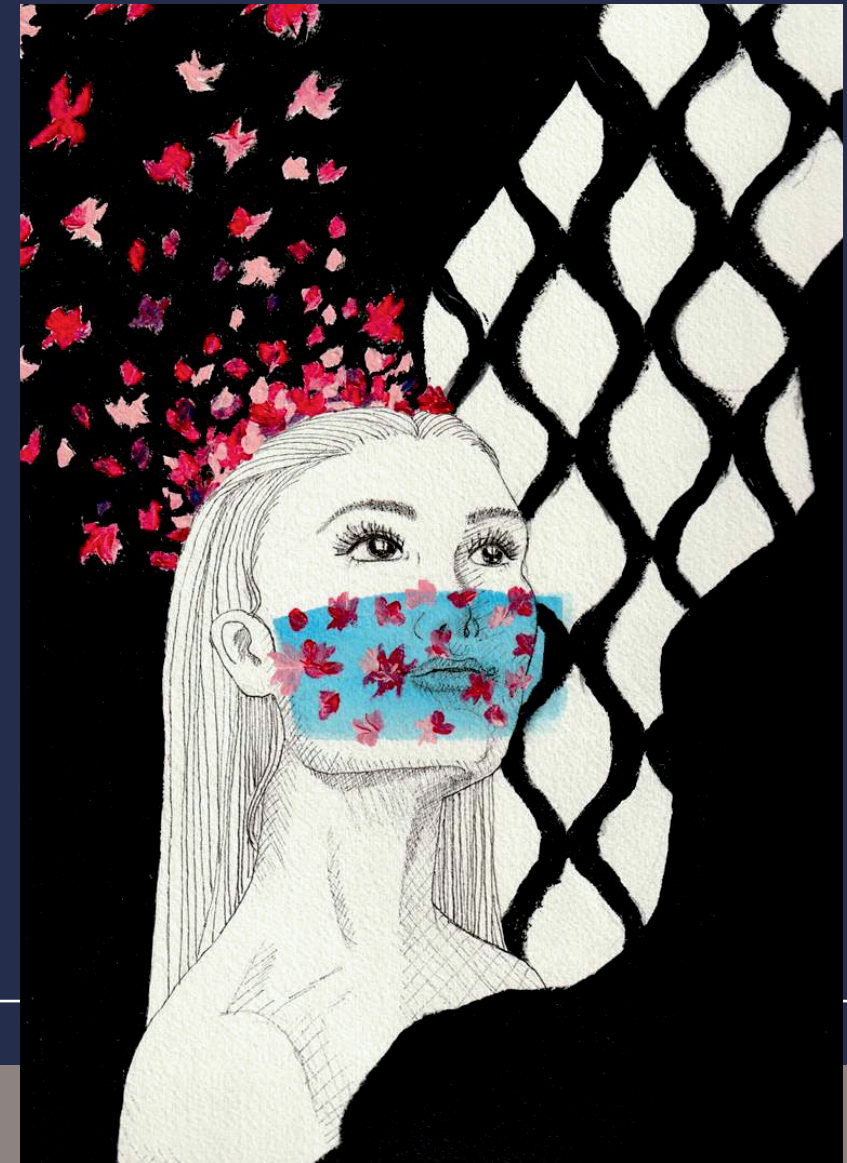


Narrateur

CELEBRATING TEN YEARS
OF REFLECTIONS ON CARING



THE DONALD AND BARBARA ZUCKER
SCHOOL OF MEDICINE
AT HOFSTRA/NORTHWELL
ART & LITERARY REVIEW

ISSUE TEN 2021

Narrateur

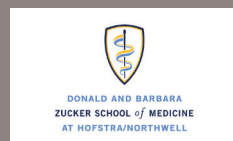
THE DONALD AND BARBARA ZUCKER
SCHOOL OF MEDICINE AT HOFSTRA/NORTHWELL

ART & LITERARY REVIEW

ISSUE TEN 2021

"For years I've collected heartache just like hers,
But today I am an alchemist transforming that pain to soothing words,
And the way her hollow eyes fill with hope is pure magic."

Saira Khan



Narrateur

REFLECTIONS ON CARING

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***Front Cover:
A Time to Heal***

Yuna Choi is a first-year medical student at the Zucker School of Medicine at Hofstra/Northwell. She enjoys writing and painting, and she is interested in the intersection between medicine and the humanities. Her piece is a reflection of the past year and an expression of the need for healing and the hope for progress not only within ourselves but also in health care and our communities as a whole.



***Back Cover:
The Alchemist***

Saira Khan is a second-year medical student at the Zucker School of Medicine at Hofstra/Northwell. This painting was inspired by a moment of connection she had with a pediatric patient, where heartfelt words were just enough and just in time to have a profound effect.

From the Dean

This issue of *Narrateur* comes at a very special time: A pandemic is sweeping over the world, a once-in-a hundred-years viral assault on the human race. The year has been characterized by fear, sickness, loss of life and a strange and pervasive isolation.

As clinicians and health care providers, we were asked to run “toward the fire,” not away to safety. And we did. Faculty were worried about themselves and their families. They continued teaching our students through the strange world of Zoom. Clinicians summoned their courage to treat the sick and dying while worrying about the possible viral spread to themselves and their loved ones. After all, taking care of sick people is the reason we are in medicine.

Still, we march on, accepting this new normal, tending to our patients. Our students continue to learn while joining the dangerous fight against COVID-19. There were, and still are, few in-person classes, and casual conversations with dorm mates continue to be conducted through video chats online. The masks we wear hide our expressions, which are critically important in bonding with our patients.

The contributions in this year’s *Narrateur* are the products of this sad and strange year. And despite all that COVID-19 brought to bear on our communities — our world — we have grown, lived, feared, hoped and fought for the health of our patients, our families and ourselves. Some of us got sick, and some of us lost loved ones. This much is certain: We will never be the same.

Welcome to *Narrateur* 2021, the year of heroes.

LAWRENCE G. SMITH, MD, MACP

Dean, the Zucker School of Medicine at Hofstra/Northwell

Executive Vice President and Physician-in-Chief, Northwell Health

From the Editor-in-Chief

Ten years ago, we published our inaugural issue with the first class of students to walk the halls of our medical school. It was an exciting time, with so much hope for future generations of doctors. No one could have predicted the events of 2020, the weight of COVID that has altered our lives — and medicine — forever. We were all on the front lines of the pandemic, and most of the submissions in this year's art and literary journal reflect this. We also have a strong mix of non-COVID stories, art, photos and poetry. It is a beautiful book, filled with lessons learned and shared.

There are a few stories that stand out in my mind. In “One-Liners,” Tiffany Wang, a medical student from the class of 2021, learns to deal with the grief that comes with doctoring very sick people. And Judith Brenner, speaking out of her own experience as a pregnant woman, teaches us how to talk to patients – really talk to them – when there may be bad news to deliver. Peter Leistikow weighs in on the photograph taken on his first day of medical school; a serious, “vaguely aggravated” face has been fixed on his ID for the last three years. He wishes he had smiled, now that he is double-masked at every patient visit.

In every way, we all want to transform things for the better. This year, it has been difficult to do that. But we arrive at the exam room and listen. We acknowledge our patients — and our own — pain, sadness and fear. On our front cover, the artist, medical student Yuna Choi, paints a young woman who is masked, bright-eyed and hopeful; we mask up and try to be the same. Our back cover, created by medical student Saira Khan, tells the story of a recent experience she had reaching out to a young child and listening and allowing her to grieve the death of her grandmother to COVID. The lessons we are continuing to learn in this age of COVID will shape who we become as healers, and how we heal ourselves.

JAMIE TALAN, MPH
Editor-in-Chief

Picture Me Differently

*“There is one thing the photograph must contain,
the humanity of the moment.”*

— Robert Frank

8 **T**he first day of medical school three years ago was a largely uneventful affair. Certainly, I remember listening to Dean Smith’s remarks to the class and meeting my classmates, but other parts were purely administrative: filling out forms, scheduling and getting our identification cards.

Excited about things to come, many people smiled widely for their IDs. I did not. I put on a vaguely aggravated face, one befitting a particularly excruciating day at the DMV rather than the sensational start of my medical career. In the wake of a pandemic that has fundamentally altered life as we know it, there are plenty of things to regret. It seems silly to say, but if I could do it again, I would have smiled in that picture for my ID card.

If I had known that little piece of plastic would be the only view that my patients would get of the face of the masked figure taking care of them each day, I would have put on a smile. I would have tried to capture the warmth and caring that are so important to the relationship between doctor and patient. Today, behind two layers of protection, I express myself through furrowed brows, raised eyebrows, winks, nods and exaggerated gesticulations and sweeping hand gestures.

Still, it is not the same.

I was taking care of a vivacious older woman suffering from a gastrointestinal cancer that had taken a turn for the worse. Although I often fool myself into thinking that patients don't look at the awkward little portrait affixed to my lapel, one day she took notice of the picture. She laughed a little and told me that I was not very photogenic. Laughing in response, I told her that she should see what I look like now. Of course, over the course of her stay I never entered that room without at least two masks and a pair of goggles, terrified as I was of infecting her with a virus she couldn't hope to fight.

Thinking back to that moment of levity, I wish that my patient could have seen me smile at her quips. I wish that she could picture me differently from the person I was in that moment three years before.

When the days of mask wearing eventually come to a close, I will remember how patients look to a friendly face for connection and strength. I will be proud to laugh and smile or to show concern and share the sorrow of my patients. I want my patients to picture me as I am.

Peter Leistikow is a third-year medical student at the Zucker School of Medicine at Hofstra/Northwell. He says that he is proud to have been featured in the last three editions of Narrateur as a contributor and editor.

Rooting

I spend my life looking at feet. I wonder about the patients who own those feet. How they stand, how they walk, how they balance. How they use those feet to make their way in the world.

As a radiologist, I rarely get to meet my patients in the flesh, but I often find myself wishing I could. I would let them know that I see and I care. Perhaps if they understood what is revealed by the scan — if they could see what I see — it would change something. Perhaps together we could slow down what is often inevitable: loss of a limb, and sometimes a life.

I spend my days making diagnoses of the diabetic foot. I see toes that tingle with neuropathy, gangrenous toes, infected or merely necrotic, that break off one at a time like pieces of clay. I think of the pain of those feet — the sores, the wounds. Later, I sit in my studio and form a new foot from clay, admiring the beauty of its contours, the five perfect toes and the functionality they represent. I pinch off toes, one at a time, and I sigh.

We are their gatekeepers, the specialists, the subspecialists, the experts. We are radiologists, podiatrists, infectious disease doctors, vascular surgeons, nutritionists, diabetologists. We are the limb salvage team; our toolbox is filled with tests. As I study the black-and-white foot on my screen, I wonder: Should we have ordered an MRI sooner? Maybe more sonograms? An angiogram? What is it that might help this patient avoid losing a toe, a foot or part of a leg?

Maybe it isn't another test, after all. Maybe we just need to spend more time talking, sharing, teaching and listening to our patients' stories. I sculpt feet in an attempt to keep my patients close, to remember their wholeness and their suffering. Foot after foot I color and glaze, some with five toes, some with fewer. With each amputation I feel a sense of loss, and yet connection. Could my art pave the way to self-care and healing? Must it always be too late when their scans arrive on my screen?

Marlena Jbara, MD, a pediatric radiologist, is an attending in the division of musculoskeletal imaging at Staten Island University Hospital/Northwell Health. Her current podiatric research interests include MRI evaluation of the diabetic foot and classification of pes cavus.



Rooting

Forgotten Until Remembered

Do you remember when an embrace was an acceptable greeting?

When the natural beauty of a face could be fully admired and smiles weren't concealed?

When the loved ones you spent time with weren't limited to a single household?

It was my first day on a COVID unit since the peak of the pandemic. Every memory I had repressed roared back: the alarms, the closed doors, the "Contact/Droplet" signs, the blue gowns, the face shields. Caught in a timeless bubble, the unit remained exactly as it had been at the moment of its grand opening in March.

My breath quickened. My palms became sweaty. I could feel my heart hammering against my chest wall, as if the stress desperately needed release and could no longer be contained by my body.

I had wanted to forget what COVID cases were like, but in the unit nothing had changed.

All of my patients had coughs, fluid in the lungs and difficulty breathing. They represented various severe forms of the disease, ranging from high oxygen saturations with no supplemental oxygen to the minimally accepted parameter with high flow supplementation. Throughout my shift they drifted in and out of sleep and barely had enough energy to eat or perform basic activities as their bodies battled the infection.

I saw my father in them. The day I found him on the floor at home, propped up against the couch. He was gasping for air in his sleep. His face resembled that of a man being strangled. In fact, he was being strangled by his own heart and lungs. This was before we found out that he had congestive heart failure and other cardiac anomalies.

That fear I felt as I stood over my dad and reached down to help him is the fear I feel now. The fear my patients feel. The fear their families feel.

My co-workers are a much needed, much appreciated source of support. One called me in the middle of the shift to ask how I was doing. Startled, I hesitated and then said, "I'll tell you later."

There was too much going on — too much to think about, too much emotion.

When I returned to my home unit on break, an outpouring of concern and care greeted me. I talked about the sensations I had experienced and was greeted by nods of understanding and acknowledgement. No platitudes. We knew the state of health care.

A part of me felt fraudulent, because my courage and confidence are forced. I'm not as strong as I appear to be. I didn't really know whether what I was doing was good enough. And I know that the science we have now is not always capable of saving them. The results of research to provide best practice take years. All we can do now is trust in science and each other.

All I can provide is my words. That's why I don't mind spending that extra time talking with patients in person and with their loved ones on the phone. I try to make sure the patients know we care, and I want to assure their families that they're okay. That they're improving. That there is hope.

Christine Vera Polintan, RN, is a registered nurse with a holistic nursing philosophy, a writer driven by passion. Her work can be viewed on her web site, christinevera.com, or on Instagram: @cv_polintan.



Afternoon Sunlight

Jessica Sheng is a first-year medical student at the Zucker School of Medicine at Hofstra/Northwell. She writes of her art: "This piece conveys the healing and



contentment that I find in nature, and in warm sunlight filtering through green leaves. It is a reminder of the sights, sounds and little moments of peace that I always wish I could capture in a bottle."

My Own Skin

I used to hate you. Every time I saw you, I felt ashamed. You were an unavoidable reminder that I am flawed, different. You were ever present, inescapable. You brought unwanted attention at every turn. You made me uncomfortable in ways that I could never fathom. You pressured me as you sought to alter my identity, my self-confidence, my relationships. You weighed on me with every moment, forcing me to alter my thoughts and behaviors. So often I felt alone, totally isolated apart from your looming presence. You disfigured me. You changed me.

You, my sternotomy scar, have also opened doors.

I have met countless individuals traversing the same road. Their age has been measured not only in years, but in months, days and hours. Nevertheless, we have encountered the same foe in our battle against congenital heart disease. I have found community among my patients. Each encounter reminds us that we are not alone. We are not different, inferior or broken. Rather, our experiences have made us stronger.

We emerged from the operating room renewed, christened with the love, patience and talent of our providers, baptized with the knowledge that every second matters, anointed with the understanding that a life dedicated to the service of others is truly the only life worth living. We, the congregation of congenital heart disease, find solace in each other, forever bound by the heart.

My mother was the worried new parent, anxious and apprehensive about the immediate future, uncertain what a cardiac diagnosis entailed. She had been the woman pacing the halls during catheterization, restlessly awaiting her infant son. She delved into books and pamphlets to understand my condition, my correction and my prognosis. Even today, she remains entrenched in these behaviors, far too familiar with her role as the parent of a child with a chronic disease.

I was the vulnerable patient, nervous about impending operations. I was the uneasy adult, feeling incredibly awkward pushing my IV pole during my laps through the pediatric cardiac

ICU. Now, I frequently find myself serving as the living model for the murmur of aortic stenosis, a learning tool for my colleagues. I have grown accustomed to the stares, the uninvited queries, unable to hide my surgical history. My sternum is an open book, an etching of twenty-eight years of cardiac history.

With my scar comes immense responsibility. It is my duty to pay forward the care and love that I have received throughout my life as a patient. It is my primary aim to care for my extended family, my brothers and sisters touched by this spectrum of disease. It is my obligation to care for patients and families that have been in the same position as my own.

Though our relationship has been complicated, tumultuous at times, we have meandered into a comfortable coexistence over the last four years. Though undoubtedly you generate uninvited attention, it is no longer inconvenient or unexpected. Rather than a point of embarrassment or sensitivity, you now open the door to countless conversations, meaningful relationships and credibility with my patients.

I am finally comfortable in my own skin. The reflection of my scar in the mirror no longer represents a stressor, but an opportunity. My shame has been transformed into pride.

After years of struggle with my existence at the intersection of life as a patient and provider, I now find strength in this juxtaposition. I now recognize that these are not separate entities; rather, they are one functional unit: my identity. These roles are inseparable. I am committed to my profession, vocation and human obligation.

Joseph Burns, MD, is a resident in pediatrics at Cohen Children's Medical Center. He is a 2019 graduate of the Herbert Wertheim College of Medicine at Florida International University in Miami, Florida. A native of Orlando, he is passionate about the arts and community engagement. His interests include congenital heart disease and American Indian health. He hopes to pursue a career in pediatric cardiology.

Stranger

I press my toes against the hardwood floor,
hoping that I won't look back and find
the footprints of a stranger.

I trace the walls lining the hallway,
remembering how they used to breathe
around each step I used to take.

I wonder how this house hasn't crumbled,
how it hasn't begun falling away into nothing,
the way that I used to.

I walk my finger along the banister, searching,
unable to find a single speck of dust
to prove that time has passed.

Sometimes I forget that this is still a home
when I am miles away, running from nothing
but the memory of a stranger.

Stephanie Williams is a second-year medical student at the Zucker School of Medicine at Hofstra/Northwell.



Omnipresence

Catherine Hou is a first-year medical student at the Zucker School of Medicine at Hofstra/Northwell. She enjoys hiking and reading in her spare time.

Looking in the Mirror

The sky was an azure blue, without a cloud. It was a perfect summer day. I walked toward the modern, gleaming steel and glass structure with its sleek lines and entered. The air in the lobby of the hospital was cool in contrast to the warm day. I began mentally preparing myself for the day of patient visits ahead of me. Bedside hospital visits were part of my chaplaincy program clinical training.

I scrutinized the patient list and decided which person would be my first visit. I sipped my espresso and reviewed the medical records to prepare for the day. A coincidence attracted my attention. The first patient I selected and I shared the same birthday: month, day and year.

I walked through the cavernous hallway toward the oncology unit. My first patient was in an isolation room. I looked through the thick glass door. A chill seeped into my bones. Our physical resemblance was uncanny. Her three children appeared to be the same age as my three children. They sat beside her bed, their chairs crammed into the small space. I could see the concern, pain and grief on their faces. It was as though I were seeing my life reflected in the mirror of an alternate universe. Hospitals are full of people with serious illnesses. This time was different. This experience impacted my clinical practice.

While caring for people, there have been times I have been reminded of someone I knew and loved: my mom, dad, grandmother, a neighbor, a friend from high school and others. These encounters precipitated an opportunity for self-reflection. Did the experience cause me to alter my clinical practice? Could I have handled this differently? What emotions were lingering after the encounter? I see people of all ages close to their last days; some deaths are expected, and some lives have a tragic end.

I had not considered seeing my own reflection in the bed at the end of my life until that moment. I was shaken. I decided to rearrange my schedule and see her later in the day.

I was flooded with emotions. Truthfully, I did not want to explore my uncomfortable feelings, but I challenged myself

to do so. In the past, I have used various reflection strategies. I wrote about the experience, talked to a mentor or colleague, exercised or baked cookies. This time, I decided to find a quiet place where I could sit alone.

I walked into the hospital chapel. I imagined I was in the hospital bed, and I could see the anguish of my family. I wept. I felt gratitude that it was not me or someone I love. I could feel empathy for this woman and her family while also feeling grateful for my life. I realized I could have both feelings.

Later that day, I was able to provide meaningful support for her. I visited her every day for a week, until she was discharged to hospice.

My encounter with this fragile and yet incredibly strong woman moved me to experience a paradigm shift in my practice. I had the realization that each patient could be me, my dad, my grandmother or anyone I love.

Adrienne Feller Novick, LMSW, MS, HEC-C, began her studies in a hospital chaplaincy program. She obtained her license in social work and became a certified health care ethics consultant. She is currently a doctoral bioethics student at Loyola University-Chicago and works in the Northwell department of medical ethics, serving as the medical ethicist at Nassau University Medical Center.

Closely Attuned to Her Beating Heart

We welcome atoms from cosmic origin
We welcome nitrogen from fiery stars

But where windblown nucleic acids twist and turn
is where we encounter the Russian roulette of genetic code

Where genotypes & phenotypes, phenotypes & genotypes
dance across a field of quaking possibilities

In need of precise DNA replication
In need of precise RNA transcription
In need of precise protein translation...

Just one mutational jumping gene transforms
normality —

So the birthing out, the crying out
is more like the cracking of an anguished egg — but

As I place the stethoscope
upon the newborn's heart

Swelling like earth's greatest seas
Expanding like endless galaxies

Nearly taking
my breath — away

My attention remains close,
closely attuned to her beating heart...

*John F. DeCarlo teaches in the writing studies program at Hofstra University and has authored two books of poetry, *Life and Death and Walking Through Lebanon*. He has been awarded first prize by the Nassau County Poet Laureate Society and honored as poet laureate by the Long Island Philosophical Society. A new bilingual (English-German) volume of poems is forthcoming.*



Beautiful, Peaceful Strength

Disha Yellayi is a second-year medical student at the Zucker School of Medicine at Hofstra/Northwell. She writes: "When looking at this building, I thought about how long it had been standing. Clearly the outside had been restored throughout the years, but I had to believe that the bones of this temple were from when it was first built in 1397. I was blinded by its beauty; I was blinded by what I perceived. We saw over fifteen temples in the few days that we were there, but this one stayed in my mind. I wanted to know more. As I researched the history, I learned that it had not stood strong throughout. More than once it had completely burned down. But still, at the end of these 622 years, it persisted. There was meaning in this. Even if the bones and the foundation had burned, it could be rebuilt. This temple embodies beautiful, peaceful strength."



Overcome

Anshul Kumar Kulkarni is a first-year medical student at the Zucker School of Medicine at Hofstra/Northwell. He often uses art as a therapeutic tool to process trauma and illness. He says of this piece: "This particular digital painting represents the fear of overcoming our shackles, especially when they are also what keeps us anchored in our reality. Sometimes I worry that if I break out of those chains, I might end up drifting astray and losing myself. Putting these kinds of thoughts into a painting helps me accept them and move on."



Homeostasis

Aaron Rhee is a second-year medical student at the Zucker School of Medicine at Hofstra/Northwell. He plans on concentrating on cardiology in the future. When he captured this photograph, he thought: "The world as it could be."

My COVID Journal

I don't always journal, but when I have experienced something that gave me pause or when something significant happened in my life, I would often spend an evening, like this one, trying to put into words how I feel. This way, I could look back and remind myself of the challenges I have faced or the milestones I have achieved.

COVID-19 changed that. Despite the whirlwind of experiences that has been life during the pandemic, I have found it increasingly difficult to journal this past year.

So I take time now and think back to early March and the onset of the virus in the country. I have always believed that there are certain aspects of life over which you have no control, but COVID-19 led me to experience this truth more deeply than ever before. Suddenly, I found it very difficult to try to be a student, while worrying constantly that my loved ones would contract the virus. Or that I might, or my friends, or my fellow students.

In those early, frightening months, I had to come to grips with the realization that I could not assume what tomorrow had in store for us. This was both humbling and terrifying. I was reminded of the oft-quoted saying: "Life is what happens while you're making other plans." Finding a way to cope with this new reality became my goal.

At the start of the school year, I had decided that I would put my work first. When a friend that I had not contacted in some time would come to mind, I would just brush away the thought, reassuring myself that school was my priority and that I would eventually call or write. But the pandemic taught me how flawed my thinking was.

I have learned that at the end of the day, life is more meaningful when we nurture relationships, and it's important to take those few minutes to tell those you care about that you are thinking of them. I began to allow myself to spend more time thinking about, praying for and reaching out to friends and family. I decided that I would aspire to live my life to build up other people and to become more selfless. This is my goal. I understand

that I have fallen short of it and that I may fall short of it time and again, but the realization of how important it is has markedly changed me, I believe for the better.

Another lesson I have taken from this COVID year is to pause and appreciate what I am experiencing. Since starting medical school in the fall, time has flown by. Somehow, I am done with my first semester, and somehow time seems to be speeding even faster. I need to slow down and take it all in, to enjoy learning with my peers and to acknowledge that I'm privileged to be in the position that I'm in.

I hope the lessons I have learned and the goals I have set for myself in this tumultuous season will carry me through whatever unknowns I will face tomorrow. Will I return to journaling more regularly? Perhaps. I certainly have enough to think and to write about.

Kimberly Kiplagat is a first-year medical student at the Zucker School of Medicine at Hofstra/Northwell. She was born and raised in Kenya, and her family now lives in Massachusetts. To relax after a long day studying, Kimberly enjoys a good Korean drama and some yoga.

For Trying Times

Lonely homes and eerily calm streets
The silence screams of danger
We wander between panic and prayer

Hospitals rumble beneath a flurry of gowns
Our healers are drained and weary
There are no right words to say

Latex gloves are an unexpected comfort
And though mouths are covered
Eyes can still smile

Matthew Saleem is a first-year medical student at the Zucker School of Medicine at Hofstra/Northwell. He enjoys cooking, writing and playing board games.



Infinite Blue

Jana Galan, MD, is a house call physician and assistant professor at the Zucker School of Medicine at Hofstra/Northwell. This photo was taken in Maldives, a small archipelagic state in South Asia.



Abeyance from Forest Fires

John M. Read is in the 2021 graduating class at the Zucker School of Medicine at Hofstra/Northwell. This photo was taken at Banff National Park during a break in the haze produced by nearby wildfires in British Columbia, Canada.



Lavender Fields, Provence, France

Alan Sloyer, MD, an associate professor of medicine at the Zucker School of Medicine at Hofstra/Northwell, is an award-winning New York-based photographer who specializes in travel, landscape and street photography. Alan's mama and papa started him early and always preached that "travel is the best education." He has

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traveled around the world to unique destinations and has had adventures in more than seventy-five countries, on all seven continents, over the past four decades. These lavender fields in Southern France bloom for only a few weeks a year. He and his family were lucky enough to be in the area when the fields were in full bloom.

Alone

She was seen for an appointment for the first time since her husband had died four months ago. She was alone in the examining room. Alone, like so many others, because the requirements of the COVID era demand that family members not be present. But her “alone-ness” was different.

It began on an April evening, five days after her husband developed fever and cough and subsequently tested positive for COVID-19. I had evaluated him via video the day before the onset of her alone-ness. The video visit constrained my ability to fully evaluate him, but having cared for him for twenty-five years, I knew he looked ill. He answered my questions, and I made the decision that he did not need to go to the hospital.

On the day her alone-ness began, she called me about her husband. She’d been giving him Tylenol every eight hours and his temperature was under ninety-eight degrees, but otherwise he was “the same.” I advised that she only give the Tylenol if needed. I planned to call her to follow up the next day. Four hours later, the county medical examiner called to tell me he had died suddenly while napping.

And so began her alone-ness.

On the day of her visit she was tearful. Her “routine visit” was anything but routine. Like her husband, she’d been a patient for twenty-five years. Her grief filled the room, crowding out the air. We spoke of her husband and I shared with her stories of my warm encounters with him. I asked about their life together, learning things I didn’t know because I hadn’t taken the time to ask.

Then her sadness turned to anger at the virus, and the unfairness, but mostly at her neighbor, a “virus denier,” a “don’t-tread-on-me” person who wanted no part of the government telling him what to do. She’d recently seen him unmasked and socializing with other like-minded people. The neighbor had been a friend of her husband’s, she said. He knew the circumstances of his illness and death. He’d seen the coroner’s van come to the house to take away his body.

Despite how hard it was for her to accept her husband's death, she found it impossible to accept her neighbor's actions and attitude — callous, indifferent, uncaring, inhumane.

So many times in the past, I've had to find the words to comfort the grief-stricken spouse/brother/sister/lover/parent/child/friend in front of me. This time, I could find no words adequate to the task. In the past I'd be able to call upon the simple, basic human instinct to touch, to hold a hand. But COVID's constraints stopped that. Our new world makes us long for the simplicity we need, even in grief, and that for so long we've taken for granted.

Two exam rooms, adjacent to each other but worlds apart. Two office visits, separated by fifteen minutes on a schedule, that could have been in different time zones.

In the first room, a patient whom I had known for over two decades. I began the visit as I've been doing for months, inquiring about how he and his family were coping with the pandemic. Was anyone ill, had anyone contracted it? And were they careful, wearing masks as they should?

"You know, I think it's all overblown, right?" he said. His words were cold, stark. "The numbers are all inflated. There's not nearly as much COVID as you make it seem." He went on: "When people die of cancer, you people say it was COVID-19 just because their test was positive. They died of cancer, or a heart attack. These people died with COVID, not from COVID. There are so many false positives. We know the tests aren't accurate. They just increase the numbers to make things look worse." He went on: "We all know that hospitals make more money when they say it's COVID...and that you doctors say there's no flu around because when you say a person has COVID, you get to make more money."

These words used to set me back, surprise me with their combination of ignorance and arrogance. Now they sadden me. Those words make me feel despair in people who are blind (willfully or otherwise) to facts that surround them. Those words make me feel disappointed in myself and my colleagues for not being effective enough in getting the word out about the monster we face.

Those words used to spur me to passionately educate the speaker about the real facts. And when education didn't work, those words, on occasion, motivated my confrontational side to bare itself. No longer. I've learned that people who hold those beliefs are immovable. They'll entertain no alternative explanation; find no road to even consider the "other side." In their world view, there is no other side.

I explained to my long-time patient that I would tell him the facts as I know them, because that's part of my primary care physician's duty and obligation. I urged him to be safe, based on what I know and have seen. Then I proceeded to what was really on his agenda for his visit that day: his blood pressure and cholesterol. He had no interest in discussing COVID, nor any intention of changing his behavior based on my exhortations.

Leaving that room, I entered the next. There sat a patient I've known for scarcely four months; he entered my primary care universe after leaving a rehabilitation institute. A young victim of COVID's wrath, he had been intubated and spent four weeks on a ventilator. He eventually required a tracheostomy and sustained multiple blood clots. His nervous system was ravaged by COVID's effects, and he had become paralyzed in three of four limbs.

I can't now, or will I likely ever, be able to reconcile the beliefs of the first patient with the realities of the second. I can't help but feel that I somehow betrayed the faith the second patient has in me by not confronting the first patient in a stronger way.

Eric Last, DO, clinical assistant professor at the Zucker School of Medicine at Hofstra/Northwell, is a primary care internist practicing in Wantagh. His interests include incorporating humanities into clinical medical practice and ensuring care for those with developmental disabilities.



March 17, 2020

Trey Keel is a second-year medical student at the Zucker School of Medicine at Hofstra/Northwell. She says: "I took this photo on my flight home to Washington to quarantine as the pandemic numbers began to spike in New York. As I stared out the window at the frozen lake, the cracking ice struck a note inside me. It felt symbolic of what was beginning to unfold in our country and the world, what was beginning to crack."

Credo

Here I am,
With so much to see
And so little to say.

And out there I go,
With even more to see
And too much to say.

Dylan Cooper is a second-year medical student at the Zucker School of Medicine at Hofstra/Northwell who serves on Narrateur's Poetry Advisory Board.

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Earth Has a Virus

People are sick, people are crying.
We the people slowly dying.
Self-isolated haze... are we trying?

Will I be in trouble for pursuing
the life I please? Will I get tired and
angry creating my personal melody?

Earth has a virus, but it's not the disease.
Dreamscaping landscapes to match our needs.
Now close your eyes and go to sleep...

Taylor Hunsaker is a junior at Hofstra University, a romanticist and a cat lover. Originally from Honolulu, Hawai'i, Taylor enjoys exposure to different facets of the world; her writing is often speckled with inspiration from the unusual, overlooked aspects of day-to-day life.



Paradise at St. Regis

Mustafa H. Ghanem is an MD/PhD candidate at the Zucker School of Medicine at Hofstra/Northwell. His passions include being a dad, a horticulturist and an outdoorsman. He says: "The Adirondacks have long been a favored destination of mine, but one which took on additional meaning as a place of solace during the pandemic. The St. Regis is a paddler's paradise, encompassing endless tracts of pristine wilderness."

Brooklyn Bridge Overpass

It is one of those beautiful, sunny, autumn Sunday afternoons in Brooklyn.

Despite the COVID-19 pandemic, people are out by the waterfront taking in the last hours of the weekend. My masked friend and I are walking and chatting, enjoying the limited socialization that we are now so accustomed to.

Suddenly, amid the background noise of people and cars, talking and laughter, the sound of an impact, a bad sound, echoes. Then people are running, rushing around a corner about a block ahead of us. There is commotion, a sense of urgency.

“Something just happened,” I tell my friend. “It sounds like someone maybe got hit by a car.” We quicken our pace. As we turn the corner, I see a body on the road. No car. People have started to gather, but no one has gotten close to the man. I start running. “I’m a doctor!” I yell as I move toward the body. I feel as if I’m in a movie.

A woman is crying, gasping for air. She is cradled by another. “He jumped!” she screams. As I bend to the man, I know that he is dead. I kneel beside him. Half-open eyes, a lifeless stare. Bright red, thick blood in the nose, the mouth, the ears. No movement.

Even though I know my attempts at resuscitation will likely be futile, I follow the steps I learned and have practiced so many times since I became an EMT when I was sixteen. I look up and yell to someone, “Call 911!” I assess for breathing: not breathing. I check the carotid pulse: no pulse. I start compressions. His torso feels eerily similar to the mannequin in my CPR class. I continue compressions until a man kneels across from me. Is he a physician, a nurse, an EMT? I don’t know. He takes over compressions.

What feels like seconds later, police officers, firefighters and paramedics are on the scene. I have been relieved of my duties. I look up and see the Brooklyn Bridge overpass as sadness washes over me.

The crowd begins to disperse as I rejoin my friend, who had been watching everything. We ask each other, “Are you okay?” but of course we are not okay. We start walking in the direction of

home. Hands shaking, I make a phone call to my partner to let him know what has just happened. We continue walking. We talk. The comfort of our twenty-plus years of friendship helps. As we stop in front of my apartment building, we hug. It is first hug I have shared with a friend since the beginning of the pandemic. It felt permissible to hug that afternoon.

I had often thought about how I would respond to a medical emergency outside of the hospital. Without my handy stethoscope. Without the ability to check vital signs. Without medications. I don't work in an ER, and it had been years since I had given CPR, but I felt proud of what I did that day. I felt proud that I was not a passive onlooker, and that I ran to someone who needed medical attention. Even if my actions were in vain, I tried to help.

I don't know what happened to him. I tried to look up the story online later but there was nothing in the news. If the man had died by suicide, there was a good chance it would not be reported. The events of that day continue to feel surreal. I am thankful that in my field of medicine, we rarely, if ever, are faced with the death of a patient.

Prior to writing this, only my friend, my partner and one colleague knew what happened that afternoon. But I think it's important for us, as physicians, to share our stories because they represent who we are. We are not afraid to run to those in need. We have a duty to help others, whether we are donning our white coats in the hospital or out walking with a friend.

Khalida Itriyeve, MD, is an attending physician in the division of adolescent medicine at Cohen Children's Medical Center and an assistant professor of pediatrics at the Zucker School of Medicine at Hofstra/Northwell.

Childhood Memories

During the past ten months, I have been reflecting on childhood memories.

Whenever I went to my paternal grandfather's home, he would usher me into the bathroom and scrub my hands with a nail brush with soap and warm water. I recall wondering why, but it became customary, and after a while I would step through his doorway and go right to the bathroom, run the warm water and wash my own hands with soap and the nail brush.

There is another memory that has held its place in my brain for well over half a century. As a child, when I went to the beach with my maternal grandmother, she would wear a top with long sleeves over her bathing suit. I never saw her wear short sleeves, even when it was very hot.

It was not until March of 2020 that these childhood memories and experiences began to come together into a singular explanation. My four grandparents had survived the Spanish flu, the pandemic of 1918-1919.

My paternal grandfather would often tell me how important it was to be clean. "To be clean is more important than being rich," he would repeat. Only recently did I realize that it was a remnant of his surviving the pandemic; he fervently believed that cleanliness had helped him to survive.

My maternal grandmother had the Spanish flu as a young adult and had been seriously ill. The treatment used to save her life was bloodletting. She would recount how they had made cuts in her arms with razor blades and then used glass cups to suck out blood; the idea was to reduce the viral load. The scars left on her arms made her self-conscious about wearing short sleeves. After she died, I found a metal bowl with glass cups in her cabinet. I was told that it was the set they had used during the pandemic. I have it



in my own home and honor it as a symbol of her survival.

Only now do I realize that my youth was impacted by remnants of the pandemic of 1918-1919. I wonder what remnants of COVID-19 future generations will find. What stories will be recounted? What will a face mask represent? What will social distancing trigger? I now understand that the nail brush was a symbol of survival. So were my grandmother's long sleeves. What remnants of COVID-19 will our children and grandchildren find in fifty or a hundred years?

Victor Fornari, MD, MS, is director of the division of child and adolescent psychiatry at the Zucker Hillside Hospital and Cohen Children's Medical Center, and professor of psychiatry and pediatrics at the Zucker School of Medicine at Hofstra/Northwell.



Sunrise over the Sahara

Louis Potters, MD, is chairperson of the department of radiation medicine at Northwell Health and professor at the Zucker School of Medicine at Hofstra/Northwell. He is deputy physician in chief and the Marilyn and Barry Rubenstein chair in cancer research for the Northwell Health Cancer Institute. On October 22, 2019, he awoke to a perfect sunrise in Morocco.

Last Dream 2020

In my dream, desperate to awaken,
standing in the hallway of a broken-down
row house in an unnamed city,
cracked windows and coarse ceilings in view of
paint chips on claustrophobic walls.

Homeless, as a soiled beggar on the street
this weakened flat,
offers shelter from ghosts of years past.
Climbing a center staircase, I am
more and more bereft of attachment.

My dream moves to the past.
Standing on line, my childhood braids
trailing my shoulders,
children behind me, waiting their turn
with courteous dread.
My arm sees the inoculation,
safety from the iron lung,
for parents, the death of innocence.

No time left to dream.
The crystal ball, high atop Times Square,
a geodesic sphere, mutates
to a purple globe,
its crystal triangles shattering
windowpanes on its 2021 ride to the bottom.
The next line awaits...

Heidi Mandel, PhD, LMSW, is a clinical social worker in private practice and a research consultant with the Zucker School of Medicine at Hofstra/Northwell. In addition, she leads creative writing support groups for seniors.



Prancing in the Snow

Dylan Tan is a third-year medical student at the Zucker School of Medicine at Hofstra/Northwell. At the height of the pandemic, he was able to go home to hang out with his dog, Prinz. While studying for boards, taking Prinz out for a walk was always the highlight of his day.

Thanks, Alexa!

Inspiration comes when least expected, and food for thought from odd pantries.

My bike is mounted on a trainer in the garage. As I pedal, I call out to my Amazon Alexa to play some music.

Strangely enough, she ignores me and instead starts reading from a biography.

I correct her. I want music, and I'm in charge. Nothing personal.

Yet again, she starts reading.

This happens twice. Hmm...strange. I'm not into signs, but I take this as one. I focus as Alexa goes on ...

"Robeson remained reasonably hopeful that white America would itself recognize the worst aspects of institutionalized racism and work to expunge them."

Alexa is certainly topical. And perceptive.

Jewish tradition has us read a different selection from the Old Testament each week. It's about remembering and learning from the past. My mind turns to a passage I read earlier in the day.

Exodus 5:1 "... so said the Lord God of Israel, 'Send out My people' ..."

Robeson is Paul Robeson. Many people know him from movies, like *Showboat*. His rich bass, singing "Ol' Man River." He also happened to sing one of my favorite lullabies, one I sang to put my own kids to sleep.

But my mind is somewhere else, with another of Robeson's iconic recordings: "Go Down Moses...Let My People Go." Not only did Robeson perform it, he lived it. Those words quite literally consumed his life, which was dedicated to the struggle for equality.

It's worthwhile to be reminded of Robeson. The son of a slave, he was an imposing man, both physically and in terms of talents. It seemed he could accomplish just about anything. He rose to the heights of fame, yet he was frustrated in his efforts to relieve the plight of his brothers and sisters. The latter part of his life unfolded tragically.

A few days later...

My younger daughter practices her typing skills. I call out random phrases for her to type. Unexpectedly, I suggest “Four score and seven years ago...” She dutifully types it. But, beyond the typing, there’s lots to talk about.

It’s a school night, but I break the rules. My rules. Before you could say 1863, we’re watching *Lincoln*, the movie. Spielberg, director. Daniel Day Lewis, as the president. About the fight for passage of the Thirteenth Amendment.

Robeson, of course, was one of the beneficiaries of that amendment. He well appreciated that fact. Yet, he critically understood that it wasn’t about him; it was about those left behind, those whose potential was not fulfilled, whose pursuit of happiness was not realized.

Years ago...

John Cordice, MD, was a professor of mine. At one time, he served as official physician for the Tuskegee Airmen. A wonderful healer, a gentle and caring man. Born in 1919, the year that Robeson graduated from Rutgers, Cordice followed in the footsteps of his father, a doctor from the West Indies.

On September 20, 1958, twenty-nine-year-old Martin Luther King, Jr., was at a public signing for his book, *Stride Toward Freedom*, when he was stabbed in the chest. Dr. Cordice, on duty at nearby Harlem Hospital, was one of the surgeons who saved his life. The knife had penetrated deep, barely sparing the aorta.

That John Cordice was a black man, a doctor, a surgeon, a teacher, a role model, makes all the difference.

History can change, quite literally in a heartbeat. And it almost did that day. It’s a largely forgotten story, but Dr. Cordice is not forgotten. He rose to the challenge that day and throughout his life. He was not as famous as Robeson, yet like him he stood on the shoulders of many who came before him and never took that fact for granted.

There’s a quote from the movie, likely apocryphal, but worth considering. Lincoln asks, “Do you think we choose the times into which we are born? Or do we fit the times we are born into?”

The real Lincoln brings the question home during his address

at Gettysburg. “It is for us the living, rather, to be dedicated here to the unfinished work which they who fought here have thus far so nobly advanced. It is rather for us to be here dedicated to the great task remaining before us...”

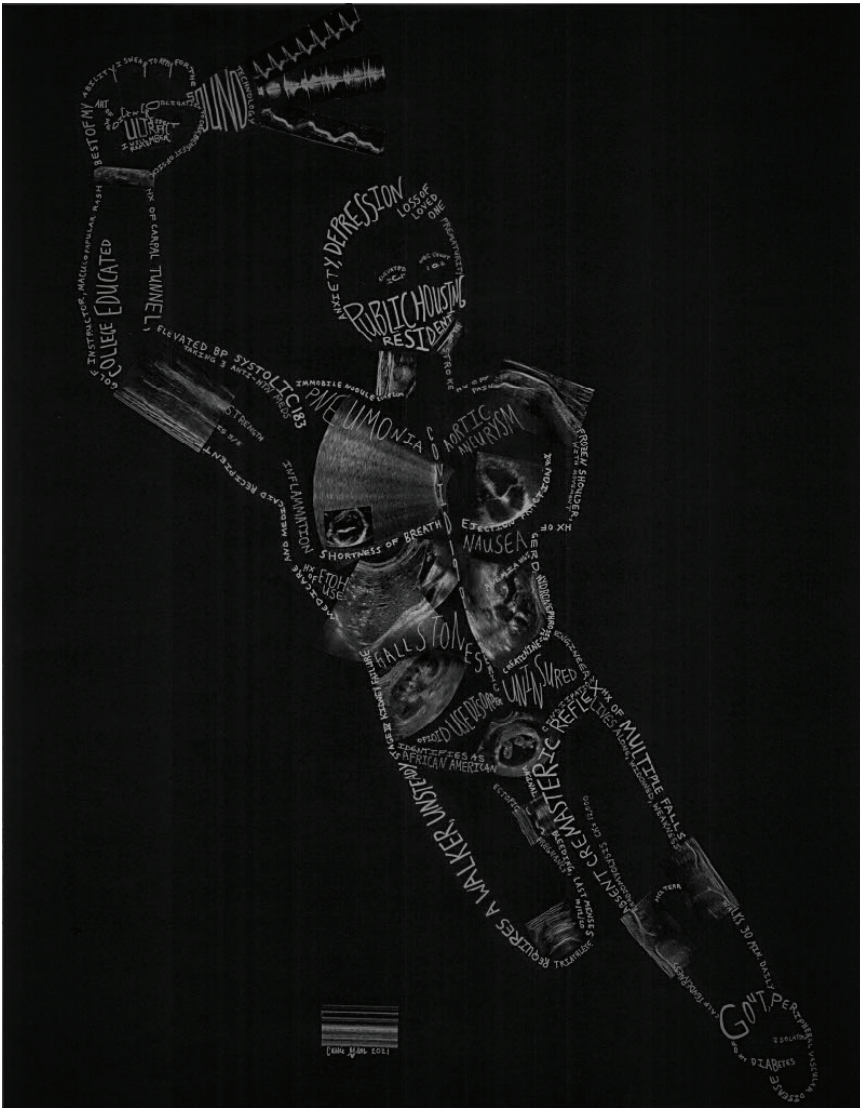
Robeson struggled to bring change. Lincoln did his part and paid the ultimate price, as did Martin Luther King, Jr., and so many others, some remembered, so many more not. Men and women like Dr. Cordice who, without much fanfare, left the world a much better place; with passion and skill in service to his fellow inhabitants of this wonderful planet.

Do we choose the times into which we are born? Of course we do not.

As physicians, even as we guard against doing harm, there is always an affirmative and great task before us. As we heal, as we elevate the humanity of those in need, we connect with those who came before, and heal and elevate ourselves as well.

Thanks, Alexa!

Robert I. Gluck, MD, a hand surgeon at Long Island Jewish Medical Center, is a clinical assistant professor at the Zucker School of Medicine at Hofstra/Northwell.



Oath to Equity

Cassandra Gross is in the 2021 graduating class at the Zucker School of Medicine at Hofstra/Northwell and plans to practice internal medicine as she goes off to residency. She aspires to further explore health equity and advocacy and enjoys using art as a way to reflect on and engage with physical and social environments. This piece was created using a combination of ultrasound images and words to form a holistic image of a person. The words are meant to reflect elements of a patient's medical condition inclusive of symptoms, lab results and social determinants of health, all elements necessary to truly understand a patient and all of his or her complexities. The resistance fist holding an ultrasound probe is meant to invoke a discussion about the power of these technologies and tools to highlight as well as combat inequities in health care.

Pseudoseizure

It is so clear.
Abnormal cerebral electrical
activity equals seizure,
lack thereof equals not.
Clear as mud.

Wait quietly
calm,
thoughtful,
with equanimity.
The murky water may settle
with stillness,
but it does not.

Agitated relentlessly by
behavior so inappropriate,
expectations that exceed reason,
abject failure,
shame.

The psychiatrist comes,
a dumb ox. He assesses:
There is no stress.
There is no psychiatric
diagnosis.
How can that be true?

Say the right thing,
say the wrong thing.
It doesn't matter.
Stumble once,
twice,
thrice.
Stations of the Cross.
We know how this ends.

Fumbling along together in
the shadows,
our bloody palms scrape the
jagged walls of Plato's cave.

Ivan Pavkovic, MD, is a pediatric neurologist specializing in epilepsy and sleep medicine at Cohen Children's Medical Center. He borrowed the term dumb ox from St. Thomas Aquinas, who referred to himself as a dumb ox to highlight his humble intelligence in the face of the awesome intelligence of Creation.



The Mo!

Daniel Zhu is a third-year medical student at the Zucker School of Medicine at Hofstra/Northwell. He writes of his art: "When everything was shut down during the pandemic, one of my favorite things to do was to go for a walk with my girlfriend and her dog, Miki Mo. We made it part of our daily routine to take a break from our studying and take Mo for walks. Spending time with Mo helped us relax and find inner peace during a time of turmoil and hardship. This painting is meant to show my appreciation for Mo and how much she brightens my day every time I see her jumping around, excited to go outside and play or go for a walk."

Humanize Me

Hear Me

A lonely presence,
Among a flock of others,
I'm here but not heard.

Find Me

Beyond the symptoms,
A whole being I manifest,
Ignore not my journey.

Value Me

Heard with intent,
Appreciate value of words,
Relations bonded.

Trust Me

I may know what's best,
It is my experience,
To listen is a science.

Free Me

Transparent accounts,
Fueled by ears of
 non-judgement,
My guilt dissipates.

Feel Me

"Sorry" is emptiness,
Understand my emotions,
Conduce empathy.

Inspire Me

Your words and actions,
True to soul you represent,
No apologies.

Heal Me

Inflicted with hurt,
Identify my ailment,
Partner, plan, and guide.

Sandeep Kapoor, MD, is an assistant professor of medicine, emergency medicine and science education at the Zucker School of Medicine at Hofstra/Northwell, assistant vice president of addiction services for Northwell Health emergency medicine services (EMS) and director of screening, brief intervention and referral to treatment (SBIRT) at Northwell Health.



Missed Connections

Anthony Slaton is a second-year medical student at the Zucker School of Medicine at Hofstra/Northwell. He took these photos at Chhatrapati Shivaji Maharaj Terminus in Mumbai, India.

Sara Lee

The green numerals on the alarm clock on the table next to the bed displayed 1:43 a.m. when the pager went off. My first instinct was to reach to turn off the alarm and to curse myself for setting it for such an awful hour, but then reality sank in. I wasn't at home. I was at work.

"Labor and Delivery," the unit secretary's voice answered when I dialed the number on the beeper's read-out.

Shit! I thought to myself. Labor and Delivery never calls unless they really need us, and if they really need us, then it's always really, really bad news.

"Father, we need you here stat," she said hurriedly. "We need you here immediately," she said, translating the medical term "statim" for me.

With my bare feet on the cold tile floor, I thought briefly about thanking her sarcastically for her translation, but I overcame my sleep-disrupted surliness. After all, I was the nice, even-tempered Roman Catholic priest chaplain, known and respected throughout the medical center for my calm and easygoing manner. Besides, even in my fogged state I had detected a trace of panic in her voice.

I took my time walking down the three flights of stairs to the Labor and Delivery Unit. Years ago, when I was beginning as a chaplain, I would run down the stairs, free-falling, two or three steps at a time, but I had quickly stopped rushing madly to calls. I had learned that when I got to a call, I got to a call. Better for me to take my time; better for me and for all concerned if I arrived not flustered and out of breath, but collected and calm.

On a more holistic level, I had learned over the years that I was a much more effective chaplain if I took the moments on the stairs as moments of prayer. After all, this was God's work that I was doing. The more composed I was, the more effectively God's Spirit could work through me.

I hit the wall plate, and the doors to the unit swung open. The secretary who had awakened me with her "stat" sat behind the curved counter, guarding admission. She pointed over her shoulder to the hallway that forked to her right. "Down there, Father," she

said. "And thank God you're here."

Ordinarily I would have stopped and exchanged pleasantries, asking about her and her family, and, by the way, why was I there in the first place? I knew that the more information I had before I entered a scene, the better prepared I was to deal with that scene.

But before I could say anything, I saw the night supervisor, Missy, at the far end of the hallway waving for me to come, and to come quickly. Not a good sign, I thought, as I started toward her. It's one thing to be called in the middle of the night, but when supervision is on site the call takes on new importance.

Missy came up the hall to meet me. Tall, trim, white-haired, she carried the wisdom of almost forty-five years of nursing experience with reserved dignity and an air of quiet authority. Graduate nurses, beginning their own careers at the medical center, were still told by older nurses that Missy had come with the building. They were warned that Missy was not to be trifled with.

Looking over her shoulder, I could see the figures of three security guards standing outside the door of the room Missy had just left.

"I'm glad you're here, Father," she began. "Thanks for coming so quickly."

"You're welcome, Missy," I said, "and, by the way, good morning."

"Good morning to you, too, Father," replied Missy quickly. "Here's what we've got. In that room we have three adults and a dead baby."

I took my eyes from her, glanced quickly down the hall and then, looking back at her, I said, "You've got my attention, Missy."

"There's a woman in there," she began, taking my arm and walking me slowly down the hall, "who, just a few hours ago, delivered an anencephalic baby."

I glanced at Missy and began to say, "Ana...?"

"Anencephalic," Missy repeated. She added, "Without a head."

Without waiting for me to comprehend the horror of what she had just told me, Missy continued. "She knew several months ago that the baby had no head, but she insisted on going full term anyway. And this afternoon she was induced and delivered a dead

baby, no brains, no head. What a surprise.”

Missy stopped our march down the long hall and looked at me. I knew that if we were outside on a cigarette break, this would be the moment that Missy would have paused and taken a drag for effect. My gaze kept switching from Missy to the door of the room, almost expecting a headless infant to appear.

“Well,” Missy said, bringing me back to the moment, “the mother asked us to keep the baby in the nursery until her mother showed up. She wanted her mother to see the baby before she and her husband made any plans, and you know, Father, that was fine with us.”

I nodded, still waiting to hear why I was standing in this corridor at two o’clock in the morning.

Missy made a reassuring gesture to the security guards at the end of the hall and continued, “Mama shows up about an hour ago. I guess she lives out of state and had a long drive to get here. The staff brought the baby from the nursery for Mama to see and to hold. We do that all the time, you know.”

“Actually, Missy,” I responded, trying to tune in to whatever was going on, “I could never understand why anyone would want to hold a dead baby.”

“That’s because you’re only a man,” Missy said, with a dismissive half-wave of her hand. Then she took my arm and once again began leading me slowly down the hall.

“Now,” Missy said, “this is where things begin to happen. Mama asks if the child has been baptized. The parents reply that they don’t believe in baptizing babies. And so...”

Our slow walk had brought us to the door where Missy had been when I first saw her. “And so,” she concluded, “Mama runs into the bathroom with the baby’s body, locks the door and says that she’s not coming out until we get a Catholic priest here to baptize the baby.”

“Missy,” I said, now that I comprehended what she had told me, “I am not going to baptize a baby if the parents don’t want the baby baptized. And I’m certainly not going to baptize a dead baby.”

“I know, I know, Father,” Missy said, soothingly patting my

arm, “but I was hoping that maybe you could talk some sense into the grandmother. Otherwise,” she added, pointing to the security guards, “I’m going to have to send the Marines in, and I really don’t want a tug of war with a dead baby as a prize.”

I glanced from Missy to the half-closed door of the room and silently thanked my God that I had had the wisdom to take my time on the stairs to offer a prayer for guidance.

“I’ll give it my best shot,” I said, looking back to her. Missy’s response was a quick nod. She then waved her hand to the security force to step aside.

Even though the door was half open, I respectfully paused to knock. Without waiting for a response or an invitation, I entered the room. It was just as dim as the corridor, the only light coming from the night light built into the underside of the bed.

Immediately I saw the thin, wiry figure of a man. He pointed his finger straight at me and shouted, his voice breaking with emotion more fearful than angry: “You’re not going to baptize my baby, priest. Don’t you go anywhere near my baby.”

A second figure, a woman, appeared next to him. “No, you’re not,” this second figure shouted, holding on to the man’s arm. “You stay away from our baby.”

I raised both hands in a gesture of surrender, stepping back half a step. “No one,” I said firmly and slowly, “is going to do anything with your baby or to your baby that you don’t want done. This is your child,” I continued, knowing that I had their attention, “and no one is going to touch that baby without your permission.”

I could see the two figures relax a bit, but I could see also that they were still both on guard.

“We don’t believe in baptizing babies,” the male figure said.

I lowered my hands, placing them in the pockets of my lab coat. I was very aware that both of the dimly outlined figures were watching me carefully. “Well,” I said, “I don’t believe in kidnapping babies and baptizing them against their parents’ will.” I quickly added, “Look, I came to see if I could do anything to resolve this situation.” There was no response, and so I took a further step into the dimness of the room.

Gesturing at the sofa and the easy chairs in the room, I asked

softly and politely, "Can we sit?" Addressing the female figure, I added, "Please sit down, you must be exhausted."

Without waiting for an invitation from the two of them, I eased myself into one of the easy chairs, gesturing for them to take the sofa. He carefully supported her as she sat, and then he quickly sat close to her, placing his arm protectively around her shoulders.

"I'm so sorry your baby is dead," I said, uncertain as to what their response would be.

The woman began to shake and sob. The man slowly and lovingly wrapped both arms around her, lowering her head to his shoulder.

"May I turn a light on, please?" I asked, my hand already moving to the floor lamp standing next to me. Without waiting for a response I clicked the lamp one turn.

I hadn't realized how young this couple was until I saw them sitting opposite me in the light of the floor lamp. They were kids, both in their late teens. Both were thin, so thin that I wondered if they were malnourished, or even anorexic.

"I'm so sorry your baby is dead," I repeated. "I wish I could do something to bring your baby back."

"Thank you, Reverend," the man said. "It's nice of you to say that." He sighed, and leaning in to his wife whose head was still resting on his shoulder, he kissed her head. "We knew the baby was in trouble a long time ago."

Reverend, I thought. That's an improvement over priest.

"We were hoping for a miracle," the woman said with a quiet sob. "We were hoping that our Lord God Jehovah would perform a miracle."

My mouth opened and I heard myself say, "If you believe in eternal life, then this baby has been born into eternal life, and that's the greatest miracle of all."

Good line, I thought, and thank you, God.

I looked at them for a response, any response. Had what I just said made any sense to them? Was it sinking in? The two, still clutching each other, were looking at me. Was I imagining things, or had I just hit something in their consciousness?

I continued, "If you really believe in eternal life, then that's the

greatest miracle of all. Just think, because of your love for each other you created this baby, and you gave this baby eternal life.”

The woman, her eyes still brimming with tears, wiped her nose on her husband’s shoulder. He didn’t seem to mind; he gently kissed her head again.

“That’s a nice thing to say, Reverend,” she then said with a deep sigh.

“Well, I’m glad to hear that you think it’s nice,” I responded, stressing the *think*, “but do you believe it?”

I leaned slightly in their direction, careful not to invade their space, but inviting them to respond. “We believe what you said, Reverend,” the man responded, “but we so wish Jehovah had permitted our baby to breathe in our arms for just a few minutes.”

“I wish so, too,” I said, leaning just a bit closer. “But I promise you this. I promise you that when you leave this life...” and I pointed gently to them, “...when you leave this life to enter eternal life, this child of yours is going to come running to meet you. It’s going to be a healthy and a beautiful baby, and you’ll recognize your baby and your baby will recognize you.”

I paused, in awe of what was coming out of my mouth. And in my pause I realized that they were both staring at me. She had stopped her quiet sobbing, and they were both still clutching each other, but their eyes were locked on me.

“And you know what else?” I continued, now on a full roll, “Your baby is going to come running to you and say, ‘Mommy, Daddy, thank you. Because of your love you have given me eternal life with Jehovah.’”

I had to look away, because now tears were beginning to stream quietly from their eyes.

After a moment of silence, I said gently, “I’m the Roman Catholic chaplain here at the medical center. I never got your names.”

“I’m Joseph,” he said, “and this is my wife, Rebecca Lee.”

“Is this your first baby?” I asked, adding quickly, “I’m sorry, I don’t even know if you have a girl or a boy.” I deliberately used *have* rather than *had*.

“We have a beautiful baby girl,” Rebecca said proudly through the tears. “She’s such a beautiful baby except...except...” and she

turned back to her husband, burying her face in his shoulder.

“Did you give your daughter a name?” I asked softly.

“We named her Sara Lee,” Joseph said, “Sara after Abraham’s wife, and Lee to honor Rebecca’s family.”

Sara Lee? I repeated in my mind, begging God not to let me laugh out loud. Dear God, they named their daughter after a coffee cake.

“Sara was a strong woman, and Sara is a good strong name,” I said. “Sara Lee is a beautiful name.” They both nodded, and through their tears, I saw smiles of pride on their faces.

“Where is Sara now?” I asked carefully.

Immediately, alarm and suspicion flared in Joseph’s face. “You’re not going to try and baptize her, are you?” he said, his voice beginning to rise. His body tensed as if he was going to spring to his feet. “We told you that we don’t believe in baptizing babies.”

“No, Joseph,” I said quietly and calmly, deliberately settling back in my seat. “No one is going to baptize Sara, I promise you that.”

At that moment the door to the bathroom at the far end of the room flew open. Or, perhaps exploded open would be a more precise description.

My first reaction was to wonder how a tiny hospital bathroom could hold such an enormous woman. She was, in classic emergency room terminology, a “five by five” – five feet high and five feet wide, with most of her width below her hips. I would guess that she weighed at least 400 pounds. Clutched to her enormous bosom was a tiny pink bundle.

“What kind of a fucking priest are you that you won’t baptize a baby?” she screamed in my direction. Or perhaps I should say spat in my direction. She had no front teeth. I flinched, not because of her language, but at the thought of her voice echoing down the quiet halls of the unit.

At her appearance, Joseph jumped to his feet, spun around in her direction and took a half step toward her. “Give us back our child!” he shouted at his mother-in-law. “That’s our child, not yours!”

“No, Joseph, no,” said Rebecca, jumping to her feet and moving quickly in front of her husband. She faced him, placing both hands

on his shoulders. I was surprised at the swiftness of her movement, considering that she had delivered her child only hours ago.

"Please don't hurt her, Joseph," pleaded Rebecca. "She's upset and she doesn't know what she's doing." Turning to look over her shoulder toward her mother, Rebecca then said, "Mama, you have to give us our baby back, you have to. What you're doing is not right. This is our baby girl."

I was aware of a stirring behind me as Rebecca talked. The security contingent was getting restless, and I had a mental picture of their making a headlong assault on the grandmother and the baby. I motioned behind my back for them to stay where they were.

"Grandma," I said, since I didn't know her name, "this little girl is home with her Creator. She doesn't need our baptism."

"Fuck you, you worthless pile of priest puke!" she screamed, her face turning beet red.

While I was still mentally registering my amazement that anyone could so spontaneously compose such a highly alliterative phrase, she added, "What kind of a priest are you, anyhow, that you are going to let this baby burn in Limbo?"

"Mama," said Rebecca, still pleading and still blocking Joseph, "listen to the priest, please. I know that our little Sara is home with the Lord Jehovah."

"I raised you to believe in Jesus Christ and the one, true Catholic Church," Grandma said, now turning her beet red face in her daughter's direction. "That piece of trailer park shit you married has brainwashed you with all his jumping Jupiter crap."

Joseph made a move as if to step around his wife and rush the grandmother. Rebecca, however, put her arm out and held him back.

"Grandma," I said quickly, wanting to distract her before she backed into the bathroom again, "I can tell you're a good Catholic..."

"I'm a better Catholic than you are, you so-called priest!" she yelled.

"Grandma," I continued, thinking that if this lady was an example of a good Catholic, then no wonder her daughter had left

the Church, “you’re a good Catholic, and you probably remember that years ago the Catholic Church used to have a churching ceremony. Do you remember that?”

I had the lady’s attention now. She was looking at me, and I could see some distant light of recognition flickering in eyes buried in the flesh of her face.

I moved next to the baby’s parents so that Joseph was now between Rebecca and me.

“Do you remember the churching ceremony, Grandma?” I continued. “The priest would bless the baby and the mother and welcome them in God’s name.”

“You’re not going to baptize my baby, are you?” I heard from my right side. I quickly touched Joseph’s arm, signaling for him to be quiet.

“No, Joseph,” I said, keeping my eyes on the woman and the pink bundle she was clutching. “No, it’s not baptism. It’s a prayer thanking Jehovah for the gift of this child. And tonight it will be a prayer giving Sara back to Jehovah.”

“That would be nice, wouldn’t it, Joseph?” I heard Rebecca say. “I would like a prayer like that, wouldn’t you, too?”

“I guess that would be all right, Becky,” he answered. “Reverend,” he said, “can you say that prayer now?”

“I can if that’s what you folks want,” I said, hoping that I was giving the impression that this whole prayer thing was their idea. “Grandma,” I added, opening my hands to the woman in invitation, “would you like a prayer like that?”

“I’m not your grandmother,” she said contemptuously. “If I were, I’d be ashamed of you.” Stifling the reply of ditto that was rising in my throat, I turned to Rebecca and said, “Rebecca, you held Sara in your womb for nine months. Why don’t you hold her for our prayer?”

“Mama, please,” said Rebecca, holding out her arms to her mother.

Slowly, hesitantly, the enormous woman approached her daughter. She gave me a dirty look and then handed over the pink bundle. She then shuffled her bulk over to the sofa where Rebecca and Joseph had been sitting. The sofa groaned in protest as she lowered her weight into it.

“Would you like to witness the blessing, ma’am?” I offered, avoiding the grandma title that she had rejected. “You can be the spiritual witness” — whatever that is, I thought to myself.

Her response was to raise the middle digit of her hand, first in my direction and then in her son-in-law’s. Forcing myself to ignore the woman, I focused on Rebecca and Joseph, and on the pink bundle that Rebecca now held so lovingly in her arms. “What should I pray for Sara?” I asked, wanting them to own this moment and to move away from the chaos of the past fifteen minutes. “What would you like the prayer to say?”

The two kids, both now clinging to each other and to the bundle in Rebecca’s arms, looked at me blankly. “I’ll pray,” I offered, “and you can add something if you want, okay?”

Extending my right hand over the pink blanket, I began. “Lord, God Jehovah, you tell us in your Scripture that a nation of believers came from Abraham and Sarah...”

My prayer was interrupted by a loud, rude snort from Rebecca’s seated mother. The sofa she had been sitting on gave out a loud sigh of relief as the woman, surprisingly quickly, rose to her feet and, swaying left and right, made her way to the door of the room. The security force at the door parted and let her pass.

“I apologize for my mama,” Rebecca said. “She was so excited for this baby. Sara would have been her first grandchild, and she’s so upset.”

“She’s really a very sweet woman,” Joseph offered. “She’s not like this at all.”

“Grief does strange things to good people,” I said, amazed at Joseph’s willingness to ignore the fact that his mother-in-law just cursed him moments ago. I personally wasn’t sure if I was ready yet to forgive her description of me as priest puke.

“Will Mama be all right leaving?” Rebecca suddenly asked. “It’s very dark outside.” I assured her, “Our security officers will make sure she’s okay,” and then tried not to smile as I imagined any muggers running from, not toward, the lumbering figure.

Then Rebecca, still holding the pink bundle, with Joseph’s arm around her waist, suddenly asked me, “Would you like to see Sara, Father? Would you like to see what a beautiful baby she is?”

Without waiting for a response, Rebecca began to gently unwrap the bundle in her arms. Joseph, just as gently, assisted her in moving the pink blanket aside.

Dear God, I thought, what are they going to show me? I could feel my face beginning to go numb. Dear God, I thought, please don't let me pass out. Having unwrapped the blanket, Rebecca, to my increasing horror, stepped toward me and offered me the baby.

"Please hold our Sara, Reverend," she said. "You're a holy man and we want Sara to know your heart." Without another word, Rebecca placed the bundle in my arms, trusting me not to drop the child. Awkwardly, never before having held an infant, I took Sara into my embrace.

The child was almost weightless in my arms, and for a moment I almost wondered if all the night's commotion had been over an empty bundle of blankets. Then Rebecca lifted the fold of the blanket that had been covering the baby's head and exposed the hollow where Sara's head would have been, should have been.

Rebecca, ignoring the monstrosity of the missing head, reached into the blankets and lovingly lifted out one of the infant's delicate, perfectly formed hands. "Look at her beautiful, long fingers," Rebecca said dreamily. "She has fingers just like her father's." Turning to Joseph she said, "I bet she would have played the piano and guitar as beautifully as you."

Suddenly, oblivious to my presence, she gently released the infant's hand and reached out to her husband, who drew her to him.

"Oh, Joseph, I'm so sorry our baby wasn't perfect," she said, leaning into her husband. "I so wanted to give you a perfect daughter."

"Maybe the Reverend was right, Becky," her husband soothingly said. "Maybe we were just meant to give our daughter life, so that she could have eternal life." He paused, and then began to nod as in agreement with some inner voice. "Who knows, Becky," he added, "maybe Jehovah knew that Sara would grow up to be a sinner and so he ended her life here in order to save her from the everlasting fires of Gehenna."

Jesus Christ, I thought to myself, protectively drawing the dead infant into my chest as if to protect her from Joseph's crazy

theology. Does this man really believe in a God who kills babies?

Rebecca, to my amazement, said nothing in response to Joseph's bizarre statement. Instead she wrapped both her arms around her husband's waist, pulling herself into him and clinging to him tightly.

God's spirit gave me the wisdom to keep my mouth shut, reminding me once again that God needs no defending. Nevertheless, I was beginning to wonder what I was supposed to do with this dead baby that I was holding.

"What church do you folks belong to?" I asked, partly out of curiosity as to the source of their theology, but mostly because I wanted to lead them back to the reality of their daughter's funeral. "We belong to the Assembly of Jehovah the Almighty Shepherd," Joseph answered proudly, almost defiantly.

"Joseph was part of the original missionary band," Rebecca added. "Jehovah sent us to this city." Almost in embarrassment she added, "And Jehovah sent him to me."

"No offense, Reverend," continued Joseph, "but we don't believe in clergy or priests. We believe that we're all priests in the eyes of Jehovah."

I was tired. It was almost three o'clock in the morning, and my schedule called for me to start my rounds in two hours. But despite my physical weariness, I marveled at how light the bundle in my arms had become and how comfortable I felt holding it. I drew baby Sara closer to my chest.

"Maybe the Reverend can worship with us, Joseph?" Rebecca asked her husband hopefully. Joseph nodded his head in energetic approval and agreement. "We'll be honored to hear your testimony on how Jehovah works in your life," he said.

You couldn't stand it, I thought as I nodded pleasantly to Joseph.

"Rebecca, Joseph," I did say, "do you want me to bring Sara back to the nursery?" Once again, I wanted them to focus on the here and the now. "You will," I added, stressing the *will*, "be able to see her before you go home."

Rebecca looked at Joseph who was gazing at something over my head and behind me.

"Reverend," he said, "do you mind if I take that down?"

Turning my head in the direction of his gaze, I saw that he had been focused on the crucifix hanging on the wall, its wooden cross and gold metal figure standard in all of Saint Bridget's Medical Center's rooms.

"I'd like to take that down if it's okay with you," Joseph continued. "Becky and I are going to spend the rest of the morning here. She needs to get some rest and I want to be with her, but if you're sure that nobody will mind we'd like to take that image down." He looked to his wife, who nodded her head in agreement, and then he looked back to me.

"I know that my Redeemer lives," he said matter-of-factly, almost as if he were reminding me.

"Job, chapter 19, verse 25," I said.

"Amen," said Rebecca.

"Amen," I echoed, Sara's body still nestled in my arms.

I paused, and then I said, "Let me take Sara back to her crib in the nursery and then I'll come back and take care of that image for you."

There was no response from either of the parents. I said once again, "Is it okay if I take Sara back to the nursery? You will be able to see her again before you go home."

Joseph and Rebecca looked at one another, and something passed between them. Rebecca left her husband's side and came to me, but she didn't take the baby from me. Instead she adjusted the blankets, making sure that the baby's gross deformity was hidden.

"Please, Reverend," she then said, "please make sure she has enough blankets on."

Carrying the bundle from the room and down the darkened hall, I was amazed at how attached I had gotten to this tiny, headless body. One of the unit's nurses approached to take the infant from my arms, but I shook her off with my head and continued my walk past the half-closed doors of the sleeping patients' rooms. It was just my bundle of blankets and I in the night lights of the hallway.

God bless you, little Sara, I silently prayed. Thanks for stopping by for a while with us. We all wish that you had stayed longer.

I became aware of a presence behind me. Lightly, Missy touched the wall plate, opening the doors to the nursery. “You look like a natural carrying that baby, Father,” she offered, placing her hand on my shoulder. “Maybe you missed your calling.”

“Thank you very much, Missy, but no thanks,” I responded almost too quickly as I passed the bundle to her. “Here, she’s all yours.” But before I handed Sara to Missy, I lightly kissed the top of the bundle.

“By the way, Father,” Missy said as she took the bundle from my arms, rearranging the blankets with a grandmother’s touch, “did the parents give her a name? The only ID we have for her is a medical record number.”

“The parents said that they wanted to name her Sara Lee,” I answered.

“The poor child,” Missy said. “They named her after a coffee cake.”

And then we both shared a quiet laugh.

“Come on, Father,” Missy said, handing Sara over to a nurse, “let’s take a break. I’ll spring for the coffee if you bring the cigarettes.”

Daniel Kennelly is a Roman Catholic priest, ordained for over forty years, with nearly thirty years spent in hospital chaplaincy. He has been employed in the Northwell system as an interfaith chaplain since 2013.



THIS IS OUR

Donald and Barbara Zucker School of Medicine at Hofstra/NYSSM



Masked Faces and Antibodies

Sonam Brahmhatt is a third-year medical student at the Zucker School of Medicine at Hofstra/Northwell. She enjoys reading and spending time outdoors. Sonam says of her photo: "This compilation was created from photo submissions provided from the Class of 2022 upon receiving the coronavirus vaccine. It is meant to demonstrate our gratitude for the scientists who labored to develop the revolutionary COVID vaccine, and the humble honor we felt when it was offered to us. We are proud to have the opportunity to participate in the fight to end the COVID-19 pandemic."

R SHOT

Hofstra/Northwell ♦ Class of 2022

In the Age of COVID-19

I slept fitfully, as I did on many of the April 2020 nights. A patient especially dear to me had been waging her COVID battle in a hospital room for two weeks.

High-flow oxygen via all delivery options that exist had been administered continuously, and despite this, her least bit of movement brought a blue tint to her lips and deep breathing, to which she was growing accustomed. She was prone for hours. It appeared she couldn't avoid intubation despite her valiant fight. Her course was complicated by relentless clotting.

Her husband, also my patient, worked three jobs – an essential worker. His infection had brought loss of smell and some mild congestion and cough. It had also brought a bottomless sense of responsibility for what was happening to his wife. He couldn't be with her, but he piped in once a day on an iPad, linking them visually, but leaving them longing for more. The teams were having a hard time keeping up with updating him and his son, something that was true for many patients.

That night, the buzz of my phone email alert went off, as it had for the past four nights. It was her husband: "So very sorry to bother you, but it's urgent." It was a bit past one in the morning. He needed to talk about end of life. His wife's life. I went over the same things we had discussed on previous predawn calls. I explained COVID's havoc, what a cytokine storm was, why the oxygen wasn't going up, why she had clots in her lungs and heart, why her kidneys were straining. I explained the very shaky position his wife was in, the status of therapeutics, all that had been tried over the two weeks; and I eased him up to the devastating fact that all therapeutic options had been exhausted. All that was left was intubation and prayer.

Then, he said something I can't get out of my head: "You know, Dr. Cacace, you're like my big brother leading me out of the darkness."

Sadly, medicine and prayers did not save my patient or lead her husband out of the darkness he feared.

Another patient on my COVID monitoring list in April was a man in his nineties with advanced COPD. He was a long-time patient of my partner, a colleague for whom I have great respect and affection. I wanted to do a good job for his patient.

He lived at home with an aide and had daily visits from his devoted daughter. He was independent enough, had a fair quality of life and wanted to be in the comfort of his familiar surroundings, no matter what faced him. But then COVID entered his home, although no one is sure how it got through the door. He became more fatigued and bedbound for a few days, requiring uncharacteristically steady oxygen. His aide knew he was not right. Home testing was arranged, and a pulse oximeter was delivered by our home care team. His daughter and his aide both wore protection so that they could stay by his bedside and care for him.

His oxygen saturation levels were low. It was hard to rouse him to wakefulness. On occasion, they got him to sip liquids. His daughter and I knew there were some difficult decisions to make. She knew how he wanted to live out his life, and transferring him to the hospital surely would be counter to his advanced directive. It was time she needed clarity to execute what they had talked about; what the directive tucked away in his medical chart dictated be done.

I listened. I understood what he wanted. Home hospice and palliative care were quickly mobilized. He was kept comfortable at home to the end. While he lost his battle with COVID, his daughter was at peace with the knowledge that she had honored his wishes. I was grateful, too, that she had listened, heard and understood how he wanted to live and how he wanted to die.

Frank Cacace, MD, is associate chief for education in Northwell's division of general internal medicine and works extensively with students and medical residents in the Northwell system.





Safe Are the Trees

Amanda Wong is a third-year medical student at the Zucker School of Medicine at Hofstra/Northwell. During quarantine, she explored local parks and found inspiration while walking along the hiking trails. This art piece was inspired by Alley Pond Park and represents an escape from the pandemic. In a year where social interactions were very much limited, she found herself enjoying the park as a way to see people but also remain safe.

This, Our Plague Year

The streets were sore and sodden,
Calling out for work and wear,
Long alleyways laid echoless
For the want of voices there.

The shops once teemed with mountains high
Of goods, since long forgot,
All shuttered, stoppered, stowed away,
Turned to rich and treasured rot.

The church, her bells in muted rust
Have long since longed to peal
And cry aloud in merriment
For a turn of Fortune's wheel.

For this old, sad, and stagnant town
Is a whispered reverie.
In agony, it haunts itself,
Home to not but memories.

But all of this was not the way
'Til that stealthful specter came,
Embraced by nations half-asleep...
The guest without a name.

None saw his face or heard his voice,
His cloak sweeping 'cross the sea
As he danced on shores left unawares
Conjuring forth his misery.

First in the East and then the West
He breathed out his horrors swirled
In miasmas wrought by Pestilence,
Suffocating all the world.

First the elders felt his chilled embrace
As it robbed them each in turn
First of anima then animus,
Then their wisdom, ne'er returned.

Then the children saw his shadow creep
Underneath their guarded beds,
As he counted off which youth to spare,
Which to earn a mother's dread.

Then the homeless cried unto the night,
Though the moon hung o'er them...still,
While the ailing and infirm joined in
From their sickly rooms and sills.

The wealthy, posh and well-to-do
Meanwhile rushed to leave,
Dragging on their coattails hope and all
That duty could conceive.

Yet as the sun shone dimmer days
And our silent guest worked on,
So too our healers sallied forth
To muster strength anon.

Soon our city set itself ablaze,
Now rife with fervor bold.
As we wrote in blood and putrid sweat
How survival would unfold.

Old quarrels were now laid to rest,
Feuds fallen, buried deep,
Long brotherhoods made stronger
In each comrade's grievous sleep.

Each neighbor became physic
And each physic became friend,
'Til the tapestry of hearts wove tight
'Round this war without an end.

And now, and only now I stand,
Staring off into the dark,
Looking out upon this woeful place,
Where at last I might embark

And carry off my tired feet
To a new and brighter place,
Where our nameless guest might overlook
My now familiar face.

Or perhaps remain and stay the course,
To which mankind oft is called?
To sacrifice, surrender
That with which it is enthralled.

For from this strife, a Renaissance,
Rebirth is proudly borne
On the torrent of our human strife,
To rest softly on the morn.

Robert C.F. Pena is a lifelong New Yorker and member of the 2021 graduating class at the Zucker School of Medicine at Hofstra/Northwell. He will be pursuing a residency in emergency medicine followed by a fellowship in surgical critical care. He continues to actively pursue his passion for the humanities, working on two books, a collection of poetry, peer-reviewed scientific writing and musical compositions.



Bug

Gil Shi is in the 2021 graduating class at the Zucker School of Medicine at Hofstra/Northwell. He plans to go into residency in anesthesia. He enjoys hiking and jet skiing with his three dogs: Cara, Devlin and Onix. He started taking photographs in 2020.

Hope

Moments after I received the first dose of the Moderna COVID-19 vaccine, a nurse ushered me into the Weisner conference room. He was friendly, smiling as he motioned for me to take a seat. I would have to wait for fifteen minutes before I could be discharged. I attempted to pass the time by admiring the ornate paintings on the walls, but my efforts were futile. I fidgeted with the CDC vaccination record card in my hands, replaying my interaction with the nurse who had given me the vaccine just moments before.

“Thank you for being a part of history,” he said, smoothing out the Band-Aid on my left arm.

Sitting in the conference room, I now wondered why he felt the need to thank me. Surely, he could tell I was in my twenties with a strong immune system, more capable of fighting than the patients who were likely succumbing to the virus just a few floors away. I wondered about the other masked individuals waiting for their names to be called. They all seemed to give off an air of professionalism, whether they were wearing hospital-issued scrubs or street clothes, and their collective silence left me curious.

What did getting the vaccine mean to them? Had their community been ravaged by the virus? Had they lost a parent? A grandparent? A close friend? Were they also struggling to rationalize the ease with which they could access the cure to this potentially deadly virus? Or was the sense of relief and protection one feels after the first dose enough to push those thoughts to the side?

My journey to medical school and to this conference room started in New York City, where I grew up. The city showed me the value of diversity from a young age and created in me a sense of optimism in the way that I saw the world.

Perhaps my privilege bred a sort of ignorance and naivete, but it wasn't until college that I began to see things differently. I learned more about the interconnectedness of the world and reimagined society as its own delicate ecosystem composed of institutions and communities. Studying history and ethics taught me about the limitations of policy, and I began to appreciate

the difficulties in attempting to undo centuries of injustice and inequality that were intertwined with the very systems that hold the power to destroy them.

A year I spent volunteering at a women's reproductive health clinic crystallized my goals. Every Saturday morning, I was harassed by protestors emboldened by a legislative threat to the legal status of abortion in Georgia. But inside the clinic, I witnessed magic. I witnessed the sheer power a collective can have, even in the face of gross injustice. I learned that progress is not linear and that for every incremental success there are forces pushing us backwards. Through every interaction with a patient, I got a taste of satisfaction that comes from helping people heal and empowering them to make their own choices. I began to appreciate medicine as an avenue toward fighting for social justice.

Accepting my spot in the Zucker School of Medicine class of 2024 gave me a sense of purpose that I quickly conflated with hope. I was going to be a part of the change that I so wished to see in the world.

Then, in a new year of promise, word from Wuhan: a coronavirus was identified and racing throughout the world. Within a few weeks, we were part of a global pandemic. I was going to have to finish my last semester of college, graduation and all, from behind my computer screen. The pandemic shattered my way of seeing the world, and with it my naive optimism of a gradually ever-improving future for humankind. Despite reassuring messages from misguided leaders, it became clear that the destructive course of the coronavirus would continue for months or even years. As it cast its dark shadow, COVID has only worsened the divide between the haves and the have-nots in this country.

After spending a summer protesting in solidarity with Black Lives Matter and applauding health care workers, I entered medical school with the hope that the people in power were beginning to open their eyes and that resources would be mobilized to address the pernicious inequality that plagues our society. Sadly, that was merely wishful thinking.

A few months into medical school, I found myself in a one-on-one meeting with Dr. Vilela, my PEARLS facilitator for my second

course of medical school. We spent most of the meeting discussing my strengths and weaknesses and my individual contributions to PEARLS discussions. With only a minute or so remaining, she asked me if I had any questions for her and I felt myself begin to choke up.

I let a moment pass. “I have something to ask you, but it’s a little personal. Is that all right?” When she said it was, I launched into a speech about my struggles to stay hopeful in the midst of the events of the past year and to hold on to the conviction that brought me to medical school. Fighting back tears, I asked her if she could share any advice or lessons learned about finding hope through her work as a pediatric ER physician.

First, she told me that for all first-year students in the SOM, the pandemic has only made the transition to medical school more difficult. Then she added, “Something that helps me is thinking of my capacity to spark positive change, like lighting a candle in a dark room. At first glance, it may seem that what I do every day for my patients and their loved ones is a small feat, shining a light on a small corner of a room. But when you zoom out, you can see how multiple people lighting their candles can illuminate a whole room. When the work is hard, I take comfort in knowing that even my little candle contributes. My candle might inspire others to light theirs.”

I am grateful for her insight and the imagery of our work making the world a bit brighter. Her words helped me to realize that the pandemic has deflated my optimism in a way that I could have never anticipated. It has forced me to redefine hope as something that takes grit and intention and courage. I learned that hope can arise in the most unexpected places. I learned that uncertainty can nourish the ground from which hope will grow — because hope and grief can exist simultaneously, the way that a deadly virus and a potential cure can live in the same hospital.

Shreeja Patel is a first-year medical student at the Zucker School of Medicine at Hofstra/Northwell. She is interested in health policy, advocacy and the power of storytelling.



In Nature We Rest

Diana Lee is a second-year MD/PhD candidate at the Zucker School of Medicine at Hofstra/Northwell who enjoys traveling and photography. One of the best parts of traveling with a camera is being able to share experiences and immortalize memories. She's hoping to travel a lot more in the future and to capture more of these experiences.

All That Is Left

The beds were placed side by side like dominoes. Long, silent stretches of sickness and despair. Ventilators humming their death march, mocking our power to save many of them.

It was sometime in the midst of this COVID chaos that I watched so many of my patients die, their beds soon filled by others who showed up at the hospital seeking relief from their symptoms.

Seeing their belongings made my heart ache. These people had looked so similar in their beds, tethered to tubes, IV bags doing their best. Now they were gone, and only remnants of their lives remained: the clothes they wore on admission; a ring, a wallet, a sweater, shoes.

It began as a way to shake off my grief. I barely knew their names. Intubation took their voices, the virus took them. I needed to do something to remember them. I took out my phone and snapped photos of the bags under their beds and under stretchers. The pictures are symbolic of how little power we had, no matter how valiant our efforts.

When one of my patients died, as so many did, I was the one to make the call. One woman answered the phone and I delivered the devastating news that her husband had passed. She broke. She hadn't seen him in weeks because of the lockdown. I could hear her drop to her knees. The kids cried out in the background. She had been convinced he would survive. When I hung up, I grabbed the plastic bag that represented this life lost and put it in my office. Days later, I called again and made plans to deliver it to his wife.

For months, my eyes wandered the room and I looked at the bags of things that the patients had brought with them. All of them had every intention of dressing, stepping into their shoes and walking out the door.



Mangala Narasimhan, DO, is regional director of critical care medicine at Northwell Health.

One-Liners

Going into my pediatric ICU acting internship, I was nervous about the emotional toll the experience would have on me. One of a handful of times I had sobbed in my car during my third year of medical school followed a twenty-minute neonatal resuscitation in the nursery. I was devastated by the haunting reality of the baby's prognosis after extensive anoxic brain injury. Then, I saw the mother's face light up when she found out that her baby had not passed.

I remember wanting her optimism, her hope. I wanted the neonatal ICU team to somehow bring this newborn back to normal. I still think about the child and wonder if he just celebrated his first birthday and how he is developing.

Now, here I am in the pediatric ICU, and I don't know what to expect. I read the charts and take notes, turning a life into a one-liner:

16yo M *w/metastatic Ewing Sarcoma s/p chemotherapy and radiation, found to have recurrence, admitted to PICU for post-op management of palliative laminectomy.*

3mo F *no significant PMHx, admitted to PICU for status epilepticus, found to have b/l subdural hematomas, high suspicion for non-accidental trauma.*

15yo M *hx VSD repair at 3 months brought in by EMS for cardiac arrest, achieved ROSC en route, arrived to PICU sedated and intubated and found to have dilated cardiomyopathy with EF 14%, placed on ECMO overnight for increasing epinephrine requirement to maintain blood pressure and rising lactate.*

Three patients I had seen over three weeks. When I take a moment to think about the one-liners I've crafted, the same ones I repeat routinely on rounds, I still occasionally feel the weight of what is implied. However, I don't feel the same devastation I once felt. Somewhere in my training, I have come to use one-liners to

safely distance myself, to make my patients a little more textbook and a little more sterile.

One-liners make it more bearable to know that *palliative laminectomy* is code for *no longer seeking treatment*, or that this sixteen-year old boy might not see his high school graduation, or that *non-accidental trauma* means this three-month-old girl will be removed from her mother, or that *ECMO* is a countdown clock. I have learned to find comfort in numbers, using lactate levels, vasopressor requirements and ventilation settings as proxies for clinical improvement or worsening, always implying prognosis and never stating it. It sounds like a form of denial, but in many ways it leaves room for hope.

During my time in the PICU, I have also seen events that are short of miraculous – a three-year old boy who can move an arm that was once completely detached from his body; a seventeen-year-old boy on the brink of being declared brain dead now uttering words. Somehow, by focusing on my patients' one-liners, I get to continue hoping that they may defy the odds.

Tiffany L. Wang is in the 2021 graduating class at the Zucker School of Medicine at Hofstra/Northwell. She is applying to a combined internal medicine and pediatrics residency.

i-so-la-tion

internal
my caution
and precautions
my feelings
my fears
my calculated risks and moves
hidden
behind the mask
that leaves marks
deeper than the ones you
 see on my skin

external
from my inner world
from your skin
when I'm walking
when I'm standing
when I'm crying
when I'm keeping death at bay
from you and maybe from me
yet I don't feel overwhelmed

I'm strong as Sisyphus
living and pushing
our internal
our external
Universes
so different
so much alike
there are no fences
no moats
no chasms
no gardens
between my isolation
and your isolation

Jorge Nieves, MD, is a pediatrician with twenty-three years of experience taking care of children at Forest Hills Pediatrics. He has recently moved his practice to Allied Pediatrics and Family Medicine in Bellmore/Merrick.



Resilient City

David Turkov is a second-year medical student at the Zucker School of Medicine at Hofstra/Northwell. He loves the outdoors and enjoys capturing the natural beauty through photography. He says: "This photograph was taken the first week I moved to New York City from California. I remember standing at the top of the Rockefeller building looking over this city feeling overwhelmed with excitement and uncertainty about what was to come."



Echoes Through Eternity

Anup Sonti is in the 2021 graduating class at the Zucker School of Medicine at Hofstra/Northwell. This photo is a glimpse into ancient India. He has a passion

NARRATEUR



for neurology. He is an avid outdoor enthusiast, and in his free time he enjoys nature photography, stargazing, hiking, backpacking and playing basketball.

Ballad for My Lungs

My lungs are tight as drumskin,
ribs rattling against them with unearthly
songs, lilting little wheezes, crackles, coughs.
I never thought breathing could hurt.

Listen: How we move air in and out,
gentle rhythm to our gentle lives.
Listen: How a deep inhalation can catch
you unprepared, the exhale whistling.

Adam, in his mask, sits across the room
pretending to read a book, not seeing, really
watching watching watching me and I
am feverish with visions and songs of my ribs —

Listen: How his voice cracks
calling the ambulance. How I ask him not to, garbled,
my mouth drying the words. Stop.
These days, a hospital is where people go to die.

*Sophia Gorgens, MD, is an emergency medicine resident at North Shore
University Hospital and Long Island Jewish Medical Center.*



Empty Brooklyn Bridge

Josh Segal, DDS, is director of the oral and maxillofacial surgery program at Northwell Health. He completed his residency training at North Shore University Hospital and Long Island Jewish Medical Center in 2011. He lives in Brooklyn. This is a photo of the Brooklyn Bridge in daylight, when normally there would be many people. Due to the COVID-19 pandemic, the bridge walk was empty.

Comfort

Eighteen years ago, you gingerly place the navy-blue socks with the holes on my feet. You sit by my feet polishing my shoes, dirty because I haven't a care in the world. You brush my hair, trying to make my dark, unruly curls look presentable for school with bobby pins aplenty.

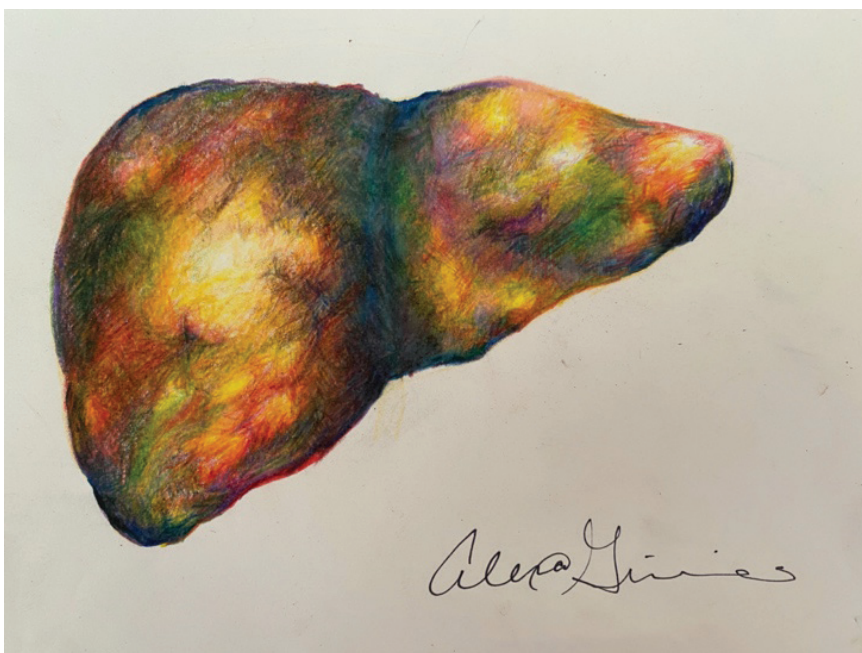
Today, I carefully place the red XL socks on his feet after I examine them for sores and rashes. I tuck the blanket around her to make sure she is cozy. I hold her hand until she falls asleep. She looks so peaceful. I get the extra-warm blankets from the heater for the woman in the emergency room because I know how cold the world can get. I hold the phone to her ear so she can talk to her rock.

One year ago in Maine, I cry in your arms, feeling hurt all over again. You don't know what to say to make me feel better, but the comfort of your arms is all I need. Tears and hiccups cut through my words, and you listen patiently, holding me as I work through my sadness, anger, hate, jealousy. You love me.

Today, I ask a woman why she looks off, why her eyes are missing their usual shine. I play thumb wars with a little boy who just wants to leave the hospital and eat peanut butter again. I send retainers to Michigan and notes to Indiana. I stay with a little girl after surgery so that she can see a familiar face as soon as she wakes up. She calls me her family.

You tell me that I care too much, that I should be a little more selfish sometimes. How can I do that when you show me such unconditional love? All I want to do is to give the world a fraction of what I hold from you. I want to take away someone else's sorrow because you always dust the dirt from my knees and wipe away my tears when I fall.

Ashna Joseph is a third-year medical student at the Zucker School of Medicine at Hofstra/Northwell. She dedicates this piece to her parents.



Love Your Liver

Alexa Giammarino, MD, is a PGY-1 in internal medicine resident at North Shore University Hospital and Long Island Jewish Medical Center. She loves to paint and draw medical illustrations. About this piece, she writes: "Many times the liver gets depicted as a large pink or purple structure with very few details. Such a representation does not portray the liver's importance and vitality. Obviously, the liver is not physically as colorful and interesting as I portrayed it in this drawing. I wanted the colors, shades, textures and depths to represent the liver's vast amount of functions and complexity. The liver, unlike the heart or brain, is not innately connected with the notion of life. However, the liver, especially the diseased and worn liver that I have displayed here, could lead to a person's demise."



Even in Darkness

Christina Cotte is a second-year medical student at the Zucker School of Medicine at Hofstra/Northwell. She grew up in Connecticut and loves to cook and bake. She says: "Over the years I have learned that I enjoy finding beauty and joy in



everything I do, which I try to capture in my photography. This photograph raises the questions: Without a view of the sun, how is one to know its path? Without knowing the outcome of healing, how is one to know its path?"

Tools of the Trade

It is Friday, and I am sipping my coffee, preparing for a busy morning of patient exams. As I preview the electronic medical record, I see the results of a routine mammogram from a few days earlier. A suspicious finding has been identified. I wince. I know what the woman doesn't yet know: The next few weeks will be difficult.

I meet with the resident who will be discussing the test results with her, and we talk about it. The woman is going to feel vulnerable, frightened and helpless. I can imagine what she is going to go through. I was there twenty-three years ago.

It was a glorious spring day in May, a perfect mix of blue sky, sun and gentle wind. As I walked to work I breathed in the promise of a new season. I was pregnant with my first child, and I was about to start my year as chief resident.

On that day, I was scheduled for my twenty-week ultrasound, an event my husband and I eagerly anticipated. We had been looking forward to actually *seeing* our baby on the scan, and when we did, we were thrilled. We smiled and cooed at the life inside my womb. We wanted copies of the scan to hand out to our family and friends.

We considered the scan a perk of pregnancy, not a medical test designed to flag a problem. But at some point, we asked the technician who would inform us if something was wrong. "The doctor would come and talk to you," he said.

When there had been no discussion with the radiologist and we left the office, we felt comforted believing that everything was fine. We studied the scan over and over again. We stared at our child — our first child.

When I arrived home that night, however, there was a message on the answering machine from my obstetrician: "There is a problem with your ultrasound. Call me at home." Of course, panic was my immediate response, but I took a deep breath and called.

The words blurred into one another. "...*unilateral fifth digit middle phalangeal hypoplasia . . . don't know what it means . . . come in with your husband . . . amniocentesis...*"

Many frightening thoughts passed through my mind as the sanctity of my pregnancy appeared to be in jeopardy. What is he talking about? I had seen my baby with my own two eyes! It was sucking its tiny thumb! I am a physician. Why don't I understand these words? As I frantically waited for my husband to come home, I kept staring at my left pinky — the one I was told was not perfect in my child. I looked at my belly, which was only slightly swollen, and cried. What could this possibly mean?

My husband and I visited my doctor the next day. He confirmed that it was indeed an abnormality and something we should pursue. No other anomalies were seen. An amniocentesis was recommended if we wanted a definitive diagnosis.

The next hours were a blur. Many tears, many questions. The biggest question was *why*. I was twenty-eight and healthy. There were no other anomalies seen. Could our baby's chromosomes be anything other than totally normal? Could a problem be manifested simply as a pinky bone anomaly? Having witnessed the false positive screening test from the perspective of a physician, I prayed that we were merely a statistic. My baby's health was in question, and we felt utterly helpless.

By the time of my amniocentesis, I was expert at mouthing the words that I wished for but didn't dare to believe . . . *this will turn out to be nothing*. Inside, I alternated between profound sadness and hysteria. My doctor realized that coping with the wait for the chromosomal analysis to be complete would be the hardest part and suggested that we visit an expert for another opinion. The physician he referred us to was highly regarded in the field. He published often and would likely reassure us that this would turn out to be nothing. To us, this doctor's opinion meant everything. Speaking to him became all that we could focus on.

As we sat in his waiting room, we read countless letters from families similar to ours — people whose profound worries ended with a conversation with this geneticist. The nurse told us that the doctor had no time to see us that day and that he would page me later. I paced the halls of the hospital waiting for the phone call. When I could wait no longer, I called him. He was there, and he reviewed my ultrasound with me listening.

“HMMMMMM ... oh yes, yes,” he said, too easily. “There is an *excellent* chance of having a chromosomal abnormality. I think you and your husband should be prepared.”

As simply as that, the fate of our child was sealed. I wonder if he heard me choking on his words. In less than a minute, he had diagnosed my unborn child and stolen our hope. His words shook me to the core.

“...*there is an excellent chance...there is an excellent chance....be prepared...be prepared.*”

Several days later, the preliminary report was delivered, followed by the definitive diagnosis. “Everything is *normal...normal.*” The ultrasound had handed us a false positive result. A few months later we welcomed our perfectly healthy baby girl into the world.

The geneticist’s words have haunted me over the years — his insensitivity, his callous delivery, his unsubstantiated assuredness that something was definitely wrong.

What did I expect of him? I wanted him to recognize and address my profound anxiety. I expected him to compassionately convey his understanding of the results, and to add perspective. He should have explained the limitations of the ultrasound, and he should have reminded us that we were days away from getting the chromosomal analysis. He failed me, and twenty-three years later, the memory, the wound, is still palpable.

As I sit my resident down, I remind her that as physicians we have to think of our patients before we deliver any news. We are sources of information, comfort and compassion. I remind her that we simply don’t know what our patient’s ultimate diagnosis will be, and that the words and body language we use are what she will take away from our encounter. She will listen to our every word, so we must choose them wisely. These are the tools of our trade.

Judith Brenner, MD, is associate dean for educational data and analytics at the Zucker School of Medicine at Hofstra/Northwell. Dr. Brenner is an internist, an educator and a proud mom of four beautiful children. She hopes her story helps others to think about the importance of communication.



Look on My Works, Ye Mighty, and Despair!

Young Hun “Minjoo” Kim is a first-year medical student at the Zucker School of Medicine at Hofstra/Northwell. She studied neuroscience and classics at Johns Hopkins University. She enjoys traveling and learning about different cultures, especially through art. She says: “The title of this photo is a line from the poem ‘Ozymandias’ by Percy Bysshe Shelley. The poem refers to a fallen statue, which can be representative of a once-great empire. I thought this fit the current situation in our country, a once-lauded society recently sullied by all our political and public health turmoil.”

84

for Mort

He tells us he doesn't
remember Yiddish
He hasn't spoken any since
he was a child of Brooklyn

He tells us he is 84 years young
He just wants one more year
to enjoy what's left

He tells us he was the Mayor
He doesn't drive any more

And—

He tells us he doesn't
remember Yiddish
He hasn't spoken any since
he was a child of Brooklyn

He tells us he is 84 years young
He just—

His hands rise into the air to
conduct the ghosts
of the friends who left first.
They never made it
to 84.

He giggles, no longer with
us at the table.

He sings a nursery rhyme
from Brooklyn.

He sings a Yiddish nursery
rhyme from Brooklyn.

He asks the ghosts a question
in Yiddish.

We aren't sure if they answer.

He sees us with him around
the table
and lights up with, "Hello,
it's been too long."

He reminds us he isn't
getting any younger.

He tells us he doesn't
remember Brooklyn

He hasn't spoken any since
he was a child of Yiddish

He tells us he's 84 years young,
and still counting
as he blows out the candles
on his birthday cake,
a pair of pinstripe numbers,
an 8 and a 7.

Hunter Wexler is a graduate student in the master of fine arts program in creative writing at Hofstra University, specializing in poetry. After graduation, she plans to work as an editor and teach creative writing.



Sunday Stroll

Tanzim Bhuiya is a second-year medical student at the Zucker School of Medicine at Hofstra/Northwell. He says of this photo: "I took it on a family trip to Europe. Despite visiting a number of breathtaking landmarks and museums throughout the visit, the sense of serenity I felt on this walk is what I remember most."

Friendship of a Parathyroid

A strident series of sobs pierced the caverns of the anterior neck. The acoustics of the musculature were terrific, and sound amplified with ease in both directions. Noise complaints were sure to follow. The alveolar-dwelling folk in the lung parenchyma further down were not the biggest fans of ruckus, particularly when most inhabitants were in the midst of silent meditation and deep breathing retreats. They would not take very kindly to these cries that showed no signs of rest. The volume of these sobs was especially impressive when considering the size of their culprits — four barely discernible oval-shaped glands, flattened and cowering in pretracheal fascia. Collectively, they were known as the parathyroids.

“She’s g-g-g-g-gone!!” one bawled.

Another parathyroid nodded and shook violently, racked with grief. The other two stared with vacant expressions, looking through the cobwebs of fibrous scar tissue for something, or someone, no longer there.

This went on for some time — wailing, staring, more staring, more wailing. After many hours of this ruckus, the laryngopharyngeal tissues constricted, nudging the palatoglossal arch and vocal cords to vibrate and generate a throat-clearing sound to subtly convey to the parathyroids that wailing time had elapsed. It would have been rude, had this not been the several-thousandth time this spectacle had taken place over a period of several months. The other structures had been understanding at first, accommodating and even supportive of the parathyroids in mourning. But recently, patience was wearing thin.

“Earl?” A gentle voice filtered through the parathyroids’ cacophony. The loudest of the parathyroids hiccupped, taken by surprise upon hearing his name. He turned around gingerly, quivering with the expectation of reprimand from one of their more belligerent neighbors. He was relieved when instead, the voice belonged to their friend, Laryn. Laryn had a voice that left you feeling as though a breeze had tousled your hair, tickling your skin with a current of jasmine petals on a delightful summer’s

day. She was willowy in physique but claimed it was simply the product of being overworked — she ran long circuits and covered vast territory, even for a nerve. Though her full name, Recurrent Laryngeal, was a title given by her fellow nerves with utmost respect, she hated how formal it sounded. Among casual acquaintances but especially among friends, she insisted upon being known as Laryn.

“Oh, Laryn,” Earl said forlornly. “Thank goodness it’s you. I was afraid it was the GI again.” Earl gazed sheepishly at the stacks of bills that lay in heaps besides them. “PAST DUE-CALCIUM” was stamped in angry crimson across each envelope.

Laryn flashed a quick smile as she scanned the bills. “I can see why you’d be nervous.”

Earl sniffed, then nudged his comrades, Hashi, Moto and Bea. “Look. guys, Laryn’s here!”

Moto paused from shaking briefly and greeted Laryn with a nod. Bea’s and Hashi’s expressions flickered with acknowledgement.

Laryn sat in silence, in the comfortable presence of her companions. The parathyroids didn’t often get visitors these days, but she still tried to check in on them when she was able. This time, though, she’d received a warning from the thyroid branches of the Cervical Gang — if something didn’t change with the parathyroids soon, unpleasantness lay in store for her friends. They’d driven everyone else in the body to the brink.

Bea was the first to break the stillness. “It’s so nice of you to still come see us, Laryn.” Her voice was soft with gratitude, lined with an undercurrent of longing. “People used to visit us all the time back when...you know...” Her voice caught. “You know... when *she* was here. But not so much any more.”

Hashi shook his head. “I still can’t believe she’s gone, you know?”

Moto was covered in the sheen of freshly shed tears. “We hardly got enough time to say goodbye.”

Laryn nodded. “Her loss was sudden... it took us all by surprise. We know how close you all were.”

“Close?!” Earl snorted. “That word is for work acquaintances

— that’s how people describe you and the Aortic Arch! Close?! We were *inseparable!*”

Laryn ruffled with slight indignation. “Now, Earl, no need to be cruel or demeaning here.”

“Sorry. That was out of line.”

“That’s okay, you’re right. You five had a bond that few of us can understand. I don’t know what it is to be that close to someone... and even less, what it means to lose them.”

Hashi smiled with a far-off gaze. “You know, we used to call her Madame Butterfly?”

Moto chuckled. “That’s right. She never let anyone walk over her. Though she knew other organs considered her small, she sure as hell was mighty...”

“...always running a thousand metabolic processes, never sleeping even for a second,” Bea finished.

“Even in the end, when that conniving papillary cancer took most of her over, discoloring her until she barely looked like herself any more... she never took a day off,” Hashi whispered.

“That was our girl, our Thyroid,” Earl croaked.

“To Madame Butterfly,” the parathyroids toasted.

“To our beloved Thyroid,” Laryn echoed. She glanced at the pile of notices surrounding them and tried to pivot toward her reason for visiting. “So...ah... have you heard from anyone, recently?”

“How do you mean?” Moto asked.

“Well... you know, any messages, any cards, any letters, you know, that sort of thing.” *Or past-due notices that warn of impending eviction*, she thought to herself.

“Well, a few months back, just after the operation... we did get some sweet missives.” Bea ruffled through a few worn scrolls. “Ah, here’s a message from the Brain.”

Dearest Parathyroids,

Our thoughts are with you during this incredibly difficult time. Please know that if you ever need anything, we will likely already know and be on our way to send it to you. Grief is a long process,

but we will be here for you the entirety of the way. We apologize for the illogical and frustrating road of emotions ahead of you. Please know that we mean the very best.

*Love,
Brain*

“Classic Brain,” Hashi said, smiling.

“The Kidneys were lovely too,” Moto added.

Dearest comrades in calcium homeostasis,

Just received word of Madame Butterfly’s extrication — so terribly sorry for your loss. We’ve been very grateful to the Thyroid for all she has orchestrated in metabolism these many years, making it possible for us to thrive in turn with our work of electrolyte balancing. She paved the road for many. We know the thought of making parathyroid hormone must be the last thing on your minds — though we do depend on it, and the GI tract will certainly give us both grief for not converting Vitamin D into its preferred form (also, ugh, GI — do your own conversions, you lazy, fat, peristaltic oaf). Please take as much time as you need to grieve. We will do our best to keep the belligerent GI in line.

*With all the love in our kidney-bean-shaped selves,
Kidneys*

“They did warn us about the GI tract...” Bea said, her voice trailing off. “The notices started out cordial enough but escalated pretty quickly from there.” She offered Laryn a selection of envelopes.

The first one was dated five months ago:

Dear Bea, Hashi, Moto and Earl,

Our sincerest condolences for the loss of your dear friend. Though we have mostly known each other from afar, please know that we have always felt a real affinity with you, particularly in

how closely we work to ensure our human's calcium reserves are always up to par. We grieve along with you and send you the best during this hard time.

*Sincerely,
the GI tract*

The next one, a few months later:

Dear Bea, Hashi, Moto and Earl,

We hope you are taking care of yourselves in this difficult process. Not a day goes by that we also do not think of the Thyroid. Metabolism just isn't the same. We just wanted to broach the delicate question of when you might be feeling ready to return to work. We understand of course, that it has been unimaginable to cope with the loss of such a cherished friend. We also do not want to impose or bring our problems to you, but the burden of such high-dose calcium supplements that our human has needed to take in the absence of parathyroid hormone has been rather difficult on us. As your friend, we feel for you, but we also need you.

*Sincerely,
the GI tract*

Not long after that:

Dear parathyroids,

We get it. You lost your friend. Very sad. But hasn't it been months now? How many months does it take to get back to making one measly little hormone? There's four of you!!! Take turns or something. For how long are you going to claim to be in post-operative shock? It was a surgery. Time to get back to work. The rest of us have.

*Yours truly,
the GI tract*

*P.S. The calcium supplements have still been ravaging us,
thanks for asking.*

And most recently,

Hello inconsiderate indulgent imbeciles,

*It has come to our attention that you give absolutely zero craps
about the rest of the body. That or somehow, our messages have
not been getting through. What else could explain the fact that
almost six months after surgery, you're still in denial and refusing
to do your one freaking job? The kidneys are too nice to tell you
this, but you're being real jerks. This human needs her calcium,
and thanks to you, none of us — not the kidneys, not us, can absorb
any. Do you know what such high doses of calcium citrate do to
a GI tract? No, of course not. Because why would you care about
anyone or anything but yourselves???? Madame Butterfly may
have been the star of the show, but you're a bunch of pathetic
drama queens.*

*Go screw yourselves,
the GI tract*

P.S. Sorry, that was rude.

*P.P.S. Reread our message, and we retract the P.S. The tone of
this was absolutely on point.*

Hashi let out a low whistle. “Unbelievable, right?”

“Mmm,” Laryn agreed sympathetically. She paused. “But you
know...”

“Oh my god,” Moto gasped. “You’re on Team GI!!! This isn’t a
friend visit at all, is it?” He glared at her accusingly.

Bea shushed him. “Moto, that’s no way to treat our only
friend.”

Moto harrumphed. “Ask her, then, if I’m wrong.”

Bea gave Laryn an apologetic look. “I’m so sorry...” she
started, but she paused midway. “Oh dear... he’s right, isn’t he?”

Laryn sighed. “Look, guys. You know I love you... and I’m

your friend. I promised Thyroid I'd check in on you after she was gone. and I never intend to break that promise. But as your friend... that also means I've got to tell you the hard truths, the things you don't want to hear."

Earl eyed her suspiciously. "Like what?"

"That it has indeed been... a while, since Butterfly, since Thyroid left us."

"But we're still grieving!" Hashi retorted.

"Of course," Laryn agreed. "*No one* has the right to tell you when that stops... and truth be told, it may never stop. Your lives have changed. They're never going to be the same."

"That's right," Earl said.

"But what that also means," Laryn said softly, "is that you can't pause everything like this forever. You can't freeze time in this endless loop and hide from reality. Because as harsh as the GI tract was, and believe me, you know I hardly ever agree with that cranky old bowel..." Her voice trailed off, and then she continued, "...they did have a point."

"Which was?"

"That even through heartache, through tragedy and strife... life has to go on. That you have to go on."

"But we...I don't want to," Earl whimpered. "I don't want to go on."

"I know, hon... but Earl," Laryn said kindly, "look around you." She gestured to the mountains of past-due notices and vociferous messages that encircled him. "Is this what she would have wanted for you? Is this how she would have wanted you all to live?"

Earl blinked back a few tears and slowly shook his head.

"I know it's not fair... and it's definitely not easy... but this is what it means to be inside a human, Earl. That we keep going, for as long as we can, as best as we can. We keep going because she needs us. And we can't let her down."

Earl gulped and nodded. "No... no, we cannot." Bea looked at him proudly, as she, Hashi and Moto gathered around him in an embrace. Earl squeezed his companions and then looked up at Laryn with quiet resolve.

It was a Tuesday, a day like any other in Dr. Bavarian's endocrinology practice. On this particular Tuesday, his newest patient, a young woman who'd recently undergone complete thyroidectomy following a diagnosis of papillary thyroid carcinoma, sat on the edge of the patient bed, knee bobbing up and down about a mile a minute, as she anxiously awaited her most recent set of lab results. He felt for her — it had been a sudden diagnosis, and an even more sudden timeline in terms of surgery and post-op recovery. He'd had to inundate her with a brand-new regimen of medications to keep her newfound hypocalcemia afloat, and for months, parathyroid hormone levels hadn't improved.

He pulled up today's bloodwork and glanced at the labs. "Huh," he grunted, pausing over the letters PTH. "Would you look at that."

His patient, Parvath, craned her neck. "What's wrong?" She inhaled deeply. "Are we going to have to go up on the calcium dose again?" She closed her eyes, praying silently to a calcium homeostasis deity if one was out there.

Dr. Bavarian swiveled in his chair to face her. His eyes crinkled as he met her terrified expression with a steady gaze. After an excruciatingly long pause, he broke the silence. "Your parathyroid hormone levels are higher than they've been in months."

"W-wait," Parvathi stuttered. "Does that mean...?"

"If you want to still be on the calcium, I think that might be a good idea, but I know you've been waiting to get off these for months."

She blinked back tears. "What changed?"

Dr. Bavarian smiled. "We always hoped that it would just take some time."

Parvathi nodded as she processed the first dose of positive news she'd had in months. There were so many things she wanted to say... but this moment found her brimming with relief. Finally, her parathyroids were waking up.

Arany Uthayakumar is a second-year medical student at the Zucker School of Medicine at Hofstra/Northwell. She is a creative writer from the San Francisco Bay Area and finds purpose in witnessing and celebrating the strength of the human spirit.



Snow Lake

Christina Castagna is in the 2021 graduating class at the Zucker School of Medicine at Hofstra/Northwell and will head into an internal medicine residency. Growing up in the Pacific Northwest, where this picture was taken,

NARRATEUR



Christina has always found profound serenity in the vastness and beauty of the wilderness. She hopes Narrateur's readers will find a little of the same.

Not Knowing

On January 7, 2020, an email from the U.S. Embassy arrived in my inbox. “*Pneumonia of unknown cause discovered in Wuhan.*” I had been in Beijing a week, the start of a semester abroad to study Mandarin.

My fellow students and I were 700 miles north of the city that would become synonymous with the virus, but from what we could learn online there was no need to worry. Reports indicated that the virus was contained and had not spread to any of the health care workers tending those who were ill. We could do what we had come to do without fear.

A week later, I received word that I had been accepted into medical school. Now, a newly minted almost medical student, I found myself handing out advice to my classmates. *Don’t worry, I told them. It will be fine. It’s not that contagious.* Two months later we learned otherwise.

On our return to the states, our flight was met at JFK by a team of U.S. Department of Health workers and Homeland Security officials. A student had developed a fever, and no one was allowed to leave the plane until our temperatures had been checked.

In the months that followed, I often found myself reflecting on the advice I had given to my fellow students before the reality hit home. *It’s not that contagious* — how had those words affected their decisions? I was working off the little information we had, but I was not alone. I watched as experienced medical professionals struggled with the same issue. What do we say? How do we say it?

When we returned to class, the campus was locked down and Zoom became our classroom. I was taking medical ethics, and the first online session was appropriate for the times: Moral distress among health care workers.

One of the instructors was a physician who was in charge of the COVID unit at a hospital. We were in the midst of a pandemic, and hospitals were filling up with very sick people. Doctors would have to decide who should be getting the limited supply of ventilators. Based on very little knowledge about the new virus, they would

have to figure out the best medicines to save their patients. Still, so many people died.

We talked about very real issues that day. The ventilators. The medicines. Social distancing. Masks, which at that time were in short supply, and it was not clear whether they helped to reduce spread of the virus. We were all learning, and we still are.

That first online class still haunts me. In non-pandemic times, physicians and researchers have time to study mechanisms of diseases, determine effective modes of prevention and accumulate knowledge about appropriate treatment plans. As a medical student, I could give a wrong answer in class and be corrected or guided toward sounder reasoning. To a patient, however, faulty advice or an incorrect diagnosis could have a devastating effect.

I wondered then how COVID-19 has shaken these foundations, when years of study time must be compacted into months, weeks or days. How do we balance a level of uncertainty with the well-being of our patients?

As my last semester in college ended prematurely and case numbers rose exponentially, I realized that I would be entering a field that has been changed dramatically by the pandemic. In thinking back on my advice — *don't worry, it's not that contagious* — and having spent my first year of medical school on hospital wards and in clinics with patients, I have come to understand the power of *not knowing* is in admitting that we don't know even when people look to us for answers.

Priyanka Algu is a first-year medical student at the Zucker School of Medicine at Hofstra/Northwell, with a background in linguistics. Her experiences in Beijing at the onset of the pandemic led her to explore the impact of health care professionals' words on public decision making. She continues to reflect on these issues both in practice and in writing.

Blueberry Yogurt

His eyelids retracted, exposing the true size of his eye sockets. The corners of his smile followed, his mouth more pomegranate than blueberry. His microphone emitted no sound, but his expression spoke volumes. Even through the Zoom screen, I could see the child's gears turn and spark. His hand shot up into the shared screen.

I called on him, and he unmuted his microphone.

"You mean to tell me that blueberry yogurt is not so healthy?" he asked in the concerned, high-pitched voice of an eight-year-old whose beloved snack was now in question.

There were other children on the call, as well as a couple of my medical school colleagues. But at that moment, it was only the two of us, and I had to figure out where to begin. How much could he understand about the dangers of sugars and other chemicals inside the plastic container that he reached for in his fridge? How much did he already know? How much information could he handle?

Gears rotated a few more notches. He was hungry for my answer.

"It's healthy in some ways, but not healthy in other ways."

Though he was still pint-sized, I felt he understood more than some adults ever would grasp.

Now that we had opened the yogurt carton, what next?

We talked about calcium and his wish to grow big and strong.

We discussed food as fuel to run and play and concentrate.

Was he too young to know the scary stuff in the carton? My mind filled with thoughts about childhood obesity, cavities and nutrient deficiencies. I wasn't sure how the conversation would go, but we talked about complicated information like hidden sugars, serving size, and recommended daily intakes.

"So should I eat the blueberry yogurt or not?"

As students of medicine, we grovel for answers, begging our textbooks, lecturers and peers to provide the correct answers. Clinical presentations can be distilled to single enzyme mutations. Surgical complications can be traced back to anatomy. And one day, we will don our white coats without the comfort of experts standing by our side, and patients will come to us pleading for answers.

"It depends," I said. His face showed puzzlement, and it was

clear that the answer was neither satisfying nor gratifying. Yet, I took this middle ground because it allows us to survey our options, apply our knowledge and be mindful of our resources. I felt that those two words could provoke more conversation. They did. He seemed satisfied and melted back into the comfort of his chair.

Later in the lesson, when examining nutrition labels, he showed off his newfound knowledge. We were both proud.

Minutes before our scheduled wrap-up, another student appeared center stage, seizing an opportunity to participate. Her bright orange fingers pushed a shiny, crinkled nutrition label to the camera. Between crunches, the girl gleefully exclaimed that the snack she was eating — Cheetos — was within the limit of added sugars.

Where to begin?

That lesson will have to wait for another day.

Nirupa Galagedera is a second-year medical student at the Zucker School of Medicine at Hofstra/Northwell.



Figure 1

Danielle Llanos is in the 2021 graduating class at the Zucker School of Medicine at Hofstra/Northwell and is heading into an internal medicine residency program. She enjoys painting in oil and acrylic in her free time.



Sunset: A Glimmer of Hope

Alice Fornari, EdD, FAMEE, RDN, is vice president of faculty development at Northwell Health, associate dean of the Zucker School of Medicine at

NARRATEUR



Hofstra/Northwell and professor of science education, family medicine and occupational health.

The C-Section

On the second Saturday of the new year, I witnessed my first delivery. I was there when my preceptor told her patient that circumstances had changed and she would need a C-section instead of the originally planned vaginal delivery. I followed the team of doctors and nurses into the operating room and watched as they got ready to receive the expectant woman.

My preceptor asked if I'd prefer to observe from afar, but I told her that I would like to scrub in. As we were entering the operating room, she said, laughing, "You're not going to pass out on me, are you? Things can get pretty bloody around here."

"Of course not," I assured her.

I don't shrink from the sight of blood, but then again, I'd never had a front row ticket to a C-section. So really, I couldn't definitively say how I would react, but I had faith that I would be, if not a productive member of the team, at least one that wouldn't distract from the procedure.

Once we were in the operating room, members of the team moved briskly, opening packages and setting up shop. They worked so swiftly that I had to whip my head around to try to catch everything going on. I could see that I was not needed just then, that there was a practiced rhythm to each person's motions. Before long, the physicians and nurses were announcing the patient's health information, confirming the time of surgery and preparing to make the first incision.

I watched as the scalpel sliced across the lower abdomen, leaving a small trickle of fresh blood in its wake. The vivid crimson seeping out of each successive cut was so starkly different from the structure lab dissections I'd been a part of during class, which had been my only experience with the operating table up until this point. Having performed cadaver dissections in the classroom served to enhance my awareness of the living, breathing body in front of me; as much as I noticed the similarities, I noticed the differences more, which added another layer of importance for me to the task at hand.

There were moments early on in the procedure in which my

status as a new medical student was obvious. At one point, my hands strayed from the green sterile mat in front of me, where the instruments were placed. When this happened, the physician next to me would grab my hands and place them back on the mat, a safe haven until my hand positioning became second nature. As time went on, I began to feel more and more like a member of the team, maintaining my composure as the amniotic sac was opened and warm fluid poured out, gushing over my hands and gown and dripping to the floor.

As the leaking subsided, the two physicians quickly got to work taking the baby. I barely had time to process the birth before it was over. One second the physician's hand was inside the uterus, and the next she had pulled her hand out, holding the baby's head. A blue haze enveloped the baby: the bluish tinge to his skin, the unexpected purplish-blue of the umbilical cord pulled out soon after, and the sky-blue suction cup placed in the baby's mouth to help clear his little lungs.

My preceptor gently cradled the newborn in her hands and softly exclaimed, "Happy birthday!" before handing the baby over to the nurse, who whisked him away to be cleaned.

I glanced toward the corner of the room several times as the baby was cleaned but soon refocused my attention on the operating table as we finished extracting the placenta and moved on to removing a teratoma. The procedure continued with a new sound in the background: the intermittent wails of a newborn baby. I thought about how surgeons often pick a playlist as background during procedures, but here we had one of nature's sweetest sounds playing instead: the strong, robust cry of a healthy baby.

It was around this time, as the physicians worked to carefully separate the cyst without rupturing it, that I really took notice of the drapes separating the medical team from the patient and her newborn. I wondered what was running through the patient's mind as we worked, if she was uncomfortable or scared.

The teratoma was successfully removed without any rupturing. My preceptor remarked on the silver lining of performing this unplanned C-section, noting that were the cyst removed laparoscopically it would almost certainly have ruptured, which

could have led to complications. Up until this point, I felt the procedure had passed in what seemed like fast-forward motion. Now that the baby was safely out, time seemed to slow down to a normal pace as the physicians began the methodical process of sewing up each layer in the reverse order to which they had opened them. I was engrossed in watching the two pairs of hands create stitches, one anticipating the other's needs. The rhythm was mesmerizing.

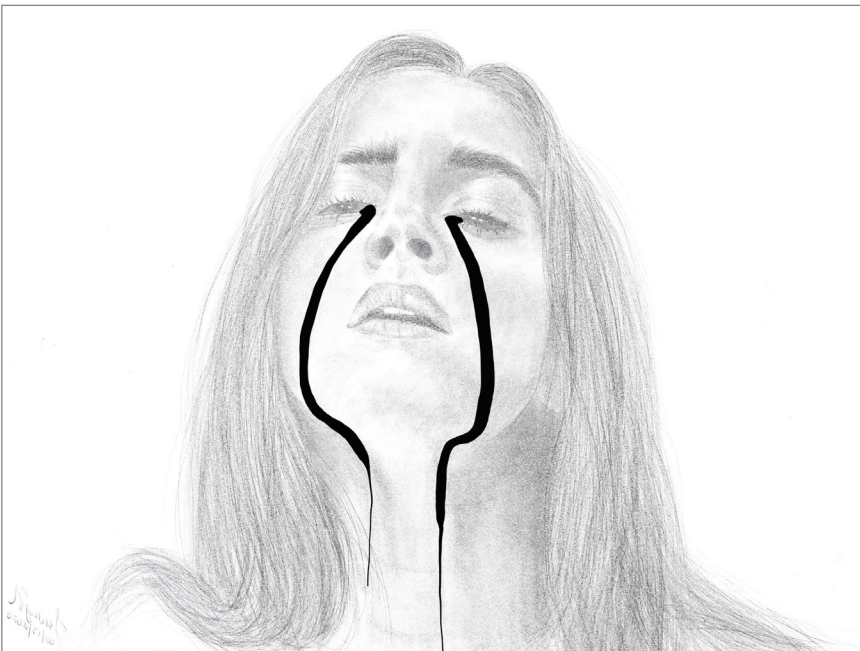
After the uterus was closed, I was instructed to hold a retractor so that my preceptor and her partner could better visualize the uterus as they cauterized micro-tears in the uterine wall. I held it until my hand became sore from clenching every muscle so I wouldn't tremble or let up on the pressure. The words "firm grip" from my preceptor ran through my mind, acting as a motivator and command. In trying to distract myself from the growing discomfort, I wondered how our flesh, so fragile and pliable, could withstand such force without ripping away. Truthfully, I was worried that I might damage the patient's bladder or some other soft tissue down there, but I trusted my preceptor to know how to instruct me in the patient's best interests. (I also reminded myself that this was a good time to review pelvic anatomy; such a shame I seemed to have forgotten it already when I had just learned it during the previous unit in school.)

While standing there gripping the retractor, it also occurred to me how the various components of a C-section were seemingly at odds with one another. A surgical procedure is usually meant to remove something unwanted, and yet what could be more treasured than new life? On this day, I had been able to see both. After the safe and successful delivery of the baby, my preceptor had also taken out the teratoma growing on the patient's left ovary. What an incredible learning experience: to witness not just a birth but also a cyst removal in the course of an afternoon. In this one incision we made on the patient, we had removed two entities: one whose presence was unwanted, detrimental to her health, and whose removal would likely prolong her life, and another whose presence would be treasured.

The suturing was almost finished as the physicians closed up the top layer of skin, using a stitch that blended in so well I was

told it was the preferred method of plastic surgeons. Before I knew it, the drapes were coming down and the patient's exposed abdomen was covered. I felt the subtle shift in the mood as the surgical portion of the day ended and we transitioned back into caregivers whose primary concern was the emotional well-being of our patients. We helped transfer the mother into a hospital bed so she could be moved to post-op recovery, then ripped off our gowns, helped clean up and left the OR behind.

Yunwei "June" Xia is a first-year medical student at the Zucker School of Medicine at Hofstra/Northwell. In her free time, she enjoys reading, knitting, watching Netflix and journaling, and she is very excited to have been able to turn some of her musings into pieces for Narrateur to share with the medical community.



Grief

Tommy Nguyen is in the 2021 graduating class at the Zucker School of Medicine at Hofstra/Northwell. He dreams of traveling the world, and in his free time, he enjoys weightlifting, cooking and watching reality TV on Netflix.

Next Time

During the outpatient clinical week of my pediatrics clerkship, in my third year of medical school, I was seeing a mother and her fourteen-year-old son for a regular well-child appointment before the resident and attending physician came in. I was listing the standard vaccinations done at that age, including those for meningococcus and influenza, to which the mother consented without issue. However, when I reached the human papillomavirus (HPV) vaccine, she stopped me.

“Wait, what is that one for again?” asked the mother. As I explained the nature of HPV and its associated diseases, including warts and multiple cancers, she nodded along and I thought I might be able to succeed in my quest to get her son to receive the vaccine. However, she capped our discussion by declining. “We’ll think about it for next time.”

A memory flashed into my mind as she said those words. I was sitting up front in a rental car, listening to the sounds of my father retching into his cowboy hat, the only receptacle he had available, as my mother pulled the car over to stop and find a trash can. He wore the cowboy hat to cover up how much his hair had thinned from the chemotherapy and to protect his sensitized skin from sunburn.

We were in the medical center of Houston, Texas, where we spent the summer so he could receive treatment for oropharyngeal squamous cell carcinoma. The treatment regimen had caused innumerable other changes, including a feeding tube running from his abdomen to his stomach, glaringly red radiation burns on his neck and destruction of most of his salivary glands, causing constant dry mouth.

This was long before I entered medical school and gained any knowledge of HPV, but my father’s doctors attributed his cancer to HPV infection. The vaccine had not been developed when my father was younger, so he did not have the chance to prevent the disease. Fortunately for my father and our family, his treatment was successful and he is now feeling better.

The vaccine doesn't protect against every strain of the virus but it provides protection against nine common and dangerous ones, keeping patients from developing many different types of cancer.

Back in the exam room with the mother and her son, I pushed a little more, but her response was the same: "Next time."

We always want to believe the best of our patients but plan for the worst. What if they are not able to return? What if this issue, seemingly small to the mother — "It's not a required vaccine, right?" — gets lost in the shuffle of life? I wanted to relate the story of my father's nightmarish summer and two-year recovery from HPV-related cancer but wasn't sure of the extent to which personal experience should be shared in discussions with patients.

When the attending physician came in, she answered that question for me in a very compelling fashion. As a physician for many years, she was candid in her endorsement of the vaccine to the mother, relating her own experience with another type of HPV-related cancer. The personal anecdote was compelling to the mother, and I could see her suspicion lift as she was able to understand the serious disease that in all likelihood could have been avoided were the vaccine available earlier. She agreed to have her son receive the first dose that day.

Context can help patients better understand the significant role of preventive medicine. The next time I'm in that position, I'll feel comfortable relying on appropriate personal experience to more effectively discuss important issues with patients. I will not defer it until I see them *next time*.

William Liakos is a fourth-year medical student currently on a research leave at the University of California-Davis and enjoying his time in California. He will return for his last year in the summer of 2021. He appreciates the power of storytelling in helping to understand the problems inherent to medicine and holds the issue of HPV vaccination near and dear.

Xanax

Nothing could stop my racing heart.
No cognitive behavioral therapy
No diet change
No meditation
Could stop my body from trembling.
I dealt with it.

Nauseous mornings and body chills
Like one with the flu.
I dealt with it.
A loss of appetite
And eating a quarter of a sandwich
Feeling dizzy as if I was floating
on air.
I dealt with it.

*It's all in your head,
Calm down,
Relax,
It's nothing,
You're insane,
Some people would say.*

There have been nights on the floor
As my world crumbled
I wiped my tears, only for more
to fall
I tried to breathe
My nails would dig into my arms
And I sat there pulling and
punching my hair
Anything to get my mind
Off the thoughts that took over me.
I dealt with it, until I fell asleep

I've had most attacks alone,
Let anxiety rule me
I stopped trying to find my cure
But then you held me.

From that first day, my anxiety
knew
You were my safe haven.

No arms could calm me
No voice could silence my demons
Except yours.
One little touch and the switch
turned off
You, my love, my Xanax.

Grace DeMato studies creative writing in the MFA program at Hofstra University.



Beauty Under Pressure

Woodlynn Daniel is a second-year medical student at the Zucker School of Medicine at Hofstra/Northwell. She enjoys traveling and learning languages, and studied abroad in Argentina, where she captured this moment. She says: "When I took this picture at Iguazú Falls in Argentina, I just thought it was a pretty sight: a beautiful rainbow created from drops arising from a crushing waterfall. As a medical student I am often under pressure that feels crushing, but I have learned to see the beauty, too."

Submissions

Narrateur: Reflections on Caring is published by Northwell Health and the Zucker School of Medicine at Hofstra/Northwell. The journal seeks to publish high-quality work that reflects experiences in the practice of medicine and the learning that takes place along the road to taking care of patients. Themes should include health, illness, caring and expressions of the human condition. The submissions are not intended to contain opinion or advocacy editorials. The journal will publish once a year.

Submissions are open to Zucker School of Medicine at Hofstra/Northwell students, faculty and staff as well as employees of Northwell Health and Hofstra University. For more information on submission guidelines, visit our website at www.narrateur.org. Or contact editor in-chief Jamie Talan at jtalan3k@aol.com.



The Cabin by Alan Sloyer