

Heal

Humanism **E**volving through **A**rts and **L**iterature

Volume 1

The Florida State University College of Medicine

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Heal

Forward

HEAL: Humanism Evolving through Arts and Literature Volume 1, is designed to be a source of inspiration for all who read it. It is a collection of artistic works of the students and faculty of the Florida State University College of Medicine. It is easy to read and easy to return to. It aspires to be the book that students and faculty reach for when life becomes difficult. All who read this book could be inspired to create, to get in touch with their hearts, and to remember the noble, selfless reasons that we chose medicine.

Perhaps the biggest reason for HEAL is to help students and faculty members connect with each other. It is the human connection that heals. This can only be modeled with the students; we cannot tell them how it is, we must show them. We invite all who read this book to act on what it inspires you to do. As you create, you will activate that part of your soul that connects you to others, and helps you to be a healing influence for all those who come in contact with you. Enjoy HEAL, Volume 1. -José E Rodríguez MD

This work was made possible by generous support from the Arnold P Gold Foundation, the DW Reynolds Foundation, the Department of Geriatrics and the Office of the Dean of the Florida State University College of Medicine. We are moved by your generosity and hope that this work can somehow show our gratitude for your faith in us. Thank you for helping us to bring HEAL to the College of Medicine Community.



A Passion to Heal

By Eron Manusov MD

Life, art, music, and love HEAL.

Physicians, medical students, nurses, and health workers HEAL.

To touch is to HEAL.

To listen is to HEAL.

To share is to HEAL.

To love is to HEAL.

Are we special because we can invade and walk where others don't?

No, but we can HEAL when we do we care with compassion.

To learn is to HEAL.

To teach is to HEAL.

To listen is to HEAL.

To love is to HEAL.

Medicine is human and to feel is human.

Can we forget that we are human? Certainly.

To care is to HEAL.

To think is to HEAL.

To listen is to HEAL.

To really hear, care, and act,
HEAL.



A Regular Kid

By Jason A. Boothe

Truly, I never thought it would be like this...
Never thought my childhood
Would end up
So messed up.
It seems like this is all a dream,
But for some reason I just never wake up.

I wonder if they know that I am
Hurt by their stares.
Everyday I'm on the verge of tears
But it seems nobody cares.
I have a pain inside that
Nobody shares.

A lot of kids look like me
So, mom says it's okay
"It's just a little baby fat she says and one day it will
go away."
I ask her if she's sure
And I tell her, "I'm not a baby anymore".
"Don't cry about it", dad says
As he hands me another slice of pizza
The grease drips from my lips
As I think to myself
Why am I eating this?
He says to me, "You're supposed to have meat on
your bones,
After all you're a man."
As he says this mom hands me another soda can.

I tell them, "All the kids laugh at me
And they call me names like
Pillsbury Dough Boy!"
As they poke their fingers in my tummy
They all seem to be enjoying themselves
But I find nothing funny.
My self-esteem has fallen in the dirt
It leaves me confused
Searching for who I am
I turn to food for comfort.
I look at my reflection in the mirror as I eat and
wonder
Is this who I am?

Sometimes I think even my teacher
Laughs at me.
And it may sound funny
But the truth is, if I were them
I would probably laugh at me too
Just as they do.

When I was a little younger
I remember uncle J telling me that I had
A good chance of being bigger than the other kids
Because mom and dad are what he called "obese."
Now that word plays over and over in my head
And it will not cease.
Dad tells me to be proud of myself and
Stand up tall
But the weight of the world is too heavy
And it makes me fall.

So, I wish...I wish
That could just go back.
Back to my past.
Back to when I was just a regular kid.
Yeah, A Regular Kid
Those are the words that I often miss
Because truly
I never thought it would be like this.



Photos By Joshua Counihan
"Portraits of War"



A True Passion

By Shaun-Pierre Hall

Your perspective on the need for sleep
Has been quickly rearranged,
Your adaptation to multitasking
Resembles skillful or deranged?
Your kindergarten friendships
Where you daily shared all experiences,
Have somewhat dwindled & shriveled
To mere supermarket coincidences.
You long to sleep for hours
But it feels guilty if you do,
As you think that somewhere out there
Others are days ahead of you.
You never just see faces
You see expressions, you see alignment,
You see way past the nods & shakes
You glimpse the desire for contentment.
Each day is a pop quiz
Are you prepared? Are you ready?
The answer not only foretells your grades
It determines your very destiny.
What could possibly make you choose
To live your life with this upheaval?
Praying you'll make it through the week
Knowing your character is on trial?
It is knowing that at the end
You can help to ease the pain,
Dry the tear, Remove the problem
Help restore the hope again.
No other joy like helping others
No other all-consuming practice,
How Divine is the gift
Of having A True Passion for Service.

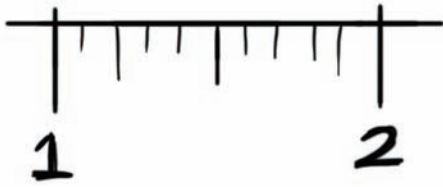
Photos By David Alvarez

Top: Look, I found a toy.

Middle: BP Immokalee

Bottom: Dont take my picture.





Inches

By Jordan Rogers

We are taught to start,
out-crawling.
To use our bodies to somehow
move, not gracefully as our
Elders may
but moving.
We aren't told to RUN
before we can walk
but start small
crawl

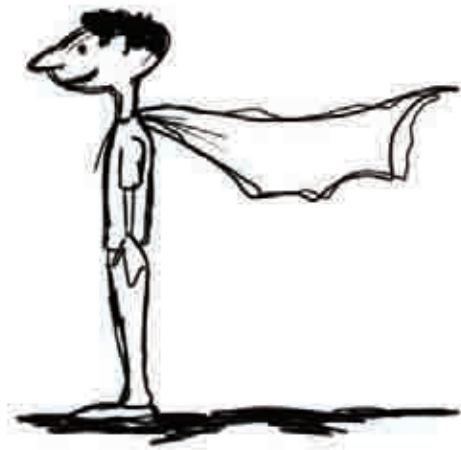
what if we never walk we just crawl
what if we can't fly?
but Creep by on the ground
one inch
at a time

For I am still
Crawling-
-and I may never fly
like my Elders do
(or so it seems).
The best part about Crawling,
Though
is that it gets you
where you need to Go.

Hero

By Amanda Percy

Some people see Superman and Batman as the ideal man,
Full of courage, power, doing as much as they can
With a cape, a mask and sometimes crazy colors
They save us from perilous dangers like no other.
The "hero" in books, TV and movies is really just made up for a good story
But genuine heroes are around too you just have to look a bit more
They hide under the guise of family, friends and personally my brother
The year 1990, specifically December, was a good time, thanks to my mother.
Five and alive, little did I realize this bundle of skin
Would be the best thing since Barbie and Ken?
I tried to be mom, all bossy and in control
But once he grew a little I was the one being told.
He is not as strong as an ox and can't fly nightly to the heavens
But the way he makes me laugh, so hard I cry, makes me feel like I'm seven
He always listens with open ears, no matter how dumb the issue
At times when needed he even provides a nice soft tissue
A mere boy to many, he has always has a special place in my heart
Once he begins to tell one of his tales, to a laughing I start
He is taller than me by inches and skinnier by pounds
But the love he and I share could cover any ant mound
From soggy keys and big fish we share more than just mere stuff
Hey Aus, guess what? I can't tell you I love you enough.



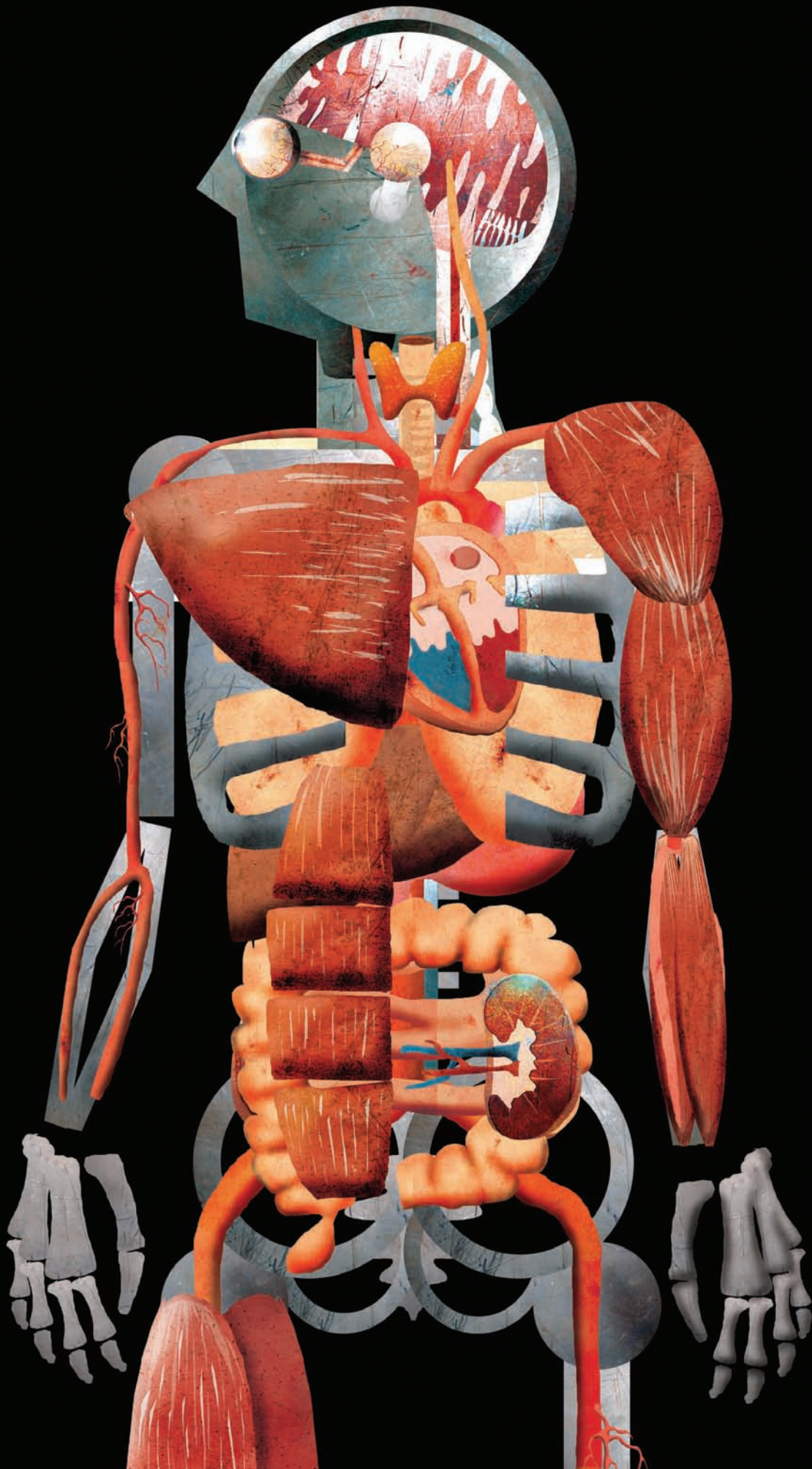
Heal



Worth the Battle

By Amanda Percy

At times the work is not worth the battle,
Continuous pushdowns and not a helping hand
Each hurdle more to overcome than the last,
Always having to be your own fan.
Not for the weak or disloyal,
The journey takes dedication of body, mind, and soul.
Queries arise if the end is worth the means?
Is the damage on me worth the toll?
Together with many, now forever connected,
But much more we're a generation.
A subset of our peers whose life is not to self-service
But rather now to devotion.
To tomorrow, yesterday and most importantly today,
We seek the value of life.
Being able to save one, change one,
Or being able to help let go of one full of strife.
We're the shoulder to cry on,
The one to blame when plans go awry.
But peace and serenity for us are personally hard to find.
Who would understand the feelings and thoughts we keep?
They can panic, surprise, and simultaneously amaze
But importantly they run deep.
Each occurrence accumulating in a vast vault of knowledge we accept.
It is part of the duty and our promise to do our best will be kept.
Hold strong we're taught but what is wrong with tears others may see?
Does that make me less just the "doctor" and more a "me"?
No one said it was easy, for then all would take on the oath.
The hardest part of medicine is being a good doctor and good human, balancing both.





Photos By Andrew Lane
Service Learning in Jamaica



Birth

By Courtney Whittington

Screams of agony echoed
Words of encouragement to mellow
Push and breathe
So hard in deed
Soon a cry, a baby's cry
Another cry, a mama's cry
The sensation of elation
Unprecedented joy
For this baby boy

It was my first day of my very first clinical rotation of third year. I was sure that OB/GYN would be amazing. I had never witnessed a live birth and was more than thrilled to be assisting in the process. My first day was also my day of being on call and spending the night at the hospital. Of course a whole new world of unknown adventure lay in front of me. I was excited, frightened and curious. We hit the ground running with a 7:00am scheduled caesarean section. I couldn't believe that I was assisting in this incredible procedure. The parents were elated and baby was perfect! I couldn't believe how fast the procedure went.

They day continued to be very busy as we checked on all of the women currently in labor. I was learning so much about fetal monitoring and labor progression. At around 11:00pm I was exhausted.

I had barely eaten and felt completely drained. My attending told me that one of our patients would probably be delivering in the next 2 hours and to go back to my call room and get some rest.

There was no way I could rest. The excitement of day had been too immense and the thought of witnessing a vaginal birth shortly kept my adrenaline pumping. I decided that I would be brave and go visit this woman early on my own to see how she was doing. She appeared different than just hours before when she was calm and somewhat relaxed. Now she was sweating, grunting inaudible sounds and gasping to catch her breath. Her husband by her side, cheering her on as the nurse coached her to push. In contrast to the earlier C-section, when the baby was so quickly and painlessly brought into this world, my heart went out to this courageous mother to be pushing her heart out. Clearly in agony she pushed even harder as the room filled with screams at the first sign of crowning. Her strength was regenerated by the thought of seeing her baby soon. I joined in the cheers. Anything to keep this poor woman going would be necessary. Then my attending came flying through the door. He gownned up and was ready to go in under a minute flat. In a world wind of chaotic chants and maternal screams a new voice was heard. An 8 lb 3 oz baby boy made his appearance crying his lungs out. It was the most beautiful sound. A feeling of relief filled the air. Goose bumps bombarded my skin. I didn't even realize that I had been crying before my attending came over to me and asked if I was okay. I replied, I am more than okay! That was amazing!

Selection

By Michelle Miller

There's the fishbowl
Filling, not with water and flies
But, with numbers to decide
the next two years of our lives

Energy is cracking as people move in
There is no line,
just a mesh of bodies,
people who have to vie

Yet no pushing
As though we're all resigned to this fate
Waiting to be the next to pick
Then sign our name and wait

There are a few that do not participate
Faces smug with grins
But hidden is the grief
At possibly losing friends

We wait in our seats
Numbers are announced
No one hovers
Some even pounced

Names are filling the slots
Did they turn up the heat?
I go in for the last spot
And as I am returning to my seat

A friend makes a comment
That was their heart's desire
Choices are fluttering in my head
As my palms are getting drier

How this will affect me
How this will benefit his
Is there a right thing to do?
There is.

This is just a practice
For in two years
There will be the match
A much larger fishbowl, and much more tears



Jane Doe A Life Sized Barbie

By Amanda Grondin

I quickly examined the young woman
Lying naked on the cool ER table
I noticed the pink nail polish
Partially scraped away,
Her limbs molded
As I bent them,
Her eyes fixed
As if painted on

This Barbie had lived
The scrapes
The blood
As evidence
But now she lay
Motionless
Breathless

I watched
As life
Slipped away from
Jane Doe

Stripped Down

By. Diana Mauldin

New day at 1am, splicing geriatric video footage
Penicillin, segregated OB wards, soldiers with bullet wounds
Temporal lobe meningioma, wrecked red firebird
Deadline eleven hours away

8 am veiled with a Littman cardiology special
Ask about alcohol consumption, pear into ears
Hold down the 14-month-old fighting Eisenhower's polio vaccine
Grab crispy crème and coat on the way out

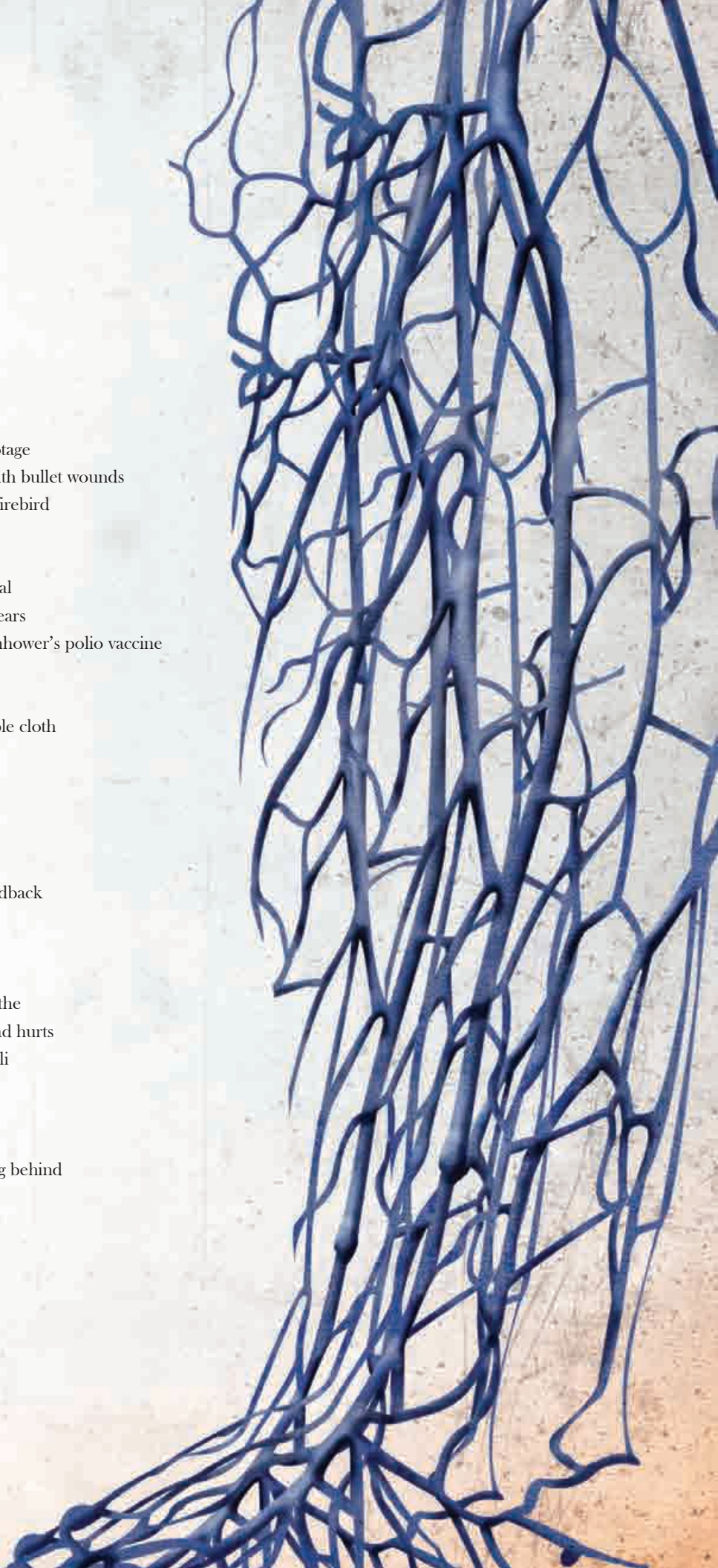
12 pm clashing with maroon pin-striped table cloth
Watch administrative eyes scrutinize
Answer questions, think of what's next
Scurry to lecture without lunch

50 minutes from glucose to lactate
Steps in-between controlled by negative feedback
Sense a connection and AMP levels soar
Squeeze the juice, out of chyme and time

90 minutes for lungs to breathe or not breathe
Gravity pools blood to the base and my head hurts
Shunt my attention from to do lists to alveoli
My compliance spent

16 hours after final splices
Direct relationship between calm and falling behind
Equations and graphs wait impatient
To the next goal I must go.

Illustration By Zach Folzenlogen





La Chureca

By Cara Neblett

As I leaned my head outside of the bus, I was overcome with the stench of burning trash, spoiling food, and animal feces. My eyes burned from the smoke. Still, I stepped out onto the ground, my feet brushing against an empty water bottle to my right and numerous candy and potato chip wrappers to my left. My team was briefed before we came. They said it was called La Chureca. They said that it was a poor “town” (literally a dump) where residents survived by sorting trash to sell to the buyers of recyclable goods. However, they didn’t tell me about the ever-present smell that seemed to permeate every pore in my body. They didn’t tell me that the animals would look as if they were all near their deathbeds. They didn’t tell me that the children who should have been happily playing in elementary school would instead be carrying bags of trash on their backs that were almost as heavy as they were. Most of all, they didn’t tell me about the overwhelming sense of hopelessness that I would feel as soon as I stepped out of the bus.

I pushed forward, insistent that I would hide my thoughts and emotions away until a more appropriate, and private, time. As I walked along, our tour guide gave us a bit of history about La Chureca. La Chureca serves as the city dump for Managua, Nicaragua. It spans 150 acres and receives up to 1,200 tons of garbage every day which is sorted by the nearly 3,000 residents of the dump. Of course, my first question was, “Why on earth would anyone want to live here?” My tour guide simply explained to me that many residents of the dump have attempted to move elsewhere to find jobs; however there are few jobs and they pay even less than they could make after a few hard days’ work at La Chureca. Naturally, my next question – “What about the kids? There’s a school close by. Why are they working here instead of going to school?” As it turns out, as much as many of the parents of these children would like for them to get an education, three or four sets of hands are far better than one or two. In order to put food on the table, they have to collect enough recyclable garbage to sell back. The parents need the extra

help just to survive.

After further inquiring about the daily lives of the residents of La Chureca, I learned something that would stay with me probably for the rest of my life. I was told that many times residents are unable to come up with enough recyclable trash to sell when the truck drivers for the buying companies come around; it is then that some of these parents have to make a decision. When the truck drivers come ready to buy recyclables, and they have nothing to offer in exchange for money, many times the “services” of their young daughters are offered instead.

I nearly cried right then and there.

A wave of emotion swept over me. I kept thinking, “This isn’t me. I’ve been on numerous trips abroad and have been able to hold my emotions in check.” The more I told myself to hold it together, the more swiftly the tears began to flow down my face. I have seen poverty – but never, ever like this. It is the type of poverty that could split even the coldest of hearts in two. Something that many of my close friends and family know about me is that I have a heart that beats with the purpose of wanting to help people and make them feel better; in fact, that is the sole reason I chose to go into the field of medicine. However, the helplessness that I felt at that moment was heartbreaking.

There is the age old question: why them and not me? How come I have the luxury of strolling the aisles at my local grocery store with the “problem” of figuring out what to cook for dinner while these people subsist on the trash and waste of others? Why do I complain about traffic on the road while these people walk miles to get anywhere they have to go without even having the option of riding in a car, let alone owning one? Why do I have everything I could possibly want when they barely have the essential things that they need?

These thoughts continue to play out in my mind. I have frequently contemplated ways to change this divide between the “haves” and the “have nots.” I cannot come up with anything that is much more than a band-aid over a festering wound. I refuse to believe that this is a “natural” way of life for any human being.

After much thought and reflection, I have come to the conclusion that it doesn’t have to be this way. Although it will be many more years before I begin to make any real money of my own, that does not mean that I cannot utilize the resources that I have now. With the help of faculty, donors, fellow students, and you, it could be possible to raise a significant amount of money to help these people. The

groundwork has already been laid in place by an organization that also has the heart to help the people of La Chureca by forming a community center (La Ciudad del Nino La Chureca, translated - The City of the Children of the Garbage). For more information about La Chureca and how to contribute to the building of the community center, visit www.lachureca.org.





Photos By Shannon Scott



Listen

By Angela Green

Photo By Cynthia Laroche

Please.....

Silence these voices... shouting in my head

Thoughts about my people...

who are dying...

Struggling to breathe....in this economic
disaster

So they plaster... themselves against the
wall

Hoping

Begging

Pleading for relief...

Or death

Whichever comes first

Can you hear the cries of Zemora

As she lays at night

In pain from the hunger of yesterday

And the despair of tomorrow

Can you... feel her sorrow

As she prays for death

Little Akeel is crying from...

No father in sight.... and

Mommy always working

So he... sleeps alone at night

Gunshots outside his window

His innocence is robbed

Listen softly and you will hear Akeel

Praying for death

My people are suffering

As they... struggle to live

To survive is the key...

But the door remains locked

So they... pray in silence

Through tears

And sorrow

They have no concern for tomorrow

Because they... pray for death

So I beg of you right now

To listen

Be attentive

To the thousands

Of children

Who... pray for death

Show them life

So thereafter

They can resound in laughter

And then smile

As you hear them

Thank God for life



Thank You

By Andrew Lane

This summer I embarked on my four-year journey through medical school. After years of anticipation, the first day of medical school arrived. This meant one thing, the first day in the anatomy lab. The experience of human dissection is the first time when medical students realize they are entering a career unlike any other. Only a select few people ever would get to experience we were about to share over this summer. There were 120 of us sitting there on the first day, no one really knowing what to expect or even knowing each other's names. Despite all of this, we were going to do something totally unique. However, this was not your first day though was it? No, you had been waiting for weeks, maybe even months for us. The anticipation must have been much greater for you.

Our anatomy professor got up to the front of the room for an introduction and an overview of the course. He went over the usual first day of class briefings: syllabus, schedule, grading, and attendance. Then he did something I never expected, he started reading us letters from your family members. The letters asked us to respect their loved one and told of your altruistic nature while living and how you were not about to let something as inconvenient as death stop your generosity. The letters were all very moving and brought the professor to tears as he finished.

We marched to the anatomy lab in silence and nervousness as we descended to the basement. I stood in front of a "cadaver tank" with my dissecting group. My group opened our tank and pushed the levers to raise the cadaver to the top of the tank. However, as the body rose slowly up, it did resemble Dracula rising from his coffin. Your body was there right in front of me now, completely covered in a large white towel; you looked like a mummy; you must have felt ridiculous. The smell that arose with you reminded me of the frog dissecting in high school. Needless to say, every time we came to visit, you greeted us from out in the hallway. It was like walking up the driveway at my grandmother's house and being greeted by the smell of fresh pies.

The next day, we unceremoniously returned to the anatomy lab after lecture for our first dissection. We had each read the

instructions for the first day's work, removing the spine. Now, I have never cut into a human with anything before and was a bit concerned when I was given a box of basic hand tools from WAL-MART. It almost made it seem like we were going to help you build a bookshelf or hang a picture in your metallic condo. The interior design of cadaver tanks was a bit Spartan I decided. I drifted off as I began to ponder which metallic side would be the best for the accent wall. Then I began to wonder if I would need special paint to use on steel. The sounds of power tools brought me back to the present.

I had always heard about medical students naming their cadavers. I was assumed that this was how medical students were able to cope and it was the beginning of them distancing themselves from death so they could sleep at night. Indeed, some did name their cadavers, but I believe it was more for the convenience of saying a name. I never did name you despite us spending more time together than with my girlfriend. I wondered if she would begin to get jealous of so much time spent with another woman. The reason I never named you was because I believed that if I were to name you Mary, then you would forever be Mary to me. You see, by giving you a name I would be robbing you of your identity. If you have no name you are a woman, you are a mother, you are a manager at the bank, you are someone's wife, and you are a person. The moment I call you Mary, you cease to be that person.

That is a funny thing about death, no matter who you are, you are still dead. You are just as dead as the guy next to you and all those things you did in your life cease to exist because you cease to exist. The woman in the corner may have lived a good life, but never been religious and the man to my left could have been a Catholic priest, and to my right a devout Buddhist. Where were they now? Were they in some sort of Heaven or Nirvana? Were they watching me as I dissected their bodies or were they just lying there, devoid of life, not knowing they were dead? Where were you all those nights?

I felt I knew you and the other cadavers better in some ways than those who loved you, and sometimes even better than you. The man with pancreatic cancer might have never told his family what was going on for fear or worrying them about



his eminent demise. The woman with a replaced heart valve might not have known she had a tumor forming in her abdomen. The overweight man might have thought that sneaking fast food on his ride home from work would go unnoticed, but I know. I know what the fast food did to his arteries. I could feel the plaque as it fragmented to my touch.

I know what years of smoking did to your lungs. You probably thought that the black lungs in the jar in your high school health class were there to scare you, but I know that your lungs look worse. I know what you did to yourself. I know many things about you that you never knew and by realizing this I know more about myself.

While I do know all of those things, I also know many more things that will be useful throughout my life. Every time I meet with a patient with a distended colon, I will see yours. Every time I try to picture the liver, I will see your liver when I close my eyes. Every time I try to describe the effects of smoking I will see your shriveled lungs and the look of pain upon your face. You see, you have taught me something no one else ever could have. You are my first patient and you are taught me more than any patient ever will.

The summer passed by rather quickly didn't it? However, you could never say that we did not spend enough time together. I spent my weekends, weeknights, and exam days with you. You saw me cry, you saw me struggle, you saw me angry, and you saw me overcome my own limitations. This is quite a gift you have given to all of us. I wonder if you ever imagined it would be like this? Did you know of the influence you would have on the living? I would like to think so, but if not let this letter show that you have shown yourself to be truly altruistic, not only while living, but even in death. I admire your gift and I hope that when I die I can look back and say I have given as much as you.

So my friend, we are at the end of our journey. You are cremated and physically gone from my life forever. But do not think for a moment that you are dead to this world. The knowledge you have given to all of us will continue to make a difference in this world for many years to come. I would like to think that you are in some sort of afterlife, looking down at me and smiling at my gratitude. I really hope this is true. But, if I am wrong, and you are not, then no matter, because in the knowledge you have given me, you are immortal. I hope to one day meet you and personally thank you, but until that day, goodbye my friend and thank you.



Tutoring Tater

Story and Photo by Andrew Cooke

Last fall I coached a team from Capital Park, an urban baseball park located in the south side of Tallahassee. Historically, Capital Park was a baseball park marred by segregation, allowing only white children to play baseball. This changed in the early 1970's when integration allowed the black children to play. Since then, Capital Park league has gradually transformed into a league predominated by African-American children. It was at this small park with a sad history that I learned about the strength of a person's spirit when given hope.

Before becoming a coach at Capital Park I spent my days

studying feverishly. The library was my home and the studying was my only hobby. This constant focus on school left me frustrated and depressed. As a result, I decided to return to the one part of my childhood that had given me solace, baseball. After calling many different parks I was approached by Lewis Thurston, the park president of Capital Park, about coaching. With the support of fellow students and friends I took the reins and signed up as head coach of the Capital Park Angels unaware of the impact that this would have on my life beyond sports.

I arrived at Capital Park nervous and unsure about how my coaching experience would be. When I arrived, a child, Tadarious 'Tater' Hall, sitting on his bike waiting for practice to start, met me. This shy child was the first player to arrive and was almost always the last child to leave. He always needed a coach to follow him home, so the car light could show him the road on the way home. "Tater" was the youngest player on my team as well as the largest. He was unsure

of his skills and very sensitive about his weight. As a result he often refused to run with the team because of his reluctance to be surpassed by his older teammates. Through this season, I developed a relationship with Tater beyond baseball, where he would tell me some of his problems with school and the neighborhood kids.

Even though the team played ball across town, and Taters' mother worked late, he was the one player that I could always count on for showing up on time. He was one of my passionate players with a desire to play baseball. Tadarius could be relied upon; he always came to play.

One day, in the middle of the season, Tadarius did not show up to a game. During the game one of his teammates told me that his mother had pulled him off the team for cheating on a math test. I immediately called Lewis Thurston, for advice about how to handle this situation. He told me that without baseball many of the children would just be playing in the streets. He advised me to call the mother and try to get Tadarius back on the team. I knew that most of my coaches were medical students and all of my coaches were qualified to tutor this child.

I called Ms. Hall and offered to personally tutor her son before every practice if she allowed Tadarius to return to the team. She accepted and thanked me for trying to help her son. He had been a straight A student the previous year and now he was making C's and D's. Before the next practice, Tadarius and I talked and I told him that he would have to bring his homework to every practice and every game. If his homework was complete when practice started, I would reduce his running by 2 laps. I wanted to positively reinforce his good behavior. I also expressed my disappointment with his actions because I knew he was smarter than his actions showed. With help from my classmates and fellow coaches, Tadarius had a tutor before every practice. We continued this routine until the end of the season. Though I did not know Tadarius' grades I believed that we were truly doing a good thing.

Recently, when I was calling the children for spring baseball, young Tadarius picked up the phone and in almost a shout he told me that he had made straight A's this past semester. I told him that I was proud of him and that I knew all along that he could do it. His mother picked up the phone and personally thanked me for helping her son with school. I know that I cannot help everyone, but I do believe what Lewis Thurston told me, "Even if you help just one child you have done something great."



Old

By Jordan Rogers

**In my younger years
Talkin' way, way younger years
Talkin' strong muscles long lean arms and
living for the life years
I was more awake
Less tired**

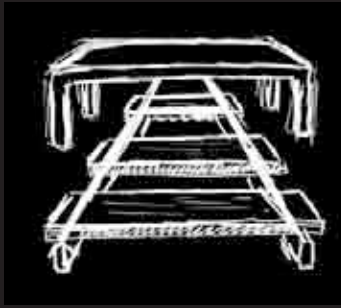
**In my older years
I mean, old years
I mean old as a tree can be when it seems
to connect with the ground and you wonder
Which was there first?
I was quiet
More refined
Taking it all in, not rushing past,
Like in my younger years**

**For it seems when we are young we want
time to
Speed up, hurry on
We are always movin' on to the next week
and month and year
And before you know it man
You're a tree**

**But what youth can rob you of
Is a past
That teaches you
To savor that moment,
Smile at the sunrise
And quit moving towards the older years
They come on too fast
Anyway**

**Before you know it
You're smiling at the sunrise
Through wrinkled eyes
And you know how to savor each day
Finally**

**So don't you wait
Until you're skin is bark
And your legs, they're roots
To give in
To that sunrise**



Coffee Table Wisdom

By Michelle Miller

Since I can remember, I've known what marijuana was, it being the drug of choice for both of my parents. They would roll joints on the coffee table while I played with my younger brothers. During this time, I would have reoccurring nightmares that my parents would leave me in the car while it was still in drive and I would have to climb or fumble over to the driver's seat to control the situation. I felt like I had to be the mature, responsible adult that my parents were rebelling against.

Oftentimes, there wasn't much in the way of food in our household; our main meal being rice and beans. Once it got so bad that there was only a can of crushed tomatoes.

Not only were supplies in low demand, but so was the love between my parents. As the oldest, I was used to hiding my brothers in another room to play games to try to shut all the fighting out. My parents would try to pull me into the fights by taking sides with one of them. It was difficult, but I always took my mother's side, since if they did split, she would take us kids to her mother's house where real food was. I remember one night when the fighting took a cruel turn and my father took out his small handgun. I am still not sure how that fight ended since I was preoccupied with how to get my brothers in a safe position. Just thinking about that night makes my pulse jump.

My mother signed over custody to my grandmother right before she was sentenced to rehab because she had a needle hidden in her bra. With my grandmother, I was able to hide in my books again

as my life normalized. I no longer had to take such great responsibilities. I took great pleasure in school achievements and went to college.

I majored in psychology in college in part because I wanted to understand the human mind. I wanted to control my own life, because I saw how there was no control in my parents' lives. Then, I learned that something was really wrong my father, but no one told me what it was. I heard words such as bipolar and manic psychotic being discussed about my father, but never in conversations with me involved. Shortly afterwards, I became interested in medicine.

I thought after the diagnosis, my father would get better. But part of illness is that when you feel better you stop taking the medicine. And so begins the cycle of taking the medicine and feeling better to stopping treatment in secret and signs and symptoms reappearing. This happened for a few years for my father.

I consider myself to be very lucky. Even with my background, I've been able to travel down this unexpected path, one that many want to follow but that few actually do. I hope to be able to serve as a role model that just because you are from the wrong side of the tracks, you can go anywhere you want to in life.

My parents are the reason that I am in medical school. They were the example to me of what not to do with my life. They are both recovering drug abusers.

Solitude

By Sarah Grennon

I watch two crimson orbs slowly fade into the
dusty Sunday sky as you drive away with my joy,
leaving me restless.

We have carried on this way for years but every
goodbye stings like the first as we look forward
to the last.

This life is a whirlwind, in which we could not
be more entangled and still so disengaged.

Most days I feel like a widow, mourning my
empty bed until the weekend when you come
home to remind me that this sacrifice is noble
and our love is strong enough to span this
distance.

Tell me, my husband, that the tears are not
in vain and the heartache of this insufferable
loneliness will pass quickly.

Tell me that we are mere miles, and not worlds
apart.

Tell me that the dust will settle when I can be
called both wife and doctor.



My Northern Star

By Michelle Miller

To my North Star,
For all my years to come.
Whilst variations may be eminent,
Tho' not predictable,
I will hold your charts closest to my heart
During high seas and clear skies alike,
Whether in uncharted territory or well-traveled
routes,
I will look to you,
For the guidance you have bestowed to me
Unwavering and true.

Paintings By: Jennifer Miller





Hogar de Ancianos San Pedro de Alausí

(Home for the Elderly at San Pedro de Alausí)

By José E. Rodríguez MD & Students from SIGH Ecuador, 2008
Photos By Tiffany Vollmer

I went with seven medical students to Ecuador on one of the Service Learning trips that SIGH (Students Interested in Global Health) has sponsored. We left on July 7, and returned on July 22. It was an amazing experience, one that I will not soon forget.

We visited clinics, hospitals, orphanages, and “nursing” homes. Probably the most difficult and meaningful for the students was the visit to the “Hogar de Ancianos, San Pedro de Alausí.”

The Hogar de Ancianos San Pedro de Alausí is located in Alausí Ecuador, in the heart of the Chimborazo province. It lies in the shadows of the tallest mountain in Ecuador and the furthest point from the center of the earth. It is also the most “Indian” province in all of Ecuador, being the ancestral home

of the Quichua Indians. Quite literally, it is in the middle of nowhere. Alausí is officially home to 43,000 inhabitants, but that includes other nearby cities. The “city” itself has less than 15,000 people. My wife’s entire family has lived in this town for centuries. Few people know me there, but everyone remembers my wife, even though she left over 30 years ago.

The Hogar de Ancianos is not really a nursing home. It is translated as “Elderly home.” A more apt description would be that it is a home for the abandoned elderly, like an orphanage. The home is run by the government, as a government charity. It used to run on a \$15,000 USD a year budget, but for the last few years they have operated on \$5000 USD per year. The director, Señora Ana, has worked there for free for the past 17 years. There are more than 100 elderly residents, who live there for free. Almost all of them are abandoned. The Hogar de Ancianos has no nursing staff. There are cooks, there are people who wash the clothes and

maintain the gardens, but the residents' health care is not a part of the service at this facility. The residents are encouraged to go out, but very few of them go because the director fears that they will not be able to find their way back. A high percentage of the residents are demented, and the staff deals with them the best way that they can. For example, one of the residents (we will call her Ms. Rodríguez) takes everything that she can hide in her clothes and places them in her shirt or in her underwear. Time and again the staff explains to her that she needs to stop doing that, to no avail. The director one day mimicked Ms. Rodríguez actions by stuffing her own shirt and underwear with things that she found. Ms. Rodríguez found the director's actions so funny that she laughed for a "long time." The next day, Ms. Rodríguez continued her bizarre behavior. Every night the director just takes the stolen items back to their original locations.



Señora Ana teaches school at night to pay her personal bills, and in the daytime she runs the center. She has been successful in getting donations from many places to pay for operating expenses, including the European Union and various U.S. based charities, but it is not enough. Some of the residents share a bed, and all of them share rooms. The Facility provides a roof over the residents' heads, but there is mold and chipping paint everywhere. She also told us that there are problems with residents' sexual activity. She even

stated to us, "What can I do? They cannot get pregnant!" The resident might not be able to get pregnant, but she can get an STI. The staff's lack of medical training is apparent. Like children, these abandoned elderly were lonely, seeking love. When we went, we took cookies and candy for the residents. I was a little worried about this with the high incidence of diabetes that exists among the elderly, but I was assured that this was a "tradition." These residents embraced the students as if they were their own children and grand children. They hugged, kissed and cried with the students. Only two of the students were fluent in Spanish, but that did not matter. Many of the residents were not fluent in Spanish either, because they spoke only Quichua. It was a wonderful expression of love and compassion.

It was particularly moving for me to see my son interact with these abandoned seniors. I was impressed by his willingness to get close to them, to hug them and to talk to them. I was also touched as my wife hugged and saw people that would have been the age of her parents if they were still alive. Those images will stay with me for the rest of my life. I asked the students to reflect on this experience, and I will quote some of the things that they said:

"It was harder for me personally to visit the nursing home than it was to visit the orphanage."

"I don't think any of us students expected to see so many forgotten elderly people."

"It was saddening to know there weren't enough beds for each resident, so the elderly patients were forced to share small beds with each other."

"Even though the elderly residents were cared for there were so many residents that they didn't receive the proper attention they needed. The funds were simply not there."

"Emotionally, the nursing home visit was the most difficult experience of the trip. The group of small-statured, elderly Ecuadorians was thrilled to have visitors. Many of the residents live out the end of their lives without a loved one or



family member, or hope to see one of them ever. I looked around the room, and saw despair, delight, and dementia. My own mortality struck me as I saw this group, and a fear gripped me that I could also be abandoned in the final years of my life.”

“Tears rolled down their faces, and mine. Two of the nursing home residents thanked us for our visit, and pleaded that we not forget them upon returning to the United States. Many of them had already been abandoned by their families. Our gift to them was acknowledging their presence – seeing them. It didn’t matter that we came from the richest country in the world, or that we will soon be doctors. I had walked into the nursing home thinking we had little to offer the residents on our first visit. I left knowing we had given them the powerful gifts of visibility and love. I learned how a small act of kindness can resonate further than expected.”

“I compared the privately funded orphanage we had visited a day earlier to the nursing home. Through donations from American and Canadian churches, the fifty-six child orphanage operates on a budget of \$20,000 per month. In stark contrast, the government sponsored nursing home, with nearly as many residents, operates on \$15,000 per year, and the budget will be reduced to \$5,000 a year beginning next year. What is it that makes hearts open for children, but forget about the elderly? In many ways the two groups are similar. Both homes hire caretakers to assist in activities of daily living. Additionally, we were taught to apply the ethical rules

set out for children to elderly adults with varying degrees of dementia, depression, or developmental delay. But one look at the nursing home confirmed that outside of the volunteers and employees who care so tenderly for the residents, society has discarded and forgotten about the very people they relied on for care.”



“Visiting the nursing home in Alausí was both the most depressing and the most hopeful place that we visited in Ecuador. It is a very eye-opening experience because we can look at them and see ourselves in 60 years. We are forced to deal with our own mortality. I couldn’t help but think what will happen when my parents get older and I must take care of them. Old age is something that everyone tries to avoid but without being successful.”

“The elderly that we saw at this nursing home were abandoned and poor. They had no way to take care of themselves and their families had left them. I could never imagine abandoning my parents because they were a burden. How could anyone do that to their parents? The only answer I could come up with was pure desperation.”

“At the same time, the existence of this not-for-profit nursing home and the people that ran it and dedicated their lives to the happiness of the elderly put hope into my heart. There was a lady there that volunteered at the nursing home during the day and then worked at night. The generosity of people like that instills hope in my mind for a promising future.”

“Reflecting on the Hogar de Ancianos was very difficult and uncomfortable to do. I personally am now encountering similar problems with the dementia and self care issues of my own grandparents. It is a hard, depressing, and horrifying thing to do looking old age in the face. It makes you think if similar things can happen to you or your parents. As uncomfortable as it made me feel, it was definitely a powerful experience that made me think.”

It is not surprising to me that the students would have difficulty with this experience. These residents were the same age as their parents, or grand parents, and were much poorer than anyone could have predicted. It was very sad to see how abandoned these people were—after dedicating their lives to raising families, being abandoned is heartbreaking for the resident, but incomprehensible for the observer. Many of the students were moved to work harder to make a difference in the lives of these elderly. They began to contemplate what they were doing in a new way, and they started thinking about their futures, and the futures of their parents. Some of the students asked how they could help, and we left with a list of things to do, and the promise to return to work with this population.

As a Reynolds Faculty Scholar this was a particularly meaningful experience. It allowed me to talk to the students about incorporation of geriatrics into their practice no matter what specialty they choose. Some of the students are interested in orthopedic surgery, so they felt that they would not be dealing with this population. We spoke about how joint replacements in the elderly are really the bread and butter of the orthopedic surgeon. Others were interested in women’s health, and as we spoke, it became clear to that student that there were more women than men in that Hogar de Ancianos—because women live longer, no matter where you are.

Some of the students did not want to deal with the elderly, so this particular visit was very difficult for them, because they looked their own future in the eye.

If I were in Ecuador and I had the opportunity to work in the Hogar de Ancianos, I am not sure how I would participate in the care of these elders. I like to think that I would have worked hard to prevent their current situation. As I pondered what I could do, it became clear to me that I needed to be more aggressive in my own “health planning” and that I needed to tell my parents what I could reasonably do if something were to happen to them. I called my mother, who has just recently retired and told her about this experience. We had a long talk about her future and what I was willing to do in the event that anything was needed by her or my father. While it was a difficult conversation, it was exactly what we needed to do. And, in the process, it helped me to define what my role would be in the care of the “elders”—both of my patients and of my family.

In the future, we will return with the students on our next medical mission trip to Ecuador. We have made the contacts and the Hogar de Ancianos is already planning for our return. This time, in addition to a visit, we will be examining and treating the residents there and offering what help we can. Many of our friends and family members, as well as the students are working to get more funds and supplies to support the Hogar de Ancianos. It is my hope that between visits we can make as much difference as while we are there.





Photo By Belinda Gavino



Journey 1: Lost

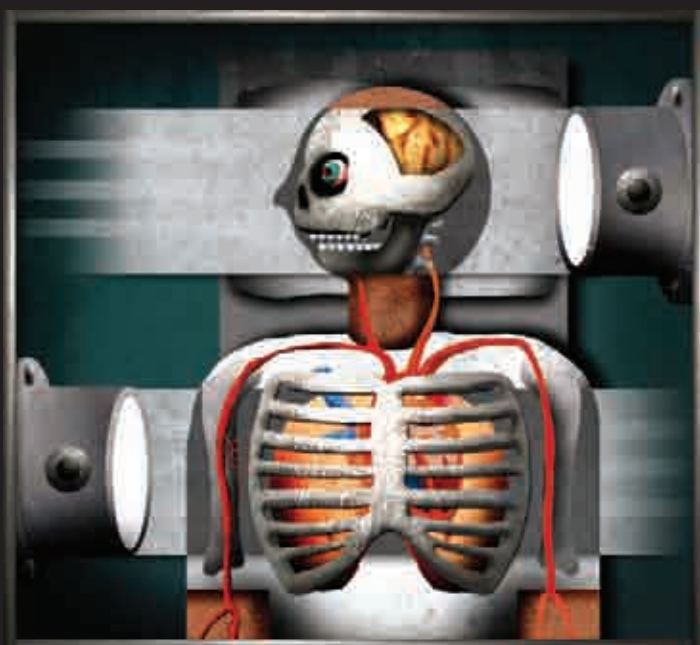
By Jason Boothe

So much confusion,
My soul needs to rest.
Pain radiates from my chest
As I sit back and contemplate the fate
Of the many men and women seen
Suffering from a disease called
Unfulfilled Dreams.
A family torn apart by a stigma,
An apparently uncontrollable enigma.
A little girl with the world in her eyes
Stares at me as if I were more,
I just wish I could whisper in her ear
And tell her I found the cure.
Children with outstretched arms reach for me,
Not truly understanding that in a moment's time
They won't be able to see.

Every life lost in this place is a defeat,
Not to an economy
But to a family.
Just think of what that person was suppose to be.
Now he or she is just another example in
A never-ending tragedy.

Although death and loneliness surrounds us
Like a blanket on a frigid night around us
We can't help but to notice the smiling faces,
Relieved, happy even, to see us.
I think to myself why are we worth such a fuss
But it is because just maybe there is a savior among us.
Someone who can change their world
And remove the blinding clouds of dust.
In my heart I know they just need someone they can trust.
In this place, Eastern culture and Western knowledge
Engage in a boxing match where there will be no winner.
For accepting one, means truly abandoning another.
Leaving one more child without
A sister or brother, father or mother.
Left to roam the street
With no money and no shoes on his feet.
Or sell your soul and become cold and cultureless.
For a person without culture is a person without skin
Desperate to find a place in this world we live in.
All this while people pretend to fight wars that are meaningless.
Unwilling to feed the desolate deserving masses of
Human beings
Trapped; or so it seems
In the black holes of poverty and hypocrisy,
With blindfolds over their eyes so they can't see.
This can't be.





Illustrations By Zach Folzenlogen

Top: Reinvent Yourself

Left: Medical Screening

Our First Patients

By Allison Poimboeuf

Originally published in the FSView: Florida State University Student Newspaper

“This is the place where death delights to help the living.” As a student of Florida State University’s College of Medicine Class of 2012, I recently learned this lesson. Although not an idea tested on in my Clinical Anatomy class, this lesson was taught through my professor’s guidance, letters from family members about their loved ones, and my own firsthand experience this summer. Most people would agree with the idea that death is not necessarily a delightful thing. However, in a laboratory filled with 120 new medical students on the ground floor of the College of Medicine, I saw a different side of this part of life.

Through the selfless nature of our “silent teachers”, those that donated their bodies to medicine, I learned the intricate anatomy of the human body. Endless hours were spent in the lab learning the paths of nerves and arteries, the actions of muscles, and the different features of the heart to name a few. As my Clinical Anatomy professor described it, it was during this time that we learned more about these individuals’ bodies than they would ever know. It is this exact knowledge that will serve as a foundation for my education and follow me throughout my career.

However, possibly more important was the lesson of generosity. Before meeting our “first patients”, as they are sometimes called, we were introduced to them through the family members of these considerate individuals. Listening to letters read that were written by daughters, sons, wives, and husbands, I learned that these people were no different than any one of us. They were housewives, businessmen, court

reporters, teachers, mothers, fathers, sisters, and brothers. They enjoyed music, gardening, and life and wanted to give back to others through this meaningful contribution. Hearing these words showed me that such a gift was not only from the individuals whose bodies I learned upon; it also came from their family members. Considering many family members expressed hesitation in following through with their loved one’s wishes, the appreciation I feel for their ability to honor such a request must also be expressed. Without the strength of these family members, this powerful learning experience would not be possible.

So how exactly is it that death delights the living through such a process? Through the honoring of these silent teachers at a special memorial ceremony hosted by my class, one teaching assistant described it fittingly: “When thinking about the location and path of the portal vein, you will not think back to a textbook or lecture. You will think back to the body you saw it on and studied so extensively. That sense of reasoning is what will stick with you throughout your life as a physician.” Nothing could be more true. Although only a medical student with plenty of years to go, I owe so much to these individuals for the gift of knowledge they gave to me. It is this knowledge that allows me to carry out the task that all physicians take on to improve the quality of life of patients. Just as I benefited from the education our silent teachers gave me, future patients will benefit from this unselfishness as well. For this reason, I will always remember my first patients—our silent teachers.



Little Black Boy

By Jimmy Moss

Originally Published in "Pulse Magazine"

little black boy
sit down.
fold your hands into your lap
and put your lap into order
now cry me a little song.
sing me a little note about me
caring about what you care about,
then dream me a little dream.
and when your tears turn into
oases and exposed rivers
stand up
and pour me a little cup
fill it with every broken promise
and the unfulfilled moments of
belated birthdays and first days
of the school year when your
clothes were unkempt...then
tell me a little secret
about how--you wish your father
bothered enough to be a father
or fathered another version of you,
so that you could have a friend
and then
write me a little poem.
make me a little rhyme about
the places you lived and the schools

you've attended
the teachers you've impressed
and the classmates
you've offended...by simply
being a little black boy
who could read and speak well
and vividly express himself,
find clean shirts amongst the dirty ones
and dress himself
long enough
to cover up his little pain
and then bring me a little more
of whatever it is that you have
bundled up in your little hand,
stashed away from piercing eyes,
tucked inside of your little lap
that you peek at every moment
you are given a little slack
a little chance and little hope
a little grade for your little work
just...put it in my hand...
and trust me,
little black boy
i promise to give it back--in order.

A Modest Proposal

By Brandon Allen & José E. Rodríguez MD
Originally published in "Medical Education"

In the US health care system, uninsured people face multiple barriers to adequate care. This personal essay reflects on the effect that caring for these patients can have on a Year 1 medical student. The experience of 1 student with his first patient spurs a call to action to the medical community as it strives to lead the debate and shape the solution to providing care to the uninsured. As the student ponders the problem, his observations may uncover a universal challenge that all providers must resolve for themselves.

My first patient at the community health clinic was a middle-aged man with concern written all over his face. I had just completed Year 1 of medical school and had armed myself with a tool-belt of clinical pearls and examination manoeuvres. I gathered a complete history with confidence. As I reported the findings to the attending doctor, we came to the conclusion that this man needed a colonoscopy. His family history of colon and oesophageal cancer made this an obvious step. Not so fast. I found that a set number of gastroenterology referrals are allotted per year and my patient was not eligible because he did not have a positive faecal occult blood screening. Little did I know that the US Preventive Services Task Force (USPSTF) Grade A recommendation does not apply to the uninsured.

We work in a special community clinic. Our clinic was set up with a mission to serve the uninsured and the uninsurable. When any of our patients get Medicaid or Medicare, they are no longer eligible for our services. In fact, if any of our patients obtain any type of health care coverage, they are referred to the private providers in this community. Our patients by definition cannot afford their medications; so most medications are purchased at a discount pharmacy that is part of our clinic. Our patients can barely afford the \$5 they are asked to contribute.

Many individuals donate their time and expertise to our under-served – the uninsured. Hundreds of local specialists have agreed to see a certain number of our uninsured

patients free of charge through a volunteer referral network. There are also a few full-time providers, as well as an army of volunteers from my local medical school. Our medical community would not deny anyone life-saving treatment, regardless of his or her ability to pay. We are grateful for the time that these doctors donate. This is an enormous step in the right direction, but unfortunately the need is much greater than that which they – on their own – can meet.

What can we, as providers, do? I may have a plausible solution. Perhaps all non-surgical specialty providers could see 2 uninsured patients per day. If each provider works 180–200 days per year, this would generate an average of 360–400 available slots per year per specialist. I suspect there are at least 2 providers in every specialty within our region so this should give ample opportunity for an uninsured patient to be re-evaluated. Even if we cut that number in half, to only 1 patient per day, this would mean almost 200 available referrals per year, per provider. Perhaps, instead of a sales or income tax to help these patients, a “services tax” could become a part of the practice of medicine. I truly believe that most doctors want to help underserved patient populations, but they may not know how.

Patients who require surgery or invasive diagnostic procedures present another problem. If a surgeon or diagnostician saw 2 uninsured patients per week for 40 weeks per year, 80 procedures per specialist would be available. This is considerably more than the number available now. I realize that hospitals would have to be involved for a plan like this to succeed. Although this suggestion involves some cost and the use of resources, this is a small price to pay for preventing death and disability in these uninsured patients.

Unfortunately, adenocarcinomas or myocardial infarctions don't wait to check who your insurance provider is before they rear their ugly heads. The burden lies on us, as present and future providers of medical care, to follow through where opportunities for the uninsured are limited. We must be-

come the champions of these patients if we want to improve their health outcomes. If not, we are at risk of doing harm.

I have observed that the system in place for these individuals is fragmented at best. For too many of these patients, compliance with strict treatment regimens for their chronic pathologies may take a backseat to finding their next meal or fulfilling other survival needs. How can a doctor reconcile his or her work with that line of thinking? Is that proven combination therapy really going to work if our patients can't obtain it?

I came to medical school naive to the plight of the uninsured. Having no experience of being uninsured myself, I had no clue about the types of barriers that might confront someone in need of care. I chose my medical college, in part, because

of its stated mission to serve under-served populations within my state. As I move forward in my career I have cautious optimism towards the future of the uninsured. I intend to seek residency and employment at a public or community hospital. I want to work in clinics located in underserved communities and contribute wherever the mission takes me. I also see the need to recruit others to my vision. If we all contribute, uninsured patients, medical providers and students will all be the better for it. And to think, it all started with 1 patient who just needed a screening colonoscopy...

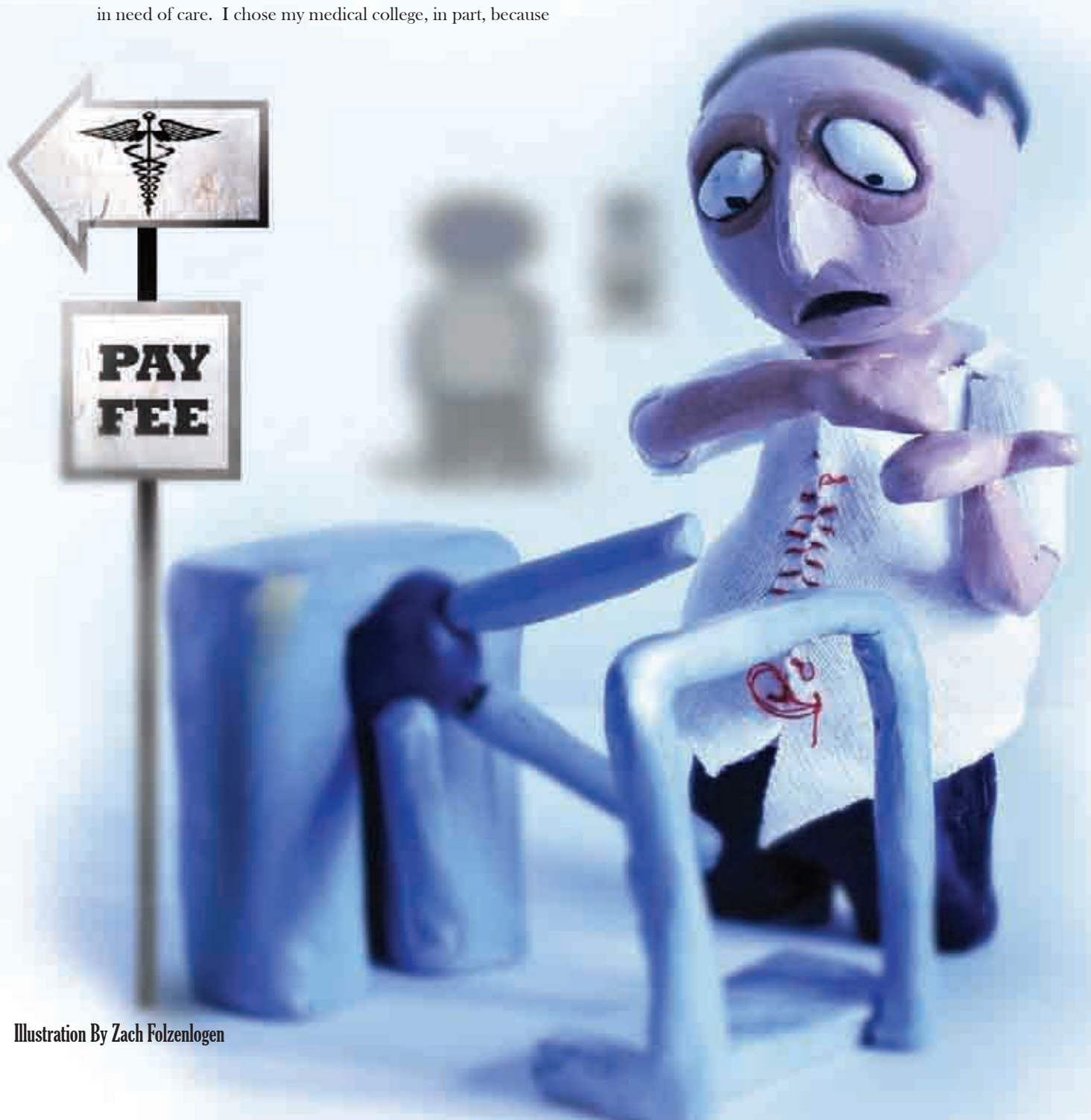


Illustration By Zach Folzenlogen

Punishment

By Jordan Rogers

As a child I had privileges taken away especially when I was sassy to my parents. I would be sent to my room and have the next play-date or outing revoked. The worst punishment of all occurred when something that I was looking forward to was swiped from me—usually accompanied by quite a bit of crying and begging on my part. In the end, however, mom and dad knew best. Here I am years later, a seemingly functional adult capable of making decisions on my own and no longer needing such “privileges” used as tools for behavior modification.

Fortunately the privileges that were used as punishment by my parents were not a matter of life or death. I was never told, “For that smart remark you are now grounded from your yearly vaccines.” Nor was I denied annual check ups because of bad report cards, or trips to the hospital because of a dirty room. No, my parents continued to provide access to a doctor’s care regardless of my mood or demeanor. It seemed to my folks that no matter how petulant or rude I might be, as their child, it was mom and dad’s responsibility to get me the best health care they could provide, no matter what.

As Americans, we see ourselves as crusaders of good. Americans are the avengers of what is right. We must forge ahead for those in need. Protect those who cannot help themselves. We invaded a Middle Eastern nation not to procure oil or financial security; we invaded to triumph over evil, of course. Try as the evildoers of the world might, they cannot squash the unconquerable spirit of good that our country upholds. At least, that’s what we’ve been told for the past eight years. If we find it necessary to better the lives of millions overseas, why would it not be a necessity to better the lives of our own? How can we justify letting millions of Americans go without health care, the most basic of human needs? It would be one

thing to deny a corporate bigwig a new Porsche or trip to Fiji; but scrimping on vaccines for school-aged children? Somehow it just doesn’t add up.

I know what you’re thinking. We are only in the beginning of our medical careers and what do we know? We are working harder than we ever imagined, in an all-consuming educational program. Once that set of letters is placed after our names, we want the respect and (monetary) accolades that we feel we deserve. I’m right there with you. However, just imagine for a moment that the struggles of medical school and residency were transformed into a lifetime of scrimping and saving. At the end of our road is a future full of promise; we won’t be without healthcare. But there are some people who work harder than we do, and they never seem to get ahead. For them, life is just surviving.

Health care is a right. As a future provider of such a right, it comes with the territory that one might have to make adjustments to care for those who cannot do it on their own. I will be able to sleep much better knowing that perhaps someone’s mother, daughter, husband, son, or grandmother saw me that day instead of being turned down some place else.

It’s a long road ahead for our new president. We are bound to see some interesting changes take place in the world of medicine no matter what. Right now, however, millions of Americans are denied the essential human right of adequate health care for themselves and their families. This must change. In the meantime, I’m content just knowing I get to be a part of the field and participate the changes that will occur. Perhaps in the future, I will be more outspoken on the matter. Thank goodness I can no longer get sent to my room.

Things I've Learned in Medical School so Far

By Meghan Gowens

1. Always try to find meaning in your work.
2. Always remember when things are tough, "If it was easy, everyone would do it." ~Dad
3. Wake up each morning being grateful for the talents God gave you, and give them back to God by working hard and developing them the best way you know how.
4. When you find yourself complaining, stop. Begin counting your blessings.
5. Live for others. It will make you happy.
6. If you start thinking that everyone owes you something, and things are unfair, or could be done better, you're being selfish. Refer to 1 and 4.
7. If you say you are going to volunteer, work in the clinic, or spend time talking to a friend and you begin to get stressed about the volume of work, follow-through with your commitment. It's the right thing to do, it will give you perspective, and remind you that you are to live and use your talents to help others. Refer to number 5
8. Love others. Encourage them, don't judge them, try to see things from their perspective, and offer wisdom if appropriate.
9. Don't compare yourself to others. Try your best, and give your best to God, to His work and not for selfish reasons.
10. Be compassionate, but don't use or accept excuses from your classmates, group members, family members, etc. Once you stop accepting excuses, people will stop using them because they just don't work.
11. When working with others, the goal isn't to be popular, but to be respected. Be kind, but speak your mind.
12. Be kind. Be kind to janitors, secretaries, the person selling you your fancy coffee, and your professors. They have feelings too.
13. If your stress levels are becoming so overwhelming that you find yourself having a hard time thinking of anyone else, stop...remember why you are here, refer to 2,5,7 and 9. My college advisor once told me "A person wrapped up in them self makes a small package."
~ Benjamin Franklin



Paintings By Jill Grayson

Above: "Ponce Firehouse"

Left: "El Jardín"

Right: Enferma



Heal

Imagine

By Amanda Percy

Imagine your young child, happy, playful, and intent on living life to the fullest. A child who is the most important being in your life. You would give the world for them. They have immense life to live and mammoth amounts of people to touch in some way. Now think how you would feel if that very same child was diagnosed with cancer. Only having a few months to a year to live. Moments of life torn away before they were experienced. Pure innocence instantly completing metamorphosis into fear, fear for that which will not be able to be experienced.

Disease for any person, any age, and any culture can be the greatest change that will impact their life. It can change every aspect within their routine and existence. Family gatherings will never be the same. That donut you really are craving, gives you nausea. That beautiful golden blonde hair you have been complimented on so many times—vanished. Nothing is the same ever again. Disease does not discriminate; it has blind eyes.

Each breath can be her/his last for a patient in this situation; however, this scenario is the every day for physicians. Processing patient after patient, moved from one diagnosis to another without a skipped beat. Not thinking twice about how the words “you have cancer” can make a patient’s once productive and fulfilling life drastically come to a screeching halt. After those words, all the patient can think is that disease and diagnosis. Physicians, on the other hand, are taught to not get too involved and to mold themselves to avoid the pain their patients must now endure. Emotionally uninvolved, physicians move on with their day as if “cancer” isn’t a bad word. I ask though, “What is wrong with seeing that a patient is more than a diagnosis?” Why not take a moment and think “What if this was me, or my mother?” If a physician thinks of how she/he would like to be treated, maybe the “mundaneness” of another disease diagnosis would diminish a little. This idea goes back to the most basic of ideas; treat others as you wish to be treated. How is it with 8 years plus of

intense medical education that the primary rule we learn as young children fades?

On the other hand, doctors cannot be fully involved emotionally in every person they see and treat. The fact is people die—young, old and everyone in between. It is impossible to think that doctors should be able to endure heartbreak after heartbreak when patients pass or become seriously ill. Despite what many think within the profession, doctors are not super human. We are purely human. The idea that medicine has to be desensitized is flawed. The practice of medicine is simply interacting and communicating with people. It is sharing a human touch, and it may be the most sensitive encounter there is. Why reduce this genuine contact to nothing more than a cold progress note in the chart? Patients come to physician looking for a medical answer but also more. They seek understanding and someone to legitimize their feelings. All they want is someone to say, “It is ok, and I’m here for you.” No we can’t fix every problem, but a doctor can always provide support—whether physical, emotional, or psychological. A doctor needs to be a parent in their undying compassion, an intellectual in their seek for constant knowledge, and most importantly a friend, for each patient we touch is a link in the vast community of humanity.

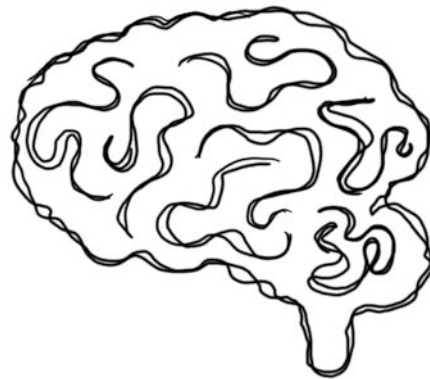




Photo By Josh Counihan

Risin'

By Amanda Percy

A week ago Wednesday had a day I will always remember
 Hadn't realized I'd hear a word back from class in September
 She was 13 and spoke with a Southern accent and a deep drawl
 She was in for a checkup, not a break, bruise or a fall
 Pretty as the dark sky as it shines with the moon at its peak
 Not knowing me from Adam, she looked at me so meek
 For telling your business to a stranger is tough
 But she spoke with trepidation and began with a laugh
 Hey Doc, I got a problem and it's giving me fits

My legs got a risin' and its hurting me to sit
 A risin'? Oh my what the heck is that?
 Am I in over my Doctor-to-Be Hat?
 Oh no, on no, I want to help this girl so much.
 To be the physician with the healing touch.
 Am I trying too hard? Is this job not for me?
 I asked her to show me scared for what I would see
 I waited baited, throat with a lump
 Relax she said....it's just a bump.



Third Grade and the New Me

By Cynthia Laroche
Originally Published in the “Journal of the
Student National Medical Association”

New freshly pressed clothes, new wooden desks, new unopened books, a new kind teacher, new school, and a few new friends were all I was greeted with on my first day of third grade. A few days into this excitingly new environment, I contracted the chicken pox virus and was enjoying a few days at home, watching television and trying not to scratch. One night, while trying to walk to the bathroom, I stumbled and fell. The world was spinning and I did not know why. I called out to my parents for help. My father came quickly and carried me into my parents' room. I had a fever of 101 degrees F.

My mother gave me Tylenol and drove me to the city hospital. Soon after I was admitted, I slipped into a coma.

I had herpes encephalitis – with brain swelling. I was unable to talk, move, make facial expressions, or even use the restroom on my own. My exciting new school year rapidly disintegrated into confusion.

I could hear everything that was going on around me and tried countless times to speak to my mother, but nothing was traveling from my brain to my mouth. My mother stayed with me in the hospital from admission to discharge. Every day I would see her and desperately try to communicate with her—but my body would not respond. She later told me that

she thought that I was unaware of her presence. I am very grateful that my mother stayed in spite of thinking that it made no difference to me. Her hope for me kept me going.

In the confusion, I remember receiving a stuffed Minnie Mouse doll from a family friend. I was thrilled, but I could not express my gratitude. I could not reach out to take the doll when she offered it to me. I felt like I was being rude. Every day my mother took me around the hospital in a wheelchair – the highlight to my day. Once, a nurse tried to feed me chicken broth so I would not require a feeding tube. I recall the broth's smell and brown color, but I could not open my mouth to eat. Hence, I was placed back on the feeding tube. It was terribly painful when the IV was placed back into my arm. I was screaming at the top of my lungs, but no one heard.

I did not quite know what was wrong with me at the time, but I felt safe, protected, and most importantly, loved. My physicians told my mother that there was nothing more that medicine could do for me. If I recovered, they said, then I would not be the same child

I once was. They were right. Though I did not fully comprehend what was happening at the time, I knew that they were doing everything medically possible. However, it was my mom who made the difference. She was always there.

At the time of my discharge, I still was unable to talk, walk, or eat unassisted. I lost the majority of the memories of my life prior to my illness. The things that I now call memories are stories that were later told to me. My grandmother, “Granny,” played my favorite movie, Disney's *The Little Mermaid*,



all day every day while I was at home recovering. After many days, I began starting to sing a few of the words and dance a bit. Granny was ecstatic! She said it was one of the happiest days of her life. It was also the beginning of my completely new life.

Prior to my illness, I was enrolled in an English-French bilingual school. When it was time to start school again, I did not speak either language very well and was constantly confused – mixing up English words, French pronunciations and vice-versa. I was placed in special classes where I received much-needed extra help. I learned letters like I was back in kindergarten—but I knew that I was able to read before my illness.

That was extraordinarily frustrating.

My grandfather, “Papa,” tutored me when he came home from work every day. He made learning fun. Papa’s efforts helped me advance to the regular third grade class by January of that school year. While I was catching up, I did not have time to participate in dance lessons, piano lessons, or Girl Scouts. I was taking longer than the other students to come up with the same answers. I was blessed with a gifted third grade teacher, who understood my situation and never allowed me to feel like an outcast. Her belief in me helped me to relearn much of what the encephalitis had taken from me. Over time, and with the help of generous teachers and mentors, I enrolled in honors courses and participated in the activities I once enjoyed.

I am now about to begin my first year of medical school. Because of this, my experience has taken on new meaning. I

have learned new ways in listening and being attentive to others. I suppose I could have used my illness as a crutch, but instead it has driven me toward a career in medicine. When I was awakened from my coma, I awakened to a new vision in life. I relearned many things, and experienced firsthand the loss of function. I felt what it was like to be in a room where no one thought that you were there –talking as if you were not present. Now I know that the patient is always listening, and our words and actions must reflect that fact. Because of this experience, I want to form a patient-centered practice, where what the patient and the patient’s family wants is used to make decisions.

As I reflect on my mother’s dedication and devotion to me while I was sick, I am grateful that she was allowed to stay. I also see now the difference that she made in my recovery. She gave me hope even though the doctors no longer had hope.

Because of her profound influence on my illness and healing, I will make sure that I am sensitive to family visitors. Their work is, at least, if not more important than what I will do as a physician.

I have learned to believe in hope, devotion, and service even in hopeless situations. My mother’s example has taught me that. Having been in the hospital and hearing everything as if I was not present, I have learned that even when the doctors have given up hope, hope remains. It is this hope that I wish to instill in all of those who come through my office door. It was my mother’s hope for me that got me through the illness, and I hope that I can be as strong as she was in spreading hope to others.



I Would Paint You A Picture

By José E. Rodríguez MD

I would paint you a picture in bright flashy colors
I would write you a story, about a time shared by lovers.
I would sing you a song but my words can't transmit
The feelings inside me, they just would not fit.
I am lucky, no blessed, to have loved you so long
Our love, like your heart, is a beautiful song.
I have struggled to find a more personal gift,
And I hope that this poem, might give you a lift.
Your patience, your virtue, your selfless love
Reminds the whole world of what life's like up above.
You never ask for anything, always wanting to give;
Your essence, your kindness inspires others to live.
This Valentines Day, though I might seem distant,
You will know, without doubt, I love you every instant.
Every second, every minute, every passing hour
I love you, Moraima, my most beautiful flower.

Remember the Awakening

By Kristen Barrie

Originally Published in "Family Medicine"

Black. Icy. Realization mounting through the fog. My thoughts slowly returning to consciousness. OK, I'm alive but now what? I quickly run through a checklist: can't open eyes, can't move limbs, oh God, can't breathe—I am forced to wait for the ventilator to initiate my respiration. Pause, two, three, inhale; pause, two, three, exhale. The experience is frozen in my mind; just thinking about it brings back that sensation of being lost between consciousness and the abyss. I am helpless, lying in the cardiac ICU with two personal nurses to my care and millions of dollars of high-tech equipment, but I can't get anyone's attention because my brain recovered faster than my muscle control.

Can someone please pull this tube out of my throat? I'm sure it served a purpose but now it's just irritating, and I'd like to breathe on my own. If I concentrate relentlessly maybe I can convince my arm to move so I can wave someone down or maybe just a pinky wave will get their attention.

OK, here we go—move! It was only my third week of medical school, and I had been admitted to the hospital for acute bacterial endocarditis that required immediate open-heart surgery. Come on—move!

Did it work? It's difficult to know for sure, but I guess there was little or no movement achieved. I need to keep trying. I don't want my breathing done for me all night. I try many more times to move, each time failing. But yes! Someone just told me to relax and that they would get the tube out as

soon as possible. Ha, that's easy for them to say. They're not counting time by the breaths. Why haven't they come yet? Finally, my savior has come to remove the burden. OK, on the count of three I'm supposed to exhale. One, two, three exhale. Well, that wasn't too bad.

At last! I have achieved independent breath, normally brutally taken for granted. This is a good sign. Apparently I'm "stable." The surgeon just came in to congratulate me on my (our?) success. The infection is gone, the valve repaired, and

my heart started back up all on its own. "Good job!" he tells me. Oh, but I'm tired now. That was a lot of work. Is this the pain medication working? I think I'll go back to sleep now; no thanks, I don't really want breakfast just yet.

It was a chilling experience. Such a small fraction of time to be conscious yet without control of my faculties, probably seconds, yet even now 2 years later the intensity of those seconds are with me. Being a patient is taxing. But being a patient without any medical knowledge, a typical patient, must be

insufferable. Almost without effort, we order labs, take blood samples, push drugs, and insert tubes. For the typical patient, however, these are the events that often define their medical experience. By taking a few extra moments to talk with a patient about what to expect, and I don't mean just obtaining informed consent, but what really to expect, we can provide them with superior care. Now more than ever, I truly appreciate the effective power of such a simple service.



Illustration By Zach Folzenlogen

In My Hands

By Brittany Foulkes

Originally Published in the “Journal of
the Student National Medical Association”

Strength and faith are the words that come to mind as I reflect on the labor of Ms. TF and the delivery of her baby boy. It is such an amazing experience to see a child come into the world. It is an even greater experience when you know the child belongs to a family that has such strong values that it emanates as you enter their room—values similar to my own. The family, and their presence, assured me that the new child entering the world would be greatly loved—a family that reminded me of my own. Her husband, mother, grandmother, sister, aunts, and a few friends accompanied the laboring mother. A small radio in the corner of the room played a collection of songs praising God’s greatness, mercy, and power. I was touched by the music as the message in the songs ministered to my personal needs as well. As labor progressed, the faces of the family members showed concern and anguish.

A profound moment... the soon-to-be father knelt at the bedside, closed his eyes, and prayed. I remember the prayers my mother prayed with me. There was concern for the possibility of a complication. Each time I entered the room, all faces turned to me as if I had explanations. When is the baby coming? What time do you think he will be here? I wish I had an answer, or the ability to predict so I could give them satisfying news. The colorful squiggly lines on the fetal heart monitor and the heartbeat (which sounded more like the hooves of a trotting horse) were the focus of the nurse’s attention as she stared at the monitor, frequently checking without explaining her interpretation to the parents, family, or even me. I could only interpret the fetal heart status as “reassuring.” And I reassured the parents and family of that.

After several hours, the moment we had all been anxiously waiting for had arrived. The mom felt an uncontrollable urge to push, and I as well as the family members got excited. It all seemed to happen so fast. The doctor told me to sit down at the stool that was placed before the mother. I didn’t hesitate. I couldn’t believe it! It was surreal. Several pushes. Grimaces. The mom was in what seemed like agony and then she became exhausted. “Please get the vacuum. Get the forceps. I just can’t do this anymore. I can’t!” she moaned. With each push the maternal grandmother of the soon-to-be-born infant began to repeat, “I can do all things through Christ who strengthens me.” My mother would tell me the same thing at my toughest moments, particularly as I have struggled through medical school. She asked her daughter to repeat the phrase. I repeated it in my head. “I can do all things... I can do all things...I can do all things...”

Something sunk in.

An inner strength was discovered. “I can do all things through Christ who strengthens me,” said the mother and grandmother in tandem. Before I knew it, there was a beautiful, crying, healthy boy in my hands. The family was ecstatic. I was ecstatic. All felt overwhelming joy.

“I can do all things...” I can’t believe that after what I feel has been my most challenging, difficult, emotionally and mentally exhausting year in school ever, the second year of medical school, I have overcome obstacles, and defied those who doubted me, and those who dismissed my dreams. I am incredibly thankful for this opportunity and experience.

A Hot African Night to Remember

By Uchenna Ikediobi & José E. Rodríguez MD
Originally Published in "Academic Medicine"

Down a hot, dusty road in Kumasi, Ghana, lies the medical emergency unit at Komfo Anokye Teaching Hospital. I had just finished my first year of medical school in the United States and I was on a three-week medical mission to Ghana. Half an hour after arriving at the hospital, I settled in to help the intern with whom I would experience the most memorable night in my medical training. Because of a severe staff shortage, I spent most of the night assisting the intern performing urine catheters and paracentesis. To "my" patients I was a symbol of stability and even hope because of the country from which I came, and I soon felt the magnitude of responsibility and power these patients had given to me.

As I entered a sweltering room that night, a patient awakened, clutching his chest, his eyes watering. He began to cry out "Pressure! Pressure!" Not knowing what to do, I rushed back to the intern and inquired. Distracted, he calmly said there was nothing to be done. I hurried back to my patient and sat down at his bedside. Feeling helpless, I grabbed his hand and squeezed. I tried to tell him in his language that everything would be okay, my voice unsteady as the foreign words fell from my lips. Watching his mouth foam and his eyes glaze over, I became aware of my own mortality. I stood up and watched my patient take shallow breaths. Unable to restrain my tears, I ran out of the room into an abandoned bathroom and began to cry. Although the room reeked of urine and the walls were spattered with blood, I felt safe, shielded from the harshness of death. After regaining composure I returned to my patient's bedside, trying to appear strong and optimistic. As his cries diminished gradually in tone, my eyes welled up with tears. The patient in the adjacent bed pleaded, "Doctor, do something!" How was I to explain that I wasn't a doctor, even though I wore the revered white coat?

After they took my patient away I noticed a machine next to his bed. The intern later explained that it was a dobutamine pump that could have helped my patient. However, it lay idle, unplugged, and dusty from years of nonuse, because no one in the emergency ward knew how to operate it.

I went to Ghana thinking that I could offer free medical resources. I realize now that many of those resources are available at sites such as the Komfo Anokye Teaching Hospital and others throughout the country—but not the knowledge or follow-up to make best use of them. Perhaps, on these missions, we could train local personnel how to adequately utilize and maintain existing resources, like the dobutamine pump, thereby empowering local health care workers to more effectively handle the barrage of chronic illnesses affecting developing countries. We could also establish better follow-up with our medical counterparts, in turn improving autonomous local patient care. Consider that no one would invest money without periodically checking in on it. Likewise, as we invest time and effort overseas, we should monitor and assist our foreign colleagues and their patients, even if it is from a distance.

Occasionally, I find myself thinking about my patient and what more I could have done. As my thoughts wander back to that small, hot room, I know that my patient's death was not entirely in vain, for it helped me to realize how much I can do now. I learned that the greatest gift I can give to developing countries is to be an advocate for other health care workers to meet the needs of those countries' inhabitants. I imagine that if we transform the focus of medical missions from acute to long-term care, with an emphasis on education, we can make more of an impact. Perhaps, when such changes occur, a patient such as mine would still be alive today.





Photos From Jared Rich
Cardboard Piano



Birthng a Parasite

By Camille Hippolyte

I stood almost dead center of this woman's vagina!
My left hand, like a robot guided the suture string as my attending repaired her tear
What an event! I thought to myself
I could never do it
There must be a place where women go to get this strength
I just haven't found it yet

I guess you can tell that I have never expelled a human being from my own orifices
Ah, but will I ever?
I saw this woman three times before her birthing
'They' call it a "delivery!"
I call it war!
Her lacerations, proof of her battle and proof of her victory

As the miniature being finally emerged,
I thought to myself - "How beautiful"
Then I saw the agony that masked her true aesthetics
And recalled the moments before this war...
I thought - You little parasite!

Leaching on this poor woman's energy and blood
Inflating her corpus into a helpless waddling land whale
Inducing uninvited nausea, a slowly abating fatigue,
With growth of an appetite larger than a giant's,
And for icing on the cake, you trick her into spending money on you
And in gratitude, you kick her!

But in return she smiles?
But why?
Didn't she realize that she might be losing?

I withdrew my blank stare from her repaired battle scar
And gazed at mother and son
They suddenly no longer seemed like opponents
A euphoric aura exuded from their togetherness

The thirty-nine weeks of slow human torture
Literally ending in a vivacious burst of life
The war was over.
All of a sudden it seemed worthwhile.
But still I wondered where she went to find that strength.

Reflections on a Fallen Man

By Eva Bellon

Eight years ago at this moment I was unable to sleep. Like the rest of the country I was shell shocked by the events of the day that had unfolded in front of my eyes. I remember the moment, more vividly than almost any other in my high school career. I walked into Mrs. Hensel's 2nd period English Honors class and she was leaned against her desk, fear in her eyes, staring at the screen of the TV against the wall in the middle of the room. There were only a handful of people who had beat me to class from first period and I slide my bag into my seat and moved closer to my beloved teacher. Had the entire world gone mad? Was this some horrible joke? At this point only the top of the North tower was on fire. Words like terrorism were only carefully speculated at by the news anchors and my class and I sat there in silence as they argued about what was happening in monotone voices- they themselves to far in shock to form many other thoughts. "I want you to see this; this is going to change the rest of your lives. This is history and we have to see this." That is all that was said by my teacher. Moments later the plane hit the south tower. Some of us screamed, most of us cried, but we all continued to watch. The news anchors were now declaring the act one of terrorism and many of them had lost all composure. Panic had begun to creep into their voices and we sat there completely lost staring at the screen. Then it fell. It crumpled into itself and slide into the floor of the city. Safely in our 10th grade Florida classroom we watched and we knew that thousands had just died—mothers, fathers, brothers, sisters, children, and friends. The bell rang. We stumbled out into the crowded hallways and met other students who had been watching in their classrooms. Tears streamed down half of the faces that I met. My friend Britney approached me in hysterics, cell phone in hand. "My dad left

on a plane for New York this morning" was all she could get out before collapsing in my arms. It was only a few seconds before we had to walk into class that she found out the plane wasn't his, but she still didn't know where he was. We walked into Calculus together and the TV wasn't on. I walked to it and pushed the button just to have my teacher tell me to please turn it off. I spoke back to her, "This is history, we have to see this." She felt it was only upsetting us more and we should try to do some Calculus instead. Soon after this, my principal, in an attempt to calm our frantic school (much of a community that attended school with us were originally from New York), he proclaimed that all televisions must be turned off and any cell phone use would result in confiscation. The rest of the day became a blur in my memory. I still feel the intense anger I felt at my teachers for censoring our information. Much of that day soon became censored, by the government and by the media. By the time I reached my house from the school bus, images I had seen earlier that day were already being pulled from clips. The most haunting and emotional images were when I watched the dozens and dozens of people who jumped to their death from the blazing inferno. I thought of my fear of burning to death and my fear of heights and weighed them against each other. I put myself in their shoes. I do not know which path I would have taken if escape were not an option. But these images that had affected me so much more than even the massive collapse of the towers—are now nowhere to be seen. Their falling was the perfect image of just how horrible that day was for America; it personifies the despair of all those that did not escape the horrible event. To me it was disrespectful to those falling individuals, for us not to see what they had to endure. We can never forget.

Jessica's Story

By José E. Rodríguez MD & Jessica K. Ramos

Jessica's story.....

Jessica always had headaches; she never complained about them, but she stated that was one of the reasons that she was interested in Neurology. Even with that interest, she came to my family practice every Monday full of energy, anxiously waiting the opportunity to interact and learn with more patients. Although I was teaching extensively at the medical school at that time, I never had Jessica in a formal classroom setting. It was always in the clinic, where we would speak after every patient encounter, and we would work on presentations together.

Jessica selected my site for a first year preceptor program, "Primary care with a focus on urban and Latino health." Being Latina, she was interested in providing care in that population. She was also fluent in Spanish, and was doing very well in medical school. Before she came to my clinic on the first day of the rotation, I had not met her.

Jessica appeared on television with me once. Bronx 12, a local cable news channel was doing a story on obesity. Since we were running free group visits for obesity treatment out of the health center at Tremont, we were selected to speak to the public on the subject. The reporter interviewed our patients, and Jessica translated. Some footage of us consulting on patients was included in the report. To this day it is one of more precious memories of our time with Jessica. While I worked hard to make the experience a good one for her, I never understood how much it meant until I read her final reflection. Now, months after her passing, it is more meaningful than ever.

When presented with the opportunity to work with patients during my first year in medical school, I was exhilarated to make a reality what I had imagined being a doctor was like. I had worked in an emergency room before and disliked the quick, impersonal interaction between patient and doctor that substituted for the real connection that should

be made. I had idealized what kind of a doctor I would like to become because I had seen from the patient's perspective the doctor, [like]...the doctor who lacked compassion when telling me that my grandfather had cancer. I had numerous encounters with doctors that would have left me with the impression that this profession somehow only draws the callous, who are interested in the disease and not in treating the person suffering from the disease. However, my memory of my pediatrician, Dr. Simpson- Savory, who was always kind and always listening remained. I have not seen her in the last sixteen years, but the sensation of her cold, long, smooth hands on my back while listening to me breathe or checking if I had scoliosis almost blocks out the memories of having to wait two months for an appointment. But with this range of memories, I was hopeful that my preceptor would have similar ideals and would truly serve as a role model instead of another example of how I did not want to practice.

Choosing Urban and Latino Health was the easiest decision because it felt natural to work in the community that I was from. My parents' first language is Spanish and even now, thirty- five years after they immigrated to this country, their preference is to speak Spanish in and out of the home. My mother chose her doctor based on the fact that he speaks Spanish [and] he is from the same country....

Growing up in a Spanish-speaking household, I always understood that language is a strong bond and that there is a certain camaraderie that comes inherently by speaking the same language.... The ability to express yourself [is] critical when speaking to a doctor and [speaking] in your own language is one less obstacle when in pain.

I chose the Health Center at Tremont. It is a clinic that seems to be always full of patients. The majority of the patients are Spanish speaking and...use Medicaid. Working in this environment where there are a lack of amenities....reinforces the purpose of [our] profession, which is to serve your patients. [A] clinic does not need to be beautifully decorated in mahogany and marble in order to treat...patients. However, in order for this clinic to function, at least some of this staff has to be able to speak Spanish.

Working with [my preceptor] has been a blessing because he has functioned as a true role model. I have been continually impressed with my preceptor's ability to give of himself to his patients so that they feel comfortable with sharing their intimacies so that he can aid them while not sacrificing his privacy...

[During the last year] I have been able to become more comfortable in talking to patients. I am able to truly talk to them instead of interrogating them regarding their condition. I now walk into the examining room not having seen their chart and am able to get a complete history. I am also better able to give case presentations. Incorporating humor and lightness into some of my interviews makes it more pleasing for me and for the patient while still getting all the important information I need to get.... I hope that when I am practicing, I am able to work in a setting in which I provide the most benefit to this [the Latino] community. There are not many more rewarding experiences than helping someone who truly needs it and is grateful for it.

It has been about a year since Jessica passed away. She was diagnosed with a malignant neuroblastoma a few months after she wrote this piece and was forced to leave medical school for intense treatment. I also left the Bronx and started in a new academic career at Florida State University College of Medicine. Jessica would occasionally write to me, and tell me how things were going. I can remember her telling me about her illness, and how her tumor was inoperable. Yet, in spite of it all she seemed upbeat about her treatment, saying that the radiation was a blessing because it was shrinking her tumor.

As I look back on our time together, I was fortunate that she was in my office working with me for about 5 hours a week for one academic year. During that time we became both friends and colleagues. We discussed patients, learned and laughed together, and we made a difference. Jessica actually presented a poster with me at a national conference, where she was able to meet and learn from other Latino physicians.

The tragedy of her death has been cause for many of her teachers to reflect—on life, on relationships and on hope. I have spoken with them as I searched for a way to pay tribute to such a young, vibrant, and intelligent student.

Because we came from the educational model of “see one, do one, teach one,” we are constantly exposed to learners. They enrich our lives with their experiences, and we in turn attempt to enrich theirs by expanding their education. With

so many learners in our lives, it is sometimes difficult to distinguish them individually. Yet, Jessica reminds us that they are individuals, that their stories are meaningful, and that above all, it is a rare privilege to teach something so intimate and private to the next generation, and to trust them as they will use their knowledge to help us in the future. It is this relationship that made Jessica's story so special, so essential to be told. Although it might be too idealistic, we must always remember that it is these

relationships that make the difference—that bridge us with the future, and the hope for a better tomorrow.

When I read her essay, it fills me with sadness at our (her family's and medicine's) loss—She was a blessing to the patients that we served, as well as everyone around her. I am filled with regret as I realize that I could have done more for her in life. Her essay speaks of the highest values in medicine, of caring, of giving, of sharing, of making a difference in the lives of those less fortunate. During times of frustration, I often look at this essay, and find meaning in it beyond its words. It reminds me of why I teach, and the difference that anyone can make in the life of a patient or a learner. It is my hope to immortalize her in these words, so that all can remember why we sacrifice so much for people that we barely know. I only wish that Jessica was here to share it with us.





Photo By Belinda Gavino

The Vitamin K Deficiency

By José E. Rodríguez MD

Originally Published in "Academic Medicine"

We were young, in love, and in medical school. We scheduled our wedding for the first day of spring break. I had three final exams the week of our wedding. I was already under a great deal of stress when I found out two days before the wedding, right after my second exam, that our reception arrangements were inadequate. We had booked an indoor basketball court at no charge, but at the last minute we found out that security was required. We had not planned on this additional fee. Although the additional charge was minuscule, we did not have enough money to cover the reception.

In desperation, I contacted the minority affairs dean, who was a trusted advisor. He assured me that everything would be fine. The next morning, the student affairs dean called me into his office. He gave me an envelope with enough cash money to fully cover the reception hall. (I later learned that the minority affairs dean, the student affairs dean, and several other faculty members had donated money to help cover the additional costs of the reception.) I was speechless. What could I say? I thanked him profusely, and I promised to pay all of it back as soon as I could. His reply was something that I have never forgotten. He said, "Don't pay us back, just do something nice for another medical student."

At the time, I had no idea what he meant, but I knew I was indebted to him and my other teachers for their kind deed. For the remainder of medical school, I did nice things for my classmates—with some success—but I never fully lived up to that charge. As a resident, with virtually no access to medical students, I did not have opportunities to "do something nice for another medical student." I was frustrated that I had not been able to honor the request, but I continued to carry the

student affairs dean's message in my heart.

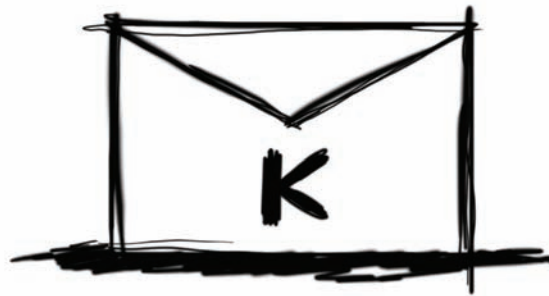
After graduating from residency, I worked in a community health center in Bronx, New York. There, I had significant interactions with third-year medical students, and the opportunities to "do something nice" for them abounded. I also taught first and second-year medical students at the local medical college. During this time, I provided financial as-

sistance to medical students and I felt that I had finally paid the monetary debt back with interest. To my surprise, however, I still sought opportunities to fulfill the challenge and to "do something nice." I enjoyed the way it made me feel, and the students' gratitude showed. My desires for my career were changing, and I sought a teaching position so that I would always be able to influence and assist medical students. When the opportunity arose to teach full time in a medical school, I jumped at the chance. I am now a full-time

faculty member of the Florida State University College of Medicine.

Of the many experiences I had in medical school, the one that had the most profound effect on my heart, as well as my career, was a simple injection of vitamin K—kindness. In our busy roles as physicians and educators, we should always remember the ancient adage, "Patients don't care how much you know until they know how much you care." We would be wise to live this principle with our learners. Although the simple monetary portion of my debt has been repaid to multiple students, I will always try to "pay forward" the kindness shown to me.

That debt will never be paid.





Keep Climbing

By Amanda Percy

Painting By Jill Grayson

Coming home, little did I know of the people I would see
 On the road, a quarter down, in the journey to MD
 Three weeks full of knowledge, help, and tips to be a star
 The ability to hold it all 'til the time present itself seems too afar
 For who knows when I might save a life hoping I don't mar.
 Based on how they look, what they tell me and overall my internal sense
 It all makes me a little queasy in my abdomen and just a little tense
 How can it be possible to keep books and books on mental tape?
 Working harder and harder to keep my mind in tiptop shape
 I write it all down and absorb as much information as I can soak in
 Praying at the right moment the wheels to a move will begin
 Helping me make some future patient better with the info that I know
 Letting me make a person smile by not having to take their big toe
 Each day I saw people I never thought were part of my hometown
 Yet through the weeks how to be a responsible doctor and woman I found
 Before this I felt like an imposter in my coat with my toys
 But each day people came and needed me to hear their story
 I listened patiently and tried hard to lend a hand
 Reciting a million times, "Just do the best you can"
 Sometimes I feel like I am not smart enough to do my people proud
 But my heart is in 100% so I continue to climb the mound
 It never shrinks and at times I think it grows quicker than I ascent
 I try to look forward and not worry I'm not making a dent
 Even when you think you have almost reached the height
 Another obstacle occurs and you have to hold on even tighter
 At the peak sits the ability to be the best doctor I can be
 For each mound I accomplish to climb a better view I see.



Occam's Razor

By Jordan Rogers

Occam's razor dates back to the 14th century logician William of Ockham. It is the idea that, when solving a problem, the simplest explanation is the most probable. This rule of simplicity, if you will, is applicable even to the medical realm. When approaching a patient with an illness, it is more likely that he or she is ailing from a myriad of common conditions rather than one extremely rare, complicated disease. At times, patients may seem to be nothing more than the bacteria or virus plaguing them. But Occam would say that simplest explanation is better. Why not, then, treat the patient as you see him or her first: a human being?

Although this concept of keeping things simple is routine for some physicians, it can be the most challenging of tasks. There is no glory, after all, in solving a problem that is not difficult or complex. Sometimes in all of the learning we do, we miss the most important and simple of all lessons: We are no different than our patients on the inside. Therefore, there is no reason our patients should be treated differently on the outside.

This idea might seem a little contradictory to the entire concept of medicine. Is it not more important to cure the person's illness than to worry about the person? Wouldn't it be easier for the physician to be methodical when approaching your care if she/he is unperturbed about your fears?

We are all patients at one time or another. Even the most stoic is faced with the concept of mortality at some point. It is a frightening moment when your life is in another's hands. Some doctors fail to remember this when making rounds. The man or woman lying in the bed in front of the doctor is a person, and he or she is composed of the same parts.

We have come to a place in medicine in which the most human of all vocations requires some inhumanity. It is an irony that somehow we have arrived here. Subsequently, it must seem especially ludicrous to be at the receiving end of this irony. To a patient receiving a life-changing diagnosis from

a tersely composed physician, the very moment must seem altogether nightmarish. It is one of the most puzzling of all scenarios in medicine, one that requires the least assumptions to remedy.

Occam's theory can be loosely translated from the Latin, "entia non sunt multiplicanda praeter necessitatem" to mean, "things must not be multiplied more than necessary." In other words, do not complicate the uncomplicated. Do not allow what once may have come as second nature to be lost in years of training and expertise. Even with the honing of skills we undergo, it is quite possible to retain the human touch we as people must incur to become better doctors. Seeing a patient as more than a disease, more than a bed, and more than a "teaching opportunity" is critical to the field right now, yet is something that is hard to apply. While it seems like a jump in logic, the answer is simple: We should see the patient, as we would want ourselves seen. This is the most inherent and obvious approach, with the fewest assumptions. If doctors follow this path, all of the care and medical knowledge that follows will surely not be lost. We will give the patient what he or she needs most, which quite simply consists of a human being speaking to another human being. This is the heart of medicine; this in itself is the answer to the incongruities that plague the physician-patient relationship today.

We are given a hard task as future doctors. While learning the science and practice of the field, we must not forget the true meaning and value of what we are doing. It is an incredible gift to be chosen to heal the sick; a gift that is even frightening at times. Yet we were chosen for a reason. Regardless of where this journey takes us, we will be faced with difficult trials along the way. It is imperative that even in the face of the most difficult of moments, we remember the Razor. For it is in the face of adversity that we find our strength and even the answers to the most challenging of life's questions. Sometimes, the answers are lying right in front of us. Yet it may be a test of strength alone to choose the simplest one.

Ecuador: A Photo Journal

Photos By Tiffany Vollmer

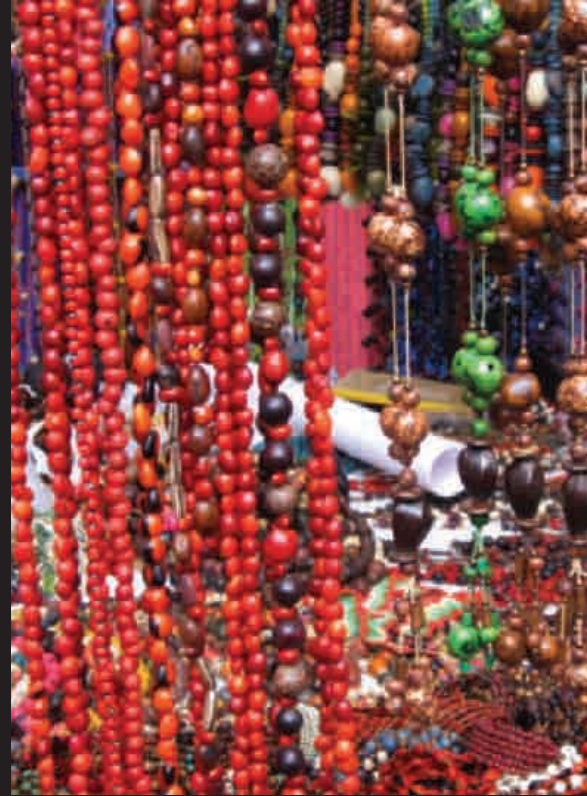
EXCERPT: In the empty hospital, these sheets were hanging in a little room that served as the exit onto the roof of the building. These line drying sheets speak volumes to me. They:

Remind me of simpler days.

Remind me that in some situations, you may not have all the newest, fanciest equipment but you make do with what you have and you make it work for you.

Remind me that while a bed may be nothing more than a luxurious sleeping place for some of us, for others it is a healing place.





Heal

The Immigration Doctor

By. José E Rodríguez MD & Ronald Delphin MD

Originally Published in "Academic Medicine"

Soon after we were married, the time came for the normalization of my wife's immigration status. She was from Ecuador, and had a visitor's visa. By the time I got my act together enough to start working on her immigration papers, we were already a few months pregnant. I had just begun my second year of medical school.

As part of normalization, my wife needed an "immigration physical," consisting of blood tests and vaccines that should be administered by "civil surgeons." These exams are typically expensive, so we traveled far to the office of Dr. Delphin. His rates were reasonable, but his character proved to be exceptional.

After a brief wait in his office, we entered the exam room. Dr. Delphin greeted us warmly, and he proceeded to get to know us. He wanted to know who we were, what we did, why we were there. Somewhere in the conversation, he learned that I was in my second year of medical school, and I expressed to him how I wanted to have a similar practice when I finished school. He told me that he would like to help and invited me to come back to his office the following Saturday, to help and learn.

The next week flew by, and I became busy with schoolwork. That Saturday, I forgot to go to his office. I would not have remembered it at all if it weren't for a phone call I got that night. "José," Dr. Delphin said, "I was waiting for you all day." I felt horrible, apologized profusely, and asked for a new appointment. He gave me a second chance. Since the beginning Dr. Delphin was invested in my success.

At our next meeting, Dr. Delphin taught me to draw blood.

With his patients, I learned how to take blood efficiently. I went to his office regularly for the rest of medical school. Over time we became friends and our families got to know each other. We spent holidays together. Dr. Delphin became a trusted mentor.

As I reflect back on this experience, I recognize my good fortune in finding a friend and mentor in Dr. Delphin. Those hours I spent in his office were filled with advice and wisdom, and it was a place to establish clinical relevance for the much-hated book work of my second year. He taught me to respect patients, that time was worth more than money, and that my time was the greatest gift that I could give my patients. When one of his patients unexpectedly died, he spent hours with the family, in his role as physician. He taught me to be one with the patients, and that each patient was a gift.

Our relationship never would have developed if it weren't for Dr. Delphin's interest in me. I was an overwhelmed medical student, and he was a successful practicing physician. I needed a mentor, but I did not know it. He sensed my need and became my mentor, using techniques that he knew would engage me. His influence lives in me today. My choice of career in family medicine is due to his example. My commitment to the underserved is a direct result of his teachings. My work as full-time academic physician has roots in our relationship. I now have countless opportunities to mentor medical students. But more than anything, my efforts to become a good mentor are to repay him. He taught me true mentoring, where the mentor expects nothing in return. From him I learned that the best mentoring relationships are those that develop on their own— and for that I give profound thanks.



Conversations with “Abuela” (Grandma)

By José E Rodríguez MD

I went to Puerto Rico a few months ago and sat down with a remarkable woman, Olga Eladia Velázquez del Río (Abuela Orpa). She is my mother’s mother. She is the oldest living person in my family, and at 93 years old, she still does everything for herself. I only hope that I have as much energy and health as she does when and if I make it to that age. As usual, when it comes to telling a story, Abuela Orpa will talk about her mother before talking about herself. And this story is about Abuela María, my maternal grandmother’s mother.

Abuela María was born in 1889, in Añasco, Puerto Rico. Her parents were from Spain, and they owned property in Añasco. When María was 10 years old, a terrible hurricane attacked the island of Puerto Rico from the west, San Ciriaco. San Ciriaco was the longest living, the strongest, and the deadliest of all Atlantic Hurricanes in Puerto Rico—killing almost 3,500. It spent a record 2 days on the Island of Puerto Rico. It destroyed Añasco, and the flooding isolated most of the survivors on one hill, on my great grandparents property. They had lost everything, including hope. María then prayed to the Virgin of Monserrate, asking her to save all of those that were on that hill. She also made a promise that if she were to survive, she would give 10 dollars to the poorest of her neighbors. The people on the hill did survive, and they rebuilt Añasco. María did not live to fulfill that promise, but my Abuela Orpa did fulfill that promise after her mother’s death. María’s faith lives on today in her heirs.

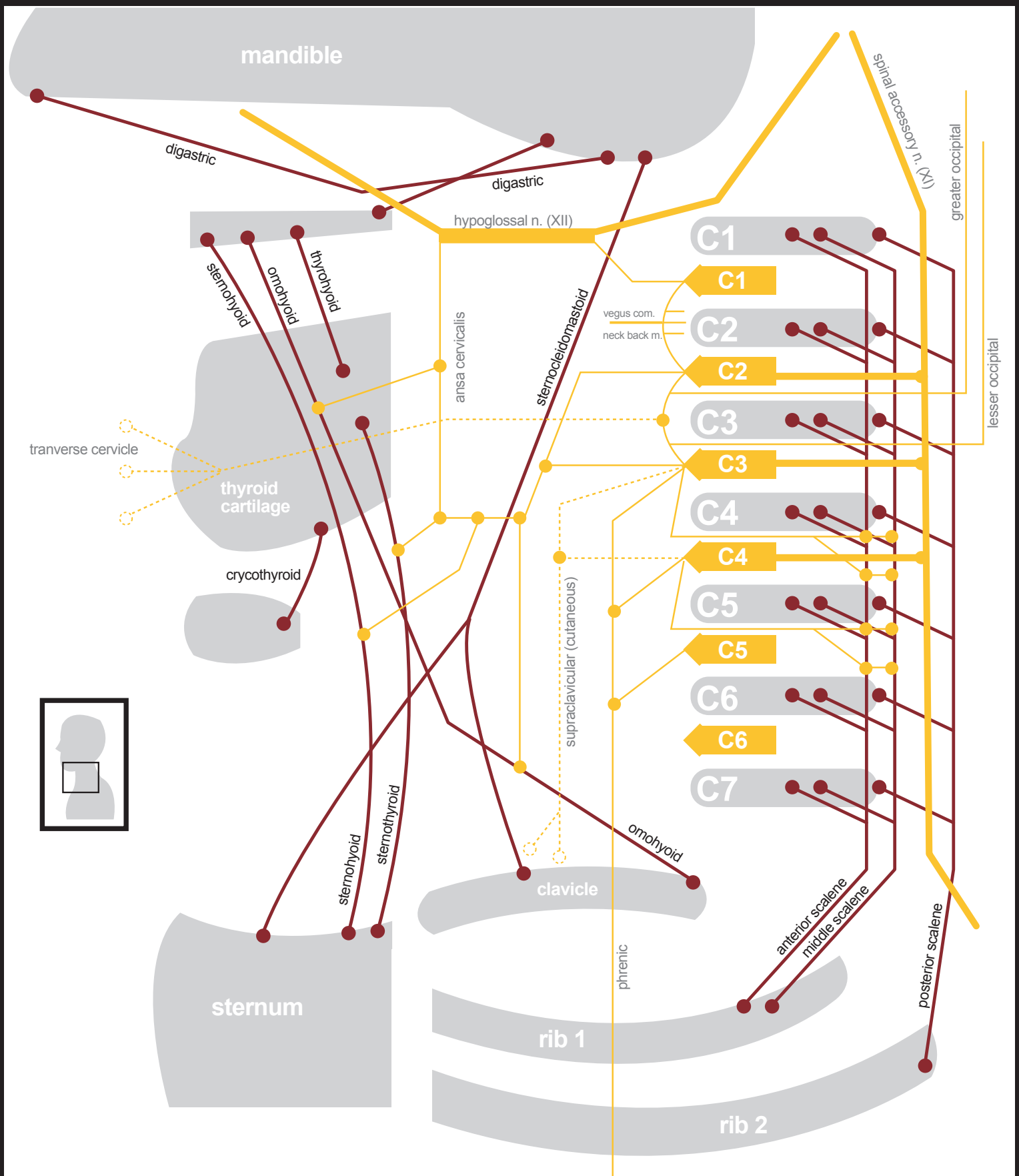
María later grew up and went to college. This was many years before women in the United States could do the same. She became a teacher, and soon after that married my great grandfather Marcial Velázquez, and had many children. She taught first, second, and third grade at the neighborhood school in her new home, San Sebastián de las Vegas del Pepino. She worked there for 35 years! I find it astounding

that she worked outside the home the entire time that she was married. Years after her death, the school was renamed as the Maria S. del Río Elementary School.

María was one of the few people in the town with a college education. Many people thought that she was a doctor. Workers, Neighbors, and friends came to the house to get “cured.” I had no idea that she was a healer; I thought I was the first one in my family!

María could cure “culebron” a fungal infection that causes a rash in the skin that looks like a snake. The people would say that when the “head” of the snake touched the “tail,” the person would die. María used herbs and tincture of violet to cure them. María only took care of poor people and she would never accept payment for her services. She would simply ask that the people pray for her. My grandmother said that those prayers were always answered. There was never a shortage of food in Abuela María’s home.

I never knew the stories about María’s faith or her healing until this year. The fact that she only took care of poor people truly resonates with me. I have dedicated my medical career to the service of the poor, and I have never worked in a private practice setting. I never understood why I was driven to do this; I thought that it was only because it was the right thing to do. When I graduated from medical school, I had no intention to teach, yet now, I cannot see myself practicing medicine without teaching. I know now that part of the reason that I am driven to teach and heal the poor is programmed in my DNA from Abuela María. I learned many other things about myself in that conversation with Abuela Orpa. But that is for a different “conversation with Abuela.”



Neck

Muscles and Cervical Plexus

Graphic By Zach Folzenlogen



Photo By Andrew Lane

Golden Globes

By Jordan Rogers

I love watching awards shows. Gaudy outfits, millionaires, mindless entertainment: what more could a person want? My life consists of none of the aforementioned things and all of us like to leave the realms of reality every once in awhile.

No, my life is not an awards show. There are deadlines, truckloads of information, disgruntled professors, even a few token neurotic colleagues. Anxiety, an old friend of mine, enjoys paying me regular visits. I even find it lying in bed with me when tossing and turning for fifteen minutes somehow turns into all night. Yes, my life is very real.

Funny, but this reality is all I have ever wanted or dreamed of doing. Don't get me wrong, on those sleepless nights I sometimes let my mind wander to what other people my age are doing with their lives right now. Making money? Going out to eat? Coming home at five and being done for the day? Having a social life? I can assure you they are not up until eleven on any given night pouring over "The Proper Technique of the Prostate Exam." At least for their sake I hope not.

Yet, I wouldn't be anywhere else in the world. Why? Because no one can help my patients the way I will be able to. And it would be a tragedy to leave the people who are meant to be in my care up to someone else. No amount of sleepless night will hold me back from the care I can give someone

someday. At some point I will save someone's life. And they will be very glad I hung in there.

I can compare medical school, then, to my Golden Globe. Since it is the pinnacle of my hard work, and it took a

struggle to get here, it is a fitting analogy. Even after winning the award, there is always work ahead. Yet, acceptance into medical school was the universe giving me a pat on the back and saying, "Yes you can. You are working hard enough. Keep going." The universe and the Screen Actors Guild, same difference, right?

We don't get to make acceptance speeches after getting in to medical school, but we should. At least, I know I didn't get here alone. I can't thank a producer or co-star, but I can thank one very important woman. My mom made my dream reachable. Even if the universe wasn't going to say it, my mom over and over said "Yes you can. You are working hard enough. Keep going." Not everyone has a biggest fan. I do.

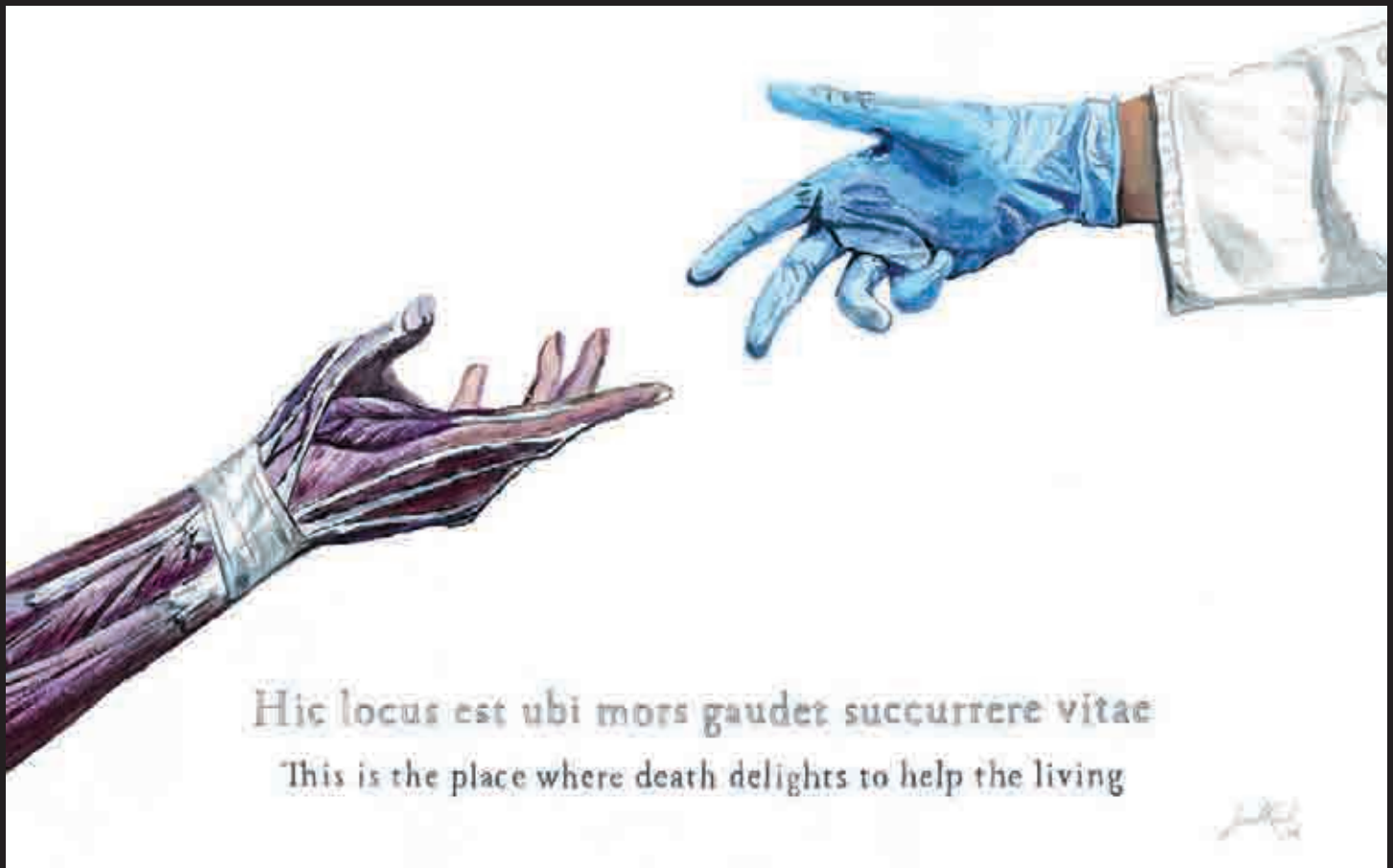
So I will keep going even when it seems like I have

nothing left. I will trudge onward even when I can barely move. My dream is coming true right before my eyes. I doubted myself so many times, and now I have the ability to make something that was only a fantasy my reality. Screen Actors Guild, you can keep your flashy trophy.

I'll take the M.D.



Sculpture By Jen Miller
"I Wore a Red Dress"



Where Death Delights to Serve the Living

By Jared Rich

Painting By Jared Rich

What better place to start than at the beginning. The first step in our long path to becoming doctors is Gross Anatomy. It is our first class in medical school, and the cadavers that we dissect are often called our first patients. They are also called our silent teachers. We learned more from them than any professor's lecture or any picture in a textbook could ever teach us. Studying our cadaver was not like reading words on a page or looking at an image on a screen. It was actual personal interaction with a human being, a human being that so generously donated their body so that we could learn. When that person died, it was one life lost, but in their death, they have given life to countless other people, and they have done that through us. There is an exchange that occurs between cadaver and student. Through death they willingly extended out to hand us the gift of life, and we reached out to

graciously accept. They have passed on to us the foundation of our education, and for this we are forever grateful. This exchange of knowledge begins in the anatomy lab, but continues on throughout the entire medical school experience. It lives in every classroom, study hall, and library. This is the place where death delights to help the living, and it is our responsibility and our honor to make sure that the death of our first patient will be a help to all those that we serve. The tremendous amount of knowledge we gain from our silent teachers is the first step in our pursuit and our conviction to become protectors of life. We must always continue to learn, for there is no limit to our abilities, but it is important to never forget where we began, and those who helped us along the way.



Oh The Places You will Go

By Taalibah Ahmed MD

Oh the Places You'll Go!

When I graduated from Florida A&M University in May 2004, my sister, the first grade teacher, gave me a copy of Dr. Seuss' *Oh the Places You'll Go!* to signify my new journey into medical school. I would later read the book for the first time to my third grade class not realizing the significance of my sister's small gesture.

Oh the Places You'll Go! And the places I have been. But I always believed somewhere in that book Seuss should have added "and the people you'll meet." With the stress of medical school, it is easy to get discouraged. But often it

is the one patient out of the hundreds you see that lets you remember the reason you decided this path.

Oh the people I have met!

I stood outside exam room number seven and read the chart of my next patient, Mrs. P.

Ok she is 89 years old and she is here for a follow-up.

I focused my attention to the summary page where there is conveniently placed a brief past medical history. She is a patient with hypertension, hyperlipidemia and diabetes.

What questions to ask? What exam do I need to perform?
Ok I'm ready.

I walked into the room and did my initial five second survey of my patient. I see my patient. She is an elderly Caucasian woman. She appears to be frail. Her hair of blue-gray curls is neatly groomed. She is wearing a long-sleeved blouse with elastic waist pants and what look like Velcro nursing shoes. I think to myself, Oh please let shoe designs be a little more fashionable when I am old. Her eyes are bright and there is the hint of a smile on her face. And there is someone with her. Perhaps her daughter or caregiver? Oh well here I go.

"Good morning Ms. P. My name is Taalibah Ahmed. I am a third year medical student at Florida State University working with your doctor this year. I am going to take a brief history and perform a quick exam and then the doctor will come in and join us." Ok Taalibah breathe and slow down.

Mrs. P looks at me, smiles and says. "Hello."

I smile and turn to her companion. I find out that this is her eldest daughter. She accompanies her mom to all of her doctor visits.

"You are a girl," Mrs. P chimes in.

"Yes I am. Is that a problem? If you prefer to see the doctor, I completely understand."

My patient explains. "No it's fine. It's just nice to see a woman doctor. When I was young, women were not doctors."

I smile and attempt to redirect the encounter. "So you are here for follow-up of high blood pressure, high cholesterol and diabetes."

"Yes I have that. I take pills for those."

"Are you taking your medication as prescribed?"

She looks at me strangely and her daughter interjects. "The nursing home manages her meds. So she is taking everything. They have not called me with any concerns so I am certain everything is going well with her."

I turn to my patient and realize that she continues to look at me strangely. Before I can speak, she asks, "Are you the doctor?"

"No ma'am I am the medical student. My name is Taalibah."

"Oh you are studying to be a doctor. That is nice. When I was young there were not too many women doctors."

I smile and realize that something is not right. I look at the summary page of her chart in search of a reason for this déjà vu I am having but there is nothing. While I frantically look through the chart, I simultaneously attempt to elicit information concerning orientation. "Mrs. P, do you know where you are."

"Why yes, the doctors office."

"And do you know the month."

"Why it is January. It's 1954. My husband and I are going dancing."

Unh ok. There is definitely something not right about my patient. I hate when this happens. You walk into an encounter thinking you are dealing with one problem and then oh there is something else wrong with the patient. Ok what to do? I can just ...

Her daughter interrupts my thoughts. She must have recognized the look of confusion on my face. She tells me her mother has Alzheimer's. The family noticed a change in her about 8 years prior to this visit. She would forget things like her grandkids names, or that she had a dog. She was becoming dangerous to herself and they were concerned about her grandchildren when they visited her. She has been in a nursing home for the past 5-6 years. She remembers other things though. "Oh the stories my mother can tell you," her daughter says.

My patient looks at us and it is apparent she does not like being spoken about in this way. But her expression suddenly changes to one of wonder and once again she asks me.

"Are you the doctor?" I smile and remind her again that I am the student but it is not like reminding her at all. To her, it is like the first time she has met me. Our previous conversation is lost. She once again tells me how nice it is to see a woman doctor and all the great things women have done. Her daughter asks her to tell me about the great things she did as a woman. Her eyes are become bright. I look notice that they have popped open. I now see her young self.

"I was a pilot during World War II."

No way.

She tells me about what it was like growing up as a woman in the 1940s. Men often did not recognize their talent. As women pilots and the only pilots not participating in combat, they were often asked to test new planes. She tells me of one of the planes she flew. The men heard of it and could not believe it. Men had a difficult time recognizing their achievements. She reports that even now after all these years sometimes it feels like she still isn't recognized for her achievements. This is understandable when I think of a news story 2006, the Air Force proudly showcased their first woman pilot in the Thunderbirds.

But, she, my patient was one of the first female pilots in the military. She was a member of the Women Air Force Service Pilots. She flew in several missions which were considered non-combat. Her job was very important. She flew in many of the supplies the military men needed. Many of the women were injured and they had 38 deaths among a little over 1000 women. She states that even after all the sacrifices the women made, it took years for them to be recognized by Congress. She began to fly in 1943 and was not recognized as a female pilot in the military until 1979.

She grew up in the South on a farm in Texas. She came from a large family and she always knew she would fly. Her father had a small plane; she loved to go up with him. When it was reported that they needed women to take a part in the war she was excited. She later discovered that they also needed pilots. She was very young and like many women at that time, her beau was off fighting in the war. There was nothing to keep her from joining up, so she went to school and became trained as a pilot. She discusses every detail like she is still there.

I was amazed. This woman who is having difficulty remembering who I am is telling this amazing story of when she was young. All of a sudden this frail woman became strong in my eyes. I continued the encounter and attempted to illicit more information from her. I now understood the reason for her daughter's presence. Much of the information I obtain from her daughter. Her daughter states that despite her having hypertension, high cholesterol and diabetes, she was still very active. Those conditions were manageable. It is the Alzheimer's that has limited her.

Her Alzheimer's took away her adult children, grandchildren and great grandchildren and replaced them with her young adult sisters and brothers and school aged children. It took away her independence. She was coping well with her other medical conditions, but as her memory began to fail her she was unable to care for herself and she became a danger to not only herself but to her family. For a moment I felt sorry for her and I empathized with her daughter. I could not imagine what I would do if my mother did not recognize me. But then I began to understand that Alzheimer's took away many of her memories but left the wonderful ones that made her the woman she is. I smile as she wants to continue to tell me different stories of her missions. I see the expression on her daughter's face and realize that it is difficult for her to cope with a mother that often does not recognize her adult child but simultaneously she is very proud of the person her mother is. Her daughter boasts of her mother's ongoing achievements. She is resident of the month. She suggests I visit the nursing home to see all the pictures of when she was a young woman, when she was a WASP.

Later in the week, I make a trip to the nursing home. Although Mrs. P does not recognize me, she is happy to share more stories about when she was young. She shows me a picture of her in front of one of the planes she has flown and tells me the story of how she met her husband, that handsome gentleman in the wedding photo in her bedroom. She tells me of her children. Of her wonderful career later as a school teacher.

I complete my history and exam. And prepare to leave the room. I think of the amazing woman I have just met. The woman who paved a way for all the female pilots in the military today. And smile as I think of how happy she was to see me in my position, the female medical student. I prepare to leave the room but as I place my hand on the doorknob Mrs. P asks,

"Are you the doctor?"

I smile at her and say. "No I am not the doctor. My name is Taalibah Ahmed. I am the medical student. The doctor will be with you in just a moment."

She smiles at me and says, "It's nice to see a woman doctor. I am proud of you."



Stained Glass By Jenn Miller
"Flirty"

Try not to Forget

By Alok Nath Pandya

Everyone has a story to tell. I know that as an absolute certainty, even though it's a statement which is indistinct at best. Most of them never get published, come hardcover or paperback, or even, if you can believe it, without a book tour to promote them. I think for the most part they are told haltingly, over a long stretch of time. Sometimes you tell them to a group of people, to someone special, to yourself, or to no one in particular. Don't they always seem to change, just slightly, from telling to telling? The lines can blur between what actually happened and what is an embellishment. In the end though, it's still your story, part of it anyways. For what it's worth, this is some of mine.

I had some idea of what was in store for me before I started all of this, but in the end I was still clueless. I did my research, as any dutiful student does, by reading brochures, pamphlets, talked to administration, staff, other students, family, and friends. What ended up happening was that I got filled with other people's preconceived notions of what it would be like for me and, if it were the case, what their experiences were like. In all honesty, there was little else that could have happened; you really can't know what it's like until you've done it yourself.

So what hit me first? It wasn't the workload, oddly enough. The material was and continues to be challenging, with an ever increasing volume. Everyone experiences that shock initially, I think it was one of the ties that bound us; a universal, if individually distinct, event. I don't want to make generalities, but I believe that you'll eventually find that what is given to you, what is expected out of you, to be manageable. It wasn't the workload.

No one did, or could have in retrospect, prepare me for the emotional impact that this would all be. No matter how hard I had worked or the stress I had been put under compared to this because for the first time in many years, this was a singularly unique educational experience. Again, I cannot speak for others, but I can imagine that, eventually, it will hit everyone. Sometimes it won't be all at once, maybe a step at a time, for some even immediately. When it does hit, it'll be a mélange of your own experiences, fears, weaknesses and even the strengths and joys in your life.

I was exhausted by the end of the first semester. I had never

taken anatomy before, the material was very new, but I was eager and put in the hours I needed to. I thought I had accomplished something. The mistake I had made wasn't in thinking whether I had or had not accomplished something, but rather that I could be any more tired than I already was. I began to have less time for my hobbies, communication began to wane with family and friends and the new semester was only a few weeks in starting. Someone more observant might have noticed the signs, but I was lax in being a steward to myself. Without being cognizant of it, I had built something akin to a cocoon around myself made of studying, class activities, and volunteer work. I had deluded myself into believing that all of this was necessary and that I needed to sacrifice more and more to improve myself, giving false support to this vague notion of professionalism. What I ended up doing was insulating myself from the world that I had known and enjoyed being a part of, until all I could hear was a haunting silence. Even with all of the people I would interact with on a day-to-day basis, I was alone. That moment when I realized I was lost was frightening.

That was when it hit me.

In the proper context a new experience can be an exhilarating one. This was not one of those times. I had been turned inward into my own thoughts for a long time. Now my mind was blank. It took everything I had not to start crying. What happens when you feel so weak and brittle? I reached for a source of strength, which has been for a long time the memory of my father and what he had to do to come to this country. 35 dollars, a wife, two young sons, and a few suitcases were all that he had when he came here. He had trained as a physical therapist in India, working in a burn ward at a children's hospital. Coming to the US would mean a huge jump in his salary and with that a better life for his family. He came with a lot of hope, but not a lot of certainty of anything else. My mother recently told me that when we moved into the first apartment, she did not buy a single pot or pan for months. She said the reason was that my father had not taken his licensing examination to be able to practice in the US. If he didn't pass that he couldn't work, this would probably have led to deportation. I know that my father could never have seen that as a possibility. It would mean that he had failed his family, returning to India with his head hung low, and more importantly, he would have let himself down.



My brother and I were young, but we never remember seeing our father worried about this. He had the drive to succeed even with this unimaginable weight he had to bear upon his shoulders. Of course he passed the exam because he wouldn't have accepted any less. We lived all over Illinois, in apartments and rented homes, moving from place to place every few years. We weren't well off, but we were better off than most, and when you're a little kid that's all that you'll probably remember anyways.

He died very young at the age of 39. That whole year was a blur and I can't recall much of anything. My uncle and aunt took us into their house in Maryland, where our grandparents were staying already. It was kind of like starting over. My uncle's business forced us to move to Florida, which is where we've been for more than 14 years. We grew up together, helped each other along the way, and in the process became a new family.

My brother is now in residency on his way to becoming a surgeon, I'm here, and my mom doesn't have to worry about the future. There is still a lot of ground to be covered, years of work yet to be done, but we've made it. We made it where others might have turned back around. Turned back to where it was safe. Not us and not ever. We had sacrificed too much. He had sacrificed everything.

There are things that I forget, which I can blame on being so young. I can't remember his voice. I can't remember how he smelled. I don't know what made him laugh. However, I do know that sometimes my mom runs her fingers through my hair, stares at my face and tells me that I look like him. I know I've worked hard and gotten to where I am through merit alone. I also know that there are going to be hard days, harder than I've ever experienced, but that I will get through them. I know that I truly enjoy what I'm doing now because it's something I've always wanted and I know I can be good at. The opportunity to do what I'm doing came at an incredibly high price and so I don't take that lightly. The most I can do for his memory and for my own sake is to try my hardest, never betray my character, be grateful for what I have, and love what I do.

I love where I am and what I will become. It might be hard for you to understand that now, but I hope that you'll eventually feel the same way. You've had to make your own sacrifices to get where you are right now. Some you might have made and others were made on your behalf. Try and remember them; use them as your strength and a source of comfort.

Try not to forget.



The Story of the Ugandan Invisible Children & the 2009 Medical Relief Trip

By **Natasha Demehri**

Being afraid of the dark is a universal aspect of growing up, but for the young boys and girls of northern Uganda nightfall has become particularly terrifying. For 23 years a man by the name of Joseph Kony has been terrorizing Africa. Kony considers himself a messiah, leading a holy war in an attempt to create a “theocratic state” based on the 10 commandments and Acholi tradition. Through a combination of Christianity, Mysticism, and Witchcraft he has created what many consider the most neglected humanitarian emergency in the world today.

What makes this war so terrifying is that it’s essentially a war of children on children. Kony’s army is called the LRA, or the Lord’s Resistance Army, and 90% of the soldiers are children between the ages of 6 and 18. The LRA uses children as soldiers because Kony finds them easily manipulated and easily expendable – a heartbreaking reality. Through spiri-

tual blood rituals, animism, and voodoo-based beliefs, more than 30,000 children have been abducted from their homes at night and been brainwashed into child soldiers or sex slaves. These young militants are then sent back into the villages from which they were abducted to terrorize their communities, kill their own families, and abduct more children to swell the ranks of the LRA. For the past two decades children were forced to become “night commuters” as 44,000 rural children left their villages every evening to walk several miles barefoot and seek refuge in the town before nightfall. This war has waged on for 23 years, leaving an entire generation of youth that has never known peace.

The LRA was committing human rights violations including murder, abduction, mutilation, sexual enslavement of women and children, torture, and training of child soldiers. The results have been horrifying, and the psychological trauma incalculable. Young girls and women who were attacked by the child soldiers had their ears, noses, and lips cut off if they made any attempt at escape or resist sexual enslavement. Then they were left to return to their villages and spread fear and warning to their communities.

As the night commutes continued, the government of Uganda was forced to displace 2 million villagers into Internally Displaced Camps, better known as IDP camps. Serving as sites of refuge, these camps had become the new homes for the citizens of northern Uganda. Although the camps provided shelter and safety from the LRA, the horrid condi-



tions led to the death of nearly 1,000 people every week from disease and starvation.

In 2004 the Jubu Peace Talks began between the Ugandan government and the LRA. Joseph Kony failed to sign peace agreements on four separate occasions, but the war finally came to an end in Northern Uganda 2 years ago, as the LRA left the villages in which they had delivered countless nights of terror. Unfortunately, they have now moved to terrorize the Central Republic of Africa, the Congo, and Sudan, ensuring that the war in Africa is far from over.

In the summer of 2009, eight medical students from FSU's College of Medicine accompanied physicians, pharmacists, nurses, psychologists, and lab technicians to bring as much medical care as possible to the city of Gulu, the most war-affected and traumatized city of Uganda. We arrived with \$500,000 worth of medical supplies and tests and set up clinic in an abandoned school that was previously used as refuge for the child night commuters during the war. Throughout the week we were assisted by a group of Clinical Officer Students, the equivalent of Physician's Assistants in the U.S., who proved to be invaluable medical resources and Acholi translators.

Before each day in the clinic patients would walk several miles, some overnight, in order to receive treatment and care. Some of the most serious illnesses that we treated were Malaria and Kaposi's Sarcoma, a cancer in end-stage

AIDS patients that is rarely seen in the U.S. Other patients arrived to the clinic with illnesses ranging from tinea capitis to atrophic vaginitis. With the help of a local lab technician from Kenya we were able to use an ultrasound to diagnose Burkett's Lymphoma in an 11-year old girl and several other pregnancy-related problems in some of the young women. Our medical team had designed the layout of the clinic to help with more than just medical treatment. We had set up an area to teach HIV/AIDS education and another area for our psychologist and psychiatrist to work with a mental health team to help any patients who had difficulty coping with HIV/AIDS, poverty, war-crimes, and the many countless traumatic events that have affected the people of Gulu. Every single person who entered the clinic was given a 10 day supply of multi-vitamins, mebendazole de-worming treatment, and vitamin A unless they were females of reproductive age. Through our clinic we treated 1,749 patients and gave 93,000 vitamins, 300 reading glasses, 300 sunglasses, over 400 pounds of medicine, and 5,510 packages of seeds to help them grow their own food. We also completed 281 lab tests, did 74 ultrasounds, fed over 1,000 people, de-wormed 975 villagers, and counseled over 100 trauma victims.

Following our work in the clinic, our medical team was taken to visit the Laroo School for War Affected Children. This was a school with children ranging from 3 years to 18 years of age that were either former abducted child soldiers, born into "the bush" of the war, or orphaned by the LRA. The clinicians worked to set up a temporary clinic in one of the

classrooms of the school to treat the children who were ill and to give any needed psychological counseling; however, in fear of disrupting any recovery, we were all under strict instruction to not discuss the war with any of the children unless they initiated the conversation.

There was also a team from Dublin, Ireland working at the school during the same week, and some of us were able to help them with their project to use music and art to help de-sensitize the children to the war. All the games we played and music we learned somehow incorporated balloons, drums, and loud noises in an attempt to associate a previously traumatizing war-related noise to a newly conditioned emotion free of fear and violence. For the most part the children were happy and playful, but there were a few that were clearly traumatized by the LRA. One four-year old boy hadn't spoken a single word since he entered the school one year ago. He never laughed, never cried, and was essentially numb to all emotional stimuli. Others were quiet and shy as well, providing a clear image of the wide range of coping mechanisms that the children used. From playing games and making music with the children to providing adequate medical and psychological care to those in need we were able to bring a sense of hope and joy to the youth at Laroo.

After the war ended two years ago, the Government of Uganda decided to no longer recognize the IDP camps in an attempt to force the displaced villagers to return home. Unfortunately, to date only only 900,000 of the 2 million people displaced have returned to their communities, leaving the rest to struggle for survival in a camp that has essentially been cut off from all foreign aid. Without adequate food supply or economic resources, the IDP camps have turned into a health nightmare. Every single child we saw was severely malnourished, most of which had Kwashiorkor and parasites of some sort. As we gathered the children and the adults in lines we used the remainder of our medications from the clinic to de-worm every person we could in the IDP Camp as well as

provide them with Vitamin A and 10-day supplies of multi-vitamins. Over the course of the day we were also able to feed the displaced villagers with beans, rice, and meat that we had paid for in order to provide them with at least one nutritious meal for which they were extremely grateful.

Before we left the camp everyone gathered around a central tree in the field and the villagers performed several wonderfully entertaining skits and songs in order to show us their gratitude. Their priest then told the history of the camp to us, and selected villagers stood to share their stories. One woman in particular touched our hearts as she told her horrific tale. She was abducted by the LRA a few years ago and blindfolded and taken into "the bush" as a young woman. She was then abused and sent into a nearby farm instructed to murder six people and bring back their livers to the LRA or they would murder her and her family. With great fear and hesitation, being left no alternative but death, she completed the order and brought all six livers back to the soldiers. Upon her return the soldiers then ordered her to eat all six of the livers by the end of the day, and she again was left with no choice. We sat in awe and disbelief as the brave young woman hesitantly told her tale. After experiencing such a life-altering tragedy, this woman stood with dignity and grace under the tree that day, teaching us an invaluable lesson of hope and perseverance.

At that very moment I realized that although I came to Uganda with the intention of bringing aid and change to the people of Gulu, I was the one who was changed. I left with a new sense of gratitude, appreciation, and hope from the incredible families that I had met over my two week trip. In spite of some of the most horrid health conditions, traumatic histories, and lost loved ones, the people of northern Uganda were some of the most patient, kind, and peaceful people I have ever encountered. Every child's survival, every mother's love, and every story of perseverance and hope touched each and every one of our souls forever.



Photo By Carolina Pereína
"The Uganda Team"

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