverted, and spirited. My life-medical school, the basketball league and even the simple dinners with friends-is lively, passionate, and exuberant. Although seeming unusual, it is the expression of these characteristics in the people I have met within it and in the field itself that have drawn me to urology. As I see it, the life of an urologist, if a bit complicated, cannot fail to be varied and exciting. The field of urology is more than merely the manipulation of anatomic structures. As a field where quality

of life is as important as a cure, its exquisitely dynamic nature not only calls forth the use of one's fund of knowledge, but also one's depth of compassion. After all, your patients are not merely patients, they are people. And what could be more important than giving parts of oneself in helping them?

As my professional life is soon to begin, I look forward to bringing my enthusiasm and individual personality to the future relationships I will be building in residency. I hope to learn as much from my fellow residents as I do from the attending surgeons, and look forward to joining a program that values the concept of "team" as highly as it does individuality. And, I believe my outgoing, single, yet evolving character will allow me to adapt and thrive in any situation put forth in the future.

Each new experience will continue to shape me over time, and by building on past relationships and experiences, I look forward to the person and physician I will be tomorrow. Certainly, there is much that I hope to achieve in the future. I desire to one day be regarded as a great surgeon, great husband, great father, and someone whose patients were better off with than without. I understand that there will be failures as well as successes throughout my career; however, if I can accomplish the above, I will have considered my journey a successful one.

My Nine Year Old Professor

Angela Bymaster

University of Iowa Carver College of Medicine

Looking back on the time between my M1 and M2 years, it wasn't the volunteer job teaching drug addict women in an inner-city residential treatment facility that affected me most. Nor was it the foggy UCSF Mondays, when I sipped coffee and took notes from addiction and nutrition textbooks, preparing to teach my class. Nor was it the neighborhood quilt class that bound Salvadorian, Mexican, African-American, and Caucasian women together for a few hours on Thursday mornings. I was most changed by a little 9-year-old boy.

I had known D'Andre from a few years back, and, frankly, I was afraid of him. He was hard, hateful, and ruthless. He was a short but strong African-American boy who wore the scowling face of a 40-year-old man. He walked the streets with a strut as if he owned the block, and he wasn't entirely delusional. We had seen him ordering 13-year-old kids around, starting fights between other kids with sinister pleasure, and throwing lit fireworks at adults he had never met. Any evening he could be seen swaggering around on the elementary school roof or leaning on a fence on 11th Street, waiting for his next victim.

D'Andre started knocking on my door every day after school, asking for my husband. Every day I reminded him, "Where does Brett go during the day, D'Andre? He is at work." At first I chalked it up to his ignorance of work. After all, he was only 9 and the drug dealers and prostitutes he knew did sort of work from home. But then one day it dawned on me. He wanted to play with me. That day I invited him in, and from then on, we were as inseparable as barbs on wire. He started coming over literally ever day, riding the little unicycle my husband gave him, promptly after school. Sometimes he tried during school but I told him that wasn't going to work. We cooked homemade soups and baked bread. We played games on the computer. We built towers with blocks. One day, he asked about library cards, and we went right down and got one. Then, we read books together; he improved so quickly from just knowing three letter words to getting through entire pages alone. We went to the park, the one you drive to, since the neighborhood parks had too many dirty needles and had swing sets without swings on them, the chains having been removed long ago. And somehow, every so often, I would catch a glimpse of a beautiful, naïve, sweet child in him. It would then flicker, and the stone cold 40-year-old man would return. But that glimmer was what affected me most.

We moved to Iowa in July, shortly after celebrating D'Andre's birthday. My husband flew back to California in September for work and saw D'Andre selling drugs on the corner of 11th Street at the tender age of 10. We weren't tremendously surprised; after all, his 13-year-old brother was stealing cars already. We were a little sad, though.

We wrote a few postcards to him, always using the smallest words we could think of. He surprised us by writing back twice, sending us Pokemon cards and writing, "Hi Brett and Anige I hop you doing good Out there and not getting yell at by anige I stell be rideing my unicycle but now my well on flat. Love Love Love angie and Brett for ever." We treasured his letters. Either his English abilities had improved greatly since the year before or he had forced some poor kid to write them at knifepoint, but either way, it was beautiful to see him use the word "love." Our correspondence slowly dropped off with time.

Despite the fact that he is walking down a road that looks like it ends in prison, D'Andre taught me a profound lesson. I am convinced that our year together was not wasted. It is good to hope in people regardless of the overwhelming odds against them. If there were no overwhelming odds, there would be no need for hope; it would simply be reality. As one body on this planet, I cannot control enough things to establish anyone's outcome. All I can do is give what I have to those who happen to be around me. And hope. And that is always worthwhile.

In many ways, this is the essence what a family doctor does every day. FP docs slowly win their patients' trust by building relationships with them in the examining room. They goad their patients to quit smoking, exercise more, and eat their Brussels sprouts. They listen to their worries about brain tumors and catch their venting about the cost of the head CT. They listen to a wife's grief over her husband's slow decline into dementia. They wake up at midnight to see a patient with chest pain in the ER, then get up again at 4:00 to deliver a baby. They pour themselves out, yet they have little control over the outcome. A patient might quit smoking or not. One might join the YMCA and eat more salads, but perhaps ten more will continue enjoying fried chicken and Twinkies. An ER patient could walk out of the hospital in an hour or lose his life that night. And who knows how any baby will turn out? But the important thing is, the family doctor is there every day, touching the lives of those around him, hoping for fullness in his patients' lives. It is never a waste of time to love people.

FP docs do not do life-saving surgeries or discover cures for cancer. But they arguably make the most difference of any doctors doing their day-to-day practice of medicine. They do not invent clever drugs like glycoprotein IIb/IIIa inhibitors, but those monthly talks about quitting smoking, eating vegetables, stress reduction, and walking 30 minutes a day have the potential to improve both the patient's life span and quality of life far more than Aspirin, Plavix, Abciximab, Heparin, and CABG combined. Family docs practice perhaps the least glamorous but most essential medicine. And if the D'Andre analogy is any indication, then perhaps they are the most frustrating and most fulfilling aspects as well.

Personal Statement

Hayden C. Long
University of Alabama School of Medicine

In the car on the way to my doctor's appointment, my mom confirmed my suspicions about my "magic nose." During office visits, my ophthalmologist would press on my nose with his finger and pretend that it alone could move the chair up and down-magically-when in fact, he had a hidden pedal that controlled it. My nose was simply a dramatic farce, and I relished in exposing his good-natured trick at the day's visit when he would undoubtedly attempt it. As a child and young adult, I frequently saw Dr. Rich for management of my strabismus. After many office visits and eye surgeries, I came to realize that I would enjoy being on the other side of the physician-patient relationship.

I was born critically premature and my parents have often shared with me the joys, sorrows, and obstacles of that time. My parents had good health insurance, but the out-of-pocket costs were still substantial for a hospitalization totaling nearly a million dollars. Several doctors generously waived significant portions of their fees so that my parents could provide for my older brother and me, rather than endure bankruptcy paying endless medical bills. I have been compelled to return this compassion to others through my own volunteer experiences, and I know I will use my God-given abilities as a doctor in similar endeavors in the future. I consider the philanthropy of my neonatal doctors an early introduction to the characteristics of compassion, professionalism, and respect for patients and their circumstances.

I often asked "why?" as a child because I wanted to know how things worked, and the human body was no exception to my curiosity. While I was in high school, my maternal grandfather was diagnosed with Alzheimer's Disease, and my paternal grandfather was diagnosed with Amyotrophic Lateral Sclerosis (ALS). I wanted to know what went wrong with them, and that curiosity was a significant factor in my decision to major in Neuroscience in college, and now, to go into Neurology. Both sets of my grandparents lived nearby and they were an integral part of my upbringing. It was difficult to watch my grandfathers succumb to the effects of their diseases, and we could no longer do the things I had always enjoyed doing with them. Popi had lost his sense of humor and I could not joke with him like before; Pa had lost the ability to operate his own body and we could no longer go for truck rides through the woods where he lived. I continue to investigate the question, as I wrote in a paper for my Systems Neuroscience course in college, "What is it about our brain and nervous system that makes us who we are, and why do we become someone we never were when it fails?"

That very question I have sought to answer these past seven years and Neurology has become a natural attraction for me as I strive to learn, explain, and predict the healthy and unhealthy nervous system. I have been encouraged by my experiences in

my third- and fourth-year Neurology rotations; I have watched patients and their families improve, grow, and heal from diverse neurological conditions with the skillful dedication and determination of their Neurologist. While some neurological diseases are so far incurable, many of those same diseases are nonetheless treatable. Successfully treating patients is always rewarding, but I believe that this potential to excel from treatment to cure is something that is very motivating as a Neurologist. I am reverent and admiring of our amazing nervous system, and I now realize that the answer to my question above will not be complete or sufficient without a lifetime of Neurology to consider it.

Personal Statement

Humera Mohammed

University of South Florida College of Medicine

I have loved hip hop music since I was in middle school, but at twelve and thirteen years old, listening to artists, such as KRS-One, I never imagined that hip hop would lead me to a career in medicine. As an undergraduate at UW Madison, I joined "Hip Hop Generation"-a student group that organized an annual conference, called "Hip Hop as a Movement." Each year, the "Hip Hop as a Movement" conference brought together musicians and social activists to raise awareness about issues facing today's youth, particularly youth of color. These issues included poverty, discrimination, lack of educational opportunities, and violence against women.

At the "Hip Hop as a Movement" conference in 2000, I listened as several people spoke of their experiences of being told that they could not achieve certain goals because of their gender or background, and I realized that I had been fortunate to have a strong role model in my mother, who has proven to me that women are capable of succeeding despite challenging circumstances. Witnessing her struggles and successes as a psychiatrist and a single mother has taught me how to overcome obstacles and achieve my goals.

It was at the hip hop conference that, for the first time ever, I heard a woman speak up and say, "I am a survivor of rape." As she continued to talk about how her rape had altered her self-image and about how she had empowered herself to speak about her life through hip hop music, I could only imagine her pain-but I could see her strength. Her words were unforgettable and have influenced me greatly, in part by sparking my interest in medical care for women. Listening to this woman tell her story inspired me to continue the work with women that I was already doing. At the time, I was volunteering at the Campus Women's Center, and after attending the hip hop conference, I went on to volunteer at the medical clinics of Palm Beach County Health Department.

My own experiences in college and medical school have inspired me to serve as a mentor to young women in need of guidance and encouragement. Most recently, I have become in mentorship activities with the Student National Medical Association (SNMA). This past spring, working with SNMA, I led a discussion with adolescent women about school and peer relationships. Talking about this subject reminded me of the many challenges teenage girls face, such as trying to please parents, teachers, and peers. Talking with these bright, young women, I raised questions about what action they would take and as a result, felt that I was able to help them with a positive approach to the challenges in their life.

All of these experiences have instilled in me a commitment to serving women. Training in obstetrics and gynecology will give me the ability to provide complete care to

a wide range of women throughout my career. Because of my diverse background, as first generation American, I will have the ability to advocate for women who are sometimes left behind in our current medical system. I plan to pursue a career in academics and continue to serve as a role model to new physicians. Over the course of my residency in obstetrics and gynecology, I hope to become a strong teacher and mentor in addition to becoming a women's health care physician. Though I could have never have anticipated it, my love of hip hop has spurred me to seek a career by which I can help and treat women. Ultimately, over the course of that career, I hope to inspire many more future physicians to recognize and respond to the unique needs of women.

Uncle Alex

Alexander M. Hamling
Temple University School of Medicine

This past summer, on an international rotation for medical school, I became "Uncle Alex" to 42 boys and girls living in The HOPE House orphanage in Enmore, Guyana. I first met these children, many with tragic pasts involving abandonment, abuse, and disease, one Friday afternoon while volunteering with their Sports Day. It was a day filled with games, races, obstacle courses, and finally, a Lap of Honor for everyone to enjoy. The focus of the event was not winning, but rather to emphasize the theme "through cooperation we can achieve so much more." The moment I walked onto the field and introduced myself to the children, I was surrounded by delighted smiles, warm embraces, and calls of "Uncle Alex!" These children were full of life, yet so starved for emotional and physical attention. Over the month, I visited the orphanage, working closely with the children, the orphanage staff, and outside physicians to provide much needed healthcare for these children and the staff that cared for them.

As well as becoming a part of the medical team at the orphanage, I also cared for a variety of patients at the nearby St. Joseph Mercy Hospital. Through my work at the hospital, the Sports Day theme of increased productivity through team cooperation was emphasized. The healthcare infrastructure of Guyana was somewhat tattered, with minimal funding for hospitals and inadequate nursing and ancillary staff to care for patients. Furthermore, the people of Guyana often placed greater importance on providing financially for their families than on maintaining good health. Therefore, in an effort to remain in the workforce as long as possible, patients often presented well after diseases had progressed to near crippling states. It was therefore extremely important to ensure the care people did receive when finally seeking medical attention maximized potential health benefits. Wishing to promote wellness and avoid impediments to improved health for patients, I worked with the Hospital nursing students for an hour each morning to ensure surgery dressings were changed in a manner that would prevent infection and encourage healing, maximizing the medial status of patients who utilized the healthcare system.

In addition to working in cooperation with other hospital personnel to accomplish improved individual outcomes, I also worked in concert with Mercy Hospital in hopes of achieving improved health outcomes for an entire segment of Guyanese society: the indigenous Amerindians, a group noted to have an increased prevalence of cleft lip and cleft palate as compared to the rest of the country's population. Mercy Hospital had recently started the Wishbone Project, with the mission of repairing every cleft lip and palate in Guyana. I took on the task of searching for literature concerning the correlation between orofacial clefts and nutritional deficiencies in certain vitamins such as folate and B6. In countries such as the United States, where breads and pastas are fortified with these

vitamins, orofacial clefts are less prevalent. Therefore, ideally my research and the larger ongoing efforts of Mercy Hospital will grow into a much larger project that will incorporate two branches of improvement. One involving educating the Amerindians to promote dissemination of nutritional education among the tribe. The other involving appealing to the Guyanese government to support and promote increased treatment and prevention of orofacial clefts through pre-conception education, nutritional campaigns, distribution of multivitamins to tribes, and formation of multidisciplinary medical teams to provide care and support.

While my experiences in Guyana served to further highlight the importance of working as part of a team to achieve desired health outcomes among patients and communities, throughout medical school I have contributed to the health and well being of others in the Temple University, West Penn Hospital, and the greater Pittsburgh and Philadelphia communities by working in cooperation with other people and organizations on projects and clinical experiences. In residency I look forward to working with others to make further contributions in the hospital and broader community. Through my search for a fitting residency program, I hope to find a program that highlights and encourages patient advocacy and dedication, holds opportunities for patient teaching, and encourages political and community activism among residents.

Personal Statement

Melissa Smith

Florida State University College of Medicine

Mr. B was a frail elderly gentleman dressed in a worn-out bathrobe and slippers. Before we'd even met, his impressive cardiomegaly, bilateral lung infiltrates, and BNP of over 5000 had painted a picture of severe congestive heart failure in my mind. I introduced myself, acknowledged his wife and son, and asked how he was feeling. "I'm doing fine, there's nothing wrong with me," he insisted with a grin. The look in his exhausted wife's eyes told another story, as did the furrowed brow of his son who carried an arsenal of medications. I carefully sorted through their various concerns, and all seemed to leave a little lighter. I saw Mr. B and the "troops" many times over the next few weeks to monitor his CHF and myriad co-existing conditions. Often I was able to help with a kind word of support or in simply taking the time to explain the battalion of tests that he had endured. Several months after my Family Medicine rotation ended, I was shopping at the grocery store and ran into the whole clan. They greeted me warmly, and I met Mr. B's daughter who had come to visit from out-of-town. As Mr. B zipped off on his motorized cart with his son behind him, Mrs. B and her daughter started asking me numerous questions about his health. His daughter, who could not have been much older than me, looked distressed and remarked that she was shocked by her father's decline since her last visit. She asked me with tears in her eyes, "My father is dying, isn't he?" Though we had only just met, she reached out to hug me and we embraced in the middle of the frozen food aisle. No words needed to be spoken. My experience with Mr. B and his family struck a chord in me. Illness does not only belong to the individual. Families share suffering just as they share joy. I realized I had been accepted into his family and that my role extended from clinician to comforter. In that instant, I was brought back to where I first experienced this powerful relationship in the small mountain villages of Mexico.

I accompanied a team of doctors to various rural communities in Pueblo, Mexico, during the summers following my junior and senior years of high school. We set up temporary clinics to provide medical care to the impoverished and clinically underserved residents. Serving as an interpreter for the clinicians, I discovered the healing power of medicine and realized my calling to this noble field. Whether holding the hand of a frightened child or discussing diet with an elderly diabetic, I was moved by the incredible connection made between doctor and patient. Medicine took on a new meaning for me and I desired to make it my life's work. In the following years, I pursued a degree in biology with steadfast determination. Exploring the field of microbiology and cell science, I was amazed by the ability of the body to ward off potential microbial "invaders" and became even more intrigued by the pathologies which impaired these processes. While my

first two years of medical school were fodder for my intellectual curiosities, it was during my third year that my esteem for rich physician-patient relationships reinvigorated me on a daily basis. I discovered that nowhere were these bonds stronger than within the field of Family Medicine.

In Family Medicine, I have found the marriage between my natural strengths and my clinical interests. Inquisitive and compassionate, I have always excelled in communications. I find myself taking thorough histories from my patients because I love to hear their stories. The chance to tell one's story and be heard is therapeutic in and of itself. With a keen interest in behavioral health, I often hone in on critical psychosocial elements in my patient's lives. I am thrilled that Family Medicine promotes treating the whole patient, mind and body, and considers them within the context of their families and relationships. I will be enriched by the opportunity to see patients of all ages and walks of life and to manage their care. This variety of individuals and disease processes, intrinsic to Family Medicine, is part of what makes it so challenging and intellectually rewarding. I am particularly pleased with the prospect of exploring my interest in obstetrics and women's health within the realm of this great field. In addition, I have always valued preventive medicine, so fundamental to Family Medicine, taking heed of the words of the modern Hippocratic oath that "prevention is preferable to cure."

For these reasons, it is with a sense of great excitement and strong commitment that I pursue a career in Family Medicine. With a goal of practicing in a private setting and participating in medical missions in the U.S and abroad, I am seeking a residency program that will offer significant hands-on training and the opportunity for broad experience in maternity care, women's health, and behavioral medicine. I have been blessed by the honor to work as a physician and I approach this calling with both gratitude and awe of its incredible responsibility and privilege. I desire to become a competent and skilled physician for my future patients above all, and hope also to be their ally and friend. This is what Mr. B and his family needed most.

Lessons at Dinner

Lena Irvine

University of South Florida College of Medicine

A whole lot of Southern food with Italian biscotti for dessert describes a typical dinner at my house when I was growing up in my hometown. Dad, from an old family in northern Georgia, would begin the meal by saying grace and would talk about his day crunching numbers as an accountant. My mother, the daughter of an Italian immigrant, would then tell my family about her day working as a nurse at the hospital. She told us about how one elderly woman thought that her beeping pulse ox monitor was a bird chirping, and how another patient with a head injury was unable to identify a pen. It was such dinner table conversations that engendered my interest in medicine.

This interest was solidified when I volunteered at several hospitals in high school and college. Besides learning a few physical diagnosis tips from the physicians, the true benefit of working at the hospital was getting to know the patients. A little girl at a children's hospital was able to hear for the first time after she received tympanic membrane implants. Before her operation she taught me a little sign language. Afterwards, I showed her how to play a few notes on the piano, and she was actually able to hear them. The personal gratification from such experiences fueled my passion for medicine.

When I started medical school, I thought I wanted to be an infectious disease physician because of my interest in microbiology, and I sought opportunities to learn more about this specialty. While studying the cardiovascular health of HIV patients at the health department, I met Mr. S., who had a CD4 count of 3. As I pushed Mr. S. in his wheelchair to the lobby, the director of research walked alongside and said, "Name each one of your CD4's and have positive conversations with them every day." Mr. S. and I laughed at the joke, but apparently, he followed the advice. By the end of the month, I was surprised to see that Mr. S.'s count had risen to 50. Afterwards, I never underestimated the importance of the psychological state in medicine. Also, after doing a few research presentations from my time at the health department, I decided I wanted to be a scientist as well as clinician.

It was not until my third year of medical school that I realized I wanted to go into psychiatry. It was a daily challenge to convince Mr. B., a paranoid schizophrenic patient on the wards, that beta-blockers for his akathisia were not going to rot his brain. Just when his trust seemed to be unattainable, Mr. B. assigned me readings from the New Testament, "Jesus's mantra." A rapport had developed. I enjoyed listening to his story and learning about his background, and it was fascinating to see his gradual conversion from the lengthily nonsensical monologues upon admission to the coherent conversations after stabilization. Having continuity at the mental health clinic and the drug rehabilitation program was just as rewarding. The indication of patients' clinical improvement relied not on blood tests and imaging but on the conversations with them: It was gratifying to see that I

helped patients develop insight into their thoughts and behaviors. Ultimately, psychiatry emerged as the most favorable specialty because of the enjoyment derived from exploring the endless manifestations of the human mind.

Leadership activities enabled me to gain a perspective of medicine outside of the hospital and clinic. Recently, I attended a conference, College Leadership Florida, sponsored by the governor for up-and-coming leaders. As the only medical student ever selected, I learned that effecting health legislation depends on knowing the issues at hand, asserting ideas, and developing a network of colleagues. For three years as a class liaison, also, I represented the class in meetings with faculty and the administration.

It would be advantageous for me to find a residency program that fosters a deeper understanding of both psychotherapy and pharmacotherapy. Also important would be the accommodation for residents to participate in research activities and the exposure to a diverse patient population for clinical training. I believe my character strengths of being hardworking, multifaceted, creative, and empathetic will be beneficial while I am a psychiatry resident, and psychiatry will allow me to be constantly intellectually challenged. Even though we rarely eat meals together as a family anymore, the lessons I learned at the dinner table continue to influence my actions and perceptions.

If I Have Confused You

Amit Mahajan

Medical University of Ohio at Toledo

"If I have confused you, then 50% of my job is done." A deafening silence flooded the ICCU as I stood in beaten and battered astonishment. Dr. Bashir sported a gleaming smile. "With confusion comes the search for answers and from the search for answers comes knowledge." This quest for insight stands as a fundamental principle of internal medicine. Through the practice of medicine, physicians summon skills from various scientific and humanistic disciplines, integrating the theoretical and practical as means for healing. The pursuit of knowledge coupled with my belief in the power of compassionate care fuel my passion for medicine.

Sir Oliver Wendell Holmes once said that "Man's mind, stretched to new ideas, never goes back to its original dimensions." Graduating from college as an English major, I never considered the sciences to be my passion. Instead, I was fascinated with great works of Renaissance literature. The words of Whitman, Emerson, and Thoreau inspired me as they depicted vibrant, idealistic visions of the human spirit and its ability to overcome adversity. Although I loved literature, I hoped to add my own verse to the story of life through the practice of medicine. Medicine offered me the unique opportunity to influence the lives of others, using science as a vehicle by which I would make a difference in the world. Upon entering medical school, however, I found the transition from the world of literature to that of science difficult. As my studies shifted from exploration of the human spirit to deciphering the mysteries of the human body, I feared that my passion for the arts would be left behind. Yet, over the years, I slowly understood that medicine is not merely a closed system of scientific intrigue, but a breathtaking duality merging the sciences and the humanities. I came to appreciate the wonders and beauty of medicine as an art form. Through the practice of medicine, I was written into my patients' tales of hardship as both a man of science and a compassionate caregiver. My character became an integral part of their life symphony, with medical knowledge serving as my instrument. I learned to appreciate medicine's diversity, revealing itself as an integration of theoretical knowledge, practical understanding, and human compassion.

My commitment to practicing internal medicine reflects my understanding of the powerful simplicity of compassion. Many experiences have tested my resolve to be both an educated and empathetic medical student, but one experience stands alone. During my third year surgery rotation, a patient who I knew as a young child was recovering from surgery for pancreatic cancer. She had watched me scamper around my father's medical office as a child and now trusted me as a caregiver in her time of need. Although the typical surgery rotation offers minimal opportunity for patient interaction, I sought out time, early in the morning and late at night, to visit my friend. We discussed her condition;

I listened to her fears and encouraged her to keep hope. Each night I committed to researching every aspect of her disease. I believed that pristine knowledge of pancreatic cancer would allow for more informed and compassionate care. Unfortunately, it appeared as though no degree of insight would remedy her situation. As days passed and her condition worsened, I watched her slowly drift from consciousness, failing to even remember my name. I said good-bye to her as my attending physician and her family expected the worst. I was devastated. Yet, one of the spectacular wonders of medicine is its lack of certainty. This morning, I shared a hug with my friend. After six grueling months of recovery she looks and feels better than ever. She expressed her heartfelt gratitude towards me for holding her hand through her time of need. As the great Renaissance authors preached, the human spirit has no bounds.

Ralph Waldo Emerson believed, "I am always learning." Every moment in life I continue to learn the art of medicine. While my search for medical knowledge is an essential ingredient of my medical education, growing as a compassionate individual plays an equal role in molding my abilities as a physician. I desire to continue my medical education at an academic institution that will foster my yearning to mature as a student of life and as an excellent internal medicine physician. I hope to someday practice cardiology and follow the paths of the talented physicians who have passed their knowledge down to me. It takes a special individual to practice medicine, one who appreciates the scholarly pursuit of answers, celebrates the beauty of the human spirit, and understands the unwavering need for compassion towards others. Had they been physicians today, I believe Whitman, Emerson, and Thoreau would have recognized the true wonder and fulfillment medicine provides in not only healing the human body, but also in lifting the human spirit.

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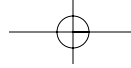
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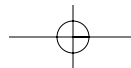
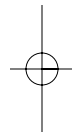
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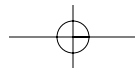
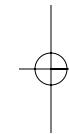
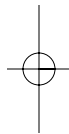
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THE LEGIBLE SCRIPT

Spring 2006, Vol. 7

Edited by Lena Irvine

THE LEGIBLE SCRIPT

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UNIVERSITY OF SOUTH FLORIDA COLLEGE OF MEDICINE

A literary and artistic journal published by the students of the University of South Florida College of Medicine, *The Legible Script* is supported through the Dean's Academic Fund and by individual contributions.

Edited by Lena Irvine

Introduction by John T. Sinnott, MD