Heal
Humanism Evolving Through Arts and Literature

The Florida State University
College of Medicine
The HEAL Story

By José E. Rodríguez M.D.

This edition marks the conclusion of the third year of the HEAL publication. HEAL was born in desperation. I had been an observer and participant in medical education for about 10 years when I began to feel a little burnt out. Not that I did not love teaching—I do. Nor did I hate seeing patients—I live for it. But I had been exposed to a darker side of what was a beautiful and inspiring career. A wise mentor had told me, “José, our career is sick. It is your job to ‘heal’ the career.” I had the idea of starting a creative writing group with the students, to try and direct their energies toward creativity and self-expression. I thought that if they shared their stories, they would grow closer to others. I hoped that it would help them respect and love those who were different from them and needed their help.

I began working with students on their “narratives.” I felt invigorated doing this work, and I wanted to share that emotion with the students and colleagues. I mentioned this project to a small group that I was fortunate to facilitate, and the magic began. Jordan Rogers, then a first year student, came to my office to speak about this “writing project.” Here is her story of what happened next:

“As the idea took hold, it became clear that we should put the creations of the students, faculty and staff into an annual publication. We applied for a grant from the Arnold P. Gold Foundation to publish two e-newsletters and 200 copies of a journal. They gave us a modest sum, and students began to send in stories, artwork, pictures, and poems. Zach Folzenlogen agreed to be the art director for the project, and soon after, Lisa Granville, through her Reynolds Grant, as well as the Department of Geriatrics and the Dean of the College of Medicine, all came together to fund 1000 copies of the first journal. That was more than we ever dreamed possible.”
From those humble beginnings, we have watched HEAL grow. More faculty members, staff, students and patients, have contributed their work. HEAL is now featured online, and all publications can be found at <www.med.fsu.edu/page=heal.html>. HEAL has also received generous funding from the Department of Medical Humanities and Social Sciences for the past two years.

Those first students who embraced HEAL are about to graduate. I will be forever grateful for their energy and their courage to dream. We hope that HEAL gives you the joy that it has given us. Please share HEAL with your friends, your family, your patients, classmates, and peers. Enjoy the art, poetry, photography, and prose. As you experience its beauty, remember the beauty of sharing in the problems and the solutions of others. Remember the privilege of connecting with patients and embrace the joy that it can bring.

This third edition features work from many local and international artists. The works featured here and in other HEAL volumes are available for purchase from the individual artists. For their contact information, and for other inquiries, please email the editors at heal@med.fsu.edu.

Medical school is a journey with its ups and its downs.
Friends become family, smiles may turn into frowns.
Ultimately it’s a battle that everyone is ready to win.
And here is a little story about how it begins.

In undergrad, the preparation starts with many things to be done.
This includes getting good grades, volunteering, and limiting fun.
Then comes applications, personal statements, and interview invites.
For many this includes researching affordable flights.

Next is the MCAT, which for many is rough.
But nobody ever said medical school was easy, right? It’s supposed to be tough.
Some students will have many offers, others will have none.
And just like that a new medical school semester will have begun.
The first two years is full of lectures and books.
Students will never forget all the hard work it took.
There is so much information the student may not know where to start.
But becoming a great doctor requires hard work, determination, and a good heart.
After the boards, the excitement begins.
Wearing our white coats together, we start to blend in.
Into the hospitals we all go.
Awaiting our patients whose histories are unknown.
The relationships we build ultimately sharpen our craft.
Some experiences will make us cry, some will make us laugh.
We quickly learn that diseases are no longer just words in a book.
Sadly, they represent our patients and the lives that they took.
The last two years reality sinks in.
Tough residents and attendings will thicken our skin.
It’s amazing how fast time really goes by.
I’m halfway through medical school in the blink of an eye.
What lies next I’m really not sure.
But whatever it may be I’m ready to endure.
As future physicians we are privileged indeed.
To serve our society and patients in need.
**Better**

By Anonymous

I had my first introduction to Alcoholics Anonymous when I was about twelve years old when my grandparents took me there for special events. My second encounter was in 1986. I was in the County Jail on charges for Assault and Battery on a Law Enforcement Officer. I was working for three attorneys at the time and had to call them and ask them to bale me out, which they did. I ended up doing some time on probation and hated every minute of it, but I was compliant and did what I had to do. I had to get that behind me so I could resume my drinking. After another short stint in the County Jail, I learned what not to do to stay out of the legal system. After several relapses and trips to Detox and the Psych Unit, I attempted to get sober again. I would last a year, or even three, but I always ended up drinking again. I thought I could handle it still.

The idea of living without drinking was incomprehensible. Drinking was never optional. The blackouts continued. The erratic and compulsive behaviors continued. I lost my family, friends, dog, home, job, vehicle, my judgment, self-respect, and most of my mind. During my last relapse ten years ago, I felt hard and ended up in a 12-hour blackout in the Emergency Room with a toxic level of alcohol in my blood. My son found me on the porch and called 911 thinking I was dead. That was my last experiment with alcohol. There was a law enforcement officer there, whom I later called to thank. After some inquiry, I learned that he smoked cigars. I wanted to go buy him one for being there to care about a drunk like me.

Soon after, I once again reluctantly went back to those ‘damned old meetings’ even when I don’t feel like it. I go to my doctor’s appointments—for both medical and mental health. I take my medicine. I work on following my program to the best of my ability. I am willing to do whatever is necessary to maintain what I have been so freely given. I once heard a practicing alcoholic say that people that go to ‘those meetings’ are a bunch of losers. I thought, “Yeah, we are a bunch of losers. We have lost the bondage of alcohol.” I have a wonderful life today. I have my freedom and some stability. I live on five acres of land which I share with the deer, red fox, and other magnificent creatures and have been there for almost five years now. I have a garden which is my therapy and provides me with a lot of personal satisfaction. I am no longer full of fear and anxiety. I have some peace of mind today. I have good relationships with my family and friends and I have gained the admiration and respect of those professionals who have helped me so much along my way. I can give love and receive it.

The process of recovery has been long and sometimes very difficult and painful. I have deep gratitude for those dedicated souls who work with suffering alcoholics and addicts like me. Without their help, I really don’t think I would have made it. Recovery is about meaningful relationships, satisfying work, good health, good spirits, and play. I have them all. I could not begin to have a better life until I got sober and I could not stay sober without building a better life. It takes time, patience, and hard work. It is possible, but it’s a process and it’s a miracle.

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**I Was Strong**

By Collin Tully

I thought I was strong.
I thought I would be able tell someone they were going to die.
I thought I could provide relief.
I thought I was strong.
I told a mother she had cancer.
I told her there was nothing we could do surgically.
I thought I was strong.
I told her the reaction was normal.
I told her we were here to help.
I thought I was strong.
I was the only person to see her until the next day.
I was asked if it could be anything else.
I told her again.
Everything is pointing to cancer.
Everything she was feeling was normal.
I thought I was strong.
I was asked what I would do.
I had dreamed about these discussions.
I thought I could help more than others.
I thought I was strong.
I told her this can be a difficult thing, a difficult time.
She said it was.
She told me, it must be difficult for you too.
She said she saw it in my eyes the day before.
I thought I was strong.
She appreciated my lack of strength.

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**Away**

By Eric Heppner

Float me away
For far southern shores
Dressed in white cotton
On a boat without oars
Bear me away
To where it never grows cold
To the air that is balmy
And the wind that is bold
Let’s go away
To where the high heat is soothing
Where the dry sand conforms
And the palm fronds are moving
Stay away, far away
With the sound of the waves
Away from the noises
To calm lulling lathes
Slip away, slip away
Without a thought in the mind
To that place far away
Where living is kind
You Shouldn’t
By Wendi Adelson J.D.

It wasn’t supposed to be like this. At 17, it shouldn’t be that only once a week, on Tuesdays—your day off from washing dishes in the Chinese restaurant—you have free time to play soccer. You should have been playing soccer every day, and going to school, which you loved, to take more math classes, which you also loved.

You shouldn’t have had to carry that heavy machete, and spend your days and nights and weekends working for your step-father, clearing the brush by his tienda, while he hit you instead of your mother and little sister, because that is the bargain you worked out.

You shouldn’t have lost your little brother, 6-months-old at the time—only one year younger than you—to your father’s violence, before you even got the chance to really know him. You shouldn’t have had to walk and take buses and trains to get from the north of Guatemala to the U.S. to escape a gang that wanted you to kill with them. You shouldn’t have had to spend three months in a place for unaccompanied immigrant minors in Texas before they located your aunt and cousin in Tallahassee, but you did. You found me, and together, we have found a way to get you a green card, so that you could be an employer who has to pay you a decent wage. And you could even go back to school, or travel, if you had the kind of money that would make either or both happen. I can’t replace your past, thick with violence, but I can give you better options for the future. I am your immigration attorney; you are a shining example of kindness, perseverance, fidelity and integrity in the face of overwhelming obstacles. Thank you.

Praise to Fear
By Eric Heppner

I once feared loneliness, so I kissed a girl.
For fear of being trapped, I left her.
I feared dying young, so I ran round the world.
Then I feared dying old, so I did it on a motorcycle.
I feared being forgotten, so I wrote a book.
I feared being remembered, so I kept it to myself.
I feared fearing things, so I found myself.
Then I feared fearing nothing, so I found God.
Glorified Pill Pusher

By Anonymous

An apple a day keeps the doctor away,
Or is it an ACE-I and a statin that keep the doctor at bay?

Each day we work to preserve the health of others,
But I wonder why each doesn’t help himself?

We take on the responsibility that others do not.
We have the easy answers that so many have sought.

The frustration mounts as they ask for yet another med,
The alternative of which will leave them dead.

Is this really why I went to school for so many years?
To watch people disrespect their health with so little fears?

Though its frustrating, I won’t give up. I’ll see it through.
Otherwise, who would be around to tell them what’s best to do?

And so each day we continue to push a pill
While practicing compassion as a cure for lack of motivation and will.

The Value of Medicine

By Guimy Alexis

What is the value of a physician? Or more importantly, how can their value be measured? Why does society see these individuals as essential, their purpose as altruistic?

Is it because of their intelligence? No. Albeit, in order to become a physician, one must be exceptional, this quality alone is insufficient to justify their value.

Is it due to performance? Potential is useless without results, right? No. What about the caliber of their education? It must be due to their class rank, specialty, prestige in the medical community, new medical innovations? No. No. And, no.

Their value is rooted in their relentless attempts to preserve life. Society recognizes the value of life, because all life is valuable.

A physician’s worth is ingrained in this unyielding pursuit to treat, if not cure, disease that will ultimately end the lives of their patients. Irrespective of whom that individual is, his or her life is worth saving. Life is valuable and so are those who devote their lives to its preservation.
Returning to Kings County Hospital
By Arthur Ginsberg M.D.

The compassionate gaze
on Sir William Osler’s face
follows me from the cupola of his library.
In these sprawling wards, on beds
sheathed in coarse linen,
I learned to interrogate the heart,
to know the opening and closing
valves, hold an ear to the lungs
for rales and rhonchi, the signature
sounds of a drowning chest, to palpate
with my fingertip, a knobby liver
beneath the ribs, hard as a hickory gall.

To spelunk the body’s caves
by headlamp and touch, to see beyond
the eye’s pinhole, serpentine rivers running
and the ivory cable carrying the world
into the brain’s rutted ridges.

On that journey I became a warrior
armed with Asclepias’ staff, bound
by Hippocratic’s oath, the serpent growing
new skin entwined around my feet.
I took with me to New York:
the prying ear of a stethoscope,
a white jacket and name tag, the child
inside me who died on the fever’s
battlefield. I carried my ashes in an urn,
and joined one-hundred and ten interns
in the contagious corridors of the old
Kings County Hospital that stands
its walls like kelp, and the wagons arrive
screeching with their cargo of wounded men.

Once, my feet scuffed these wards,
my hands measured blood pressure
and pulse, compressed the flailing chests
until the flat-lines sang no more.

On Flatbush Avenue the sick pile up
on steel gurneys stacked like boxcars
in a stockyard. We are cattle,
they cry. Help us to die. And I press
against the nursery glass,
drinking in the puckered, red faces
inhaling life, the bubbles on tiny lips.

At the end of this season, the elected
promised to care,
come here bright as dimes,
and die disheveled and soft.
In the autumn I wander Kings County’s
corridors again, searching for Miss Sardi,
the Sicilian nurse who tested my mettle,
blocked my exit from intensive care,
and dose of a drug for Pedro Martinez,
a dying man assigned to me on my first day.
I relive a chorus of respirators sucking air, red
diaphragms rising and falling in glass cylinders.

An orderly informs me she passed away.
From the deck of the Staten Island ferry,
my life leans toward a kinder season,
Ellis Island fading in the mist.
Lost in the Jungle

By Jessica Gondela

I made the trip to Peru as a first year medical student with a glimmer in my eye and a stethoscope around my neck. I’ll never forget stepping off the boat into a landscape that was only recognizable because it had palm trees similar to those in Florida, my home state. Few physicians land themselves an opportunity in the middle of the Amazon jungle; and even fewer make the trip not knowing a soul, boarding a boat with a bunch of strangers. But these same strangers also gain the same sense of gratification as I do helping the most under-served patients they can find in the world.

I stepped off the boat with the amazement and excitement that a child has when he or she arrives in Disneyland. Surprise caught me when a small three-year-old child grasped my hand and smiled shyly, asking me in her native Spanish dialect, “Who are you and why are you here visiting my village?” I smiled back at her warmly and said, “I am Jessica, and we are here to help you and your village with their health.” Later that day I had the privilege of examining her with one of the physicians, and we gave her medications to clear her of an uncomfortable intestinal parasite that she likely had suffered from most of her life.

Working with patients not only in the international arena, but also in the middle of the jungle, is not an easy task. We set up a make-shift table with donated medications and had only the stethoscopes around our necks and the basic medical tools that we brought from the United States, along with one portable ultrasound machine. It was truly the most “MacGyver” styles of medicine I have seen yet. We had to be the most resourceful physicians we could be, given the poverty of tools available. A startling example of this was a young mother who brought in her infant who was in respiratory distress. The baby exhibited all of the classic signs and symptoms we were taught in medical school—nasal flaring, costal retractions and the horrifying gasping and choking noises (which I will never ever forget)—except we were in the middle of the Amazon and nothing was available to save the child in the village. We quickly rushed her onto the boat and used a nebulizer treatment one of the physicians had thankfully brought to stabilize the infant. It was a powerful moment for all of us, medical and non-medical professionals alike.

The acute medicine we performed in the middle of the Amazon reminded me of the deep excitement that I cherish and hold on to as I progress through the grueling yet incredible years of medical training. As young, budding physicians-in-training, we keep these memories in our pocket for the challenging days in our careers as a reminder of the reasons that we chose this path. I know this is the only field I could ever envision myself in, and if you ever catch me daydreaming during a long day in the hospital, it is simply my eyes drifting overseas with longing for another international medical jungle adventure.

Chances and Changes
By Katie Relihan

Hey Daddo,
I just talked to you yesterday
…you said I love you Katez
…you said you were going to get two stents placed today
…you said there were not going to be any complications
…you said you would be done by 10 AM and would not have to stay
…you said you would quit smoking and change your ways

Now
…I am looking at you
…I am asking myself why
…I am wondering if you will be there in the future, will you be there next week or even tomorrow
…I detest you for telling Mom, Michael and I to let you die

You are undergoing quadruple bypass surgery at 59, oxygen saturation of 95%, and ejection fraction of 37%—what am I to think if not the worst?

You made it out of surgery and are in a medical coma
You don’t look the way I remember you one bit
You should have quit smoking earlier, you should have changed, it is all your fault
Why?
…am I crying
…am I this upset
…am I this angry
…can I not keep myself together
…am I so glad you are still alive and I can see your smile
…do medical miracles happen
…did I forget to say I love you and thanks for being my Daddo before you went in for surgery?

Did I tell you how much I love you? Did I thank you for being in my life?

In the Window

By Carol Warren

Who is the girl in the window
Looking at the rain
Or the reflection of tears
Running down the glass?

Reflecting the wishes of others
Is walking a tightrope
Between who I am
And who I seem.

You want me to be me
But you only see the me
You want me to be.

Ring around the rosy
The circle twists,
The chain of ME’s
All fall down.

Which one is the one you love?

Who is the girl in the window
Looking at the rain
Or the reflection of tears
Running down the glass?
Laughter is the Best Medicine

By Brittany Warren

The room smells of death
Will she open her eyes now
Time to call the priest

From a young age we are told that laughter is the best medicine. As training physicians, we soon discover that laughter falls short of treating every ailment. We spend two years in the classroom dedicating ourselves to the understanding of the human body and the diseases that plague it. Part of that training includes learning the drugs that will help cure those diseases. At what point did we learn about laughter in Pharmacology? A once bright eyed and eager to learn medical student can be quickly silenced as death strolls into their patient’s room and takes them for its own. Wait, the books never told me how to handle that.

We spend so much time figuring out what’s best for the patient often forgetting about ourselves. What’s that old adage though? Laughter is the best medicine? This may be one of the most important lessons I will learn while in medical school. Sickness and death take patients hostage everyday on the wards. In order to keep from internalizing your feelings one must learn to make light of the situation. You learn to do everything in your power to help a patient, to keep them breathing, to keep their eyes open, but sometimes your best is not good enough. This is when your patient has one foot out the door and your attending jokingly tells the resident to, “Call the priest.” A joke? Now? When this first happened to me I sat there wondering how making a joke could ever be appropriate. Now, not only was the imminent death of the patient eating away at me, but so was the one liner. As my patient’s face haunted my thoughts, my emotions began to overcome me. “You need to be stronger,” I told myself, it was only my first day on the floor after all. At that point I thought of the one liner and a hint of a smile slowly etched itself across my face. It was then that I realized that the joke was not at the expense of the patient, but rather as a form of self-preservation for the attending.

It was hard lesson to learn and I am sure that it is a lesson with many layers that I will continue to grow from, but it was that day that I learned that perhaps laughter can be the best medicine.
The Little Girl Cried
By Oretha Jones M.S.N., A.R.N.P.

I walked through the door being the best me
At least I hoped that’s all she could see
She started talking, I began to defend
Because the goal is to not let her in

She asked hard questions
And I would respond
Still yearning to feel the heat of the sun
That little girl is buried so deep you see
The heat of the sun is new to me

She is waiting to see the little girl within
The one with my life I must defend
She wants to know why the little girl hides
It’s because the little girl is afraid to cry

Why would the little girl cry and hide
And not allow the sun deep inside
She is waiting for her father’s guide
For him to lift her up by his side

He’d twirl her around, they’d have great fun
Then he’d lift her face up to the sun

I told her what I wanted to say
When and if I make it to that day
I saw my pain in her eyes
And she saw the little girl cry

My father’s love was not shown to me
The more I asked the more he denied
The more he denied the more I’d hide

I thought another man could come find me
But my father’s love is the only key

I talked to her as if she was him
I asked what I’d done and when
He made me feel as if I was born of sin
I looked too deeply into his eyes
The more I talked the more I cried
Cathartic is the word she said
Exorcism is the word in my head

Loneliness, hate, shame, and doubt
Were all the demons we cast out

The little girl hidden deep inside
Now understands that she is her guide
There is not a man who holds the key
The love I need I found within me

The little girl is gone and a woman is here
No longer hiding in shame and fear
For far too long I chose to hide
That all ended when I cried

Comfort
By Eva Bellon

Love is never saying hello
Goodbyes that don’t exist
An entanglement of souls
Picking up where I left off
Knowing your answers
Finding ours together
Love is having nothing to hide
Thoughts that connect
Circles of emotions
A glimpse of one mind
An understanding
Love is breathing in
Extensions of our being
Creating a space inside
A gentle ease into time

On Earthly Adventures
By Sharon Winters M.D.

So if we have a desire to climb a mountain or sail a sea and we give up our home and family and friends to pursue our adventure saying to ourselves, “If I don’t go now, I may never go and I want to go,” what is the action to us? For if we believe in the resurrection and in eternity, then it doesn’t matter if we go now or not, for it will be there for us to do or it will not be important to do; and if we don’t believe in the resurrection, then whether we do it or not, we will die and it won’t matter then if dead is dead…And if we don’t believe in the resurrection, then why are we here on earth? If we are only here by chance, then nothing matters, not us, or those we love, or those we hate, or the things we have—unless we believe that because we are here by chance, we should make the most of the pleasures we find in our treasures, as we can take none with us when we die. So, grace and peace to us who believe. And faith, hope, and love are our past, present, and future.
House on Bear Paw Lane

Tiffanie Walker

As I am writing, I have realized that the tumult of emotions that I have described coming from anticipating an upcoming celebration is constant in my day-to-day life. Somehow, I have learned to live with it and push it aside in order to get through the day. Special occasions, holidays and milestones tend to amplify the feelings that are always present to the point that it is hard not to be overcome by them. Each day with William is an absolute blessing. At the same time, each moment tears at my heart because I know I will never have enough time with him on earth with me. A Mom “Blues” things, and this is something that I cannot “fix.” It is heartbreaking.

As I drove up to the gate to punch in the entrance code, I thought about the nice neighborhood with beautiful houses. The gate opened, and I drove around trying to find the address on Bear Paw Lane. I also thought the streets had cute names. I turned into the driveway and scooped out the house for a few seconds. It was very well landscaped with a three car garage and beautiful flowers everywhere. Any unknowing stranger would think that the family who lives in this house must really put a lot of work into it and be well off. Little would they know that the family living in this house has suffered for so many years with a heavy heart that no regular person could ever fathom.

On my first visit to William’s house, I was greeted at the door by a friendly woman with a warm smile on her face. She introduced herself to me as William’s mother, Oralea. She was so glad to have another medical student caring for her son. I immediately noticed her accent and asked her how soon can you come in?”

“Finally, right after his first birthday, his parents got the dreaded call from a geneticist at Miami Children’s Hospital who stated, “We found out what is wrong with your son; how soon can you come in?”

William was put into hospice care at the tender age of two; when I met him he had recently celebrated his fifth birthday. As we sat down and went through the entire history and circumstances around his diagnosis, William’s mom constantly had to run by his bedside or tend to his 11-month-old brother. Observing her suctioning, repositioning, or running behind an 11-month-old, I immediately thought to myself, “How does she do it all by herself every day?” When we finished the discussion, I was hesitant to do a physical exam. I was used to 5-year-olds asking me if they could hold my stethoscope or if they were going to get any shots today. Some of those kids were even excited to tell me about their best friends in kindergarten. I was not used to a 5-year-old that would never be able to do any of those things.

As I began my physical with the help of my attending guiding me through it, I saw before me a young boy who barely had his eyes open. I thought to myself, “Can he hear me? Can he see me? Does he feel me touching him?” All these thoughts bombard my head, and I spaced out for a few seconds. However, I was immediately brought back to reality as William began to make a loud moan, shake for a brief moment, and then pass out. I jumped back and immediately looked to his mother for any reaction. There was none. His mother nonchalantly stated that it was one of his seizures, one of 10 to 15 that he had per day. She was not worried; however, witnessing my first seizure was terrifying—that it was in a 5-year-old made it even worse.

I followed William throughout the year with weekly updates on a blog that his mother had created for parents of children with similar diseases. I felt her pain and could feel her tears of sadness when she blogged about the first day back to school from summer break. That day would have been the start of kindergarten for William, so his mother blogged, “How I wish I could see William with his little uniform and Spongebob backpack on, walking in and meeting his teacher for the first time.” She was saddened that he could not attend but rejoiced in the fact he was still here with her fighting his disease. Throughout the year, we had a few scares from serious upper respiratory infections to aspiration pneumonitis. Some of these scares were intense to the point where we thought William probably would not make it through. William amazed us each time and had continued to fight.

On my last visit with William, I again pulled up to his house and embraced the beautiful landscaping I saw. I contacted Oralea, greeted me at the door, and we sat at the kitchen table to go over everything that had happened this year. My attending and I had discussed a new program in the area known as the Prescribed Pediatric Extended Care (PPEC) program. PPEC was a non-residential health care center designed for children with terminal or medically-complex illnesses that require continuous therapy or skilled nursing supervision. We were going to talk with Oralea about the program as a means for her to have some form of respite care for William during the day. Oralea to me was a machine that never needed a tune up. She was with William throughout the entire day and only received help at night when a hospice nurse would give her time off during the night to sleep. She had learned to live with William’s illness and saw him as a blessing that has only made her into a stronger person.

As we began the discussion about the PPEC program, Oralea immediately began to cry. I sat and waited for a moment, and I could feel the tears welling up in my own eyes. I was sort of shocked that this discussion made her so emotional since I had never seen her cry before. After we comforted her, we discussed why this made her so emotional. Oralea explained that she knew William did not have much time left; she could feel it. She wanted to be with her angel all the time because if the moment ever came when he would take his last breath on earth, she would never be able forgive herself if she were not there. At that point I knew Oralea understood the extent of William’s disease and she was preparing herself for “the moment.” Oralea stated that she spent all of her life looking for meaning and purpose, and she finally found it when she had her first child, William’s older sister. She knew that life at that point would be all about her family. When William was diagnosed with GM1, her meaning and purpose in life made even more sense to her. I was taken aback by William and Oralea. They have touched me in ways that no other patient has thus far.

Last Friday, Oralea made an update on William’s blog: “Tomorrow, William will be 5 years, 10-months-old! I can’t believe it! It is also hard to believe that his 6th birthday is approaching. I am starting to think about how to celebrate his big day with cautious hope that he will be here to celebrate it with us. William has been doing really good lately, but from past experiences, we know all too well that things can turn on a dime and change so very quickly. It is hard for me to plan 24 hours ahead let alone 2 months. Yet here I am thinking of the best way to honor my beautiful son and the milestone he is about to reach—one that we never thought we would be able to see...”
My Best Friend
Cathaley Nobles

Hey girl, or hey boy,
That was the standard greeting
Depending on your gender,
No matter your age.

He couldn’t read, couldn’t write;
He was a sheer mathematician.
He may have not always remembered your name;
He never forgot your face, where he knew you from,
or whose son or daughter you were.
He never forgot dates that bills were due,
He never missed a doctor appointment,
And he never, ever how much money you owed him.

He no longer drove, but owned four vehicles.
We went everywhere together, mostly to Publix.
He stopped eating meat years ago, before my time;
We made a grape and banana run every other day.
We always took the same route, drove past the same sights,
repeated the same words at the same spots. For example: I have a bad habit
of not coming to a complete stop at stop signs. He would say “Read that
sign.” I would say “S-T-O-P,” and he would just say, “Well, then.”

A couple of years ago he had a pacemaker implanted.
Every 6 months he had follow-ups at the health center in Quincy.
I drove the usual 45 mph, the usual route in the usual time.
The nurses fuss over the 5’5”, 128-pound patient.

Once I followed him to the back as he shuffled along in his bedroom slippers.
When I came to, his heart specialist was beating me in my chest and a bunch
of people stood over me, including my best friend. Well, as he would say,
“To make a long story short,” I had had a heart attack.

He died in January 2011.
He would have been 100-years-old in August 2011.
He was not religious, but he lived the way God wanted!

He and I had countless adventures—some larger than others—but each day
with him was a gift from God. I miss my best Friend.

Doctor
By Stacey Farren

It is amazing how you see so many of us patients, backgrounds none alike;
You stop your world for us; with such careful stride;
These walls in which we meet—are the barest of them all
But with your knowledge they feel golden and flourish;
like a mountain is tall

You listen, you search, you take us all in—
you accumulate and answer, that helps our healing begin
No you’re not God—but God did choose you—
to use your mind and body to help others get through
The days must get long, the hours too—
but for our good fortune you do what you do.

So thank you, for I am only one patient; one voice you see
But you met me in my worst condition … You believed in me.
Each time I arrive here; I remember where I’ve been
So Doctor, thank you for caring within.

Shaken
By Tiffany Vollmer M.D.

You blonde haired, blue-eyed angel baby—
Where are your doll eyes?
And the rest of your blue iris, shaded in
Large dark unresponsive pupils—
Like an eclipse hiding blue sky forever.

Blink, twitch, move your small finger.
I wait for something more than the
Machine that moves air through you—
And for a moment, or two,
I have no breath.

Your impassive face is peaceful,
My heart is taken—
That which you no longer need
Will go on to save the lives of other babies
All because you were shaken.
Trapped!

From This is Our Story
By Wendi Adelson J.D.

I’m so embarrassed that I was really jealous at first. I even remember a few nights when I woke up and saw that Ana wasn’t sleeping next to me. I looked at the clock on the wall and waited 10 minutes for her to come back from the bathroom. When she didn’t come back, I explored the house to find her. I didn’t want to wake the Cuencas, so I tiptoed as quietly as possible. After checking a few doors, I entered Martin’s room. He had Ana in his bed, and she sounded like the stray dogs in our old neighborhood, when the mean little boys would corner them and pelt them with rocks. I called her name, and she told me to go away.

I waited up for her, and heard her when she crawled into bed. Our sleeping bags were pressed next to each other, but I moved mine closer to the wall. She had already made such a large space between us, putting Martin in the middle. I felt betrayed.

I can see now why that was silly, but I didn’t understand then. I didn’t know that she didn’t want to be with him. I only started to figure it out later that night, early in the morning, actually, when Ana went to take a shower, and Martin came to my bed, took out his switchblade, and held it tight against my neck.

“One word about Ana and I will slit your throat.” He pulled so hard on my long, jet-black hair that a few strands came loose and a little blood appeared at the scalp...

Maria preferred. Her stomach looked just like one of those delicious treats, and I almost went to her then. She was pregnant, I had no idea how far along. She saw me looking then, and immediately turned away.

“One,” I said, unable to form the words to say anything more.

“Don’t, Rosa, you’ll just make it worse.” She spoke to the door, and immediately turned away.

I was too scared even to talk to Ana about it. I didn’t know what to do. I spent the next few days in a daze, going through the motions of work and sleep without feeling truly awake. I had thought that Ana was a virgin, like me. We were only thirteen and fourteen, and we had been told to save ourselves for marriage. It is a sin to have sex before marriage and Ana was not a sinner. She was a good girl from Jujuy, like me.

Ana never told me about everything that happened with Martin, and we spoke less and less every day. Several months passed; I lost track. I wondered if maybe she blamed me for helping win the contest that brought her to the United States. It didn’t seem like such a great prize now.

I woke up when she left our room every night for Martin, and on the nights that she did not leave herself, he came to get her, roughly grabbing her by the arm, and dragging her to each other, but I moved mine closer to each other, and I moved mine closer to the wall. She had already made such a large space between us, putting Martin in the middle. I felt betrayed.

I felt so lonely in that house, and the loneliness sat there like a sneaky cat in the room at night, when Ana wasn’t there to be my friend and confidant any more.

A few months later, Ana got sick while we were making breakfast. I told her that maybe she wouldn’t have to work if she felt bad. She asked Señora Cuenca when she got up, but she refused. She told us that we weren’t paid to be sick. Ana asked her, “Are we getting paid?” I remember that moment perfectly, painfully. Señora Cuenca slapped Ana in the mouth, and told her that we were costing her a good bit of money, and that we were paid every day as we work off our debt. Señora Cuenca said that every day with our eating lots of food, and using the electricity and the shower, we were costing her more money.

“One word about Ana and I will slit your throat.” He pulled so hard on my long, jet-black hair that a few strands came loose and a little blood appeared at the scalp...
Babycatching in Cartagena

By Diana Janopaul

As a midwifery student, I had the opportunity to travel with three other students to Cartagena, Colombia to spend ten days in a maternity clinic delivering babies. Harmony, Jen, and Cindy comprised the team from The Florida School of Traditional Midwifery. We rotated through eleven-hour shifts, day and night, covering 22 hours every day. We labored with the women, caught babies, did newborn exams and postpartum checks, and then returned to our preceptor’s home to eat, shower, and sleep.

We each delivered more than 25 babies in those ten days. We saw women giving birth in conditions that would be considered horrifying here—no sheets on the beds, families not allowed in, no support at all. We watched medical students, interns and residents utilize practices that, to us, are outdated and unnecessary. We saw these same caregivers make do with limited, or non-existent, supplies such as electricity and Chux pads. I witnessed unforgettable situations and met women who experienced impossible pain with bravery.

One of these women was Rosa, a dark-skinned beauty, very young and sweet. She was being induced for pre-eclampsia, even though she had not one sign or symptom of being pre-eclamptic. Her labor was long and hard, and the doctors were beginning to talk of a C-section. She was the last woman laboring at the end of our first shift. Harmony went to her, put her arms around her and began to dance. They swayed together and Harmony began to sing.

Woman am I.
Spirit am I.
I am the infinite within my soul.
I have no beginning and I have no end.
All this I am.

I joined in, putting my arms around them both. We sang to her and swayed our hips in time. It was such a victory to welcome that beautiful baby into the world, not long before our first shift ended.

Maria, a small woman of Native American descent, was laboring with her fourth baby. She was the “old woman” on the ward, giving encouragement to the younger girls around her. After many hours of slow, painful labor, the doctor decided to perform a C-section. The section couldn’t happen, however, until her family was located outside the clinic so that they could pay for the surgery. She was hysterical from the pain and cold—operating rooms are kept at near-arctic temperatures. She was especially mortified that she was naked—there were no such things as hospital gowns there—and the cloth they had tried to cover her with kept slipping off. I will never forget holding her in my arms while the anesthesiologist, finally, administered the epidural. She looked up and kissed me on the forehead and said, “Gracias.” I kissed her back, through the surgical mask I was wearing. “De nada.”

One day I found Harmony crying in the dank, cramped bathroom the laboring women used. She said that she couldn’t take the disregard for the women or the brutal exams performed on the women. I had gone to comfort her, but somehow ended up crying as well. We heard a knock on the door and I opened it to find Manuel, our favorite intern. I tried to explain to him that for us birth is not just a medical procedure, but rather, a sacred event, that, as midwives, we have tender hearts that... “Break easily,” he finished my statement. He told us that she also has a soft heart that was often broken there, that he didn’t like the way the women were treated, but that he had to work within the system there to achieve his goal of becoming a doctor. We ended up in a group hug in that dingy little bathroom.

Our last day, we delivered the baby of a seventeen-year-old young lady named Tanya. Tanya’s last name was “Valiente,” which means “brave” in Spanish. And brave she was. She would grab Harmony’s long braid and pull her head back with each contraction, then kiss her and apologize afterwards! During the hardest part of her labor, she began to beg—not for pain relief, which was not even an option in the clinic—but for a “gaseosa”—a soda. At first, I tried to convince her that water was a much better choice, but as I watched that young girl make her journey into womanhood, I decided that she darn well deserved a soda. I sent someone to buy her an orange drink, which she sipped out of a plastic bag with a straw. It was soon after her last sip that her little boy was born. He was tiny like his mama and born with a small crown like her own. The nurses brought in for our last day—marigolds for healing.

Even telling you all of these things doesn’t convey the intensity of the experience. After we returned, I craved being with Harmony, Cindy and Jen, because they alone could understand the way I was feeling. Harmony and I still can’t sing our song together without crying.

Woman am I.
Spirit am I.
I am the infinite within my soul.
I have no beginning and I have no end.
All this I am.
Breathe
By Angela Guzmán

I’m sitting in a room struggling to breathe
Anxiety building
Self-perpetuating thoughts of failure and weakness grab hold of my mind forcing me to
Stop dead in my tracks
I can’t breathe... Using a paper bag... I...
Breathe in... and out... and then in again...
Hoping that the gases exchange and facilitate the restoration of blood to my core...
Somewhere in my brain
I convinced myself that I’m not supposed to be here... yet I long to be nowhere else
Breathe
In confidence so that it may radiate from your skin
Breathe
In acceptance of self-limitations and self-affirmations of success
Breathe...
In self-love and let it pulsate through your veins
Breathe...
Don’t forget to... Breathe...
Every time that you struggle to stand
Just...
Breathe in and walk again...
So now I breathe
Life back into self
I breathe...
Longevity and mental prosperity
Elevating thee...
I breathe and speak life back into your broken vessel
Now you are ready to return to the sea again...
So...
Just...
Breathe...
And be encouraged...

Progress Note
By Elena Reyes Ph.D.

You can hardly talk,
eyes cast down,
tears streaming down your cheeks...
Silently

The pain so deep,
the history of abuse so long
that the memories torment you...
Silently

You walk to the edge of the dock,
you think about your son,
a hand taps your shoulder; you turn back...
Silently

You are not ready yet
but you have to leave,
you shyly smile good-bye looking hopefully down the road
Silently

I watch you go,
proud of you...afraid for you,
sending a prayer on your behalf,
Silently

Camilo Fernández Salvador

Pablo Rodríguez
My story is about the coaching of two brothers, 12-year-old Zeb and 13-year-old Elija, who were raised in foster care. They were children, though I didn’t know it initially, whose mother was addicted to crack and father was incarcerated. They were raised by various people and bounced around together from one foster parent to another. I met them while they were living with their 40-year-old grandmother who they had been living with for a month of failed discipline. When I heard her words. If only I had acted, if only I had stopped and talked with him, I wish I had the courage to pull him aside and see what he meant by that. Instead, I let it go and my simple unawareness would haunt me.

The next week I called Elija's Grandma, to tell her what time I will be better than you ever could. I dropped the phone immediately hit him back and told his brother, "Man, you don't hit women, no matter what they do to you." With watery eyes he took another weak swing and started to cry. "Coach, I'm sorry. I won't do it again." We left together, with tears in both our eyes, and returned to the team.

The game started without a hitch and my team was down by about two runs. During the second inning Zeb hit my second baseman, who happened to be a girl, in the shoulder. Elija immediately hit him back and told his brother, "Man, you don't hit women, no matter what they do to you." I told him, "Elija, if you want to punch someone, punch me, because I’m at fault, not your grandmother." His response was, "Coach, you didn't do anything wrong. I'm not gonna hit you." I told him "You felt strong enough to hit a woman, why not punch me?" At which point he took a weak swing and said "I can't hit you, Coach." I pushed him and said, "You already did. The second you hit your grandma and got in trouble, you not only punched me harder than you ever could, you hit every one on your team. As both a baseball coach and a man, I will never allow violence towards women and you are a strong enough person to know that it's never acceptable." With watery eyes he took another weak swing and started to cry.

"Coach, I’m sorry. I won’t do it again." We left together, with tears in both our eyes, and returned to the team.

The players did.

On the first day of practice Mrs. Smith dropped her boys off and told me that if I were to encounter any problems I should tell her immediately so that she could correct them. I semi-heeded her words and focused my attention, as I always do, on producing fundamentally sound baseball players. The brothers were like most of the players on my Daytona Beach team, inexperienced and unwilling to put forth the work necessary to become a good baseball player. I worked intensely with them, both on the fundamentals and on the physical fitness necessary to be an athlete.

Quickly I realized that the older brother, Elija, was unwilling to put forth the effort to excel in athletics. When I told the team to run, he would walk. When I lined the team up for ground balls, he would stand on the sidelines and watch. I found that all my motivational coaching techniques failed: he simply wouldn’t work. He consistently would say, "Coach, I don’t want to run, I just want to play baseball." After a month of failed discipline I utilized a resource I never had before, his grandmother. This was the biggest mistake I've made as a coach.

Elija's grandmother immediately left work and drove to the bull field. I met her outside the dugout with Elija, waiting for the magic pill that would transform my obstinate ballplayer into the all-star I needed. Instead, the lecture I heard put me into the all-star I needed. Instead, the lecture I heard put me into the all-star I needed. Instead, the lecture I heard put me into the all-star I needed. Instead, the lecture I heard put me into the all-star I needed. Instead, the lecture I heard put me into the all-star I needed. Instead, the lecture I heard put me into the all-star I needed. Instead, the lecture I heard put me into the all-star I needed. Instead, the lecture I heard put me into the all-star I needed. Instead, the lecture I heard put me into the all-star I needed. Instead, the lecture I heard put me into the all-star I needed. Instead, the lecture I heard put me into the all-star I needed. Instead, the lecture I heard put me into the all-star I needed. Instead, the lecture I heard put me into the all-star I needed. Instead, the lecture I heard put me into the all-star I needed. Instead, the lecture I heard put me into the all-star I needed. Instead, the lecture I heard put me into the all-star I needed. Instead, the lecture I heard put me into the all-star I needed. Instead, the lecture I heard put me into the all-star I needed. Instead, the lecture I heard put me into the all-star I needed. Instead, the lecture I heard put me into the all-star I needed. Instead, the lecture I heard put me into the all-star I needed. Instead, the lecture I heard put me into the all-star I needed. Instead, the lecture I heard put me into the all-star I needed. Instead, the lecture I heard put me into the all-star I needed. Instead, the lecture I heard put me into the all-star I needed. Instead, the lecture I heard put me into the all-star I needed. Instead, the lecture I heard put me into the all-star I needed. Instead, the lecture I heard put me into the all-star I needed. Instead, the lecture I heard put me into the all-star I needed. Instead, the lecture I heard put me into the all-star I needed. Instead, the lecture I heard put me into the all-star I needed. Instead, the lecture I heard put me into the all-star I needed. Instead, the lecture I heard put me into the all-star I needed. Instead, the lecture I heard put me into the all-star I needed. Instead, the lecture I heard put me into the all-star I needed. Instead, the lecture I heard put me into the all-star I needed. Instead, the lecture I heard put me into the all-star I needed. Instead, the lecture I heard put me into the all-star I needed. Instead, the lecture I heard put me into the all-star I needed. Instead, the lecture I heard put me into the all-star I needed. Instead, the lecture I heard put me into the all-star I needed. Instead, the lecture I heard put me into the all-star I needed. Instead, the lecture I heard put me into the all-star I needed. Instead, the lecture I heard put me into the all-star I needed. Instead, the lecture I heard put me into the all-star I needed. Instead, the lecture I heard put me into the all-star I needed. Instead, the lecture I heard put me into the all-star I needed. Instead, the lecture I heard put me into the all-star I needed. Instead, the lecture I heard put me into the all-star I needed. Instead, the lecture I heard put me into the all-stars, eight brothers and sisters. I watched this all in stunned silence. I realized that my player had more on his plate than just baseball and life itself was tough enough. I called practice and pulled Elija aside. I asked him if everything was alright. His response was short and curt, "Coach, if Grandma ever touches me like that I'm going to go to jail." I wish I had stopped and talked with him, I wish I had the courage to pull him aside and see what he meant by that. Instead, I let it go and my simple unawareness would haunt me.

The next week I called Elija's Grandma, to tell her what time I will be better than you ever could. I dropped the phone immediately hit him back and told his brother, "Man, you don't hit women, no matter what they do to you." With watery eyes he took another weak swing and started to cry. "Coach, I’m sorry. I won’t do it again." We left together, with tears in both our eyes, and returned to the team.

The game started without a hitch and my team was down by about two runs. During the second inning Zeb hit my second baseman, who happened to be a girl, in the shoulder. Elija immediately hit him back and told his brother, "Man, you don’t hit women, no matter what they do to you." Unfortunately we lost that game, but I felt proud that my ballplayer had learned a lesson in life that maybe he will take with him. Though my coaching experience in Daytona Beach didn’t have the same rewards as it did in Tallahassee, I will take my experiences and learn from my mistakes, just as my ball players did.
“¡En la sombra!”

By Ann Sheddan

As someone who speaks “un poco español,” traveling to a country where very little where very little English is spoken was quite intimidating at first. However, even with the language barriers, I found I was able to communicate “mucho con los niños de Nicaragua.” For some reason, the children understood what I was saying, and spoke slowly enough so that I could understand them. My theory: the kids were used to hearing their baby siblings learning to speak and I probably sounded similar… más o menos.

At one of our clinics, I was working “crowd control” outdoors, and I was hot. I’m practically albino, and I didn’t know how much more SPF 50 my skin could absorb on top of all of the sweat. I was trying my best. I didn’t know the actual word for “shade,” so I described it as best I could: “Donde el sol no es. Aquí.” Blank stares. The kids looked up, saw the sun, looked at each other and smiled like I was losing it. I kept going, trying to motion and act out “shade.” Really fun, try it. Finally a little girl who appeared to be about 9-years-old bellowed:

“¡EN LA SOMBRA!”

All of the kids ran into the shade and laughed. “¡Muchas gracias!” The little girl just gave a knowing smile and started playing the game with us. It was amazing to witness and participate in communication without sharing a language. I learned that even though my Spanish was full of errors, the children and the adults appreciated the fact that I was trying my best to speak the language.
Reflections on Ecuador
By Antony Nguyen

Since this was my first medical service trip, I truly didn’t know what to expect before going. Should I practice physical exam techniques? What should I bring? Would it be ok if I hardly knew Spanish? Did I even know enough to make any positive difference at all? Once on the trip, all the uncertainties gave way to excitement and to just enjoying the moment. The trip turned out to be a once-in-a-lifetime educational experience and adventure.

The Hospital and Clinics in Quito:
The differences between the hospital and clinic were obvious just from the outside of the buildings that housed them. From blocks away, approaching the huge majestic building, one could tell it was a hospital. Directly across the street was a small unimposing building that blended in with the surrounding houses and stores; it was nearly seamless. Even as I stood right in front, I could not tell it was a medical clinic without being told so. On the inside, the gleaming and spacious hallways of the hospital contrasted starkly with the dark and narrow spaces of the clinic. The Hospital Metropolitano in some ways was not unlike any hospital found in the U.S.; except in Ecuador they only provide services specifically for patients who carry health insurance. At the clinic just across the street, with the relatively meager infrastructure and lack of resources, they do an amazing job with what they have to provide much needed help to the poor and underserved population with no insurance. It was my first time being in and learning about clinics like this. I found it interesting that physicians who work at the clinic are volunteers, taking time out of their own private practices to come here for hours each week to give back to their community. From their practices, the volunteer physicians bring sample medicines provided by pharmaceutical companies to stock the clinic pharmacy and to give out to the clinic patients that need them.

In the clinic, we also learned about the “medical brigades,” which are groups of volunteer health professionals (doctors, nurses, dentists, etc.) that go into remote jungle villages several times a year to provide services to the poorest of the poor. But it’s not a medical mission where a foreign doctor working with a translator comes to provide one-time medical care to patients during a short trip. The heroes of these medical brigades are local: they live and work in nearby communities, so they are able to go several times a year and bring sustainable health-care solutions and preventative health education to the people who need it the most. In another part of town, we had the opportunity to shadow physicians at the “Hospital San Jose Obrero,” a clinic founded and run by nuns to help the poor. Like at the other clinic, the physicians here are volunteers. In our short time there, we saw patients with varying issues such as diabetes, GI issues, throat problems, and dizziness. For the newly diagnosed diabetes patient, one of the prescriptions the physician wrote was for her to buy the drugs instead of continuing to use the samples. It costs money to properly dispose of the drugs, so they sit there day after day, useless and taking up space. What a waste of precious drugs that could help people! Still, the doctors and nurses come every day and do what they can with what they have. This clinic had various areas, including an emergency room and a pathology lab; something one would expect in a hospital, but unusual in a clinic. Operating solely on donations and volunteers, I’m still amazed they are able to not only keep the place running, but also provide quality care to the patients. Interestingly, they had an area for acupuncture, embracing what many, at least in the U.S., would consider alternative medicine. Apparently acupuncture helps cure, at least temporarily, sinus congestion, according to the one brave person in our group willing to have needles inserted into his body.

Riobamba:
The short visits in Riobamba were an eye opener. It touched me to see not only the physical manifestation of the kids’ illnesses, but the poverty of their family and their living conditions. By going to their homes, we gave attention and brought a little help to these mostly forgotten patients who we would not have otherwise seen. There was a barely standing boy with a bone deformity in his arm and learning difficulty. His problems were not severe enough to receive help from the government, even though his family lived in a small shack with no electricity or running water and unsanitary dirt floors. His mother was so thankful we came that day to provide her son a little care and some donations, repeating “muchas gracias” with tears in her eyes. Still, as we left felt guilty for not being able to do and give more.

I was really impressed with the school/juvenile detention center, where teenage boys who had been arrested for things like theft, assault, and even rape were being rehabilitated. It was surprising at first, hearing the serious nature of some of the crimes. Initially, I wondered why they weren’t locked up behind bars with their freedom taken away like it should be. But as I found out more about the boys the place was run, and after I met and talked with the boys, I became a little bit more understanding. I learned most of them were previously homeless, involved in gangs, and simply had to do what they did to survive. It was refreshing to see those boys being taught discipline, team building, and practical trade skills to prepare them to live and succeed on their own in society. It was such a simple idea, and I think far more effective in the long run than throwing money into building facilities and security to lockup and punish troubled youths, which more often than not makes them worse.

Pacto:
Pacto is a very small town that’s not even on most maps. It took four bus rides just to get there. But it was in the villages outside of Pacto where I had my most memorable and rewarding experience in Ecuador. The whole operation that day was really something. With only two pickup trucks, three doctors, one dentist, nurses, FSU med students, and some medicine and equipment, we were able to make an impact in the lives of many children in only a few short hours.

We set up an assembly line of sorts, doing medical checkups and physicals of all the kids in that village. One person was stationed at the front to get the name and age, another to get the weight and height, another to get the temperature, another to measure blood pressure, and several to do physicals and fetch medicines. It was great working together in a team like that, each person playing a pivotal role. We were incredibly efficient, bringing smiles to the kids, and making a small difference to their well-being. It goes to show you don’t need high tech equipment; you don’t need a great abundance of knowledge; you don’t need an office; what you need is just a little compassion and effort to do what you can with what you have to care for and help others.

This trip was a wonderful medical learning experience, but it also helped me to grow and see the world in a different perspective. I feel fortunate for the opportunity to better know my classmates and professor; learn about the history, culture, and health care of Ecuador; open my eyes wider to the plight of the underserved; and simply for the opportunity to be of service to others. The thing I’m most grateful for is a renewed desire to give back to the community and help those that need it the most even back home in the U.S. I still need to work on my Spanish, but at least now I have a better idea of what a medical service trip is about and I can hardly wait to go on another one!
Trust Your Instincts
By Laura Davis

“How are you feeling?”
“I’m nervous. Really nervous.”
“Why?”
“I’ve never done this before. This is a real patient. I’ve never been the one with the answers.”

“Lucky for you, they don’t know that. There is nothing to worry about. You will be great. Just follow your instincts. They won’t lead you wrong and if you have any questions, ask. Have fun, and don’t worry about the checklist.”

When I think back to my first day of preceptorship—twelve weeks into my medical school education—so many vivid memories flash in my mind’s eye. I remember standing in front of the full-length mirror at home wondering whether it was appropriate to wear my new, shiny red stethoscope. I remember looking across the room at my fellow classmates, at the students and put a warm hand on their shoulders. I remember looking back at my professor and preceptor saying, “Today I saw… what?” He repeated again with a chuckle, “How do YOU feel it went?” I was shocked. He did not want me to ramble back the information I had received from the patient, he wanted to know how I was doing. He was concerned for me.

As my first year in medical school progressed, I used the words of Doc continuously. I followed my instincts when something seemed awkward in a patient’s presentation. I asked questions whenever there was something I didn’t know or understand. As many times as I could, I thought about how I felt after seeing the mother of three who had just been told she had stage IV ovarian cancer, or how I felt seeing an obese man who had dropped his blood pressure and weight by simply eliminating carbonated drinks from his diet. I took time to reflect on not only what I was doing but what medicine was doing to me—and it was changing my life.

The summer after my first year I participated in a medical service-learning trip. One of the most powerful experiences of the trip was when we visited a special school for people with physical disabilities. I must admit, I was a little uncomfortable. Not only was I with extremely handicapped people, but I didn’t speak their language. I did not know what to say or do, and I felt ill-equipped to be there. Doc’s advice rang in my ears: “Just follow your instincts. They won’t lead you wrong.” All I knew to do was smile. So, I smiled at the students and put a warm hand on their shoulders. I remember looking across the room at my fellow classmates, standing in awe at what I saw. Some students were fluently engrossed in dialogue with our new friends. Others were just as uncomfortable as I was, but our fearless leader on the trip was in the corner of the room, with his own children around him, involving them in the experience and letting them learn what it meant to be accepting and loving towards others. He was teaching them by his own example, and it was a beautiful scene.

That night, as I reflected on the day’s activities, I realized the importance of having instructors that live the life they teach and the powerful truth that it takes more than memorizing a checklist or knowing how to do a physical exam to be a good doctor. Anyone can learn the motions and, just as our simulated patients, “act” like a doctor. Learning to be a physician is more than a curtain call; rather, it is a reflection of each of the experiences I have had that led me here. As I continue in my medical career, I will forever strive to practice medicine while remaining true to myself. I want to keep medicine fun and be passionate, even when I am defeated and exhausted. There are many, many things I have learned in medical school, but the most important lessons I’ve learned weren’t from books or small groups. The most important lessons have come from watching how my professors and preceptors live the lives they are claiming to live. They lead lives of integrity, not because they are required to professionally, but because it is a vital characteristic in their make-up, not as physicians, but as human beings.
Poems
By Eva Bellon

7.0 1/12/10

There are children screaming tonight
While their mothers stare into nothingness.
No phones will ring to disturb them.
No lights on any horizon.
A city
Covered in dust
Will try to pull itself from the darkness
For all the world to see.
Line up the fallen so there can be sleep.
Line up the hurt so they can wait.
Wait for help,
Wait for death,
Wait for the next trembling moment.

Haiti will survive.

Hopelessness
Another familiar emotion
In a sea of poverty
The world will finally see
It begins to understand

Will you pray for them
In some way try to help
Let the world keep on spinning
Let the world come crashing down

Sift through the tears
Under the rubble
Reside silenced dreams
Voices cry out
In an instant we band together
Visions of hope can be found
Even in darkness we see can see the light
**True Love**

By Angela Guzmán

Dear Lover...

I apologize for neglecting to tell you that you are the inspiration behind the sun rise each morning

Gently encouraging it to set sweetly at night

Leaving for me a trail of hues to illuminate my path back to you

It seems this seed of love has grown slowly

Carefully

Contemplating which season to blossom

Only to retreat again into the solitude of the soil’s womb

Leaving fragrant petals for us to cherish until it blooms again

Our passive encounters of divine origins

Led us blindly down two pebble trails that merged into one path

We named it Love

In honor of those who blazed the trail before

Bequeathing clues secretly hidden beneath each pebble

Encircling our names into the barks of trees

My hand guided by yours

It seems...

That again I neglected to tell you that your touch excites my heart to beat

Faster then slower

Simultaneously

I withdraw instinctively

Drawing me near

Eyes interlocked... all doubts disappear

I forget to breathe

Declaring our destiny

Etching our names into history

As two people who unknowingly

Ascended into the land of purity

Choosing to live amongst the stars with those

Who were blessed to find true love

---

**Rosa Parks**

By Samuel Williams

The year was 1955

And the south was divided by segregation;

The civil rights movement was very much alive

And it was in need of some vigorous stimulation.

The momentous event occurred in Montgomery, Alabama

And no one could imagine its true magnitude;

The actions of one little lady who was caught up in a system

That was both wicked and rude.

Rosa parks was as tired as tired can be.

She was hurting from her head to her feet,

Yet she would change our nation’s history

For refusing to give up her bus seat.

For refusing she was put in a cell,

Fingerprinted and put in jail.

Still those who gathered to pay her bail

Knew she had rung the right alarm bell.

Rosa parks didn’t want confrontation,

All she wanted was some old fashioned respect.

But when she got the nation’s attention

The civil rights movement would last much longer,

Thanks to one little tired lady

Who sat down because she knew she was right.

---

**On Call**

By Sarah Mike

Light fits through the curtain, and I catch a glimpse of all that I have lost.

Standing at this window, I watch them passing by, those twenty-somethings with their perfect families, well slept eyes, hair neatly braided with not a drop of silver to be found.

I see their wedding rings, their baby carriages, their smiles, and their freshly pressed suits.

Down the long corridor where the florescent sun never sleeps and where the only constant on the menu is morphine, a mirror shows me all that I have gained.

Even in this 36th hour, I am free. Hair a mess, wrinkled coat, lack of sleep—this is the stuff of my dreams.

There is one more patient to see, one last note to write, one last order, and thankfully many more long nights of this calling.

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**Service Learning**

By José E. Rodríguez M.D.

For Nicaragua

Hundreds of patients

Essential primary care

Million-pede

Pool dueling monkeys

Tortillas and beans

Running

Mis-priced missed flights

Direct to miami

Welcome home
Tears
By Sharon Winters M.D.

Tears—salty, irritation, flowing, cleansing

Associated with
Weeping, sorrow, grief.
A broken heart, a prophetic knowledge.
Falling Tears—destruction, rejection.
Tears of empathy, of sympathy, of compassion.
Tears—self-centered or God-centered.
Tears—caring, loving, devotion.
Tears—loss, suffering, rebellion
Tears—move us towards action:
hope, satisfaction, restoration,
Rejoice!

Fire on the Beach
By Eric Heppner

How you right light this fire of mine
from long dead ashes in a pit of sand.
The darkness gone in a conflagration divine
with thoughts of you that defy command.
This beacon light guides ships to harbor
and draws home part of me long lost.
This fire to me is the stone marker
of when life became worth its cost.
The flames dance to the unheard song.
The ember recites an ancient verse.
With perfect tongue I would not sing along
but let flame weave its heavenly curse.
We sit by this fire and stare at the sea,
and just for this moment endure eternity.

Oh, Those Smiling Eyes
By Carol Warren

I look at the pictures you send back.
You in your scrubs,
Practicing your art.
You look like my son, my daughter.
Smiling eyes. Oh, those smiling eyes.
Eyes of compassion
Seeing pain,
You are able to fix—
Happy because your dream is coming true.

I look at the pictures you send back
Of the children in the places you doctor
And they look like my little boys—
The tousled hair, the smiling eyes,
Oh, those smiling eyes.
Eyes of innocence
Happy because you are there.
Yes, caring for their needs,
But really happy because YOU are there.

I look at the pictures you send back.
I know we have made a difference.
You are becoming something more
And we are privileged to share.
Smiling eyes. Oh, my smiling eyes
Reflect my pride in you
In me
In us.
“How Do I Love Thee?...”

Inspired by Love and Elizabeth Barrett Browning’s 43rd Sonnet

By Jimmy Moss M.D.

One day you’re here. One day you’re not. Life is a weird thing. Sometimes good things happen to people who don’t deserve it, and sometimes bad things happen to good people undeservingly. Last year, during my surgery rotation, a patient left an everlasting impact on me. She was an extremely pleasant Spanish-speaking 37-year-old female. She had just given birth to a beautiful baby boy 2 weeks prior and had a cholecystectomy the week after for symptoms of acute cholecystitis. She was discharged home. She returned again a week later with continued right upper quadrant tenderness and nausea. Uncertain of the etiology of her continued pain since we just removed her gall bladder, we admitted her to the floor. We eventually discovered a diagnosis from the pathology of her gall bladder from the original surgery. Although rare in a young woman like herself, she was diagnosed with invasive gall bladder carcinoma.

I learned so much from this woman even though we had difficulty communicating. No matter how much pain she was in, she would still greet me with a great big smile every morning at 4:45 AM. She was happy with whatever she had. She wasn’t picky and never kept nagging for things. She would trust us with our job, and she would do what she could to help us out. She was very content with life. She used to smile so proudly anytime we asked her about her baby. She would puff her cheeks out to demonstrate the baby boy’s chubby cheeks. It was always a pleasure to be with her.

Even after we told her of her grim diagnosis, she was still the same person every day thereafter. I’m not sure if she totally understood what was going on or the severity of her diagnosis; however, we did get someone to translate to her in Spanish. Nevertheless, she was always smiling and happy to see us. She just wanted to get home to her little boy. Unfortunately, there were very few, if any, effective treatment options.

I’ve come to realize this past year that there are some patients that just click with you. You automatically develop a close bond with her. Our bond was something similar to a mother-son bond. I just wanted to help her in any way possible. I just wanted to be there for her. I would visit her several times a day just to be sure that she was doing okay.

Given the communication barrier, I knew I needed another way of gathering information from her. I wanted to know more about her family history and childhood and exposures and so forth. Being pretty tech-savvy, I thought I could find an iPhone app to help me communicate with her. Of course I knew some general terms like “dolor” for pain. So I finally found a great app that would definitely make our communication much more effective and meaningful. I was so excited to get to rounds the next morning to find out more about her history and symptoms and to get to know her better. She was supposed to go for a stint placement the previous evening. I went to her room, only to find her missing.

My patient was dead. She had coded on the table in the procedure room. I didn’t know what to do at that point. I just sat down for a bit. I didn’t get to say goodbye. She didn’t get to say goodbye to her baby. She never got to play with her baby in her own home. Her husband is going to have to raise the boy on his own. The family did not even want to do an autopsy to find out cause of death. We thought about the case for many days. We presented her at a morbidity and mortality conference. We traced our steps. This woman was never on any medication or intervention for DVT prophylaxis. The thought of invasive gall bladder carcinoma totally penetrated our minds not leaving any room to think about normal preventative medicine. How the thought of DVT prophylaxis never crossed anyone’s mind—including myself, attendings, residents, and nurses—I will never know. We didn’t even know if the reason she coded was because of a massive saddle embolus, but it is surely high on our differential. No matter what the patient’s age, I will never forget about simple hospital prevention such as DVT prophylaxis in any of my patients. I hope that the poor woman’s life wasn’t taken for us to learn a lesson like that.

I learned so much from this Spanish-speaking 37-year-old. You don’t know when life will end for you. Live life one day at a time, like it’s your last, with an optimistic attitude and hope for a wonderful future. I will remember her forever. I will always remember to smile, and I will never take life for granted. My worst day ever is probably someone else’s best day ever. I will always be optimistic even in the worst of situations and never run out of hope, and I will never ever forget about DVT prophylaxis.
Quiet Moment, Dignified Voice

By Jennifer Packing-Ebuen

He stares at nothing. His eyes are clouded with cataracts, but I know he is in there. His mouth hangs open slightly, his membranes dry, and his lips covered with petroleum jelly.

“Mister Williams?” I lean forward slightly and speak a little closer to his ear. “Mister Williams? I’m going to check your belly, okay? I’ll be gentle, just tell me if anything hurts.”

I know what will happen, but I have to complete my exam. I inspect his incision, and I watch his face carefully when I gently palpate his right abdomen—no reaction. However, as soon as I reach the left lower quadrant even the slightest pressure causes him to twitch in pain. I move closer to his ear.

“Mister Williams, I know that the left side still is tender, but is it any better than yesterday?”

He stares at nothing. He does not react. But I know for sure he is in there.

I nod slowly without commenting and start to put my exam notes into the chart. Then I walk off toward the elevator trying to keep moving forward and finish rounds, but all I can think about is how I found the mass that was so hard it felt like a rock in his belly.

He was a working man who had reached his eighties the hard way. He had survived four different kinds of cancer: prostate, parotid, head and neck, and colon. He had been married for 60 years and had four kids who were all middle-aged and successful. He was quiet and beloved. He was transferred to the hospital with a GI bleed of unknown origin. All of his scans were inconclusive, and he was still losing blood. He was cranky, tired, and frustrated beyond belief.

After all he had been through he did not understand why the doctors could not figure out what was wrong.

I doubt that my exam was what think about is how I found the mass that was so hard it felt like a rock in his belly.

“I’m sorry, what?” I walk over to see who is talking.

“This state does terrible,” says a voice behind the nurse’s desk. “This state is terrible,” says a voice behind the nurse’s desk.

“Mister Williams?” I lean forward slightly and speak a little closer to his ear. “Mister Williams? I’m going to check your belly, okay? I’ll be gentle, just tell me if anything hurts.”

I felt guilty that it had taken so long for him to get a definitive diagnosis, and that he had to go through a surgery to get the news that he was going to die soon. I hoped his pain had improved, but he was refusing to tell me if he was feeling any improvement in his pain level.

I did not get a chance to try to talk to him again until the next morning. I decided not to do my exam and instead I stood next to the bed and looked into his cloudy eyes.

“Mister Williams, it’s okay that you won’t talk. But based on our discussion when I first met you, I know you have an opinion about what is happening. I don’t know if you think no one will listen because your family is not doing much listening right now, but please, talk to my attending. Tell him what you want. Let him make sure your wishes are understood. Okay?”

He looked at me and said, “I don’t want—nothing—any more.”

I nodded and said, “I know you haven’t been talking to many of the doctors. Is this why you are not talking to them?”

He nodded.

I asked, “Have you told anyone else that you don’t want any more treatment?”

He shook his head no.

I said, “I need you to tell the doctors exactly that. Your family is still asking for more surgery. Just try to tell them what you want.”

It took a couple more days, but finally he had a DNR order and soon he was being discharged to Hospice care. I really doubt that my little conversation with him was the tipping point. But the morning I saw the DNR and Hospice treatment plan in his chart I nodded to myself.

Every patient has a life story, some are more impressive than others, but it’s far more important that we treat every person with the dignity they deserve, no matter how many or few achievements they have. I was glad that a man who had lived his life with good character and pride would be able to die with the same dignity.

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The Heart in My White Coat

Natasha Demehri, Class of 2012
3rd place in the Arnold P. Gold Foundation Humanism in Medicine Essay Contest
Published in the October 2011 issue of Academic Medicine

“S is in a coma. Florida Hospital—Ginsberg Tower. Help.”
My mouth dropped, my heart began to race, and my mind went blank. It was my first day of my Internal Medicine Rotation and my first day on ER-call. I was rounding on patients as my phone vibrated, but stopped short as that text message was not an ER consult from my resident team, it was a text notifying me that my close friend had gone into a coma. My attending asked if I was okay as I stumbled to the nearest chair, but I couldn’t speak. I showed him the text message and he immediately excused me to see my friend. Shaking, breathing heavy, and thoughts racing, I finally made it to the 8th floor of Ginsberg Tower. The place that I frequented for months during my surgery rotations had suddenly become an unfamiliar nightmare. As I stepped slowly off the elevator and toward the waiting room, trying to compose myself, I saw S’s entire family gathered in shock. The smell of salty tears filled the air, and his family stared blankly out the window. As they noticed me, they smiled almost with a sigh of relief that I had arrived; at that moment I realized I was no longer just S’s friend but as a third-year medical student. The responsibility that I carried in my white coat was far greater than I had expected.

Slowly, S’s mother sat me down and began telling me the story. It was well known that S was an insulin-dependent Type I Diabetic, always managing his sugar very well, yet something, somewhere, somehow went terribly wrong. That morning, Valentine’s Day, S’s mother woke up to her six- and seven-year-old daughters crying as they found S lying unconscious, unresponsive, and not breathing on his couch. He then broke the silence, “Right now you are S’s friend and always will be. And to you, S is not your patient and never will be. Keep your faith, keep your hope, and maintain your ethical boundaries, for these three things will help you realize the emotional strength it takes to become the great doctor you will be.” He stood up, shook my hand, and left the room like a gust of wind. “I will see you tomorrow.”

The week slowly progressed and I returned day after day, but S’s condition had not improved. I remembered Dr. X’s advice and held strong as I comforted S’s family and my friends. It was difficult not to read his chart and know the answers to the instinctual questions of a medical student following a patient, but I knew this was necessary. As Dr. X said, I had to maintain my ethical boundaries, for it was my place to support S and his family, not to be his doctor. Each day Dr. X would wait until 6pm to round on S in order to ensure that I would be there after work. He could sense my eagerness as I craved the answers to each question that jumped to my consciousness, but he kept me focused on S’s recovery. He would bring in an article each day on the subject of S and his family, not to be his doctor. The responsibility that I carried in my white coat was far greater than I had expected.

Friday morning, 8:15AM, S was disconnected from his life-support. I knew that everyone was watching me; I was the “medical student in the white coat,” no longer S’s friend. Maintaining my composure was critical, but on the inside my world was crumbling. That evening I had the opportunity to meet the physician that will forever hold a place in my heart. He was the neurologist, Dr. X, who was following my friend’s case. After S’s family had left the room, Dr. X came to round on S that evening, and he immediately noticed me. I had seen him on rounds in the hospital before, but this encounter was different. Dr. X took a seat next to me on S’s bedside couch without saying a word. He placed his hand on my shoulder above my medical school patch, and said nothing. Immediately I began to tear up, almost instinctively, and I removed my glasses and looked down in silence. He stood and examined the patient, checked his respirator and fluids, and returned to my side on the couch. He then broke the silence, “Right now you are this family’s medical connection. You are the student, the doctor, and the nurse. But, to S, you are his friend and always will be. And to you, S is not your patient and never will be. Keep your faith, keep your hope, and maintain your ethical boundaries, for these three things will help you realize the emotional strength it takes to become the great doctor you will be.”

Thursday evening I made my way back to Ginsberg Tower, but something was different. I walked to the waiting room and the neurologist was speaking to S’s family as they sobbed tearfully. Before I could listen I stepped out and walked to S’s room, my heart beating strong. This time, I did as he said and “stepped away” from my white coat, hanging it on the door as I entered the room. Holding S’s cold hands tightly, I watched his respirator inflate his lungs with a perfect rhythm, and soon I found myself breathing to the same beat—inhale, exhale, inhale, exhale. I felt the tears come down my face as Dr. X walked in the room, and at that moment he told me the two words I dreaded most: “brain dead.”

I shook my head tearfully as he escorted me to the couch where we sat the first day I met him. He explained that the hyperosmolar coma left S in a state that was now irreversible, something I thought about several times but refused to admit to myself. Then he said, “A dying man needs to die, as a sleeping man needs to sleep, and there comes a time when it is wrong, as well as useless, to resist.” He walked to the door, pulled my white coat off the hook, and handed it to me. “This coat will forever define your profession, but your heart will forever define your person. Keep your heart in your white coat, always. Remember this moment every single time you have a patient, and you will fight the fight for them.”

José E. Rodríguez M.D.
A Change in Perspective

By Katie Love

When asked by friends, loved ones, and strangers how my trip to Managua, Nicaragua was, my answer was unequivocally, “It was amazing.” My doctor raised her eyebrows at this news, “Even with the GI infection?”

“Oh yes,” I responded. “We basically didn’t have AC for all ten days either.” The incredible part definitely was not the condition of the toilets—or, more accurately, holes—we used at clinic, nor was it the swarms of mosquitoes and flies that dive-bombed our PB and J’s. What made this trip amazing was that it changed my perspective of the world.

To be honest, I hadn’t done much research on Nicaragua before going on the SIGH (Students Interested in Global Health) trip. I had, I would have known that Nicaragua is the second poorest country in the Western hemisphere—the only poorer country is Haiti. I hadn’t expected the poverty we encountered. On our first full day, we went to “La Chureca,” which translates as “the Dump.” And it is just that, a garbage dump. The horrifying part is that people live there. Children live there. On our bus tour through the area, we saw a girl walking along the muddy street—if you could call it a street—barefoot. I found the saddest aspect of the situation in the Dump to be the fact that missionary groups routinely buy or build homes for families living there, and the families immediately must sell their houses and move back to the Dump. To me that indicates a serious problem with the economic and social structure in Nicaragua. Elizabeth, our hostess in Nicaragua, explained that people do this because they can make a daily wage at the Dump by sorting recyclables. Elsewhere in the country, payday is only two times per month, and the salary is not much.

We did clinic in three different villages: Los Cedros, Los Romeros, and Monte Fresco. About one hundred people from the community lined up to be seen. Many of the patients were clearly not sick, but they complained of general symptoms, such as headaches, fevers or a cold, so that they could have medications like Tylenol or cough drops available for when they really were ill. They were always grateful for any medication we provided. We did not have prescriptions pain medications, but a man with severe back pain from a herniated disk was extremely glad to get Ibuprofen. His attitude contrasted greatly with the patients I had already encountered in my preceptorship. In the United States, a patient with that amount of pain likely would have laughed at the suggestion of Ibuprofen and then would have demanded something much stronger.

The patients evidently had a large amount of respect for health care providers. They came to our clinics, which were often outside, dressed very nicely even by American standards. They did not shuffle into the office in pajamas or sweatpants; instead, they wore some of their best clothes. Many girls, for example, wore beautiful floral dresses, which probably also functioned as their Easter dresses.

My favorite day of the trip was going out to the community for home visits. Women who were leaders in the church at Los Cedros took us in groups to see people whom they knew were sick, or had a chronic illness, but could not make the trip to clinic. Sometimes the people would invite us into their homes, and we saw how they lived. Again, their gratitude was very evident: when we left, some women even hugged or kissed us goodbye.

There was clear disparity in the community’s wealth. We went to one home that had tile flooring and a porch, while other homes had dirt floors and aluminum walls. One man met us in the street while we were doing home visits. He was having severe abdominal pain and vomiting, and a portion of his abdomen was distended. We indicated that we needed to perform an abdominal exam and that we needed a place for him to lie down. He said that we could go to his home, so we followed him as he hurried ahead to straighten his bed. We eventually saw that his house consisted of aluminum walls, a dirt floor, and two pieces of furniture—a neat bed and a desk. Even riding around in our bus, we could see the poverty in Nicaragua. Trash littered the roads. Unneutered, underfed dogs roamed around. The bumpy roads were severely in need of pavement. An interesting sight in Managua was that, even in June, Christmas decorations were up, a remnant of a Christmas celebration two and a half years prior. The government did not even have money to pay workers to take down Christmas decorations. Still, the lights were turned on every night.

My heart truly goes out to the people of Nicaragua who live in poverty. Since returning from the trip, I have found myself extremely grateful for the basics; forget luxuries like a television or computer. I will never complain about being hot again. I have readily accessible air conditioning in my apartment and in my car—I can deal with Florida heat. I have all the water I could ever want, and it’s clean. I have an apartment with insulated walls, carpet, and furniture. I eat three meals a day minimum. Now, when I think I’m having a bad day, I remind myself of these things. I also feel extremely fortunate that I have been blessed with so many wonderful educational opportunities. I might flatter myself by thinking I’ve gotten this far solely because of the effort I put into getting to medical school, but I would never have made it to medical school if my parents had pulled me out of school when I was ten years old to work because we didn’t have enough food.

In addition to gratitude, I also feel a renewed responsibility to help people who weren’t born into the luxury that I was. The unfortunate part about medical mission trips is that the volunteers only treat the symptoms of the real problems a country is facing. As someone who has chosen a career in healing, that frustrates me. Social and economic issues cause poverty. Providing people with basic medical care is like putting a small Band-Aid over a cut that has already progressed to a systemic infection. Nevertheless, I want to continue doing outreach to third world countries, because even if I’m not changing the problems, I am helping to alleviate suffering. And the gratitude of the people we saw showed me that even if we can’t generate the radical change I would like to see, we are making a positive impact.
The First Delivery
By Caitlin Dunham

Welcome, Baby

I felt you before I saw you. A firm roundness, rough beneath my gloved fingers, pressing just to the edge of my palm, your mother’s cervix a whisper of satin ribbon about your head. “Eight centimeters?” I can’t keep the anxious rise out of my voice. It’s only my second day. “Nine,” came the crisp voice at my shoulder. “She’s almost ready.” P, the midwife, stands there: her words cheerful, her manner calm, her presence kind but firm for me and for your mother. It’s not clear which of us is comforted more.

A sigh comes from behind the sheets as I withdraw my hand. Your mother’s blood stains my fingertips. Her ordeal is far from over. Her hands and lips quiver with fatigue and anesthesia. “Your first?” I ask. She whispers in the affirmative. “Mine, too.” I give her my gentlest smile, but she cannot see it with her eyes squeezed shut.

It’s not long before I can see you. A tight curl: black, silken, sodden. You’re bobbing like a cork, more of your scalp visible with each push before retreating again. Trickles of fluid, pink and orange, join the growing pool in the padding. I can see the whites of your father’s eyes across the bed.

“What size gloves?” asks M, the lovely Irish nurse. She’s fetched me from the call room, where I’d watched your tracings on the monitor above my bunk. I’m gowning, heart racing, sweat gathering at my hairline. You will make your appearance soon.

“I can’t! I CAN’T!” You’re mother is shrieking. “You CAN!” says M. “You MUST! Your baby will not come out unless you PUSH!” P is humming to herself as I arrive by her side. “It’s whether she’s talking to me or to your mother. She grasps her thighs. I grasp your head. One last push! Your head emerges. You wear your cord as a necklace. My heart stops, or has time slowed? Am I trapped with you between heartbeats? P’s knowing fingers slip your necklace off. I breathe again, and now, so do you. You are in my arms. P suctions your mouth and nose. You cry. Your mother and father cry. I cry.

Your skin is gray and blue. I’ve seen it before: the lividity of death. Our color is the same as we enter and exit the world, it seems. Soon you are pink as a fingernail; your silken curls less sodden. Eight and nine according to M. Your mother thanks Jesus. I thank P. Your father doesn’t speak at all, but smiles through his camera at you.

You are at your mother’s breast. Your father strokes her hair and your feet. I slip away, skin prickling with receding adrenaline. The lullaby plays on the PA system.

Welcome, baby girl.
The Poignant Platypus and Other Misadventures in Online Dating

By Andrew Lane

So, it had come to this, had it? The realization of what he was about to do had come down upon the platypus hard. Here he was at two years old, the peak of development for his species, and the platypus was alone. He couldn’t comprehend where he had gone wrong. The platypus had done everything he was supposed to do his entire life.

He was an adept fisher, his coat was thicker, fuller than most, and his tail rippled with muscle. He was an amalgamation of the best features of several animals. All of their strengths, none of their weaknesses, with venom thrown in for good measure! His species laid eggs! Sure it was a bit uninviting to witness firsthand, but an effective ice breaker nonetheless at any social get-together. He had seen the way the beavers’ wives eyed his thick coat.

The blasted beavers! Don’t get him started on the dam beavers. Despite their ignorance and audible mouth breathing—a consequence of that ridiculous overbite no doubt—even the beavers were all married. They were happy and the platypus hated them for it all the more.

Sure, he had been in love. He had his fair share of romantic escapades. He didn’t want your pity. He had piddled beneath the full moon with dacks. He had swooned a swan. He had even fathered a litter of illegitimate children with another platypus while her husband was away on business. Her husband was always away on “business.” This business was usually down in the other river across the railroad tracks.

The humans had built the railroad dividing the once united river, both literally and figuratively, which left each side spatheful of the other. It was a well-known fact that the other side of the river was for loose females and even loosier mor- als. As far as the platypus was concerned, anyone going over to that side of the river deserved to be cuckolded.

However, as always, these rolls on the hay, at the nearby farm, had to come to an end. The husband would return, the parent’s would disapprove, a pregnancy scare would erupt, the list went on. These events all led to his present state. Disgusted, he turned to the last frontier that he could think of for love: online dating. He closed the shutters and sat with his back to them—just in case a stiff breeze should blow them open, revealing to a pedestrian his present state of shame.

Chai in hand, he sank heavily into his chair and set about the task, also at hand, the other hand.

He needed a tagline. This appeared to be some sort of a marquée, a catchphrase if you will, that would beckon females to him through their computer screens. But what one sentence summed up his being? How to describe the depths of his soul, his longing to be held by the mother of his children? “Well off, thick coat, large burrow. Equal opportunity employer, if you know what I mean.” Well, this is like advertising, he thought to himself, they would discover the other things after they got to know him. This witty introduction pleased the platypus.

He still continued to check over his shoulder, just in case. He still continued to check over his shoulder, just in case. He still continued to check over his shoulder, just in case.

But what if she really was bad luck? While he was on a date with her, the tide actually rose so high it washed away his burrow! And the whole nine lives thing? He was open minded but, come on, reincarnation? “My goodness!” He looked around to make sure there were no black cats in the room who might have overheard his careless mutterings. He decided to proclaim out loud that it “was her personality,” in just a case.

It was now approaching 2 AM or was it 4 AM? It was becoming hard to tell after all of those scotches. No matter, his masterpiece was near completeness. Before him were several categories of 1000 characters or less describing his greatest attributes, his triumphs, his legacy. Now, it was time to submit. With one click his humiliation would be made public. Would the dawn bring forth his future wife or would an acquaintance find him and snicker at the depths to which he had fallen? Would the others smile at him as he swam by in the river, relieved at knowing their lives were pathetic, but at least they didn’t have to resort to online dating? The platypus didn’t care anymore. He had come this far and was not about to turn back now. The platypus finished the last of his scotch, closed his eyes, and clicked. It seemed that in the end his fate would be determined by a mouse after all.
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