"At a particularly challenging time in my journey, I found this encounter healing, as has been my subsequent attempt to portray it with justice."

— Taylor Hardy

DONALD AND BARBARA ZUCKER SCHOOL of MEDICINE AT HOFSTRA/NORTHWELL

Northwell Health

Narrateur

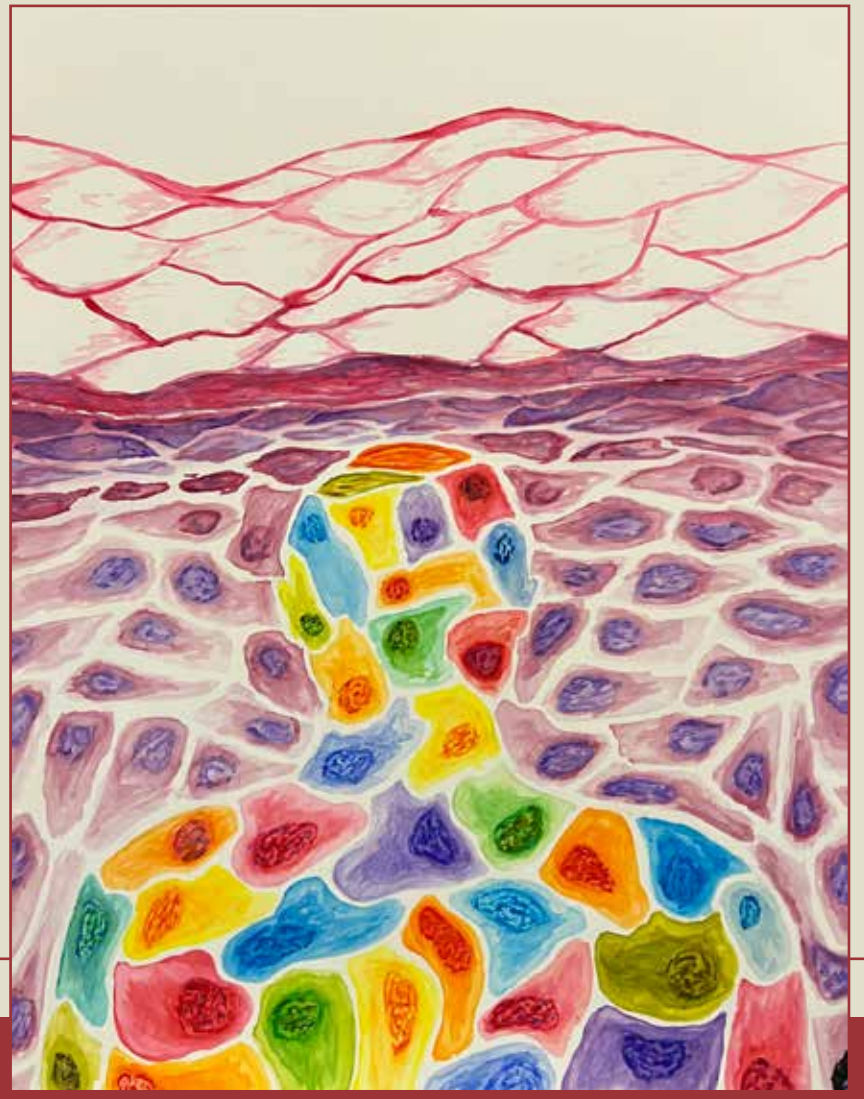
THE DONALD AND BARBARA ZUCKER SCHOOL OF MEDICINE AT HOFSTRA/NORTHWELL

ART & LITERARY REVIEW

ISSUE THIRTEEN 2024

Narrateur

REFLECTIONS ON CARING



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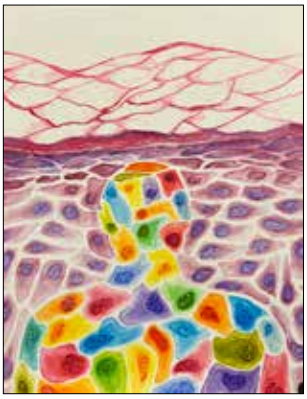


H&E: Histology and Empathy

Rahul Ramanathan is a first-year medical student at the Zucker School of Medicine. Having fallen in love with art as a child, Rahul continues to use it to express his beliefs and experiences. Having worked in painting, ceramics, and embroidery, he often likes to play around with multimedia art.

Back Cover

Tolantongo

Taylor Hardy is a third-year medical student at the Zucker School of Medicine who is from Washington State. Taylor has used painting during her own healing journeys throughout her life and has recently been exploring meditations on nature. This painting is of Grutas Tolantongo, Mexico, where she went on her honeymoon. She says it was one of the most beautiful and inspiring places she had been – a lush oasis atop the arid highlands. "At a particularly challenging time in my journey, I found this encounter healing, as has been my subsequent attempt to portray it with justice. This painting was created using watercolor, with acrylic paint forming the highlights of the waterfall."

Narrateur Is Humanism

The first thing we did when designing this medical school was to develop a set of values that would guide us, seeding a culture and setting expectations for faculty and students. These values are omnipresent and, in fact, literally inscribed on the walls of the building outside our classrooms. After deciding on what the core values should be, we embarked on a six-month process to define them. Faculty and staff all participated in the vetting process, and many late-night conversations ensued, as we did our best to be inclusive while capturing all sentiments. Those who read our values often describe them as "a bit edgy," which is intentional.

Our definition of humanism states: *We recognize that only through a comprehensive understanding and appreciation of the human condition will we successfully develop and nurture a culture and community of physicians who will care for themselves, their patients, and their colleagues with compassion, tolerance, respect, and empathy. This commitment to a curriculum that recognizes, teaches, and rewards humanism enables us to support a culture and environment truly dedicated to healing and promoting health.*

I believe we have had many successes here at the Zucker School of Medicine, and none more so than the way in which faculty and students have embraced the core value of humanism. The creativity and spirit demonstrated in supporting this value and providing so many avenues to both express and nurture humanism are defining attributes of this school and our community. The incredible diversity of submissions is a prime example of this culture, and I commend the students, faculty, and all those who contributed to this volume. As we move forward with Curriculum Renewal and reimagine the future of the practice of medicine and medical education, we must always remember to pause and reflect and remain grounded in our core values. Our patients, who inspire us and truly teach us about the human condition, will be the real beneficiaries of this effort.

David Battinelli, MD
Dean, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell
Betsey Cushing Whitney Professor of Medicine
Physician-in-Chief, Northwell Health

Dear Reader,

It is with great pleasure that I welcome you to the thirteenth edition of *Narrateur: Reflections on Caring*. We began work in spring 2023, when my co-editor-in-chief, Marvin Ho, and I met with Katie Tam and Khush Patel, last year's co-editors-in-chief. It was only with their guidance that we have been able to create this edition of *Narrateur*. Additionally, we must thank our faculty advisors, Drs. Grosso, Last, Ahuja, and Pearlman, for being advocates for *Narrateur* and for providing advice in our development of this edition. This is the third year *Narrateur* has been run by students, and as students we are constantly learning from both our faculty and our peers.

In addition to being student run, this edition boasts a wide variety of contributions from artists, photographers, authors, and poets across the Northwell and Hofstra systems. Included in this edition are pieces by medical students, professors, and administrators at the Zucker School of Medicine, Hofstra alumni, physician assistants, students at the Hofstra Northwell School of Nursing and Physician Assistant Studies, residents, attending physicians, and patients. With this breadth of experience among our contributors, I hope that the pieces contained in this edition can resonate with the diverse audiences involved in providing and receiving health care.

In these pages, the hierarchies that are pervasive in medical training and practice break down. Only by reading the small print at the bottom of the page can we ascertain whether a piece was created by an undergraduate student or a residency program director. It has been an honor to contribute to the editing and publication of pieces by fellow students and teachers alike. In encountering pieces by artists who are at an earlier stage of medical education than we are, perhaps we can remember what it was like for us then. Conversely, in encountering pieces by artists who are at a later stage of medical training, perhaps we can glimpse what perspectives our future might hold.

The choice to include or exclude pieces was made by a group of over twenty Zucker School of Medicine student editors, who voted on pieces that were submitted to select the best for publication. The pieces were given equal consideration. Of course, we extend our thanks to all who contributed.

Thus, I request that, like those of us who edited them, you should encounter these pieces with an open mind. Surely, a greater understanding of the other roles we play on a daily basis in the school, hospital, and clinic could only be a boon for us and the patients we serve.

Finally, please enjoy. There is nothing like a beautiful work of art to free the mind from the stress of an exam, the monotony of a workday, or the pain of a new diagnosis.

Sincerely,

Jacob Stone

Co-Editor-in-Chief

Dear Reader,

It is a curious quirk of the human mind that groups of three – trios, triads, triptychs – just make sense. In medicine, we are the inheritors of more than a few of these. Hippocrates instructs us to facilitate cooperation between patients, attendants, and externals. Virchow describes the pathophysiology underlying thrombotic events: stasis, hypercoagulability, and vessel damage. Unhappy is a knee with ACL, MCL, and meniscal injury.

The thirteenth edition of *Narrateur: Reflections on Caring* is the third to be completely student run. It hails from an in-between time. The darkest days of Covid-19, which featured prominently in editions ten through twelve, are farther from us now. But the future looms as unclear and full of promise as ever, inviting us to consider: How will we choose to remember? to hope? to love? to bear witness?

Considering the complexity of the call, we might need to think thrice.

"Three Stories" is a fascinating collaborative poem by three of our fourth-year medical students, which juxtaposes their clinical experiences. "Just a Kiss," "Remember This Feeling When Your Flesh Becomes Numb," and "Admission" shed light on the tension that exists between physicians and their families. "Before Your Time," "Chemo-Girl with a Pearl Earring," and "Friday Night" speak to the power of self-understanding.

I hope that reading this volume will inspire you to recognize, record, and retell the stories that you encounter in your life. If we do not remember, we will forget – and what a tragedy that would be!

Another triad for your consideration:

My doctor, whom I've known as long as I can remember, retired this year. He was one of those old-school internists – forty years in a solo practice, still used paper charts, took his own calls, always paired his white coat with a sharp tie, was reachable at ungodly hours, and sacrificed just about everything for his patients, including his health (occupational hazard).

The nephrologist across the hall was a trusted colleague and friend, who believed in the supremacy of humor as a coping mechanism. While taking care of his parents, going through an acrimonious

divorce, and putting two kids through college, he liked to laugh about working until he died. That night, he was on call in the hospital. Unwitnessed arrest; he was found hours later. It's unclear if this is what he wanted.

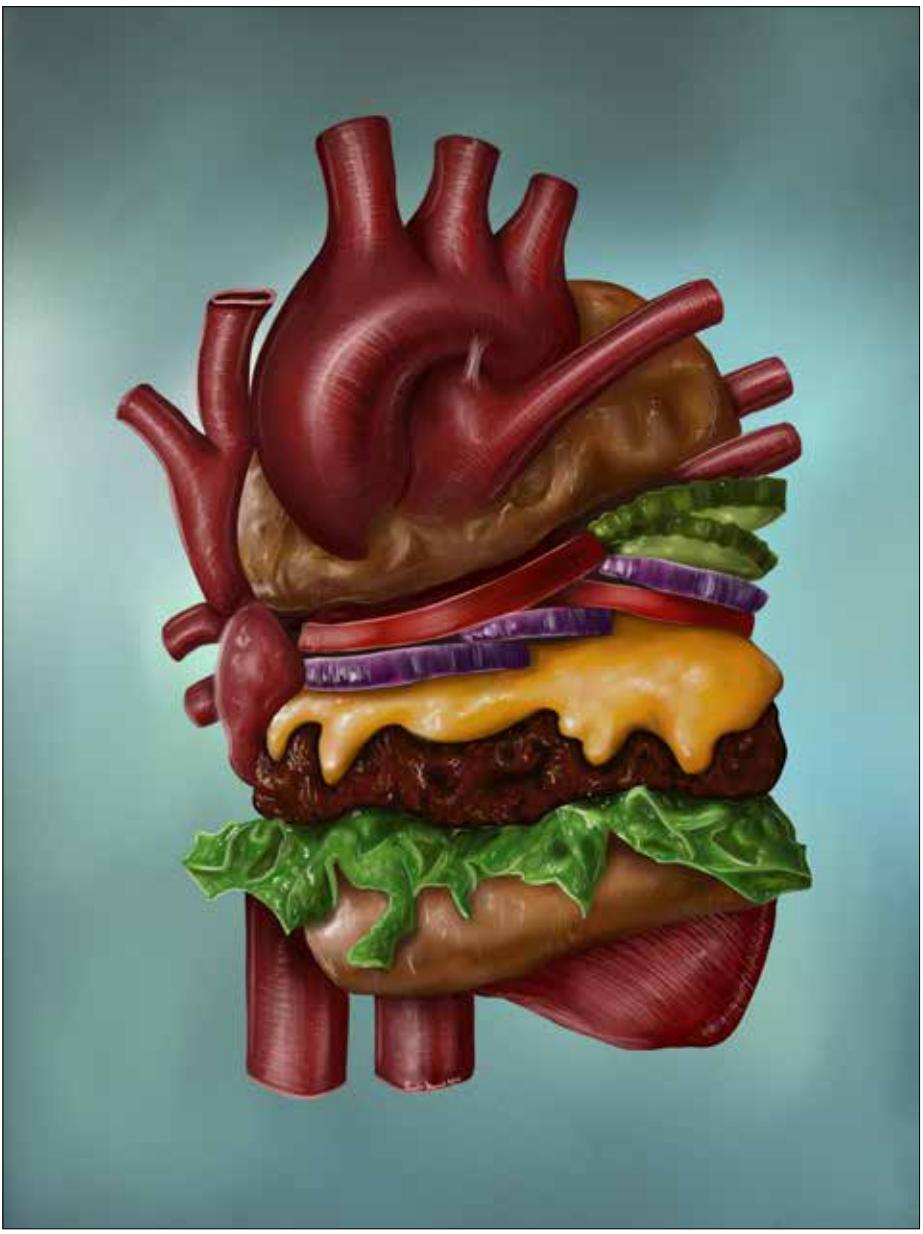
She presented the day she got home from an eight-week NICU stay at two pounds and fourteen inches. So small. So strong. Two-week follow-up, four weeks, two months, four months, six months. Sixteen pounds and twenty-four inches. You really had to be there. Does it surprise anyone that pediatricians report high job satisfaction?

Life is short, and the art long.

Sincerely,

Marvin Ho

Co-Editor-in-Chief



I Can't Wait for a Second Dinner

Nicole Marino, PA-C, is a surgical PA, artist, and unicyclist who creates surreal medical art. She loves hiking, sketching while traveling, and sleeping twelve hours straight. Her work can be found at nicoolers.com. The piece above was inspired by Dr. Michael Greger's book, How Not to Die. *He explains how diet and exercise can prevent the majority of premature deaths and diseases. Switching to a whole-food, plant-based diet helps prevent or postpone the fifteen leading causes of death, according to Dr. Greger.*

It Sounds Whimsical but It's Actually Very Serious

NICOLE MARINO

Heartbeats in Medicine

My heart has always beat quickly, for lots of reasons. Sometimes it's because I'm scared while watching a horror movie. Sometimes it's because I'm excited while watching the Knicks win a playoff game. Sometimes it's because I'm tired while jogging on pretty autumn trails. Sometimes it's because of the boost of adrenaline I feel when I'm in a difficult situation. Sometimes it's because of the pride I feel having graduated from medical school. Sometimes it's because of the sadness I feel when losing someone I care about. As things happen in life, my racing heartbeat is always there for me when I need it the most. It's the one place and pace that combines my physical, mental, emotional, and spiritual health.

Now that I've gone through my first year of residency, I'm starting to understand my quick heartbeat a little bit more and how it fits with others' heartbeats. I've shared my heart with so many. My beating heart was with the septic patient as he struggled to breathe, and I struggled to figure out what to do next; with the scared man who bit me but later on called me Dr. Amigo as we looked together at artwork hung on the hospital wall; with my pediatric patient, dying of cancer, as we discussed tattoos while I worked speedily to get him morphine; with families desperately searching for ways to protect and help their sick loved ones; with new mothers as they gave birth and welcomed their newborns into the world; with patients struggling with alcohol withdrawal; and with patients who braved vaccinations despite their fear of needles.

My first year of residency has given me a new ability to find peace by listening to my heart when it beats fast. Chances are, my heartbeat is not alone. In many of life's important and valuable moments, there's a quiet symphony of hearts beating quickly in unison, feeding on mutual care, respect, and trust. Ultimately these shared heartbeats are what unify us, and make individuals, families, and communities healthy.

Kyle Dannenberg, MD, is a resident in the Department of Medicine, Northwell Health. He is from New York City, and his hobbies include nature, sports, and photography.

ChemoGirl with a Pearl Earring

Patricia Gast is a cancer survivor who was treated at Phelps Hospital in Westchester County, New York; she serves on the Collaborative Patient Council. She works as a medical illustrator and enjoys fine art as well, especially as a way to heal. She writes,"'ChemoGirl with a Pearl Earring' was inspired by catching my reflection sporting a turban while undergoing chemotherapy. It is a self-portrait painted 'a la Vermeer,' which helped me to deal with my feelings regarding hair loss and weight gain, and to see myself in a positive light."

First Patient

Good morning, Rosemarie,
apologies for coming in without knocking,
but it looks like you're sleeping soundly.

There you are on the table.
In my head, I'm giving you the script:
Hi, I'm a medical student,
What brings you in today, but I know
you aren't speaking,
you couldn't, even if you tried.
You don't even know we're here.

Rosemarie – I'm sorry we had to meet under such circumstances.
It's not exactly inviting, is it?
Formaldehyde. Fluorescent light.
Us ten fresh-faced first-years
staring speechless at your unmoving body.

To be honest, I'm not listening to the lecturer.
In front of me, you're not dead, but warm, sunlit, eyes wide.
I see your eighty summers in your tanned arms and sunburnt back,
and suddenly I wonder if you cherished the body you lived in.

I wonder if you hated it,
whether the constant swelling of your legs
made you wish for new ones,
whether the scars from procedure after procedure
made you hate doctors like us.

I wonder if you were worried
to place a pacemaker in your chest,
whether you were relieved or unsettled
by the presence of a cold, metal machine
that close to your warm, beating heart.

I place the cloth back over your face
How are you sleeping lately? Does pain ever wake you up at night?
I cut clumsy through layers of fat
How is your appetite? Three meals a day?
I slice the femoral artery in two,
and I kill you a second time.

Rosemarie – I'm sorry about that artery.
I'm sorry that vessel can no longer propel you
to crawl back into bed, wade into the river,
or walk down the aisle.

I'm sorry too that there is no blood to
rush wild through your heart's four chambers,
as you run down the street with the other young girls,
shrieking with childhood joy.

I'm sorry that your knee can never again kneel
to pick up your child, or to plant the flowers
for which you were named.

Rosemarie, there is so much more I want to ask you,
but I fear I've already overstepped with my clamp and scalpel.
I'll leave you in peace with your answers, your stories.
I hope you rest well.

Sunny Dizon is a first-year medical student at the Zucker School of Medicine. Born and raised in Illinois, she studied creative writing at Washington University in St. Louis, and was named a Brooklyn Poets Fellow in 2023. She is a longtime lover of poetry and memoir, and an editor for the poetry section of Narrateur. *More of her work is available at asemic.github.io.*

who heals the healer?

you seek comfort in the knowledge that torments me
if you only you knew of the zebras plotting to kill you.
we are told not to search for them
yet I find myself counting stripes through my sleepless nights
if it looks like a sheep
and sounds like a sheep, it's a sheep
never mind the claws – they're trending these days

clock strikes morning and my straitjacket stains white
transforms the nerves noosed around my throat into a necklace
of nonchalance
i only cry over spilled milk these days

call me histrionic if you will
but tell me
who heals the healer?
who mends the tattered shreds of the tailor's heart
or clads the shoemaker's feet?

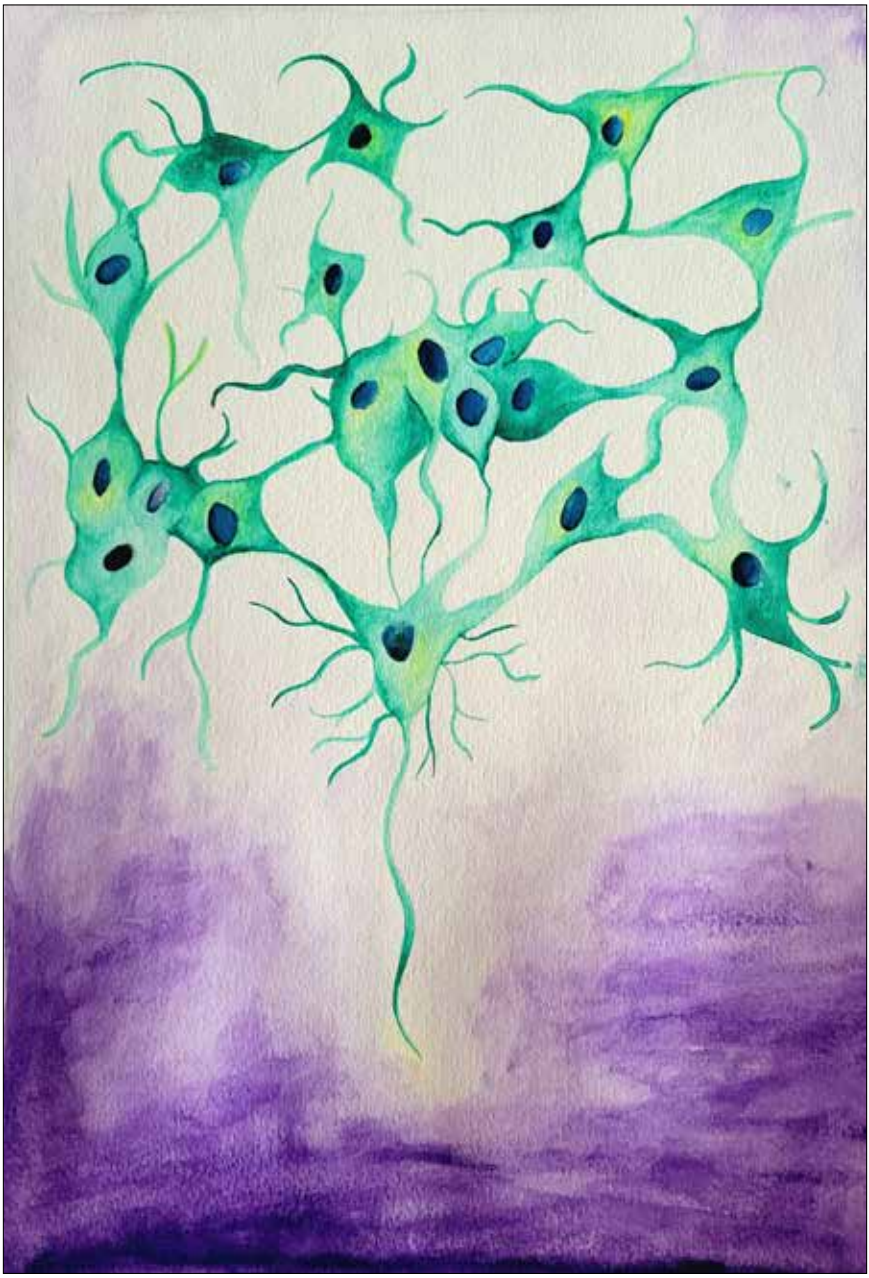
who does the watchmaker ask for the time?

if you can't heal yourself how in the hell you gonna heal
somebody else
can I get an amen up in here?

you forget I am forged from the same dust as you
and I may dress up and play God in my robes of white
but only one of us knows it's all make-believe
and I haven't the heart to ruin your fantasy

i'll save my howls for the midnight moon
like her, I glow in your darkest hour
the pockmarked surface of my shadow
a mystery willingly undiscovered

Taylor Hardy is a third-year medical student at the Zucker School of Medicine.



Petree Dish

Allison Winter is a second-year medical student at the Zucker School of Medicine. From New York, she is interested in neurology. Prior to medical school, she spent six months making neuronal stem cell cultures; she wanted to capture their beauty, interconnectedness, and sophistication in a piece of art.

Friday Night

It's a Friday night in New York City. I sit at a table across from a thin Asian girl with large, Korean-style round frame glasses and blonde highlights not unlike my own. Behind me is the typical hustle and bustle of people hurrying by, peals of laughter punctuating their steps, voices growing distant as they walk past.

She absentmindedly orders a drink before continuing to catch me up on everything that's happened in her life since we last met. She shows me her latest Tinder date on her phone. I start to reply, but she has already moved on, complaining about her parents being overbearing. She pauses for a moment, wondering where her drink is, before catapulting into how school is going. She worries, but she assures me that in the end, everything will be fine.

A nurse finally arrives with her drink, along with her daily medication regimen. The girl barely glances at it as she keeps talking, as if she needs to get everything out before she forgets. She's back to the Tinder story now, telling me about how her date roofied and sexually assaulted her in her own bed. She tells me about her father, how he abandoned her as a child, and their most recent hurricane of a phone call. She tells me about how, even months after her assault, she can't focus in class due to the constant flashbacks. "In the end, everything will be fine," she reminds me as she explains her plan to go on more Tinder dates. On bad days, she sometimes hopes to be assaulted again, to give her a final reason to overdose on the Xanax laced with fentanyl that she's been saving, and to die.

While she takes her daily medications, I stop to peek at the Psych ROS that I had scribbled into my notebook. I feel a familiar combination of shock and heartbreak. The girl looks out the floor-to-ceiling windows of the inpatient psychiatric unit, architecturally designed to "optimize mental health" with their abundance of natural light. I have a feeling of awe about what the person in front of me has been through, the chaos she has endured, and how, despite her composed demeanor, she has been creeping toward her breaking point.

I think back to the biopsychosocial model we have been taught

throughout my psychiatry rotation. We are told to theorize about the biological, psychological, and social factors that have interacted with each other to create the patient we see in front of us. Why her? Why now? What predisposes, precipitates, or perpetuates someone to have anxiety, PTSD, and self-destructive behaviors, compared to someone who is just catching up with a friend over dinner? These questions guide the conversation, as I break away from my interview template to follow her story and my curiosity instead.

For a moment, my thoughts drift. In college, I had a close friend who had left school very suddenly over winter break. He seemed to have disappeared; no one had seen him or was able to contact him. At first, I was hurt, angry even, that he had gone away without telling his friends what was going on. As time went on without a trace of him, my anger turned to fear. I reached out to his mother, who assured me that he was okay but getting help at a psychiatric hospital and couldn't use his phone. I later found out he had been diagnosed with bipolar disorder.

As I continue to talk to the patient in front of me, I can't help but think of him now. He was about her age, and he must have been fighting his own demons while having to spill his darkest thoughts to people who were essentially strangers, just as this patient is now. My friend wrote about these battles, epic poetic sagas about his ongoing war against his own mind that, at the time, seemed to simply be a dark romanticization of death.

Though I think of my friend now, it is through a different lens. We're often taught the importance of separating the patients from people in our own lives. And although countertransference is often viewed in a negative light, I am finally starting to understand what my friend went through because of interviews like these. My experiences in the psychiatric ward have taught me to ask questions about things that I wish I had asked my friend then, that I didn't know to ask, that I was too scared to ask.

I almost miss seeing the attending gesture that we have to see another patient. I close my notebook.

"Thank you for spending the time to speak with me today. What are your plans after you leave the hospital?"

"You know, after this whole experience of being in the hospital, I think I want to apply to medical school. I like science, and I want to be able to help people like me."

I thank her for her time and wish her luck with everything. As miserable and hopeless as she seems to feel now, I think about all the happy memories I've had with my friend since that one winter break, and I hope that his happiness can be in her future, too. I see my friend in her, and as she leaves the room, I wonder if she sees a little of herself in me.

Carol Wang is a fourth-year medical student at the Zucker School of Medicine. Carol began writing nonfiction in high school as a creative outlet alongside her other hobbies of ballroom/Latin dance and bullet journaling. In this piece, she reflects on a meaningful experience she had during her psychiatry rotation.

Edelweiss

Jared Bassmann is a second-year medical student at the Zucker School of Medicine. Jared began taking pictures to document the exploits of his skateboarding friends in high school. This duty has become a delight, as Jared hopes to capture the simple – and sometimes strange – moments in his life. He writes, "This is a portrait of my paternal grandmother, known to me and others as Oma."

Duck in the Woods

Joshua A. Segal, DDS, MD, MSEd, FACS, is a Diplomate of the American Board of Oral and Maxillofacial Surgery. He is currently Chair of the Department of Dental Medicine at Staten Island University Hospital. About this photo he writes, "I have photographed this tree stump on many occasions throughout the years. I had never viewed it from this angle, in which it appears to resemble a duck-like creature. I learned a lot from this photo about exploring different perspectives."

Just a Kiss?

I admired her
And she seemed to admire me
One of seven
They all said I was the favorite
I fought the distinction
"No, that's not true"
But deep in the caverns of my mind
I secretly felt it so
"You're going to be very popular
but you have to be careful
when you kiss a girl"
I was in Sunday school
Maybe nine years old
I thought "just a kiss?"

Years passed
Many kisses
Is this what she meant?

I moved away
Part of life's plan
It was now visit to visit
"Hi Mom"
A warm hug
But no kiss
We were so happy
To see each other
"You're the favorite"
Why?
"I plant her flowers"
"I take her shopping"
"I visit"

I got the call
"She is very sick"
"The doctors want to know
what to do"
"I don't care that just because
she is ninety-four, she is my mother"

A brief respite from death

She was alive
But she was no longer my mother
Months passed
"The doctors want to know what to do"

I loved her so much
We were close, like soulmates
"But you have to be careful when you kiss a girl"

Thomas Kwiatkowski, MD, is an emergency medicine physician and faculty member at the Zucker School of Medicine. Shortly after his mother's death, he took pen to paper to capture a fond and lasting memory.

Blu

Liam McGuirk is a second-year medical student at the Zucker School of Medicine. He studied Mediterranean archaeology in college, and he continues to explore visual and material culture in medical school. While he was on a trip to visit his family in Italy, some friends surprised him with tickets for a tour of Capri. As shown in the photo, the island's steep cliffs dramatically give way to the deep blue water.

Hurricane

"Does anyone here speak Spanish?"

My ears perk up every time I hear this question. As a medical student, I am ready to jump in at every opportunity to be a valuable team member, and on this occasion this skill of mine was particularly useful.

It is a busy day in the Pediatric Emergency Department, and I follow the doctor who requested help. As we walk, he briefly tells me that the patient is a six-year-old boy who was found alone in his house and brought in by the police. I enter the room, and the physician says, "We think he might've been sexually assaulted. Can you tell him to remove his pants?"

I stand there, stunned. I see a whirlwind of emotions in the child's eyes – fear, confusion, and loneliness.

I kneel down next to him.

"*Hola, como te llamas?"* (Hello, what's your name*?*) His eyes widen as he looks at me; finally, a person speaks to him in a language he can understand. I hear the nurse behind me groan as she recognizes that I'm not asking the question, and I look up at the physician, who is signaling me forward.

"Manuel," the patient responds softly, looking back down to avoid my gaze. He plays with his fingers nervously.

"*Y cuantos años tienes?"* (And how old are you?) He responds by putting up six fingers.

The room is tense and still. My mind is racing, searching for what question I can ask next. It feels as if I have been given the impossible task of quickly making someone feel comfortable enough that I can ask him to do something very intimate.

I think back to when I was around his age. At age eight, just two years older than he, I moved to this country. During only our second week since moving from Venezuela, Hurricane Wilma was raging. I remember feeling as if my home was being robbed from me. Everything was new, and nothing felt familiar. My family and I sat in the darkness.

Now, I think about Manuel. He had also recently moved to this country, taken away from what was familiar. This moment in the

hospital is his hurricane. Although I am faced with a difficult situation, I have the opportunity to be the light in his darkness.

I take a deep breath and decide to explain to him what I know. In Spanish, I tell him, "I know things are confusing right now. We are here to make sure you are okay. The doctor has to examine a certain part of your body to make sure there is nothing wrong." And I ask him to undress.

After the physical, the social worker has more questions about Manuel's living situation. I feel that this is my opportunity to really connect with him. Interspersed throughout her questions, I also manage to ask him about himself.

We talk about how he lives with his parents, sister, aunt, and cousins. He is an older brother to his four-year-old sister, Maria, whom he absolutely loves, and his favorite thing to do is to play hide-and-seek with her. His mother is very loving and works very hard, so he doesn't see her often. He is usually tasked with staying home and watching over his sister.

I ask him where his family is from, and he tells me Guatemala. I ask him about his favorite parts of Guatemala. He talks about how he has a huge family there and always plays soccer with them. He loves going to the beach; he loves playing in the water. I tell him how much I miss my family in Venezuela and how beautiful the beaches there are, too.

"*Como te sientes?"* (How do you feel?)

"Mejor." (Better.)

I am thanked for my help and dismissed. I walk out of the room, grateful that my unique heritage allows me to connect with patients in their most vulnerable moments.

Fabiola Plaza is a fourth-year medical student at the Zucker School of Medicine and is applying to child neurology programs this year. She spends her time outside of medicine listening to and playing music and has always had an interest in humanities in medicine.

Man vs. Man

Alan Sloyer, MD, FACG, GACP, is an award-winning New York-based photographer who specializes in travel, landscape, and street photography. He is extremely fortunate to have had opportunities to travel around the world to unique destinations and has had adventures in more than seventy-five countries, on all seven continents, over the past five decades. His photos have appeared in many notable publications, including the New York Times, *the* New England Journal of Medicine, Photoshop User, Chronos, Annals of Internal Medicine *(cover photo), and* Shutterbug. *When Alan is not behind the camera, he can be found at a hot yoga studio, or training for the next triathlon, or on the golf course, or, as his wife believes, at his gastroenterology practice in Great Neck, New York.*

Zodiac Parade

ALAN SLOYER

NARRATEUR

Snapshots of Two Patients' Lives

He didn't talk for weeks. Or make eye contact. Or move faster than slow-motion animation. Hope for recovery plummeted after countless failed treatments. But last week, a few sentences slipped out. Then he started to smile and laugh – the most hopeful, relieved, free laugh, which echoed through the unit. I can still hear his laugh.

***

The patient is smiling; the daughter hurriedly hangs up the phone. *"Please save my mom"* is written on the whiteboard. Terrifying phrases sit uncomfortably in the bleak room. *Hospice. Comfort care. Life expectancy: weeks to months.* But the translator was not used, and the patient thinks she is improving. Her only response: "*No llores, mija*."

Mona Bugaighis is a third-year medical student at the Zucker School of Medicine, from Alexandria, Virginia. During third-year rotations, she has been processing impactful patient experiences by writing fifty-five-word short stories about the encounters, two of which are included here.

A Swim

Should I? I am worn out after a long day at work. I see a few clouds in the sky and check the weather forecast on my phone. Thirty percent probability of rain. I decide to do the forty-minute ride to the swimming pool.

As I enter the pool premises, I sense the calm here. The hospital where I spent the day is a hub of activity, filled with patients, families, nurses, technicians, doctors, pages, and phone calls through the day and night. The hospital never sleeps, never stops.

The stillness here at the pool is a welcome change. The pathway to the pool is flanked by plumeria and rosebushes. I walk slowly, taking time to look at the flowers, their color, and take in their fragrance. I greet the caretakers and they wave back at me. I change and enter the pool. The water feels chilly at first but is crystal clear. A deep breath in, my feet push against the wall, and I am off on my first lap. I start paddling my legs and slant my body to align it with my arm strokes, swimming faster. My hands cut through the water easily, like a knife through butter.

Today, I delivered "bad news" to two patients at the hospital.

Mr. A, a thirty-two-year-old man with a short febrile illness, had been diagnosed with acute leukemia. As I walked into his room, I anticipated his initial response to be that of surprise, disbelief, or shock. I expected questions about treatment and fear about the future.

He asked, "Why me?"

I was silent for a few moments.

"I'm sorry, I don't have an answer."

This patient had no risk factors, warning symptoms, or signs. And yet, here it was. A monster of a disease, silent but lethal, spreading through his body unnoticed and unchecked. Until today. We consulted hematology, and they transferred the patient to another floor to begin chemotherapy. A part of me wondered, "Was it better before I gave him the diagnosis?" Ordinary, everyday life, the patient and his family blissfully unaware of the storm that was to come.

My second patient was Ms. C, a twenty-eight-year-old woman diagnosed with granulomatosis with polyangiitis with renal involvement.

Her husband asked, “Can this be cured?”

In the middle of uncertainty, people look for hope, something to hold on to. Having an endpoint makes the journey bearable. This is a watershed moment, and life will not be the same. Blood tests, medications, clinic and hospital visits. Taking precautions to prevent infections. Being aware of symptoms that call for an emergency room visit. This is the beginning of the journey, and acceptance of this transition is a slow, arduous process.

I explained that with medications and regular rheumatology follow-ups, we should be able to keep symptoms from progressing. I suggested taking one step at a time. I told them that I was here to listen to them, help them, and guide them.

Unlike diagnoses of systemic vasculitis and cancer, which seem to be brick walls, the water yields. I can throw my frustration at the water, and it takes it all in. It supports me and keeps me afloat. Between laps, I lie on my back and watch birds gliding in the sky in circles, as if everything is just right with the world. I recognize screeches of parrots as they fly to rest on treetops at the end of their day. This gives me a sense of peace.

Patients look to healthcare providers for answers. However, there are times when there are none. Though medicine has made progress by leaps and bounds, I feel helpless when I must confront its limits.

Being there is good enough. Being there to listen while patients go through a range of emotions helps. Being available to provide patients and families with resources is progress. Taking care of their pain and providing medications for symptom relief is good. It is okay to not have answers and solutions for everything. Awareness of what helps in these situations is as important as that of the recent management guidelines. Being there makes us excellent healthcare workers.

Breaking bad news is uncomfortable, in part, because it is a reminder of how unpredictable and fragile life is. It is a reminder

to appreciate the good things that we see and to enjoy the little things in our seemingly mundane lives. Away from the hospital, in the peace and quiet here, I appreciate the courage and strength of Mr. A. and Ms. C. I see them navigating rough waters, one of the toughest times of their lives, and handling them with grace and steadfastness that is exemplary.

I call it a day after completing twenty laps. As I travel back home, my body aches with fatigue, but my mind is content and peaceful.

Sohini Das, MBBS is a resident physician in the Department of Medicine at Maimonides Medical Center, in Brooklyn, New York. Besides swimming, she likes reading, music, and cooking.

New York Deli, Richmond, Virginia

JARED BASSMAN

Carcinos

It starts with a mutiny
A lone apostate
Birthed from a womb
Consubstantial with the self

Her heart is a tangle of Christmas lights
With dancing figures coming together
And coming apart
Unraveling like a spool of thread

She will burrow deep into the cellar of this house
Plant tiny feet through the foundation and into the sewers
Rewire the circuitry, replumb the bathrooms
Empty the fridge in the middle of the night

She will make her way from room to room
If you give her the chance
A free verse, disorganized and desperate
For a pyrrhic victory

A body once rich enough in time
To disregard the loose change of a minute
Now makes deals with a red devil
For a dime, a nickel, a penny

If you listen hard enough
You can hear the hum of a dying atom
The snap of a helix, the crumpling of chromatin,
A swollen heave, a pop and a shatter

Until one herculean effort later
She recedes into the waves
Where she waits with patient(s) breath
Ready to recur in a scintillating streak of scarlet light

Carolyn Habiger is a third-year medical student at the Zucker School of Medicine. She has a background in the humanities with a BA in history from University College London and a special passion for medical history. When not in the hospital, Carolyn can be found pursuing a life in motion, running through Riverside Park, skiing when she can, and trying to find the best deep-dish pizza in New York City.

Untitled

Janis Li is a first-year medical student at the Zucker School of Medicine, from Livingston, New Jersey, who likes skiing, tennis, ping pong, dance, and cooking. She appreciates birds and enjoys the field of neuroscience. Since high school, Janis has attempted to express her complex feelings in the form of a sketch or painting.

stones, gall

my stones
they are not precious
although the ones under my bed are

I was scanned
like a piece of paper through a printer
although I had a bit more space than a paper would
there were no planets or anything
the other space
you know

yes I had been eating a lot of fat
thank you
my mother made me drink a lot of milk growing up
whole milk
said I would be a big strong boy

she was right
partly
I could develop my calves a bit more
no not cows
the leg ones

Andrew Cardell is a physician assistant student in the Hofstra Northwell School of Physician Assistant Studies. He began to enjoy poetry during his undergraduate studies, as he was an active member of the Hofstra English Society and a contributor to Font*, the society's literary magazine. He is very interested in the intersection of humor, medicine, and poetry.*

Untitled

Rahul Ramanathan is a first-year medical student at the Zucker School of Medicine. Interested in animals in art, he used this photo as an introduction to wildlife photography.

Three Stories

A previously healthy seventeen-year-old male.
Bright, happy, silly … you just graduated.
Then, suddenly, the accident.
In the hospital for over two months: breathing assistance, IVs, feeding tubes, medication changes.
Your mom knows medicine now.
She hung pictures around your room; reminding us of the child you were and the adult you would have become.

The way I study, take breaks, use weekends, use mornings, write answers, dress exercise eat gain weight; the way I look, notice, ignore, write notes, apply knowledge, walk tie cut think, remember facts, understand concepts; the way I date, love, enjoy, celebrate, spend time, look at the world, choose my future; my answers, my incorrects, my grades, my scores, my appreciation, the culture. Wrong.

"I can't move my legs," she says.
She becomes familiar with scans and needles.
"I can't see," she says.
She squeezes my hand through a spinal tap.
"I have to leave," I say.
I think of her as I explore new hallways.
"*¡Hola, mi corazón!*" she says.
And there she is, rising from a wheelchair, strong enough to walk again.

Amanda Aguilo-Cuadra, Gabrielle Pollack, and Disha Yellayi are fourth-year medical students at the Zucker School of Medicine, applying to radiology, pediatrics, and internal medicine respectively. While taking the Narrative Medicine course for their concentration in Medical Humanities, they were tasked with writing a fifty-five-word poem. To their surprise, each wrote about a different part of her medical training career, which is always a variety of difficult and heart-warming clinical experiences as well as the reality of being a medical student. Combining their thoughts was the best way to reflect on their last four years as students.

Two Things; Always Two Things

I am frequently asked, "How did you know you wanted to be a doctor?" "How did you know you wanted a career in medicine?" The crazy part is that as far as back as I can remember, I never considered anything else. Maybe it is because I grew up across the street from a hospital? Looking out the window or walking around the neighborhood that's all I saw – a hospital and people coming and going. Nurses, workers, patients, and ambulances. In school I almost always did well, and I enjoyed the sciences, reading, sports, and perhaps just learning. Eventually I realized that getting admitted to medical school was much more competitive than I anticipated. Well, that killed any dreams of a sports career, if I wanted to go to medical school. I was clearly not smart enough to get med-school-worthy grades without studying, and I was already spending too much time in the gym. It was probably the wake-up call I needed, and just in the nick of time, as although I was good at sports, I was not good enough to have a go at a serious career. I would have to be content with all my incredible sports successes occurring only after my head hit the pillow. Those successes competed with my other nighttime hallucination, fly-fishing.

And so, college became a bore once there was only studying and no sports. To make it worse I was "pre-med," a very popular so-called "major" in the seventies, and quite frankly it didn't seem to have anything to do with a career in medicine, as I envisioned it. In pre-med classes I was surrounded by people who seemed miserable competing for grades, and the term commonly tossed around was *cutthroat*. That never sat well with me, because my other passion was fly-fishing, and cutthroat was a species of trout to be savored and not despised.

Fast forward to med school, finally. The science and studying remained, and the attitudes of many of my classmates never shifted from cutthroat to colleague. I felt sorry for them because I was thrilled finally to be pointed in the right direction: away from just courses in science to a theme, a career in the practice of medicine. And although it took a while back then to finally interact with patients, it was worth the wait. Finally, the challenge I was longing

for, blending the science and people together to actually practice medicine and not just take tests to prove I was worthy. During that first couple of years, courses were beginning to make sense, to become more relevant, to actually contain material pertinent to solving medical problems and helping patients.

Yet, something was still missing. I was still not able to see first-hand how medicine was actually practiced. And then clerkships began. I was immersed among a small crowd of students, interns, residents, fellows, and attendings. Their roles, and mine, were not entirely clear to me but one thing was drop-dead obvious. I knew nothing compared to this group, not so much about the science but about the application to the patient, the correct situation, the timing, the amount, the why. The learning curve was steep and intimidating but exhilarating.

And then suddenly another more startling thing became apparent. Although everyone knew so much more than I did, they were not even close to being the same. Their abilities to spit out the science seemed pretty evenly distributed among them, but their interactions with their patients and each other varied widely from smooth and sophisticated to chaotic and bizarre. So, just as in sports, I immediately gravitated toward those I aspired to be like and learn from and as far away as possible from those who I felt immediately, deep in my bones, were the opposite of what I should and wanted to emulate.

And so there on the wards of the hospital I learned what separated those who "cared more" from those who appeared to "care less." The latter seemed to pay more attention to the disease (and frequently to themselves) than to their patients. They chirped constantly about their needs and not the needs of the patients: their call schedule, their studying, the imposition on their time, the problem patient, and how the patient seemed to be the obstacle to their happiness. There seemed to be an absence of curiosity and willingness to listen and learn, to listen to the patient and uncover the patient's fears, concerns, and why these feelings were so important. So many conversations were redirected to the "plan" and the need to move things along. It seemed at times that there were way more doctors that I did not want to resemble than those I wanted to emulate.

Fortunately, there were those I admired who stood out far beyond the others. They remained calm, appeared secure and confident, but not arrogant, listened intently, and yet did not need to spend more time doing so, treated all team members with respect, especially the nurses, and were kind and patient teachers, yet had high expectations and standards. One day a patient told me how she evaluated whether a doctor was going to be caring and kind to her or not, and it had little to do with listening and speaking with her, but rather everything to do with how the doctor listened to and responded to the students and residents and nurses on the team at her bedside and what she overheard in the hallway outside her room. I have watched carefully over the years since she shared that lesson, and I must say her insight has served me well. She was spot on!

There were many lessons such as these, and I enjoyed watching and learning from so many different experiences. I learned just as much about what not to do as what to do! These lessons transcended the bedside and were equally valuable in the classroom and the C-suite and boardroom, and the list goes on and on.

There was, however, one lesson that struck me upside my head with such impact that it became a part of nearly every conversation I have ever had with nearly every patient I have ever treated. It occurred while I was doing an elective rotation with a general internist who I suspect also had additional training in psychiatry or at least communication training. He was frequently consulted to see difficult patients, some difficult to diagnose (frequently reported to be poor historians), some difficult to communicate with (usually labeled angry patients), and others a little of both.

Although the process was that we would round together, there were times he sent me off first to see the consults and then to meet with him later to discuss my impressions and thoughts regarding next steps. Typically, we would go see the patients together later in the day, after I had completed my interview, especially for the more complicated consults and those I thought were way over my head. And although I vividly recall this specific lesson as if it were yesterday, I am also at a complete loss to recall the exact

issues regarding the patient. I used to wonder why, but as time has passed (over forty years) it has bothered me less and less. Rightly so, because the details were not the point and frankly didn't even matter; only the lesson mattered.

I had interviewed the patient in as detailed a manner as I thought I could at the time. I even recall thinking I did a pretty good job. I had plenty of time. She was pleasant, and I didn't think she was "difficult" at all. Not a "poor historian," not angry or upset, just telling her story as I probed and tried to follow her lead. Later that day I presented to the attending doctor, and we agreed to go see her together.

I wasn't really sure why he decided that we needed to see this patient together. I thought everything was pretty clear and simple. For these relatively clear consults he would usually go by himself later or the next morning before we got together. For the clearly complicated patients we would always go together. I was sure that when we would see the patient together, it required more time than if he went to see the patient alone. He probably knew by heart the thirteenth rule from the infamous book *The House of God*. "Show me a medical student who only triples my work, and I will kiss his feet…" In the seventies everyone read that book. (Hopefully no one reads it now.)

Well, for whatever reason – I can't recall what – we actually didn't go to see her together. The next day as we began our rounds and discussed the patients from the day before, I reviewed with him what I had gathered from my conversation with her and what I thought the issue was, based on what she had told me. He listened but barely offered any insights or critiques. And then he told me that he had spoken with her as well, and he proceeded to tell me what he thought.

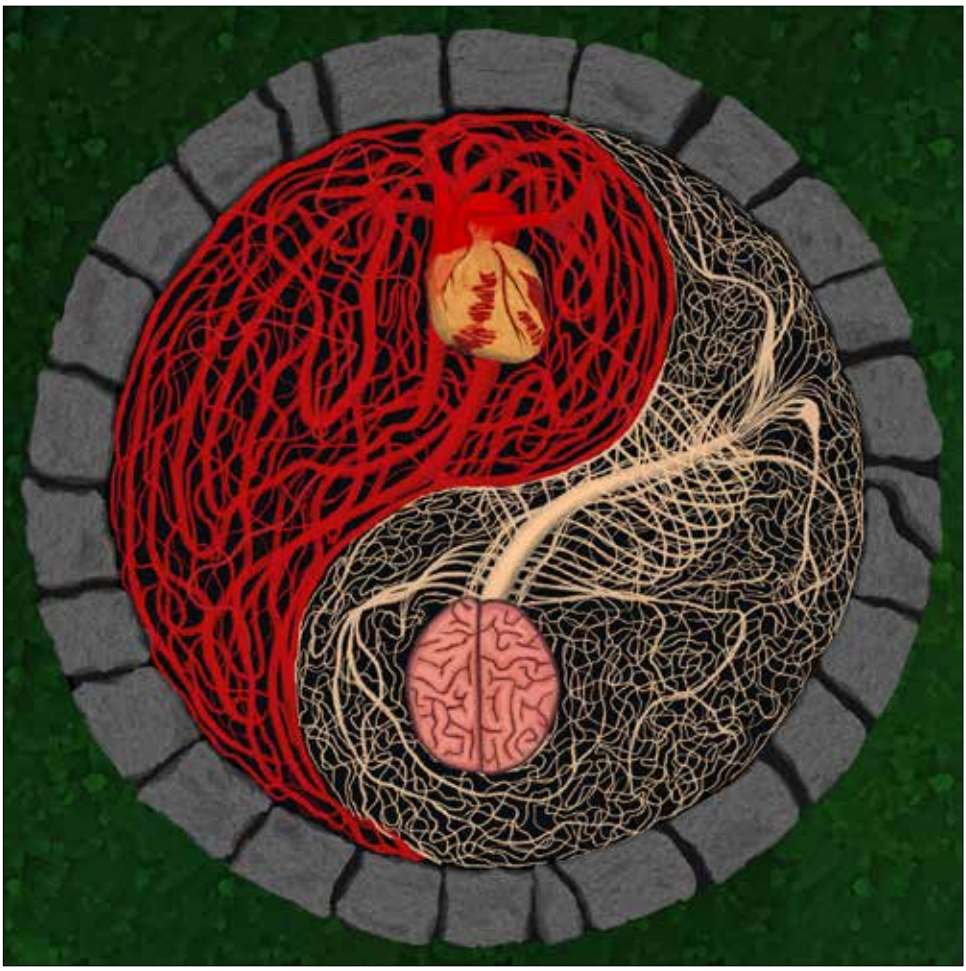
While there were some similarities in our observations and the information we gathered, it was as if he had seen and talked with a completely different patient. I guess he saw the look of confusion on my face – probably not the first time he had seen that. He asked me what was wrong. Why did I appear confused? And although I still can't remember the details, I do remember telling him I didn't get any of the information from the patient that he did. It was as if

I had barely scratched the surface.

And then he explained his conclusions to me, in a kind and gentle manner, as he always did. Even though I can't recall the facts, I do remember the real lesson. And just as he was about to deliver that message, a familiar look came over his face; I remember it was almost a smile, or maybe just a smirk. Half his mouth turned up, lips together and no teeth showing, with a slight squint to his eye and his head cocked slightly to the side, like a puppy dog waiting for something to happen. And he said to me, "You did a good job, but remember, there are ALWAYS TWO THINGS going on when speaking to any patient: what the patient is telling you, and what they are TRYING to tell you!"

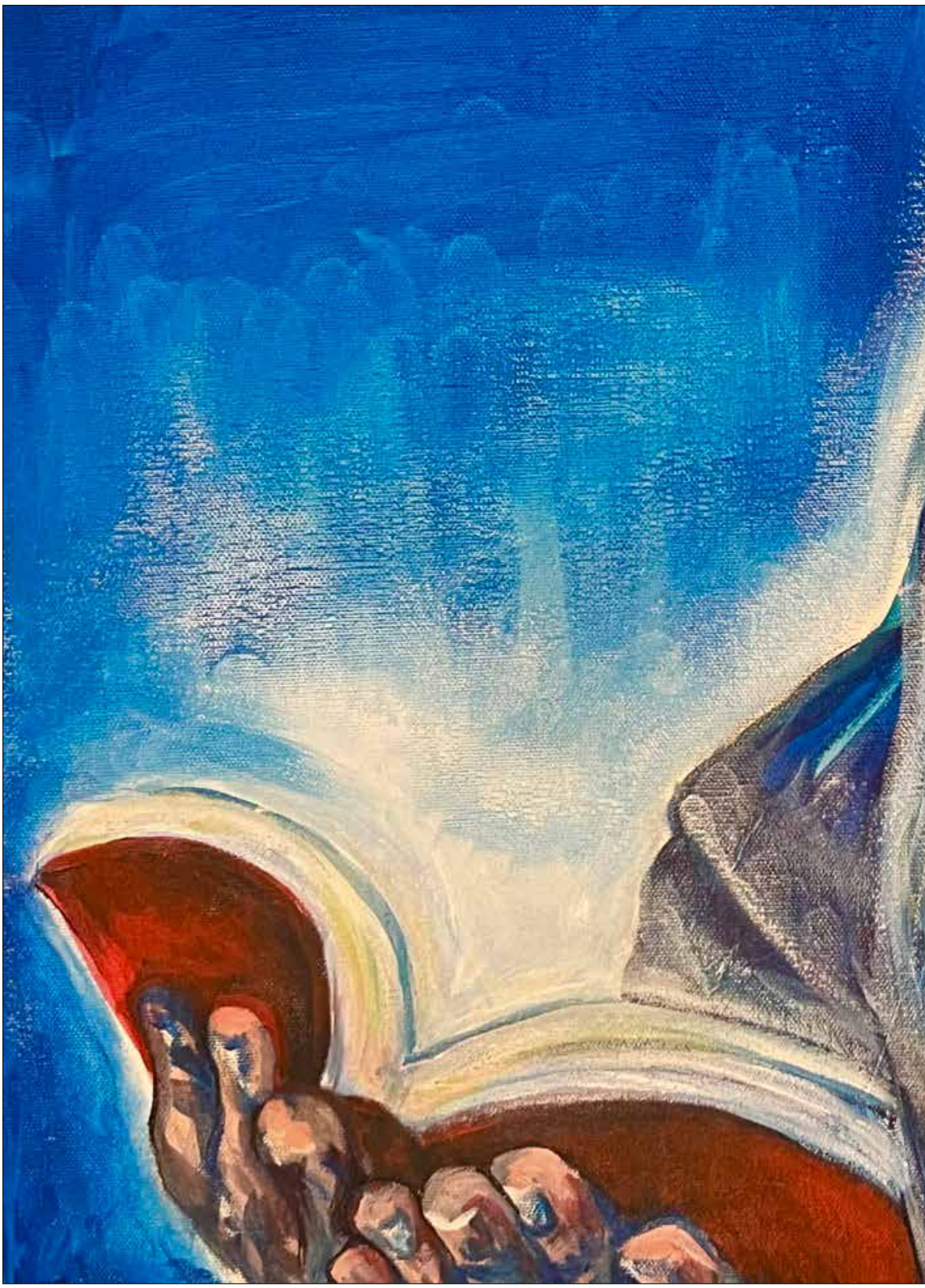
Forty plus years later, nothing could be more true or more useful when caring for patients. There are two things…always two things!

David Battinelli, MD, is Dean of the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell and Physician-in-Chief at Northwell Health. In his free time, he enjoys reading, golf, gardening, and fly fishing.



Clash

Anshul Kumar Kulkarni is a fourth-year medical student at the Zucker School of Medicine. He uses digital painting as a tool both for creative expression and as a therapeutic outlet. He writes, "A decision can bring about great turmoil when your mind tells you one thing and your heart tells you the opposite – knowledge weighed against feeling in violent harmony."



Illumina

JANIS LI

Too Young

Someone's daughter
Lies on the ground
She's not breathing
Not a sound

This abandoned building
Feels so cruel
An uncaring man lingers
Like a ghost
Like a ghoul

I see the cords
and place the tube
A chance at life
Hope renewed

As her stomach rises
I feel mine sink
I've missed my chance
Or so I think

I try again
Then squeeze in air
and place the leads
On a chest made bare

Then load her up
With care and ease
But as the ambulance door closes
Compressions cease

She's dead and gone
Just let her go
My preceptor sits back
As if he knows

I continue on
Grunting and seething
One hand for compressions
and the other for breathing

Since when did we give up
When hope becomes too hard to see
Perhaps I was too young
But so was she

Ian Simonsen is a fourth-year medical student at the Zucker School of Medicine. For years Ian has turned to writing to help him process many of the intense experiences he has encountered, in the military, in medicine, and in life.

Admission

He was the son of immigrants

The patient in thirty-two is a bounce-back from rehab

He was a successful attorney

Thirty-two lacks capacity

He was a devoted and loyal husband

Thirty-two is incontinent

He was the eldest of seven, and everyone relied on him

Thirty-two is a one-to-one

His high ethical standards occasionally made him unpopular

Thirty-two is a difficult patient

He started an organization of lawyers of similar ethnic background

Thirty-two is NPO

He played golf, but not with exceptional skill

Thirty-two is DNR

He enjoyed a single-malt scotch after work, but only one

Thirty-two is a fall risk

He took whatever part of the turkey no one else wanted

His family is *dictating care*

He would remind us that he passed the bar before finishing law school

His family is in *denial*

He never understood his daughter, nor she him

He is *hospice-eligible*

He would dunk me under water at the beach, but only briefly, and we would laugh

He is DNI

We told the family *"it's entirely up to you"*

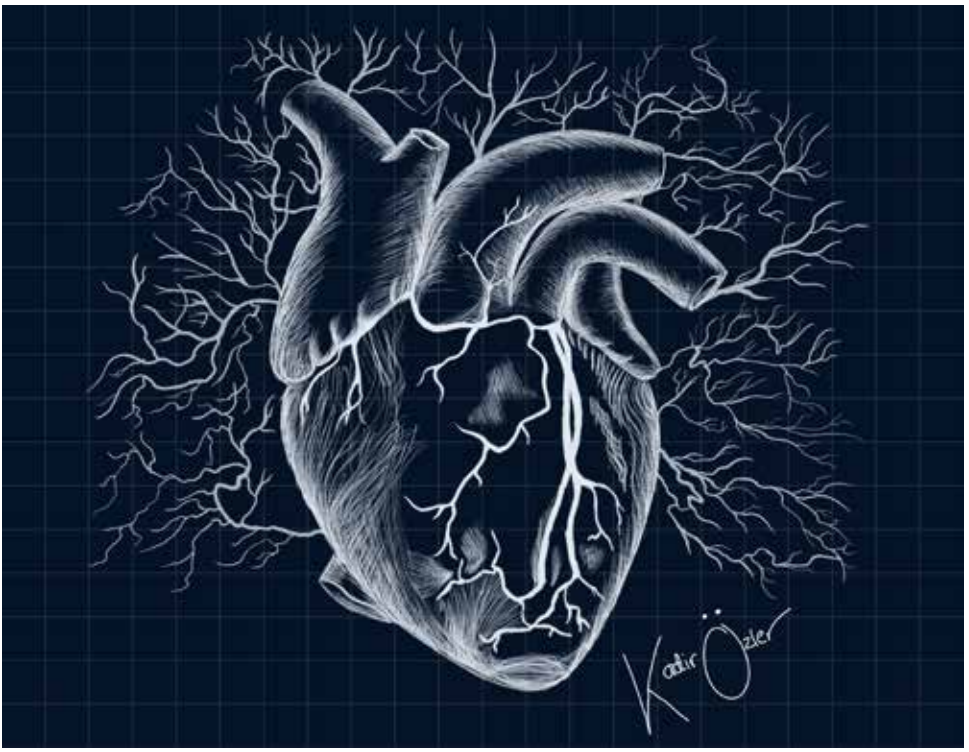
The family *needs another goals-of-care*

The family *is unrealistic*

The family *is agreeable to withdrawing care*

This is an eighty-one-year-old male, the son of immigrants and the oldest of seven, who was a devoted and loyal husband with high ethical standards, who played golf, but not with exceptional skill.

Michael B Grosso, MD, FAAP, is Chair of the Department of Pediatrics and former Medical Director of Huntington Hospital, Assistant Professor of Pediatrics at the Zucker School of Medicine, and a member of the teaching faculty in the Northwell Health Division of Medical Ethics. He is interested in the ways that narrative medicine and the healthcare humanities can inform the practice of medicine so as to sustain us in the face of societal headwinds, while affording patients the kind of care we all want for ourselves and our loved ones.



Blueprint to the Source of Life

Kadir Ozler is a first-year medical student at the Zucker School of Medicine, from Long Island, New York. He enjoys making digital art of nature and anatomy when inspiration hits, especially when anatomy can be combined with other abstract ideas, as in this picture, as a way to channel creativity. His other hobbies include archery and piano. He writes, "Here, the heart is being designed from the lens of an artist, who depicts it as the source of life, symbolized by the many branches arising from the heart similar to a tree."

Decisions. Quality of Life.

I am standing in the office of the nursing director at the rehab facility where my ninety-one-year-old father has landed after a week-long stint in the hospital. In my hands, I have a copy of his healthcare proxy, in which I am named his agent. He signed this document more than a decade earlier, at my request, to prepare for that theoretical *one day.*

One day is now.

My father has been dealing with chronic kidney disease for decades. This situation has gone on for so long that my father outlasted his first nephrologist, who retired when both men were in their mid-eighties. He has always been considered relatively stable, his slowly rising creatinine and slowly declining GFR not particularly surprising, considering his progressing age. Although there has been – in nonmedical terms – a temporary blip in his kidney numbers on occasion, his medical visits have always had a comfortable, routine dullness to them. Life goes on. And on.

Decisions. Quality of life. My family heard these words for the first time fourteen months ago during a pandemic-friendly telehealth visit with my father's *second* nephrologist, who is super-patient and respectful, like the first nephrologist – but forty years younger. I was two rooms away, half-listening while I sifted through some paperwork. I was startled into full attention when I heard the nephrologist say:

"It's time for the family to make some decisions, and you really need to think about quality of life."

The doctor finished the call by telling my father to go for more bloodwork in another month. The word *dialysis* was never mentioned.

When I tracked down the nephrologist the next day to reintroduce myself and to remind him that – *yes* – the office has a copy of my father's healthcare proxy, I asked:

"Do you think my dad is in bad enough shape to go on dialysis?"

Apparently not yet, but he wanted my family to be prepared.

I am probably a bit more prepared than most people. My

husband is a physician in an endovascular group with many hemodialysis patients in its practice. Through my husband's work stories, I have learned what an AV fistula is (a surgical connection between an artery and a vein), where it gets placed (in an arm, usually), how long it takes to mature before it is useful (six to twelve weeks), how often it can clot (very often), and how easily it can get infected (easily). And if the AV fistula fails, the dialysis patient needs another one. I have never been able to imagine my father tolerating the AV fistula maturation process, followed by thrice-weekly hemodialysis sessions. In addition to the kidney issues, he has severe sleep apnea and refuses to use his CPAP machine on a regular basis, his ability to be compliant in his own medical care exacerbated by his worsening dementia.

Cautiously, I tried to tease out words of guidance from the nephrologist. His opinion was clear:

"On dialysis, your father will spend much more time in the hospital in the time he has left."

Decisions. Quality of life. I consulted with my mother and two brothers, and we decided not to pursue dialysis at that moment. Too chicken to explain anything to my dad and afraid of making him afraid, we "kicked the can down the road," knowing we could always let him "crash into" dialysis, if needed. He could start dialysis with a large catheter in his chest and deal with the issue of the AV fistula later. But my dad's kidney numbers stabilized. So, life went on. And on.

The proverbial can has come to rest here in a small, overheated office crowded with two desks that are stacked with manila folders stuffed with paper.

The nursing director, Tom, looks at me expectantly, and I struggle to find the right words. My dad has become so frail and fragile that if you tapped him on the shoulder a little too hard with one finger, he would probably fall over and hit the ground so hard that his osteoporosis-riddled bones would shatter into hundreds of pieces. His kidney numbers are now out of control; his moments of clarity have become few. This well-intentioned effort to get him stable and strong enough to bring him home is clearly fruitless.

I tell Tom that I am worried about the possibility of my dad being transferred for dialysis without our family being informed

and losing control of the situation, but Tom reassures me. And then we talk about "do not resuscitate" and "do not intubate" orders. I tell him that those will be the decision of my mother – my father's wife. But Tom shakes his head.

"Your mother is not named on the healthcare proxy, only you."

My dad has always enjoyed bragging that all his doctors *assure* him that he will live until he is a hundred. As the weight of the decision that I now need to make begins to settle around me, all I can think is:

Dad, that is just not going to happen.

Decisions. Quality of life. Sitting by my father's bedside, I talk to my mom and show her that the healthcare proxy that my father signed does not specifically exclude DNR authorization. I talk about how whenever my father was given an opportunity to tour a dialysis center, he refused. This small detail helps guide me; if my father could never make the effort to prepare himself for an onerous way to extend his life, then I cannot choose to force that specific quality of life on him.

With the help of the nursing director, my mother and I check off the DNR and DNI boxes on a neon pink *Medical Orders for Life-Sustaining Treatment* form. I sign it. Although unnecessary, Tom has my mother add her signature next to mine in what I can only describe as an exceptionally respectful recognition of her role in all of this.

A few weeks later, my father passes away in the early morning hours of acute renal failure.

Lorraine Mesagna graduated from the Hofstra University MFA creative writing program with a focus on nonfiction writing. Her narrative medicine works have appeared in Blood and Thunder, Harmony, *and* Narrateur.

Common and Uncommon Maladies

Medicinal Mishap:
The old man sat down for a nap
Medication vials on his lap
Awoke with an attack
From arterial plaque
Inaccessible pills … childproof caps.

Out of Focus at the Hospital:
Nearsighted Maximillian McGonicle
Unaware he'd reversed his two monocles
Of different refractions
Neighbor's wife had contractions
Which childbirth he witnessed was comical.

Lumbering Goliaths:
It was the "Big Galoots" convention
Food-fest of epic dimensions
Lugs and big oafs
Sputtered worn-out jokes
Bet no one without hypertension.

At the Trade Show:
For sweets I have an affection
Can't resist but make a selection
I stopped at a booth
For an insulin boost
At the local confectioner's convention.

"Physician: Heal Thyself":
Psychiatrist Sigmund Zenobia
Counseled all the nuts in Slobbovia
If his persuading spouse
Can coax him out of the house
You name it, he'll cure your phobia.

"Ephemeroptera":
Entomologist Carl vonClink
A professor with credentials distinct
Tripped chasing some flies
On the pavement he lies
Like a mayfly. Not extinct. Life's succinct.

Howard Kraft, MD, is a Clinical Associate Professor of Obstetrics and Gynecology at the Zucker School of Medicine. He says that limericks can evoke humorous or serious mental images, create a smile, and lift one's spirit. They serve to reinforce one's knowledge regarding assorted afflictions and syndromes.

The Source

Rosemary Bassey, PhD, MSc, is an Assistant Professor at the Zucker School of Medicine. Rosemary discovered her passion for art as a child and started painting in college. She sees art as an uninhibited form of expression, where even mistakes are beautiful.

Unveiling a Layer of Global Health

Located in the foothills of the Himalayas, our small village received a monthly visit from the regional doctor. We lined up, zigzagged into a maze in the town square, prepared to wait for hours. The doctor was viewed with the utmost respect and had an air of prestige about him. He always offered insight, but only so much could be accomplished in the time frame he was able to provide, and most diagnoses, outside of immediate emergencies, required rigorous investigation and testing. When the information regarding an illness was insufficient, my grandmother would take me to visit the village witch doctor. The witch doctor would prescribe their own ayurvedic, herbal remedies for my ailments. Thus, my medical care became an amalgamation of both perspectives.

Now, as an adult immersed in the medical field, I often find myself wondering: What thoughts once occupied the doctor's mind? Did he recognize the woeful inadequacy of the medical resources offered to our town? Could he have harbored doubts about the magnitude of his impact, considering the infrequency of his visits? Yet, was he the solitary doctor who volunteered to venture into our remote enclave when others would not? How far did he journey to serve a community that was not inherently his own? What propelled him to embark on such an endeavor? Was it the embodiment of kindness, empathy, and compassion that spurred him forth? Surely, he couldn't have been solely driven by wealth and prestige, could he?

During the past year, as a practicing resident physician, I was given the opportunity to serve a rural community in the Dominican Republic. For the first time, I found myself on the other side of the dynamic, no longer a recipient of care but a provider. The fulfillment that emanated from immersing myself in a different culture and being privileged to bestow aid upon those in need was unparalleled. It ignited within me a profound sense of joy and purpose. Yet, it also kindled a simmering guilt. It didn't take much to fathom that the aid I could provide would forever fall short of fully rectifying the deep-rooted systemic issues that foster healthcare deserts in rural and secluded regions, not only within our nation but globally. Despite striving to do my utmost, from a position of

privilege, there would inevitably be cases that slipped through the cracks and individuals who continued to suffer. The paradox of being a healthcare provider lies in possessing the knowledge and resources to assist anyone, while simultaneously lacking the time and infrastructure to reach everyone.

During moments when cynicism envelops my perspective of the world, my focus often fixates on the limitations of my own abilities. Yet, invariably, I arrive at the same contemplation: What is the alternative? And resolutely, the answer materializes: There is none. The only alternative is to forsake the endeavor altogether, an unthinkable option for me. My aspiration is to voyage across the globe, engaging in international health practices infused with empathy and compassion. I yearn to extend my reach, providing resources, knowledge, and aid to as many individuals as I can touch. As I cast my mind back to the doctor of my childhood, I perceive him through a lens of greater nuance. Undoubtedly, he relished our admiration, but, more significantly, he embarked upon his travels with a sincere dedication to service. It is our inherent responsibility as healthcare providers to serve and care for others. With the blessings of modern technology and the collaboration of organized teams, I endeavor to uphold that noble tradition in a more effective manner.

Tshering Sherpa, DO, is a second-year family medicine resident at Phelps Hospital in Westchester County, New York. She was born and raised in Kathmandu, Nepal, and now resides in Queens, New York.

Untitled (Hands)

Robert V. Hill, PhD, is an Associate Professor in the Department of Science Education at the Zucker School of Medicine. He directs both the Integrated Structure curriculum and the Anatomical Gift Program. He writes, "As an anatomist I like to hide references to anatomical structure in otherwise chaotic abstract art. This painting includes collage elements at the bottom from a vintage anatomy atlas, showing variations of nerves in the hand. Two more reddish hands, each grasping something green, are seen in lateral view at the top."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Motorcycle vs. Tree

The surgeon is elbows deep in the abdominal cavity of an obese gentleman who, several hours prior, had the misfortune to experience what the hospital affectionately calls "motorcycle versus tree." The surgeon asks you to hold the suction for him. You wake from your brief reverie of self-pity – contemplating how badly your legs hurt, how you will surely end up a thirty-year-old with varicose veins, how it's clearly possible that standing gives you hemorrhoids – with a jolt of alertness. Did he just talk to you? Did he *actually ask you to do something*?

It is incredible how remaining planted in one spot for three hours, covered in a giant gown made for six-foot-five-inch Amazonian women, a mask with a foggy plastic visor, and two pairs of gloves so thick you can't tell when the nerve damage sets in from retracting back large swaths of abdominal fat, can plunge you into an existential crisis of whether or not you actually exist. The surgeon barely makes eye contact with you as he makes this weighty request. You realize you can't recall the last time you blinked. Sweat beads onto your philtrum. Because of that goddamned "bear hugger" contraption blowing hot air to keep the patient nice and cozy as his blood squirts from pesky but important-looking vessels, you are suddenly keenly aware of how hot your genitals are. But sometimes it takes a baked uterus to get the job done.

Somehow you murmur a convincingly casual, "Sure." You see your gloved hand reach over the expanse of glistening liver. You take the hissing tube from the surgeon's capable outstretched hand and grasp it in your own, bringing it slowly against your bosom. He turns his attention back to the shattered ribs, or whatever he seems to find so interesting, as you stare at the bounty you now possess. The tubing feels warm, pulsating, capable of great and powerful things.

"Can you hold the suction?" he had asked you. You've been studying for two and a half years straight. You know that inhalation is a result of negative intrathoracic pressure, you know that uremia can lead to platelet dysfunction, you know that the alkylating agent cyclophosphamide can cause hemorrhagic cystitis. You've gone through your pediatric rotation, making brave children with

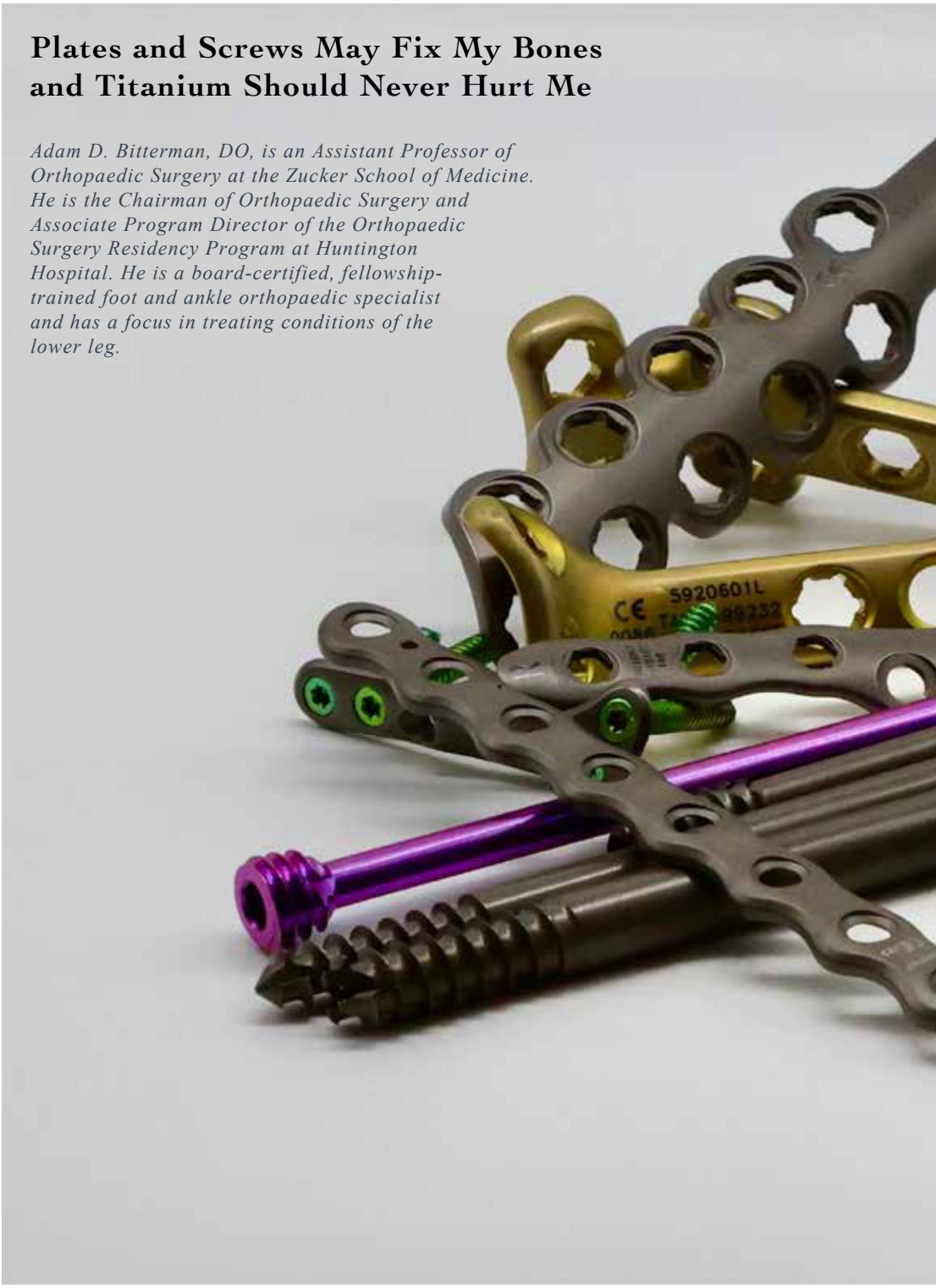
cancer laugh; you've watched a screaming man with a tattoo of a rhinoceros on his face get tackled to the ground in the psychiatric ward; you almost retched while removing a sebaceous cyst so foul, you subsequently swore off dermatology forever. You know a lot. You've done a lot.

Can. You. Hold. The. Suction? You think to yourself with a fervor that tickles the amorphous ball of anxiety that has taken residence in your gut, that has become a codependent part of your very identity as a medical student: *I will make it my sacred duty to do so.*

Samantha Gobioff, MD, is a fourth-year OB/GYN resident at Lenox Hill Hospital. She is from New Rochelle, New York, and enjoys writing fiction and poetry in her spare time.

Plates and Screws May Fix My Bones and Titanium Should Never Hurt Me

Adam D. Bitterman, DO, is an Assistant Professor of Orthopaedic Surgery at the Zucker School of Medicine. He is the Chairman of Orthopaedic Surgery and Associate Program Director of the Orthopaedic Surgery Residency Program at Huntington Hospital. He is a board-certified, fellowship-trained foot and ankle orthopaedic specialist and has a focus in treating conditions of the lower leg.

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ORTHOTOGRAPHY

Before Your Time

The guy who does my Botox suggested that I go watch *Terminator 2* even though maybe it's "before my time."

"Do I need to watch *Terminator 1*?" I asked him. "Or does it not matter?"

"No, no, just watch *Terminator 2*. Let me tell you what it's about."

"You mean you're going to spoil it before I watch it?"

"I'm piquing your interest! So it's set in the dystopian future and this guy goes back in time … and he wants to kill his mother! That's all I'm going to tell you. Watch it!"

And I guess now *Terminator 2* is on my ever-growing bucket list of movies. I went home and searched for good ways to pirate it while holding a Rite-Aid ice pack to my jaw. My masseters are a little swollen still from the injections, but in a few days the swelling will go down and I will have a perfect jawline. I tell everyone I get Botox for grinding my teeth (I do, I get nightmares), but in reality I don't grind my teeth bad enough to need treatment. I just want to feel perfect … enough.

And so does Hank, I think, the *Terminator*-fan plastic surgeon. During the appointment, I said to him, "Look at my eyebrows. I frown so much harder on my left side than my right, see how much stronger those muscles are?" And I did a proper frown for him to show how much more pronounced the left eyebrow furrow was.

He laughed. "I can fix that if you want."

I frowned again, considering it. And then he told me he was trying to find another guy to fix his eye bags, look at how puffy his were. He didn't trust any of his colleagues to touch his face so they were just getting worse. "Maybe I should just leave them alone?"

He was aging. He was turning fifty next year, and he didn't have anybody to go home to. He went to his twenty-, twenty-five-year college reunions to overhear his classmates, his ex-girlfriends talking about, fuck, doing IVF? He should have been a fertility doctor, the way they were trying and failing and trying and failing. "You and I," he said to me as if we shared some dark secret, and now we really did, "would never make that mistake … wanting children far too late."

This was only some of the stuff Hank and I talked about. Hank always remembered me even though he didn't write it down. "I have two clients who want to be doctors," he said, as in "I have two clients I could not talk out of being doctors." At an earlier appointment, I told him I was going to med school orientation the next day, and he said half-jokingly but ominously,

"It's not too late."

I always got the sense that Hank was a genius but weighted by so much regret that he could barely move. He actually was a talkative, excitable man, who spoke with a verve that suited maybe a twenty-something-year-old. He was good at his job but hated it. Wished for more. Wished for better. "I've been thinking to just go be a pilot," he told me. "I never should've let my mother push me to be a doctor." Then a moment later, "I looked up my Wall Street friend's new loft on Zillow and you would not believe how much it cost."

Maybe he confided in me for some shared sense of inadequacy. I barely heard him tell me about medical school, residency, fellowship, his work, his clinic. As I frowned and unfrowned in the mirror, checking the unevenness, realizing also that one eyebrow was weirdly higher than the other, he said, "You know what having a private practice is like? An understaffed private practice? One of my earlier clients took a massive dump in my toilet. And who do you think unclogged it. Hmm?"

Such heavy dreams and thick bitterness … do you feel that way or am I being vulnerable to a wall? Like am I alone in not knowing where to put this down?

"I'll give you my thorough review of *Terminator 2* in six months, Hank."

"You will enjoy it!"

"I bet I will."

I will grow to be the best doctor I can for you.

I will hold the beauty of the world for the both of us.

Eelia Shaw is a first-year medical student at the Zucker School of Medicine. She is a translator, writer of alt-genre stories, and aspiring pediatrician.

Silent Blue
JOSHUA A. SEGAL

Remember This Feeling When Your Flesh Becomes Numb

Eat your skin. Your bones and the roots holding on to your fingernails.
When your limbs become a graveyard.
And the fentanyl smelts inside of you.
In spaces between your ribs,
turning your white skin into scales and teeth.
Here we have thoughts even if we do not have bodies.
Becoming seven-year-old fingers digging a ten-cent grave.

It is Friday night when he tells me
I am beginning to forget my dreams.
In time, he says,
you will find this wanting,
like an unshakeable thirst in the back of your skull.
Where people are buried with their bellies filled with air.
I hear the bones of his body begging.
Eat me.
I am made of lung dust or moldy bones turned inside out.
Eat me. I am only made of suffering.

I smell the flowers before I see them,
stirring in the vase filling by the sink.
My mother removes the pollen stems because her allergies are worse this spring.
I joke that now, the flowers won't be able to fertilize.
This creature cut from its root without the ability to reproduce.
We laugh because we don't know anything about plants.

When I hear that he died
with purple arms still chewing the mouth of a needle,
I suddenly imagine
the scent of yellow pollen rising from his skin
like the membranes of a ghost evaporating from its grave.

I think of my want like a seed / My insides are childless.
Like the hunger of damp earth.
Are you skin *or*
bones when you become vacuous?
You do not have enough to be both.
I think of death like the severing of pollen stems.
The smoke of our children cooking themselves.
Choking in rooms of white powder.

It is hard to know if one does not remember their dreams
or if they have simply stopped dreaming at all.
In the consciousness of daylight,
the dope already searching inside me like a restless friend,
I catch a figure standing in blue shadow.
She is still for a moment and I think she might be beautiful.
But when she turns to walk,
I realize that the figure is me.

I see myself quaking like an open, moaning mouth.
only aware of the top half of my body.
Above me, the sky shaped like a hand –
My hand, reaching.
My body grasping at leaves
or not a body at all but just a wave of matter shifting,
tumbling toward something unknown but not unknown at all,
reaching for the things I have always loved.

Below the humid, soaking sky, I hear fireworks
and immediately picture my brother sitting
on the porch in mid-June.
His skin like the wet skin of heavy, warm
winds – lung sounds
and the breath of giants above us.
They say the smell of frozen citrus is strong enough
to wake a body in search of death.

Place an orange in your hand.
Remember that you are hands and you are fingers of shedding leaves –
shedding shrapnel / organic particles / bit of your body
disintegrating into the ground
calmly, listen for the sound –
of the yellow earth settling.
And remember that you don't remember at all.

Yocheved Friedman is a third-year medical student at the Zucker School of Medicine. She enjoys writing and reading poetry and hopes that writing will always augment her work as a physician and her time spent listening to patients. She writes, "This poem is dedicated to Dr. Taranjeet Ahuja, one of the kindest people I have ever known. It is my attempt at reconciling the reality of those who have fallen victim to substance use. During a week of core learning at the school of medicine, I listened to the testimonials of those impacted by the opioid crisis. They spoke of a hunger so consuming that there could be no other focus in their lives but the overwhelming need to be numb. I found that I could not fully grasp the profound pain that they must experience to surrender their participation, their autonomy, and all that they love, in order to become painless. This poem acknowledges the places where I fall short of understanding. It is the river between where I stand listening and the banks made heavy by the suffering of others. You will not always comprehend their grief. Sometimes, there is beauty just in knowing."

Knowledge That Once Was

Kadir Ozler is a first-year medical student at the Zucker School of Medicine, from Long Island, New York. He enjoys making digital art of nature and anatomy when inspiration hits as well as photographing nature and architecture. His other hobbies include archery and piano. About this photograph, he writes, "The Library of Celsus has structures restored within the ancient city of Ephesus, located in modern İzmir, Türkiye. The library depicts a center of knowledge flanked by a large coliseum and a smaller lecture-style theater. Seeing the facades of these grand structures was awe-inspiring, my mind reveling at such intricate architecture built in such ancient times."

A Plea for Primary Care

Imagine a building: a house, a small neighborhood shop, a department store, a place of religion, a gaudy gilded glass and steel office building. What you see is an exterior of wood, stone, shingle, glass, steel. It can evoke utilitarian ugliness, or magnificent curb appeal.

What we don't visualize is the underpinning – the foundation. The poured concrete, the rebar, the ventilation, and the portals that ferry water, fuel, electricity, and waste are all hidden beneath the layers we can see. Underground, unseen, unsexy – and vital. Without a foundation, the entire utilitarian or beautiful enterprise above would crash to the ground. And were it not for the ducts and pipes, a standing structure would collapse.

Now, imagine the American healthcare system. The structures you see, the glitter, the flash, are the procedure-driven, high-ticket items. The interventions, diagnostics, therapeutics, technology – they are what people expect when they enter the arena of health care. It is the stuff of TV medical dramas. It is a world of expectation that we will do something for patients – find a cure, fix a curve, lower a number, make them better, prescribe the medicine with the catchy jingle.

But beneath all of the glitter is the foundation – primary care. Built on promises of stability, strength, safe entry, longitudinal relationships, and predictability, primary care is the unglamorous but beautiful anchor. And flowing through the ducts and conduits to the system above are all of the referrals and directions primary care clinicians provide for our patients.

Full disclosure: I have been a primary care, general internist in this community for over three decades. I care for, and have developed a mutual level of trust, understanding, and affection for, thousands of patients, over multiple generations of families. And I wouldn't trade my professional identity for that of any other single-organ-system subspecialty.

Primary care is in distress, if not on life support. Exacerbated by the worst of the Covid-19 pandemic, the stressors on this foundation increased, cracks appeared and widened. Practitioners are retiring and not being replaced. Practices that remain are being

asked to accept patients exiled from their prior physicians' practices. Major, prestigious health systems (such as Mass General Brigham in Boston) have stopped accepting new patients altogether, due to a shortage of primary care physicians. Remaining practices struggle to find room in their schedules for patients with acute illnesses, while still seeing patients for routine follow-up visits, annual physical exams, and the increasing number of visits following emergency department evaluations and hospital discharges.

Primary care practices are harmed by resource mal-utilization. Too much of our time is spent on the mechanics of referrals, the quagmire of prior authorizations for procedures, and the ever-changing menu-of-the-month of medication formularies. We are tasked with determining appropriate levels of coding and billing for the work we do, and then sanctioned by insurers for over-coding, only to be chastised by employers for under-coding. We are faced with a relentless number of clicks and tasks built into our electronic health record systems, few of which add to better patient care or efficiency. All the while, these nonmedical chores diminish time spent with our patients and intrude on restorative personal time with our families and friends, and in nonmedical pursuits.

Against this backdrop of what could be an autopsy of primary care medicine, how is it possible to make a plea for primary care? Is there even a reason to advocate for primary care in a time of specialization, urgent care centers, artificial-intelligence-powered medical care, and online-retailers like Amazon entering the business of primary care?

One only needs to perform a simple Google search for "benefits of primary care" to discover multiple studies that detail the contributions of primary care to society. A recent essay from the American College of Physicians and the Primary Care Collaborative reminds us that in communities characterized by a robust primary care presence, "people stay healthier and live longer at less cost to our healthcare system overall," and that "more primary care services are associated with fewer emergency department visits and hospitalizations, lower odds of dying prematurely, and lower healthcare costs."

When primary care thrives, so do the populations we serve. Our society needs to embrace these goals and advantages. At

a time of commodification of medical care, when patients are "healthcare consumers" and physicians are "providers" who produce the "product" of care (reimbursable widgets of discrete and measurable value), individuals must demand "care that cares." Empathy, understanding, and relationship building are the bases of primary care. They are the antithesis of the fragmentation and entropy that characterize our current system. The system itself must evolve in ways that utilize primary care providers doing what we do best – establishing relationships, providing honest information, learning and respecting the goals of our patients, and providing the best possible advice for those who've entrusted us with their care, working in partnership with them.

Organized medicine, too, must realize the shortcomings in the current system, and work to correct them. Disparities in reimbursement that favor procedure-driven specialties over cognitive-based primary care must be addressed. The challenges here become even more fractious when self-interest takes precedence over a greater good approach. Recently, the American College of Surgeons, along with other surgical subspecialty groups, voiced its objection to a new Medicare code that would simplify and increase reimbursement for prolonged primary care complex-visit services. Their objections included a belief that there would be overpayment to primary care providers, and that other specialties would suffer (read: be paid less) because budget neutrality demands that if one group gets paid more, another will need to be paid less.

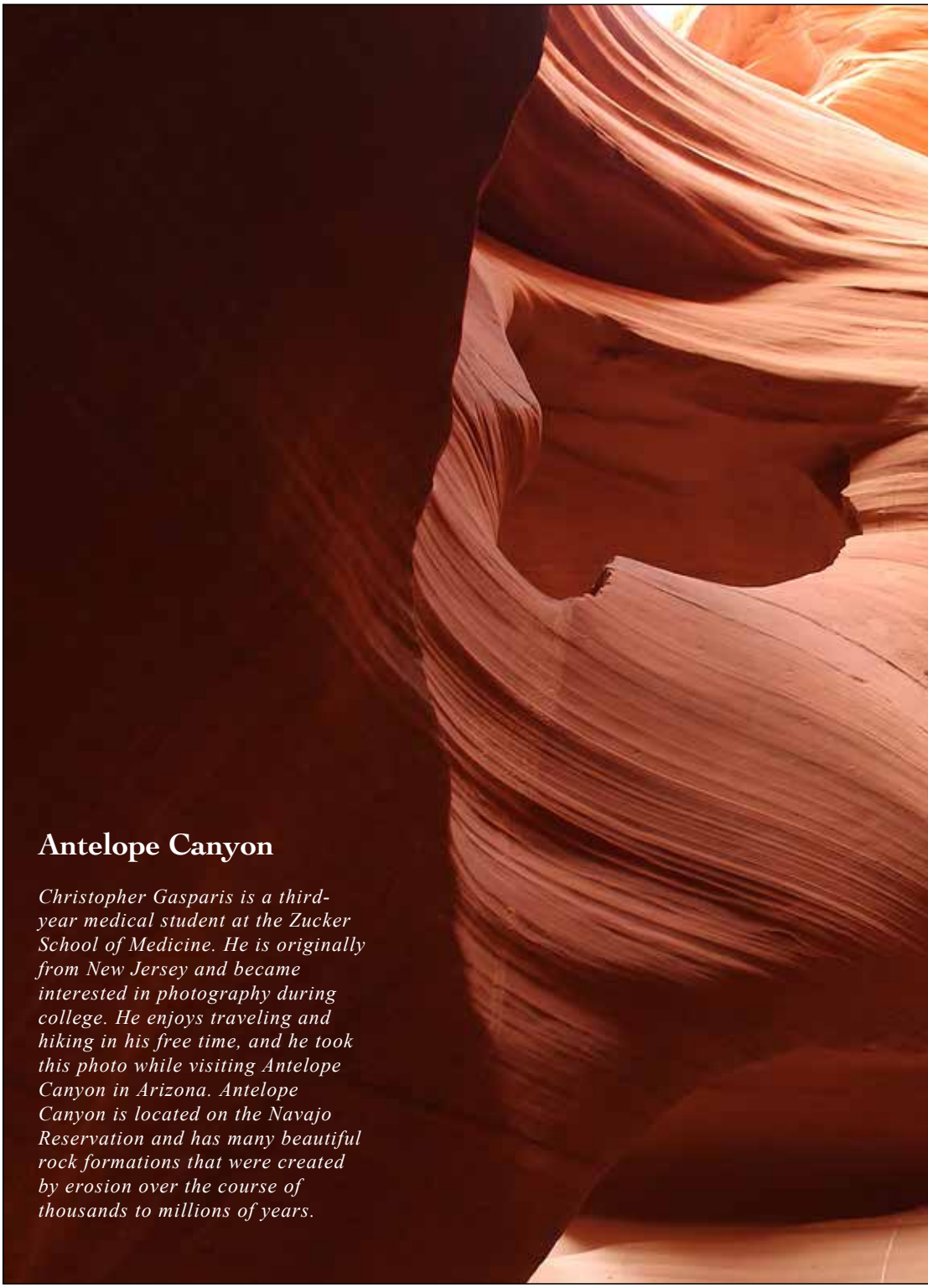
Medical education must encourage and foster careers in primary care. The societal benefits of an engaged and available primary care force should be emphasized to students. But that must logically be followed by a path of education that will produce postgraduates seeking careers in primary care. Practical knowledge that can be applied to the actual day-to-day management of primary care patients must be the basis of curricula both in medical school and throughout residency. And when the time comes, primary care must be seen as a career goal and not a consolation prize for those who don't match into a subspecialty.

Finally, and perhaps most important, those of us whose day-to-day careers revolve around primary care must remind those around

us of our mission, and its benefit to all. We must tell the stories of confidence built upon relationships, of using our understanding of science in ways that complement our ability to listen to and hear our patients. We must remind trainees of the joy of being able to make difficult diagnoses, coordinate care, and discuss treatment options with often overwhelmed patients. We must celebrate the sacred spaces that can appear in any exam room when we open our hearts and realize that any encounter with a patient can turn from pedestrian to monumental, when the most important supply in an office is often the box of tissues that can absorb sudden and unexpected tears. We must remind the system at large that just because something can be done doesn't necessarily mean that it should be done, and that we are often the ones who can help guide our patients through the process of understanding what they really value.

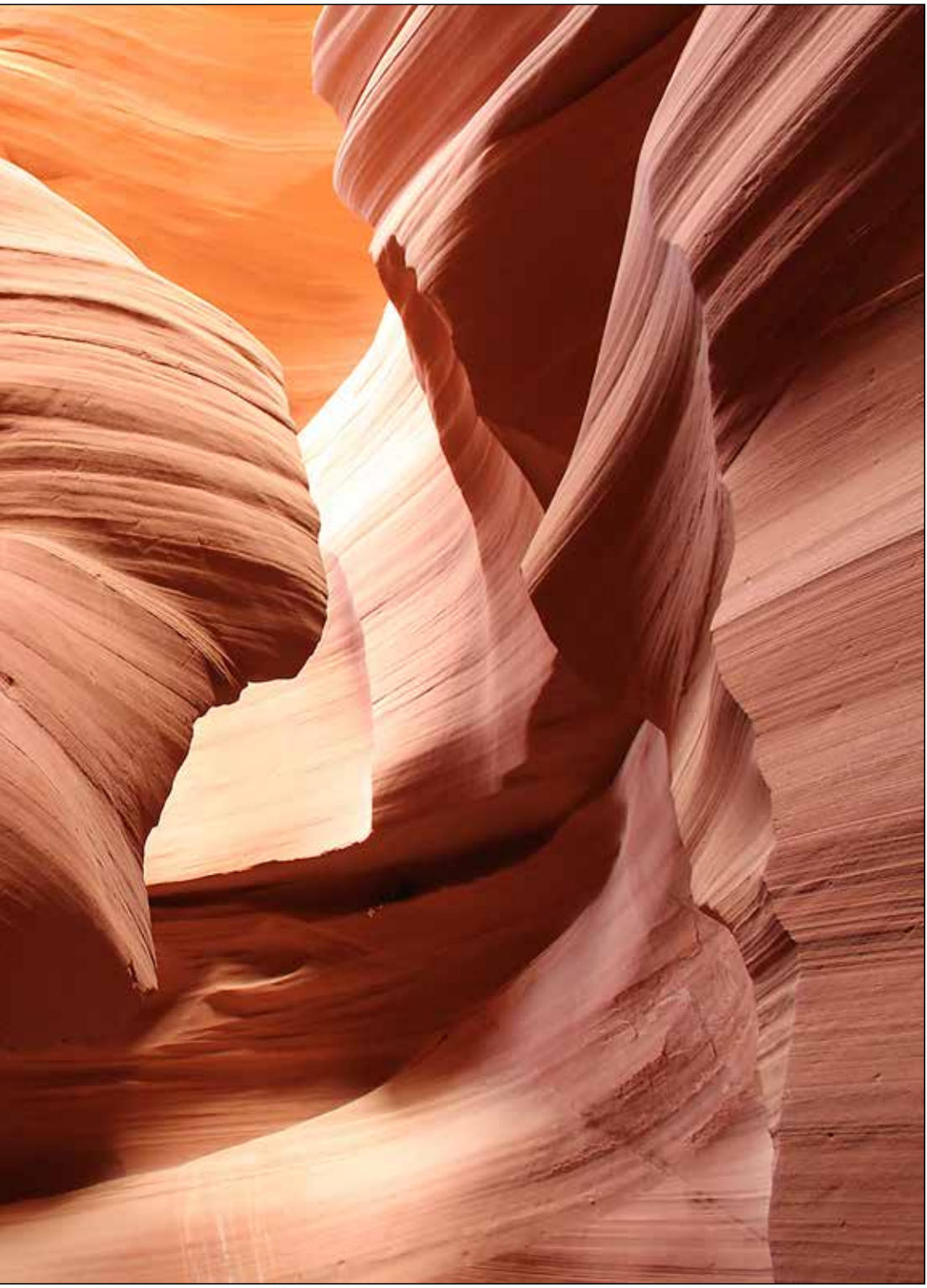
And we must remind ourselves that our work not only has value, but has the added benefit of being self-nourishing, the perfect burnout vaccination. But it's a vaccine that can only work if the system in which it is administered recognizes and values primary care medicine, and those of us who strive daily to provide that care with knowledge, compassion, humility, and dignity.

Eric Last, DO, is a Primary Care Internist with a passion for medical humanities, storytelling, and teaching. He is a regular contributor to many outlets for medical humanities writing and is a faculty member for the Zucker School of Medicine Humanities Elective. He is honored to continue in his role as a faculty advisor for Narrateur.



Antelope Canyon

Christopher Gasparis is a third-year medical student at the Zucker School of Medicine. He is originally from New Jersey and became interested in photography during college. He enjoys traveling and hiking in his free time, and he took this photo while visiting Antelope Canyon in Arizona. Antelope Canyon is located on the Navajo Reservation and has many beautiful rock formations that were created by erosion over the course of thousands to millions of years.



Swallowed by the Red Sea

Jay's wife was standing over the kitchen range when she saw him tiptoe through the back door. She was still wearing her morning outfit – yoga pants, athletic bra – and was squinting at the countertop, searching for her reading glasses. Her eyes had betrayed the rest of her, untarnished by a strand of gray, proud of a chin that could still claim a beginning and an end. In the struggle to read the cookbook before her nose, she failed to notice, ten feet away, her husband stripping down to his boxer briefs in the mudroom.

"Dinner's in the oven," she called around the corner.

Jay's shoulders slumped. He looked up at the light fixture, a half-empty water glass turned upside down, as if a god who answered prayers lived among its dust bunnies. But the bulb did not ignite, there was no sign from heaven, and, looking around the washer-dryer for the ram that might appear and save him from sacrifice, all Jay saw was the diaphragm of a broken stethoscope, slung over the side zipper of the nylon briefcase on the floor.

He wanted nothing but to see her, away from the family that had nibbled at his privacy for twelve weeks, like the squirrels that snuck under the fence in his yard and ravaged the tomatoes. Now Riva had gone and ruined it by making dinner. *Maybe she knows,* Jay wondered.

He climbed the staircase in his skivvies. Something squeezed his windpipe with ten fingers. He caught his breath, exhaling a note like an accordion poked with a screwdriver. Once upstairs Jay initiated a quick change into gym clothes, a deviation from protocol. Back in March, Riva had contended that it could live on cardboard for three days, so he must shower immediately upon returning home. She would wipe down groceries left on the porch, spraying the bell peppers with Fantastic and then scrubbing them with paper towels, one at a time, her locked elbows delivering half-uppercuts and fending off an invisible barbarian that advanced with a flat-nosed mug. But she'd eased up since the weather warmed, even attending a vigil, the town square packed with neighbors in blue surgical masks, observing nine minutes of silence. Ever since, Riva had felt more secure outside her bubble, so Jay only showered once now, when he unclipped from the bike.

The attic had been converted into a television room. Wedged between the couch and the front wall was a stationary bike. Riva had made a habit of presenting Jay a monumental gift on every birthday that ended with a nine, as if a time-bomb were ticking and he had until the next zero to avert permanent incapacity. When he turned twenty-nine, she delivered his child. At thirty-nine she hired a personal trainer. And on the evening that concluded his forty-ninth year, Jay had arrived from work to find a black exercise bike, silently lobbying that he churn himself into something different.

The L-shaped sofa had transformed the room into something of a maze. Jay tilted his way to the bike, trying not to scrape his thigh against the sofa to his right or knock his head against the sloping roofline to his left. He looked out the small window before him and saw blue – endless, weightless blue. Opening the window, he might float out of it, above the green trees and into space, forever orbiting like a forgotten satellite. Jay clipped in, tapped the screen above the handlebars, and, putting his fingers to his mouth, tasted the ethanol that still saturated his skin.

It had happened countless times that day – donning gloves, then doffing them, sanitizing again, and starting over. What had powered him through his own tiny hardship was the prospect, hidden in plain sight, of reuniting with her in the evening. Jay sipped his water bottle to wash away the acrid aftertaste. The screen offered Jay options, and he tapped on INSTRUCTORS. Jay scrolled, past Alex, past Christine and Emma, slowing down at Jess, and finally, as the Friday sundown approached, resting his cursor before the image of his beloved: Kemi.

Jay touched her likeness and a mosaic of Kemi's classes – photos of her in various poses – appeared on the screen: Twenty-minute classes, sixty-minute classes; low-impact rides, high-intensity sprints; Kemi in a yellow unitard, Kemi in a purple headdress; variation upon variation to which he rushed home every evening, clutching his chest as he bounded up the stairs half-naked, attributing the ache inside of it to the emptiness that surrounded him in his native dimension. He had planned on an hour interlude this evening, but under the constraint of Riva's oven timer, Jay could only tap into one recorded earlier that day: 30-MINUTE JUNETEENTH RIDE.

Juneteenth. Jay had heard this word lately. Confronted with its mention Jay would fumble for its significance, like his father, cane in hand, searching for his house keys, first patting his pockets, then lifting the tabloid from the dining table to see if they slept underneath its pages, when all the while they dangled in the front door's lock. But it didn't really matter: Kemi had, at last, joined him on the screen.

"Happy June*teenth*, everybody," Kemi said, her hands cupped as if they held a nesting sparrow. "It's a day of jubilee, a day of freedom, a day of *celebration!*"

Unoccupied stationary bikes surrounded her in an empty theater. She had braided tresses of black hair – some wrapped around her neck and resting over her left shoulder, like a pet serpent, others splayed gently on her back like a cat o' nine tails. Her smile drew Jay in, teeth bright and impeccably aligned, thrown into relief by her lips tinted firetruck red. And it was her shoulders, broad and glistening in her light perspiration, that finished him off – contoured deltoids flaunted by a halter top that matched her lipstick in its burn.

"But I'd like you to take some time to focus on reflection, to focus on education … to focus on *growth*."

Jay wanted a thick road, otherwise he'd have no chance at a personal best. He turned his resistance knob to the right and pedaled as Kemi spoke.

"All I ask is you see it through from start to finish."

* * *

"This is for all my ancestors," spoke the vocalist, *"who were killed ... and hanged."*

Kemi pedaled with her head lowered, as one might pray silently, though Jay did not join her piety: He cranked the resistance knob. He slammed the pedals. His eyes stung with perspiration. He *futzed* with the volume controls, struggling to hear Kemi's words over his Aussiedoodle, who barked at Jay as he rode nowhere. His ribs flared like bucket handles. Looking at Kemi, he sensed their dissonance.

For years he had felt that way in communal prayer: frozen in distant observation of the more pious congregants, a boy in a glass booth constructed of one-way mirror. Looking outside it he'd

beheld the other worshipers: clear in the illumination of a braided sabbath candle, beige intertwined with tan, burning in a sculpted metal nest above the ark; rising from their seats like a film of falling dominoes played in reverse; dipping their knees while arching their backs forward in deference to a scroll. But darkness filled the interior of his booth, so he stood with eyes open, looking at the closed-eyed submission of the other worshipers, pondering the inner flaw that prevented his connection with what he should feel.

"They died for me, and they died for you," the vocalist spoke. *"This is for them."*

Kemi's eyes locked onto Jay's, and she spoke.

"Eighty to a hundred cadence, twenty-five to forty resistance …"

Kemi danced atop her pedals as she rode. A delicate faintness to her breath, she intermittently spun a white towel above her head. Jay, on the other hand, needed a rest. As he watched Kemi ride, he beheld her halter top, tailored for broad lats but ill-fitted for her smaller bust: It swayed from side to side, and in its metronomic harmony Jay imagined a porch swing, suspended from a painted wooden overhang, in which he wanted his breathless body to be rocked.

"Don't overthink anything!" Kemi commanded. "Just be here ..."

Then came the message. The classes always had one: sometimes guidance on pace and posture, other times a New Age affirmation of self-acceptance and mindfulness, but there was always a subtext.

"Juneteenth does not mark the end of slavery, but rather Juneteenth marks the day when enslaved people in Texas learned of their freedom …"

She let the sentence hang and caught her breath.

"... *two-and-a-half years* after the Emancipation Proclamation."

"So that's what it is!" Jay exclaimed abruptly. Kemi's head snapped to the attention of the virtual expanse into which she rode.

"Yes," Kemi said, her furrowed brow patrolling the dark interior of Jay's booth, her wide eyes scanning a sea of one-way mirrors in the digital ether. "*That's what it is* ... Did you not know?"

Jay spun his legs faster. The faintly sweet browning of gnocchi and yams climbed its way up the staircase. "I mean – yeah, in a kind of general sort of way. Just not the details."

"Time to know the details!" Kemi said sternly. "'Cause if we

don't know the roots of our history, we're not going to change them. Add two points to your resistance. *Let's turn this jog into a climb!*"

"What do you mean *turn it into* a climb?" Jay opened his mouth to swallow air. "This isn't a climb?"

"It's just the beginning!" Kemi inhaled deeply. "We looked at the roots, but now we gotta take care of the whole tree. So you gotta water it. That's how we get it to blossom. Add again, please … *two points of resistance.*"

Jay did as he was told, though he knew he shouldn't. He couldn't handle what she could. Her arms were muscular and lean – much stronger than his own, at which he looked remorsefully. Deprived of oxygen, the neurons deep in his limbus fired indiscriminately. Losing control of buried memory, he remembered being first out in practice. His infant patients were fascinated by the coarse black hairs on his forearms: raking at them with four digits when they were six months old, unable to let go; then pinching them with thumb and forefinger at nine months and delivering a sharper tug. But the hair was white now – downy and matted to his skin in a gloss of sweat. No, he could never match her, and he contemplated surrender as Kemi swung her towel like a lariat over her head.

Jay realized what he was: thin limbs and thickening waist, high aspirations but modest potential. Against his will he stood atop the pedals, suddenly dizzy and nauseated, the pressure in his thighs building, two columns of darkness encroaching on his periphery. Memory surged like flashcards flipping before his consciousness: jumping into his grandmother's lap at three, her cigarette smoke burning his eyes. Thirteen years later jumping *out*, not *down,* just as he was told to do, but nevertheless hitting his head on the bottom of Sharyn Kreitzer's pool. Mushrooms in college, wandering into a dorm on North Campus, sinking into a couch in its glittering lobby and vomiting on the floor.

Light dimmed on the other side of Jay's mirror. Something was happening to him, and his only hope was that Kemi, so desired in her virtual presence, might love him back simply because he was trying hard.

* * *

"Preacher man don't tell me, heaven is under the earth …"

The song changed. His mental status handicapped by a stunned myocardium, Jay mistook it for "Exodus," and the evocation of his own people's escape from bondage triggered a new nexus of memory – a barefoot scamper through a parted sea, the heat-parched wandering across a desert. His reflection, and thus Kemi's message, had turned inward. *Level one listening*, Jay would have told the medical students he used to precept, before the lockdown. But in their absence no one was present to catch him in his fallibility. Through choppy breath Jay exclaimed, "That's *my* story!"

"What do you mean, that's *your* story?" Kemi's chest heaved as she peered into a massive openness.

"The bondage," Jay exhaled. "The release … the flight from Egypt."

"I'm not talking about Egypt," Kemi said. "I'm talking about *Galveston*."

"Galveston?"

"Where General Granger declared that slaves in Texas were free. An hour and a half from where I grew up. And I don't remember reading more than a paragraph about Juneteenth."

Blood had pooled in Jay's thighs. In his brain's ischemia, the mention of one title – *Juneteenth* – evoked the memory of another by the same author.

"You never read Ellison?" Jay asked.

Kemi stopped her legs. "What do you mean, Ellison?"

"I'm sure you read Ellison," said Jay. "We all read Ellison. Sophomore year. *Invisible Man*."

"You read *Invisible Man*?" Kemi asked.

"Yes," Jay said weakly.

"Well, he's still not visible …"

The assertion stung Jay, and dark shapes encroached further on his visual field. The room was a vertical strip. The left side of his chest cramped. He massaged it but found no relief.

Conscience wounded, heart weak, legs congested, and chest hungry for air, Jay was hypoxic. A crackling chain of tangential memory ensued: Sunday morning religious school, shin guards wedged beneath his socks. His father picking him up in the

synagogue parking lot, then changing clumsily into cleats in the back seat of the Skylark. Monday and Wednesday afternoons, pale in their dying light, dodging the working-class Catholic kids who slammed his wise-ass head into a locker, or spit into the fingers of his winter gloves as he walked alone to *shul*. All so that he could sit in the cold humiliation that followed the long school day and pretend to absorb some distant lesson obscured by Hebrew. A street hockey game against the Avon Bombers, not a Jew on the other team. Limping home in defeat, the hard orange street ball having struck him in the thigh off a slapshot. Hanging out at the bike racks behind the junior high, watching in isolation as the other boys got sick on cigarettes while the girls in makeup belted "It Was the Heat of the Moment."And then suddenly, incongruously, *Somuchdepend suponaredwheelbarrow – glazedwithrainwaterbesidethewhitechick ens.*

"All I ask is that you be here!" Kemi shouted. "Are you here?"

"Yes," Jay said.

"Then let's turn this march into a run!" Kemi twisted her towel above her head and yelled, "Freedom is our birthright!"

Birthright. The word set off another electrical propagation in Jay's temporal lobe, from the auditory center to the limbic system and back to the occiput, that culminated in an image of Jacob: Rebecca's hand pushing him to kneel at the bedside of his blind father, whose wisps of white beard offered blessing. Jay had helped his son with his bar mitzvah speech, practically written it. The conniving. The trickery. Jacob's lithesome theft of birthright from the older and lumbering Esau – hairy and sweaty and hungry, as Jay was in this moment, and for all of Esau's toil in a desert, forever interpreted by the scholars as the Bible's weeping punchline.

"Esau!" Jay shouted inside his head. "The world needs more Esaus!"

Unaware of Jay's internal dialogue, Kemi continued.

"I wear all red today to symbolize the blood of the enslaved."

Jay had stopped pedaling. He could no longer move his legs. The cycling cleats, clipped into the pedals, were all that kept him from sliding to the floor. Locked in place, he slumped onto the handlebars and pulled shallow breaths. Everything had gone dark. He saw nothing. Not the photographs on the attic wall, the boys

still little, shielded from the sun in swim shirts and sweeping dime-store nets through tide pools in the Brewster flats. Not the picture atop the bookcase of his second child, green eyes and straight bangs, peering from behind the soccer ball his toddler hands had placed atop his brother's batting tee. Not the picture next to it, a favorite from his youth, his younger sister in the fading Kodachrome of a square photo with white borders, hamming it up for the camera, lemon seeds stuck to her wisps of hair, a precocious attempt to lighten its color in the summer sun.

But in his darkness, he still heard her.

"I wear all red today to symbolize the blood of the enslaved."

Like the wine, Jay thought, his breath drifting up with the heat beneath the attic ceiling. *Like the Passover wine:* Sticking his fingers into a goblet his grandmother set out once a year. Dabbing drops of red wine around the circumference of his plate. His father's uncle, in Hebrew, commemorating the plagues visited upon Egypt, and then the rest of the family, in English, responding in unison: *Tzefardeiya*. Frogs. *Arbeh*. Locusts. *Makat bechorot*. Smiting of the first born.

I'm first born, Jay realized.

His lips had long ago stopped moving. No one would ever bear witness to his last revelation. His wife had stepped outside on a walk, six feet of distance between her and the neighbor. Their three teenage sons would not stir from their rooms as the gnocchi burned in the oven. The housekeeper was quarantined in Queens. He was alone. And though an ethereal version of Kemi would, in Jay's mind, rise from the screen and try to gently coax him back with a warm whisper *("Breathe ... You are your own gatekeeper ... Breathe ...")*, she would never hear him utter the words that would cloak his departure:

I am a soldier in Pharaoh's army ...

Douglas Krohn, MD, is a Clinical Assistant Professor of Pediatrics at New York Medical College and an attending physician at Northwell Health/Northern Westchester Hospital in Mount Kisco, New York. His fiction and creative nonfiction have appeared in the narrative medicine journals Intima, Narrateur, *and* Blood and Thunder, *as well as other journals such as* The Thing Itself *and* Drunk Monkeys.

Crouching in the Grass
JARED BASSMANN

A Hospital Stay in Reverse

A physician entered the room to announce the time;
Then a flatline monitor jumped into V-tach and defibrillator pads
Were removed from the man's chest. They transported him to the cath lab,
Then to the emergency room, where a frenzied physician
Looked at an EKG that was sucked back into a machine.
A paramedic wheeled him out the front door,
And drove him home with ambulance lights blaring.
There, the man stood up, removed his clutched hand from his chest,
And continued to watch a sports game. Earlier that day,
He took flowers from his lovely wife, drove them to the florist,
And placed them on the shelf.

Jacob Stone is a second-year medical student at the Zucker School of Medicine. His current favorite book is First Aid for the USMLE Step 1, 2023. *He is a co-editor-in-chief of this volume of* Narrateur.

Always Sick

Sue Caulfield is the Assistant Dean for Student Services and Well-Being at the Zucker School of Medicine. She is a mother of two and has used art throughout her life to express herself. Her comics can be found @motherhoodlookslike or #suedle. She writes, "Entering motherhood was a whirlwind for me. I managed mental health challenges my entire life, and becoming a mom brought this to a new level. I was diagnosed with postpartum anxiety, rage, and intrusive thoughts when my first child was about eleven months old, knowing full well that these challenges shaped the past year during a global pandemic. Along with therapy, I used art to express and reflect on some of the more difficult and joyous moments in parenting."

Submissions

Narrateur: Reflections on Caring is published by Northwell Health and the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell. This art and literary journal seeks to publish high-quality work that reflects experiences in the practice of medicine and the learning that takes place along the road to taking care of patients. Themes include health, illness, caring, and expressions of the human condition. The journal is published annually.

Submissions are open to Zucker School of Medicine students, faculty, and staff as well as employees of Northwell Health and Hofstra University. For more information on submission guidelines visit our website at www.narrateur.org or contact us at: som.narrateur@pride.hofstra.edu.

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