DONALD AND BARBARA
ZUCKER SCHOOL *of* MEDICINE
AT HOFSTRA/NORTHWELL

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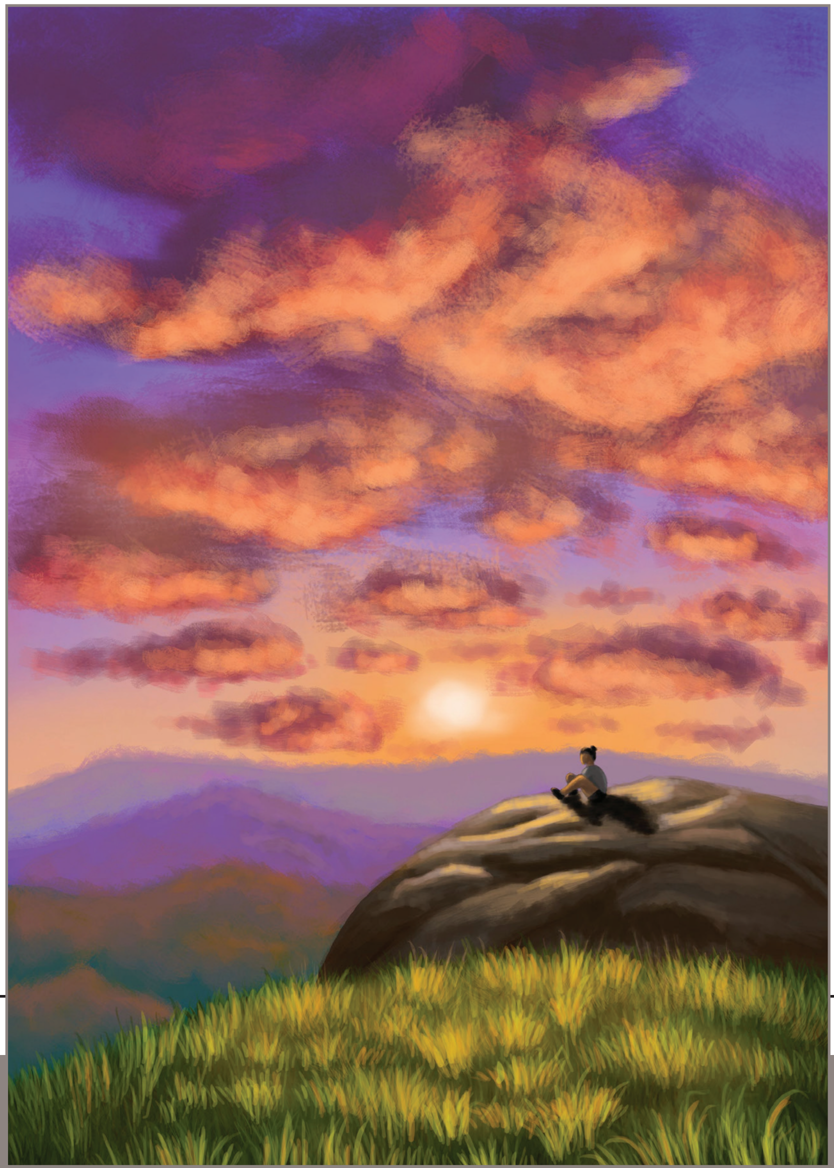
Narrateur
THE DONALD AND BARBARA ZUCKER
SCHOOL OF MEDICINE AT HOFSTRA/NORTHWELL
ART & LITERARY REVIEW
ISSUE ELEVEN 2022

Narrateur

REFLECTIONS ON CARING



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REFLECTIONS ON CARING

Special Thanks to Lisa Martin, Dr. Aleena Paul, and Dr. Eric Last for their continued support and guidance.

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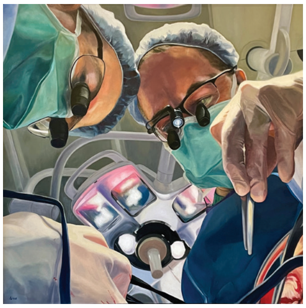
Front Cover:

Perspectives
Jessica Sheng

Hiking helps put the worries and anxieties in my mind into reassuring perspective. When I reach the top of a peak, I focus on the present moment, the sun warming my face, and the view surrounding me. Several thousand feet above sea level, I feel grounded.

Jessica Sheng is a second year medical student at the Zucker School of Medicine. In her free time, she enjoys reading, hiking, and painting.



Back Cover:

Collaboration in Surgery
Ron Israeli

This is a 40" x 40" oil painting capturing a moment during surgery. In this scene, I am operating with Dr. Jonathan Bank to complete a microvascular free flap breast reconstruction following mastectomy. One of the joys of my professional career is collaborating with other surgeons in the care of my patients. This oil painting is one in a series I am painting of scenes from the operating room.

Ron Israeli, MD, is a clinical assistant Professor of surgery at the Zucker School of Medicine. Nationally known for his work in breast and abdominal wall reconstruction, he has undergone formal instruction in oil painting, studying with Long Island artist David Peikon. He is currently creating a series of oil paintings depicting scenes from the operating room.

Letter from the Editors-in-Chief

Perspective – there could not be a more fitting name for the cover piece of the 11th edition of *Narrateur, Reflections on Caring*. With the onslaught of the COVID-19 pandemic lasting much longer than we had expected or hoped, we have had to adapt. We have had to find the beauty in any day, any moment, and have learned to experience the small joys.

Our last few editions of *Narrateur* have been an homage to healthcare workers' sacrifices. The 11th edition is a celebration of their whole lives. Yes, it features members of our health care community and their work. But more importantly, it gives them the space to reflect on different parts of their lives – ones that perhaps had been wiped away during the high tide of the pandemic and are starting to be found again.

Another aspect that sets this issue apart is that it is our first completely student-run edition; the first year we as medical students have served as Co-Editors in Chief. Our hope is that by spearheading this issue of *Narrateur*, and paving the way for future editors-in-chief, we will bring a unique perspective provided by our usual role – that of physicians-in-training. It has been an honor to brave this transition, and we are continuing to learn how to create a publication for our community from our editors, readers, and contributors.

This edition features a diverse, thoughtful collection of pieces that we hope will inspire you to enjoy the incredible strength, compassion, and love found in our world. Whether it is through escaping to the mountains for a weekend, diving into the depths of the ocean, or contemplating our place in a ravaged world, each piece presents a profoundly intimate look into the lives of healthcare workers and staff.

Though the pandemic is still very much a part of our lives, our community has begun to heal. As medical student Yunwei (June) Xia writes in the edition we are:

“Serving as each other’s lifeboats in the stormiest weather
As we navigate our way back towards the light together”

We can find solace and meaning in our interactions with patients, family, nature, and each other. There is still joy to be found, even if just for a moment. This issue captures these moments.

In a world that seems like it’s constantly pouring, we have learned to dance in the rain.

Deepti Varathan, Zucker School of Medicine '24
Ishi Aron, Zucker School of Medicine '24
Co-Editors in Chief

From the Dean:

Cannolis for Breakfast

This is probably my last contribution to the *Narrateur* as the Dean of the Zucker School of Medicine. I was asked to give a brief introduction to the edition of *Narrateur* but I believe that I would rather contribute my own reflections on caring as a practicing physician for many years.

During the early years of my career, I was busy as a primary care internist, learning from my mentors and partners to transition from a doctor in training to a "real doctor." I was working on my own style, building a busy practice, often with many members of the same family and learning about those special relationships that bring joy and satisfaction to the practice of medicine.

I met Mr. Leone in the middle of a busy morning session. He was new to me and he was escorted into the examining room by his wife and daughter, both appearing to be his body guards. I talked for a brief moment with the family and then escorted his wife and daughter into my consult room and assured them that I would talk to everyone at length after talking with the patient and examining him alone. They looked skeptical.

On returning to Mr. Leone in the exam room, his complaint was that of a persistent cough for many months and recently coughing up blood intermittently, losing weight and being a bit more short of breath than usual. He had been a heavy smoker for many years, but had quit five years ago. During his exam he looked like a worried, reasonably healthy, elderly man with the exception of a cough that persisted even during the examination. However, on his lung exam, it was clear that he had decreased breath sounds with some localized wheezing in one area of the lung. I sent him off for a chest X-ray and was quickly called by the radiologist, who asked I come down to review the X-ray. There was a large mass extending into the mediastinum with post mass atelectasis and consolidation, all consistent with an advanced lung cancer. I asked for the X-ray, walked back up to see Mr. Leone in the exam room, put the X-ray up on the view box and he said, "I don't need to look doc, I know it's lung cancer."

We talked a bit about the course ahead after showing him the X-ray, talked about the immediate issues of making the diagnosis for certain, starting treatment, which probably would include chemotherapy and possibly surgery, although I said the X-ray led me to believe that might not be possible. He looked at me and he said, , "don't tell my wife and daughter, they won't be able to handle it." We talked a few more moments and I expressed doubt that it was feasible to not include them in such a discussion. I told him I would think about it, and with that I left the exam room, told him to get dressed and met with his wife and daughter.

Once again I went through my thinking, showed them the X-ray and told them it was almost certainly lung cancer, probably inoperable and a bad situation. They understood, they had suspected it and they said to me, "the only thing is doc, don't tell him he has lung cancer, he won't be able to handle it." I chuckled to myself, told them I didn't think that it was possible to treat someone for cancer without telling them they had it and that we would discuss it in a little bit. I had the nurse bring Mr. Leone into the room with his wife and daughter, told them that each of them had said the other couldn't handle it but we had to face a long battle with a bad disease together. Being able to discuss everything openly would be important.

Mr. Leone went through a biopsy which confirmed lung cancer, CAT scan and MRI which confirmed the inoperability. He began chemotherapy that at the time, which was very unlikely to make any significant impact in his symptoms or his longevity.

He continued to slowly but steadily deteriorate with more coughing, more breathlessness and occasionally pain and fear. Meeting with me, we spent a lot of time just talking about where he was at and reassuring him that I would make an absolute commitment that I would do anything to relieve any suffering. He then said to me, "the thing I most want to do, doc, is to die in my own bed at home." Soon after that we made the decision to stop the chemotherapy which was probably causing more problems than benefit and then had a meeting with the family about his wishes to die at home, in his own bed. The family was positive, although a bit skeptical and anxious.

Visiting palliative care nurses helped them out significantly, but of course, Mr. Leone's condition continued to deteriorate.

I made many house calls during that time to the Leones' and often became lost in their neighborhood. They would always laugh that they saw me circling around and had to run out to the street to make sure I remembered which house they were in. We talked a lot about not calling 911 because that was not his wish and there was nothing that they could offer. We taught them how to use injectable morphine, oral pain medications, sleep medications and anti-anxiety medications and all of this slowly became their routine of life.

As we approached the end, I became skeptical that they could resist calling 911 and knew in fact going to an E.R., where no one would know him would derail all the work that they and I had done to make his wishes possible. And so, at the end of one of the house calls, I once again told them that they had my home phone number, that my service would contact me any time they called, not the doctor on call, that I would always be there for them and that they should not dial 911. They had an old push button phone and I walked over to the phone, pulled the 9 off the phone and put it in my pocket. They looked at me and I said, that's so you can never dial 911 in a moment of weakness. They laughed, but I didn't give the 9 back, I walked out of the house and kept it.

One night at 2 a.m., my phone rang and it was Mr. Leone's daughter. She said "doctor, you need to come to the house quick. I think he may have passed." I got dressed quickly, drove to their home and sure enough there was someone with a large flashlight waving me down in the street, so that I didn't go passed their house, ensuring that I went into the correct driveway. I entered the house and it was filled with relatives. I asked everybody to leave the bedroom and said that I would check him over. It was obvious that he was dead but I officially pronounced him dead, checked the time, straightened him up, cleaned him up a bit so that he was more presentable to the family, stepped out and we all cried a little bit as I told them he was gone.

After a few moments with the family going into the bedroom, they came out and said "let's go into the dining room." I followed them in and discovered a dozen family members sitting around a large table that was filled with Italian pastries and hot coffee. The head of the table was empty and they asked me to sit there and we laughed and cried. I told them that they should be proud that they were a family that was able to support his wish of dying at home, with such love and grace.

I ate my cannoli, drank my coffee and headed home. As I was driving home, the sun was rising. I knew I had a busy day in the office and would be exhausted but I realized that never in my life had I been more certain that becoming a doctor and caring for patients was the best thing I could ever do. I knew that I was having the most special morning of my life and was grateful for my good fortune.

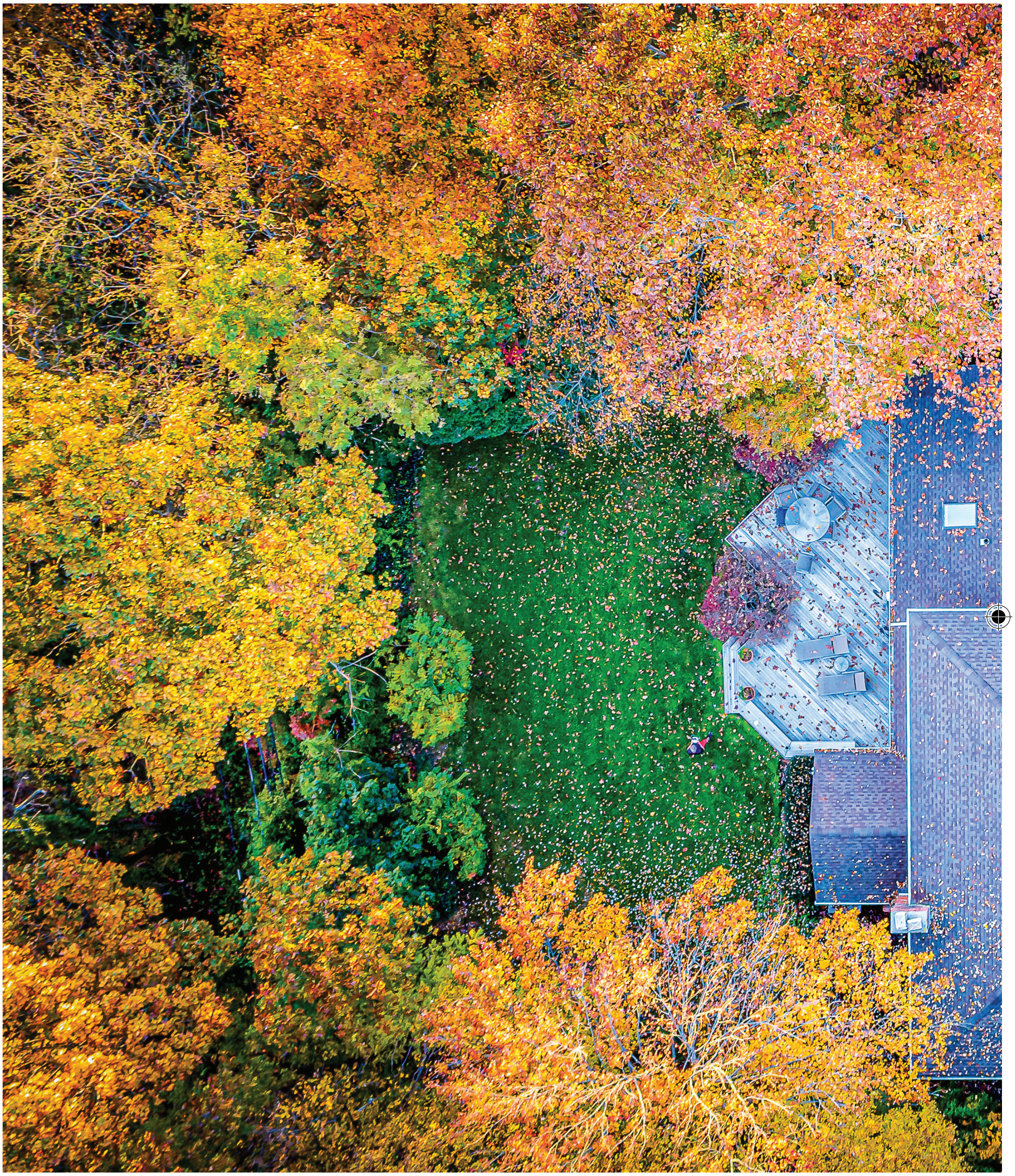
As physician-in-chief, Lawrence Smith, MD, MACP, is Northwell Health's senior physician on all clinical issues. He previously served as Zucker School of Medicine chief medical officer. Dr. Smith is the founding dean of the Zucker School of Medicine.

Sunset in Bagan

CAROLINE CHIU

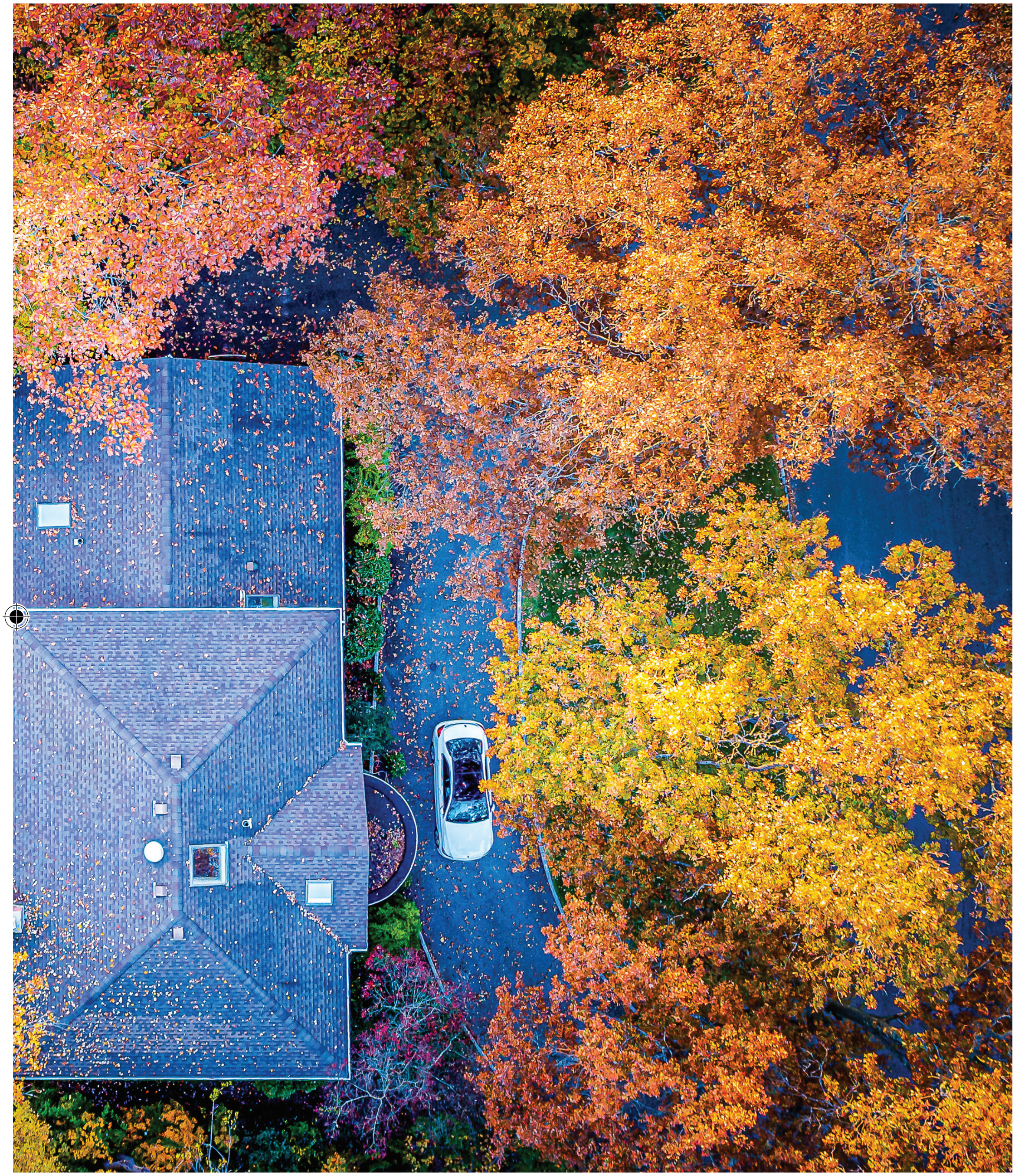
Bagan, Myanmar was the capital of the Bagan Kingdom from the 9th to 13th centuries. During the kingdom's rein, they built tens of thousands of Buddhist temples like the one pictured. Today, only ruins remain to remind us of the ancient civilization that once flourished across the country.

Caroline Chiu is a first year medical student at the Zucker School of Medicine. She is a native New Yorker who loves traveling and backpacking in Southeast Asia.



This is suburbia

ALAN SLOYER



Alan Sloyer, MD, is a gastroenterologist and an award-winning photographer based in New York, who specializes in travel, landscape, and street photography. He has been extremely fortunate to have had opportunities to travel around the world to unique destinations and has experienced adventures in more than 75 countries, on all seven continents, over the past five decades.

The 5 Senses of Medical Student

Everyone learns the five senses,
But what a privilege to experience these
Through the eyes, hands, ears, mouth, and nose
Of a medical student.

From the eyes you witness
The gleaming smile on a parent's face
When they hold their newborn child.
From the same eyes you hold back tears
When witnessing a dying woman
Dance for the last time with her loving husband.

With your hands you hold a newly excised tumor
Which can no longer harm.
With these hands you help lift an old man
Who knows his days are soon to be gone.

With your ears you hear the cry of a newborn baby.
The same ears also tune into the silence when
Listening for the last breath
Of a dear patient of yours.

With your mouth you taste the first sip of coffee
To get you through the long day.
With the same mouth you also long for a sip
Of water after a long surgical case.

And with the nose you smell new and familiar scents
Of patients both young and old.
You smell the sterile hallways and
The rain after it falls.

From each of the five senses
One experiences the joys and sorrows
Of what it means to be in medicine
And what a privilege it is.

Nicole Grbic is a fourth year medical student at the Zucker School of Medicine. Nicole discovered her passion for writing poetry during her youth, and her interest was rekindled during the pandemic. Her third year clerkship experiences left a lasting impression on her education and goals in addition to inspiring this work.

Consequences

My father has had chest pains for as long as I can remember. As a little kid, I would watch as he rubbed his chest and winced in pain when he got upset. "Nenjuh valikarada," he would say- "my chest hurts" in Tamil. I have consistently begged him to see a cardiologist for the last 24 years, but every time he refuses. Just this winter, during our break, I snapped in exasperation and yelled: "Well if you're not going to do anything about it, what's the point in complaining?!" Years of pent-up frustration released in that a moment. I have always sensed the brewing frustration, stirring, and bubbling every time. But my response would still always be immediate concern and the same suggestion "you need to see the doctor." But this time I realized what the pent-up emotion actually was— fear. My frustration with him not taking my very basic medical advice actually comes from my fear that one day I am going to get a phone call that he had an MI, that an aneurysm burst, that he's in surgery, that he didn't make it.

This rather obvious revelation (at least in hindsight) reminded me of my childhood. Growing up, I was extremely sick. I had asthma and it seemed that any little thing- a cold, an allergy, swimming too much, haze, smog, smoke- would set me off and I would have to go to the hospital or undergo a strict pharmacologic regimen again. I remember my own frustration getting so bad that at one point I stopped taking my medication. My parents would hand them to me in the morning, and I would pretend to take them, hide them, and then flush them down the toilet. I know — the privilege of being able to do that is horrifying and in hindsight I am extremely ashamed of my actions. But at that moment, to me it was an act of freedom. It was an act of control. In a chaotic life where I had moved across the world 3 times while sick and seemingly always subject to the whims of my doctors and my asthma, ditching my medicine felt like the only bit of control and freedom I could exert in my own life.

I remember the moment when my parents found out what I had been doing. The fight that ensued is one that I have always remembered — the shock, the frustration, the anger on their faces is burned into my memory. But now, having recognized my emotions around my father's chest pain, I recognize the emotion that has long been on their faces: fear. Fear that they would wake up to me not being able to breath, get a call from school that I had been taken to the hospital, that one day the medicines and doctors and hospital and they, as parents, would not be able to save me.

The primary emotion I feel when people don't follow my advice is fear. Fear for them, their lives, their health, and ultimately, fear of what we will go through when the consequences come knocking.

Deepti Varathan is a second year medical student at the Zucker School of Medicine who has always had a passion for the creative: reading, writing, photography, singing, drawing, painting, you name it. She served as a co-editor-in-chief of this year's *Narrateur*.

A Moment in Time

DYLAN TAN

This is a photo of water dripping down the sides of a gorge at Watkins Glen State Park. To capture the droplets suspended in air, I used a high shutter speed, but the dark lightiang condition and the corrective ISO ended up giving this photo an unexpected vintage feel.

Dylan Tan is a fourth year medical student at the Zucker School of Medicine. He began pursuing photography during college while traveling around Asia. He enjoys taking photos of nature and pets, and fun profile pictures.

Alzheimer's: The Very End

She clenched her hands tightly as I delicately
    played the out of tune piano.
She could barely utter an intelligible word.
She was crouched in her wheelchair staring vacantly
at the sterile hallway facing her small room.
This was not who she was.
She was an extraordinarily intelligent women
and a hard working mother of two.
An early childhood educator,
graduated the top of her class at the University of Pennsylvania.
She had so much more to share.
But, here we were playing a broken piano,
mindlessly, glaring towards the very end.

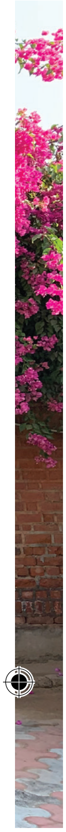
Debra Petrover, DO, is a new child and adolescent psychiatry fellow at Zucker Hillside Hospital, Northwell Health.

Opening Doors

POOJA R. SHAH, MD, FAAD

I captured this photograph during my recent visit to the Manthan Apang Kanya Seva Sankul [located in Gujarat, India], a charitable service organization established since 1995 specifically aiming to provide free education and shelter for disabled girls in underprivileged communities. While strolling through the residential facility, I couldn't help but stop and admire the enlightening beauty of this entrance gate --- "When one door closes, another one opens..." To me, this image symbolizes the true essence of the practice and successful evolution of medicine.

Pooja R. Shah, MD, FAAD, is an Assistant Professor in the Department of Dermatology at the Zucker School of Medicine.



For Us

“Medical Humanities.”

For those of us who produce and consume the stories, poetry, paintings, photographs, tapestries, and sculptures that form the landscape of the “medical humanities,” there is purpose. These efforts are a way to link physicians, clinicians, educators, researchers, and all others who work in the medical space, to our patients. To connect us with the people who’ve come for help and advice.

These products of our hearts and minds also serve other purposes. They allow us to share our experiences in a place that is safe and free of judgment. After all, the ‘medical space’ has two sides: that of the patient, and that of the providers of care. And danger can lurk on either side.

I think on the past few months. Daily, we confront a virus that’s wreaking havoc on all that we know. We spend every day in its presence as we learn and strategize about how to fight it.

I think about conversations I’ve had with colleagues who are in pain. Who are trying to come to terms with their own fears, fatigue, and frustration. Who are slowly awakening to the reality that it’s not only alright to take care of ourselves, it’s a requirement if we intend to keep doing the work that we love. And this is all being done while working in a system that can make us feel more like cogs in a wheel than trained physicians.

I think about a medical culture that finds care of the doctor’s spirit anathema to the construct of who we are and what we do. A culture that can normalize what in any other setting would be intolerable.

An incident occurred long ago when I was an intern, serving my one-year rotating internship at a small community hospital. One night, while on call (the only doctor ‘in the house’), I was struck by a vicious gastroenteritis. I knew I was expected to work through it, so I started IV’s, adjusted medications, and formally pronounced those who’d passed on as ‘expired’, while running to the nearest bathroom between each assignment.

The next morning, at daily conference, the program director saw I was sitting silently at the back of the room. I was pale, lethargic, and clearly unwell. The program director was a surgeon, trained in the tradition of the pyramid system, when ‘men were men’. He had no tolerance for what he perceived as weakness, and would publicly castigate any house officer, nurse, or other member of the health care team he deemed beneath his caste.

And so, that morning, in front of the assembled house staff, he said “I see Dr. Last in the back. I heard he had a tough night...perhaps his testicles are inflamed and so he's uncomfortable."

If any good may come of that anti-role model, it's that we must never engage in similar behaviors. We must acknowledge that we, as doctors, can hurt. We can experience physical pain, emotional distress, spiritual devolution. The nature of our work can cause these reactions and exacerbate any feelings that may lie dormant.

The very characteristics that my program director saw as traits of a "great" doctor – hard work, perseverance, the ability to toil beyond what others would find intolerable, the drive to fix everything, to matter-of-factly accept human suffering – are characteristics that normalize our tendency to ignore ourselves. Taken to its extreme, this system punishes (tacitly if not overtly) those who seek help.

Beyond the daily pressures of dealing with the sick and the suffering, there lies the persistent struggle of working in a culture and system of health care that burdens us with non-clinical metrics and tasks that take our time for no purpose other than to maximize reimbursement. The electronic medical records that are not designed to help clinicians help patients, but rather capture data for billing purposes; the RVU's that don't reflect what we do as clinicians; the scheduling norms that don't represent the realities of not only caring for, but caring about patients; the patient satisfaction surveys that commodify the work of physicians in ways that make us akin to automobile salespeople; the need to jump through hoops of pre-certification to obtain diagnostic tests for our patients and navigate odious criteria of pharmacy benefit managers to prescribe the medications our patients require; the prescribing regulations that handcuff those whose only agenda is to care for their patients. These intrusions on our professional personae staunch the flow of our compassion, if not burn us out completely.

It's my hope that our stories can comingle with the stories of those who've entrusted us with their care. That we can share our aspirations and frustrations, and discuss our encounters with each other, and our encounters with ourselves. And that the telling of stories from many perspectives will illuminate systems and their leadership to what needs to be done to ensure that we not only survive as doctors, but that we can flourish in our profession and our humanity.

Eric C. Last, DO, is a clinical assistant Professor at the Zucker School of Medicine and practices internal medicine at Northwell Health Physician Partners/Internal Medicine in Wantagh.

Patient, Waiting

MARY KRAUSS

I was inspired to draw this after reflecting on an experience in ICE. What started as a normal physical with a patient took a turn when the patient began to have a panic attack. I didn't know what was causing them to panic-- the only information I had was their name, DOB, and chief complaint. I didn't know the patient's fears, anxieties, and narrative. Now, in the pandemic, I couldn't see the patient's face. I couldn't tell if they were quietly in distress the whole time the physician and I were in the room. This portrait is of a man waiting in a doctor's office with a mask on. He's looking right at the viewer with an ambiguous expression-- is he angry, happy, distressed? You'll have to ask him to know for sure.

Mary Krauss is a first year student at the Zucker School of Medicine and majored in studio art at Bates College in Lewiston, Maine. She loves to incorporate visual art into her learning and studying process and also uses it as a tool for reflection and introspection.

Once Again

Once again, the nurses and I stood at the doorway with tears in our eyes. We are truly devastated again. We had all these hopes of recovery for weeks that will now be unrealized. The meticulous work of hours a day of planning, reviewing and changing plans. This is what we do as intensive care unit doctors. We poured our hard work, our hearts and our lives into saving this lady. My beautiful young patient who had just given birth days before her admission for COVID was on life support and not going to make it. Once again, we called the family to come and say goodbye, as we knew she had at most a few hours left. Once again, we made handprints for the child to remember what her mother's fingers looked like. Once again, we made a strip of her heartbeat and printed it for a memory box for the family. This is all we could do, once again we were helpless.

This time I was angry. As the months have rolled on in this horrible epidemic, my core has moved from fear and devastating grief to a deep anger. I do not want to stand in this doorway watching this very sad little girl saying goodbye to her mother. Her mother is unrecognizable in her condition, with tubes and machines hooked up to ever possible place on her body. Is this how this little girl will remember her vibrant, beautiful mother? I think of her and the newborn child that will never meet her mom. The father, totally despondent and overwhelmed with the situation. I think of all the other families that have been in this situation in the past two years. The children that were left without parents. I do not want to lose another person to this disease.

Today (and for the past several months) every COVID patient in our intensive care unit is unvaccinated. Every single patient. Some chose not to expose themselves to this "experimental treatment," some were told by their family and friends that the vaccine was dangerous and some, like this young patient, were told by their physician to wait until after their pregnancy to take the vaccine. It was too late for all of them. Another ICU filled with COVID patients on ventilators. But this time it is different. It doesn't have to be- and that is the real tragedy.

I am angry for our teams that have been battered by this storm repeatedly. As her physician I am emotionally exhausted and have given it my all for 2 years. I am left feeling hopeless that we are unable to help the majority of these very sick patients. That is not what we had been used to seeing prior to this pandemic. As doctors, we heal the sick. We do not question or judge them. But for the past two years we have been failing and it is not easy on us. The battle never seems to end. How can you build resiliency and speak of wellness when every day we are still dealing with unspeakable tragedy? We do what we can to improve morale. We raise funds for the families, we reach out and check on them after they are gone. We do this for ourselves because we need closure and to know that these families are carrying on. But they haunt us at night and when we walk past their former rooms in the ICU.

There are no politics in the ICU. There is just loss and tragedy and the witnessing of devastation of families to this disease. There are patients begging to be vaccinated as we are intubating them and there are family members crying at the bedside wishing that they had been vaccinated. There are others who deny the existence of COVID as they pass away from it. Entire families wiped out at the same time, as COVID ravages their households.

The reasons we are in this situation are unfathomable to me as I stand here once again.

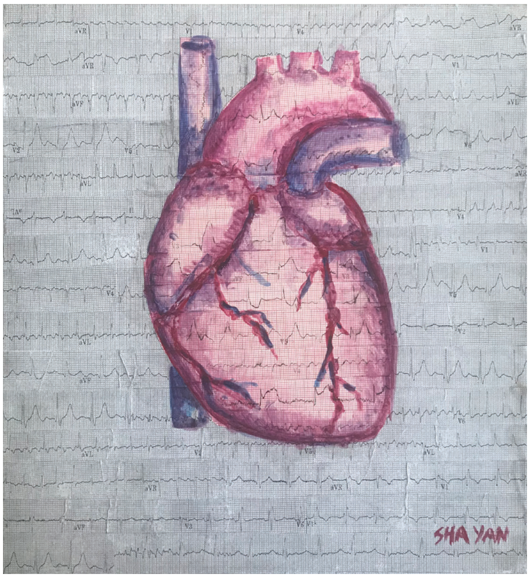
Mangala Narasimhan, MD, is the Director of critical care services and the Medical Director of the Acute Lung Injury Center at Northwell Health and a Professor of medicine at the Zucker School of Medicine.

My Battle Field

SHA YAN

I go to work and I’m ready to fight. I am proud to be fighting along with our medical colleagues, nurses, respiratory therapists, techs, clerks, and custodian workers. This is not an easy battle. Some people will live and some will die. We don’t have superpowers, but we will do everything we can.

Sha Yan, DO, is an Assistant Professor at the Zucker School of Medicine and is Director of Digital Education of the Emergency Department at South Shore University Hospital, Northwell Health



Dawn Undresses Cathedral

TANZIM BHUIYA

The Duomo in Florence, the Cathedral of Santa Maria del Fiore

Tanzim Bhuiya is a third year medical student at the Zucker School of Medicine. He is interested in pursuing Internal Medicine.

"The Kids Aren't Alright"

One year ago, I was shadowing a pediatric surgeon when I was pleasantly surprised by the warmth of the operating room. It was a welcome change from the usual chill I felt after walking through the OR doors, and it was quickly appreciated once I met our nevertheless shivering young patient. She laid her head back and squeezed her mom's hand.

"Ok honey, you're going to fall asleep and visit your friends from Frozen in your dreams. When you wake up, we'll be all done and you'll be back with your Mommy," said the anesthesiologist in a soothing voice as she prepared to inject anesthetics into the patient's IV drip.

I followed our patient's eyes as they drifted to the ceiling. Its edges were covered in faded paintings of hot air balloons in the clouds and castles on far away hilltops.

After a few hours and zero complications, the surgery was complete. The next time I saw the patient was the following morning. She was fast asleep in her bed snuggled under a few extra layers of blankets. Her room had a large window and a private bathroom; in the far corner the walls were covered with vibrant colors and the floor scattered with toys. If you somehow missed the crowd clad in scrubs huddled around the patient's bed, you might think we were in the playroom of your childhood dreams.

Growing up as an elder sister and cousin, I am no stranger to the white lies we tell children to protect them from the harshness of reality. The summer before my younger sister started preschool, I witnessed one such incident firsthand. She woke up one morning to find that her pacifier had disappeared. Where had it gone? My parents explained that one of the mama monkeys that would occasionally climb the walls surrounding our grandparent's house in India had taken it for her baby. After some hesitation, my sister accepted this truth, no doubt assuming that the baby monkey probably needed the pacifier more than she did. I was not so convinced, but soon figured out the truth: that it had been lost on an excursion out of the house. Although no one likes to lie to an innocent child, I knew they had only done it to protect her from the harshness of reality.

In Notes from an Apocalypse, Mark O' Connell writes about feeling as though he is keeping a secret from a son by wanting to "defer the knowledge that he has been born into a dying world." This quote summarizing O' Connell's struggle with keeping the harsh reality of climate change from his young kids was especially poignant because at the time, I was participating in a clinical experience in pediatrics. I witnessed parents going through a similar internal battle but with a threat from which they could not shield their kids' awareness: COVID-19. Sick children would cling to the clothes of whoever accompanied them in fear of having to get their noses swabbed for what they called the "nose test." When we asked about how their child was developing, parents would express concerns about their lack of social interaction.

"I'm just afraid he's not hearing enough words," one mom said of her young son who started elementary school in 2020. Not only had nearly all his school days been held virtually, most of his after-school activities were also moved online. The more patients I saw and parents that I talked to, the clearer it became how in touch children really are with the world around them. They are like sponges, taking in every detail and experiencing everything tactilely.

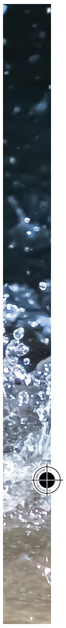
"These kids," my preceptor said, "they notice that the kids that go to the nurse don't come back to class. So even when they are feeling sick, they're afraid to go to see the nurse because they already know a nose test and days out from school will be waiting for them."

Concerned parents are not the only ones worrying about how the pandemic is affecting their children's development. Researchers at Columbia University Irving Medical Center found that infants born during the pandemic had significantly lower scores on measures of neurodevelopment than those born before COVID-19.

When contact with strangers increases your risk of catching an invisible but potentially deadly virus, practicing social distancing behaviors inevitably reinforces anxiety, even for the young children following in their caregivers' footsteps. My apartment building has recently reinstated a policy that they adopted in March of 2020: only one family to an elevator at a time. Recently, on a trip down to the lobby, the elevator stopped on the floor of a young boy and his parents.

“There’s someone in there. We can’t go in because of COVID!” he exclaimed as his voice was almost cut short by the closing of the metal elevator doors. Hearing the fear in his voice, I wonder what white lies children have heard throughout the pandemic as the adults in their lives desperately try to preserve their innocence.

It’s true that each new generation faces novel challenges that are a product of the time. As clinicians, it is our duty to keep up as things change. But how does medicine evolve to meet the unique needs of each generation? And if young people are to represent hope because they have life yet to live and decisions yet to be made, how do we protect them from feeling the burden of responsibility to fix our problems that they are not strong enough to carry?



When my classmates bring up things we notice in the hospital or clinic that don’t seem fair or make us uncomfortable, our professors and mentors often reply with a variation on the same phrase: “These problems have existed in medicine for a long time, but it is now up to physicians of your generation to find creative solutions.”

For those of us learning to become healers in the midst of a pandemic, we have watched healthcare transform in the wake of an immense challenge. Attempts have been made to expand health care for those that have been historically neglected. The communal experience of living through a pandemic has enabled policies that have temporarily expanded the social safety for our patients in the greatest of need. This progress is encouraging but it forces us to ask: why did it take a pandemic for things to change? And for the children that will have to live through it, what will we do now to protect their futures?

Shreeja Patel is a second year medical student at the Zucker School of Medicine. She is an avid reader, writer and member of the *Narrateur* editorial board.

Bird in Water

JOSHUA SEGAL

Joshua Segal, DDS, MD, FACS, is Program Director of oral and maxillofacial surgery at Northwell Health and Assistant Professor of Dental Medicine at the Zucker School of Medicine. He focuses mostly on landscape and portrait photography and enjoys creating images that explore alternate perspectives of everyday scenes.

Lifecycle of an Emerald Worm as Told by Watermarks in Atomic City, Idaho

In rooms the color of milk, the body begins again.
We are electrical images and chemical reactions before we are born.
Released from stomachs of water,
soaked in amniotic fluid and sterile-white memories.

Born from stomachs of water,
the emerald worm glides on riverbeds to drinking mouths.
Fossils of an ancient parasite, they are carried in crunchy skeletons
of water-fleas,
and into the warm-tongued human bed at last.

Once in the body, they chew on blankets of tissue.
Our digestive tract like a long, feasting tunnel, eating their way
upwards towards the surface.
They grow within us and with us, our fibers multiplying in parallel.
Their energies attached to us like air pockets connecting every
object to its sister.

On the second story of a crowded museum in Atomic City, Idaho,
I peer at a war painted pavise through bulletproof glass,
noting the place where an ancient blade has cut through the iron-
clay skin.
I run my fingers over the concave scar where organic fibers and
human hair have seeped in—

and feel the sudden sameness of all beings born from water and salt.
Our blood, our energies carried through oceans like water-borne
parasites.
I listen for the tremors of things passing through flesh and fluid.
All at once, tasting the salt of corpses in my mouth.

I imagine these iron-clay remains like an ancient watermark.
Primal scars identifying the presence of the earliest man.
The way emerald worms first appeared in mummified bones,
living like vestigial diseases lying dormant in our DNA.

Heavy with children, a female worm yearns at last—
for water. Drinking in the remnants of cellular membranes and
hemolytic jellies,
swimming towards the meniscus of skin.
Breaking out of the body like hands puncturing bulletproof glass.

The immersion in water sets her free.

Dipping her tail into wet rivers,
she releases billions of larvae the size of protons,
back into the round abyss of drinking mouths
The lifecycle of an emerald worm bred within the lifecycle of man.

In death, our bodies are rotated by the earth, inhaled by aging
carbon,
splintering into millions of particles like protonic larvae,
becoming waterlogged footprints on a street in Atomic City, Idaho.
The round shape of water returning us to the place of our birth.

In death, our bodies become hand painted watermarks in a time
capsule of bones.
Returning to their source carrying ancient sins.
The body repeating an old process.
Decaying energy simply converted into other forms of energy.

The immersion in water sets us free.

Water is not memory but the absence of memory.
Reminding us of this vein of wilderness where all men breathed the same air.
And grew from the grass of other men.
Years of rain sloshing against sedimentary stones. Pressures flattening the earth to emerald.

The emerald worm enters the body from water and leaves the body through water.
As the earth turns our flesh into rain and recycled molecules.
We are electrical images and chemical reactions before we are born.
Released from stomachs of water, the fluid earth, a cyclical shape.

In rooms the color of milk, the body begins again.

Yocheved Friedman is a first year medical student at the Zucker School of Medicine.

Uprooted

JOSHUA SEGAL

Joshua Segal, DDS, MD, FACS, is Program Director of oral and maxillofacial surgery at Northwell Health and Assistant Professor of Dental Medicine at the Zucker School of Medicine. He focuses mostly on landscape and portrait photography and enjoys creating images that explore alternate perspectives of everyday scenes.

Field of Dreams

JOSHUA SEGAL

An abandoned football field in upstate New York.

Joshua Segal, DDS, MD, FACS, is Program Director of oral and maxillofacial surgery at Northwell Health and Assistant Professor of Dental Medicine at the Zucker School of Medicine. He focuses mostly on landscape and portrait photography and enjoys creating images that explore alternate perspectives of everyday scenes.

Kaleidoscopes

Her chair was empty. No one sat in it. I think everyone knew that had been Angelina's usual spot. I did not sit in my usual seat, either. It did not feel right to sit at the kitchen table without her there, so I instead opted to just stand by her chair. It was as if I was put in a trance. The people around me were speaking about the concept of life and I heard someone ask if I was okay. Maybe they asked because they saw that I kept staring at the kitchen-table chair. Instead, I was in deep thought. My mind hung onto a series of questions that had been plaguing me for the last ten days or so, all about the kaleidoscope. I wanted to ask her so badly what she thought of it. Why did she want to see one? What did she think of the one I gave her? Was it what she expected it to be? What did that kaleidoscope mean to her?

Sitting at her kitchen table, I watched as the checkered teapot boiled on the stove. A sweet honey and orange aroma filled the kitchen. Light yellow and pastel blue tiles covered the floor and walls, creating a warm atmosphere. On the walls hung her most impressive awards, her newest being "2019 Neurologist of the Year." It was Thanksgiving, and I watched Angelina make tea. Tea was a staple in her house. She would only drink organic tea she had made herself. Making tea together would become one of our favorite hobbies. We would brew different fruits, powders, and roots to create unique flavors and, afterwards, laugh and comment about our creations. Sometimes, her three-year-old daughter, Victoria, would watch us make tea and join us in our fun. Victoria would copy whatever Angelina and I did. Victoria and I eventually took up the game of "chef" and she would bring her own plastic pink tea-cup to play with me and make her own tea. I enjoyed playing with Victoria, and she also laughed and enjoyed making tea with Angelina and I. But today, while making tea, there was no laughing.

When my parents and I received the phone call saying that Angelina did not go on her trip back home to the Dominican Re-public, we didn't need to ask why. Somehow, we already knew. She sent her parents and Victoria on the trip while she and her husband, Ovidiu, remained home. We brought over some organic turkey and vegetables to eat with her for dinner. As my mother and I set and placed the food on the kitchen table, my father sat on the couch in the living room, next to Ovidiu, to talk to him alone. My mother and I sat in silence at the kitchen table waiting for Angelina. I watched her move around the kitchen. Her dark brown skin was once illuminating. It used to glow. Now it looked tired and wrinkled. Her long dark brown hair lost its shine. Her eyes that were once full of hope were now lifeless. What was most noticeable was her abdomen. The tumor was growing. She took the teapot off the stove and placed it on the kitchen table before sitting down.

“Would you like some tea?” she asked me.

“Yes, I would like some tea,” I replied with a hasty smile.

I extended my cup as her shaking hand attempted to keep the teapot still. She then poured some for herself. Angelina and I were like family. When Victoria was born, she asked my parents to be her godparents. Everyone was surprised that she chose us over other friends and family. Little did we know at the time that Angelina discovered the cancer only two months after the birth of her daughter. The news of the diagnosis was so sudden that Angelina did not tell family or friends until many months after. I later understood that she chose my parents and I because she trusted that we would take care of Victoria if something were to happen to her.

As we sat, I remembered the many things we did together and why I loved her. I remembered how we spent the fourth of July in the Hamptons that summer. One day, as we walked through Southampton, we entered a store where Angelina came across a dress that practically had her name written on it. It was a long, white summer dress covered in colorful floral patterns and was the very last one in the store. I encouraged her to try it. When she did, she looked at herself in the store mirror. The tropical flowers on the dress reminded me of the ones we would see when we would go to visit her family. I had first met Angelina when I was five years old, since my parents were close to her family. Even at that young age, I remember thinking how beautiful she looked. As I looked at her now in the floral dress fifteen years later, I still thought that. As Angelina continued to analyze herself, I saw a small hint of sadness cross her face. But, just as quickly as it appeared, it disappeared. Maybe the floral pattern reminded her of home, how she had not been there in so long, and how she wished she would be able to travel to see it again. She then started to play with her hair. She did a wave of motion with her hands like a woman with long hair would do around her head. It was an attempt to part long strands and place them in front of her face and chest. The problem was that Angelina's hair was still short because of the chemotherapy.

"I think you should get it, Angie. This dress was made for you," I said as I walked up behind her.

She smiled, agreeing with my statement. She decided to buy the dress and continue wearing it for the rest of the day. It was like her own Cinderella moment. As we continued through town people told her how beautiful she looked. I will never forget how Ovidiu's jaw practically touched the concrete the moment he saw her wearing it. He then proceeded to berate me when he found out that I encouraged her to get the seven-hundred-and-fifty-dollar dress. I told him it was on sale.

Dresses played an important part in our friendship. From a young age, we would discuss the many different styles, patterns, and colors. For my sweet sixteen, I went to her house to show her pictures of the dress I had bought. She excitedly sat me at her kitchen table to show her the images. She sat at the head of the table, her usual spot, while I took my place beside her on the corner seat. She briskly took the phone from my hand and began intensely scrolling through each picture of me wearing a strapless black gown embellished with small daisies. After looking through all the pictures, she turned her gaze to me and smiled. She didn't say anything but instead continued to smile. I asked her what she thought.

"I think that no one will be able to take their eyes off of you… even the boys," she said playfully.

With my mouth wide open I grabbed the phone.

"Of course, you would be thinking of the boys more than the actual dress!"

She waived her hands as if to brush off her previous remark.

“Well, I don’t know what to say since you look good in every dress. I know you’ll be a knock out in this, and I’m sure you’ll knock someone out that night,” she said.

We began laughing so hard that tears formed in the corners of my eyes.

Angelina was a woman that I idolized, who I hoped I could become someday. She was classy and dressed elegantly. She loved the color pink and wore little to no makeup. She was studious, ambitious, and her hard work paid off when she became a doctor at the age of 24. Her greatest accomplishment followed shortly after when she had her daughter. We would travel together, spend the holidays together, go shopping, cook, and of course play with Victoria. But above all else, I loved her insight and mentality of never giving up. She was a light that would not burn out. She illuminated people with her presence, and she expressed words of wisdom and hope that gave power and strength to those who listened. I saw this with my very eyes, and I was proof of it in some way. Her words gave me courage in times when I was low and needed them most. She believed that anything could be overcome. Anything. Even after her diagnosis, treatments, and surgeries she believed that she could beat death. She even had me fooled for a short while. But on that Thanksgiving Day, for the first time I saw defeat in her eyes. Her light had not extinguished, but was instead dimmed, barely lit.

“Angie, don’t worry. We’ll go on vacation in February when you get better,” I said to her.

“You know, I kept thinking that there has to be a reason why this is happening to me. I think it was because I was going too fast. God saw that I was getting everything I ever wanted and had to put a stop to it,” she said to me. “And I came to the conclusion that the greatest thing that I have ever learned...is that life is so unfair.”

For the first time in my life, I was at a loss for words. I remember leaving her alone with my mother so that they could talk in private. When I got home later that evening, I walked into my bedroom and slammed the door, practically shaking the walls. I threw my phone and purse onto the bed and briskly walked into the bathroom. As I leaned over the counter, my head bowed just above the sink, I tried to think of something that I could have said to Angelina to change her view on life in that moment. But still nothing came to mind. Maybe it was because I agreed with her statement. When I lifted my head, my reflection in the mirror made me gasp. My eyes were red and tears stained my cheeks. I didn't even realize that I had begun to cry.

Before we knew it, it was almost Christmas. I was in my room packing for our Christmas vacation when my parents came home from work. When I asked how their day was, they told me that they went to see Angelina and that she had been admitted to the hospital. My mother approached me and said that she needed help with something.

"I need you to help me order a kaleidoscope for Angelina. She said that she's never looked through one."

So, I sat down at my kitchen table and googled "kaleidoscopes." The first thing that appeared was its definition. It read, "a toy consisting of a tube containing mirrors and pieces of colored glass or paper, whose reflections produce changing patterns that are visible through an eyehole when the tube is rotated; a constantly changing pattern or sequence of objects or elements." I ordered an oil kaleidoscope and had it engraved with the words "With Love, For Angelina." However, the delivery date was for after the New Year. A wave of panic overcame me. What if it did not come in time for her to see? What if she would pass while I was away?

When I returned, I went to see Angelina in the hospital. When I entered her room, she was sitting near the window. She could not have weighed more than sixty pounds. Every bone in her body was visible and her face was so thin. The tumor had also tripled in size. When she saw my parents and I the light inside her seemed to brighten ever so little, and she began to cry. I sat down across from her and for a while we stared at one another.

"Angie, you don't look so bad," I said in an attempt to make her smile.

"I wish I felt as good as I look then," she replied. "I want to go home."

"Okay, we'll get you home," I replied without hesitation.

I went and spoke with her parents, mine, and Ovidiu and told them that this was her final wish. I knew that she wanted to go home to see Victoria one last time. It was difficult but we were eventually able to get permission to bring her home. When I went back and told Angelina she smiled, but she had her eyes closed. When she opened them, she looked straight at me. Neither of us spoke, but our eyes said everything. We both knew.

“I'm going to the bathroom,” she said to me.

As she rose, she held my hands for support but also to feel them. When she finally stood on her own feet, she called for her mother who came to assist her. I watched until she reached the bathroom door and turned around. She looked at me and smiled. I smiled back.

I did not cry in front of her, I would shed my tears in the hospital halls later. I didn't say goodbye. Angelina got to go home and see Victoria. She passed seven days later.

After her funeral, we returned to her home for the requiem. Close friends and family talked amongst each other as I stood by Angelina’s chair, listening. They discussed life and its fragility. How it changed suddenly before our very eyes. As I stared at the empty chair, my mind hung onto a series of questions. I found out from Ovidiu that Angelina did receive the kaleidoscope. But I wanted to ask her so badly what she thought of it. Why did she want to see one? Was it what she expected it to be? What did that kaleidoscope mean to her? Just as I wanted to add to the conversation occurring beside me, a small figure pulled on the hem of my dress. Victoria stood beside me.

“Alina, can we go to my room and play?” she asked me.

“Of course.”

Inside Victoria's room I sat at her toy table. We were playing “chef” and of course Victoria “cooked.” She placed a small pink tea-cup in front of me and said that she was making tea. As I watched her play with the plastic teapot, I saw Angelina reappear before my very eyes. Her exact duplicate stood before me. She was reborn and took life through her daughter. Maybe it was because I was thinking of kaleidoscopes. Life as a kaleidoscope. Just like its many pieces, we take all the moments of our lives and put them together to make a unique and precious image. We try to hold onto that image for as long as possible, but it is inevitable that the slightest shift will quickly change it.

“Alina...Alina…”

“Sorry, what is it?”

“Would you like some tea?” Victoria asked.

I never got the chance to ask Angelina about the kaleidoscope. The kaleidoscope and my questions would go unanswered. But when I think of Angelina now, I am not simply reminded of her. She is already entwined in my thoughts. When I think of her, I know that I am not alone in remembering that she was here with us, that she is still here, that she left us her legacy, and that she is still my friend.

“Yes, I would like some tea.”

Alina Ousman is a graduate student at Hofstra University studying pre-physician’s assistant studies planning to attend Physician’s Assistant School. She holds a BA in psychology with a double minor in neuroscience and creative writing from Hofstra University. In her spare time, she enjoys riding horses, working at the stables, writing short personal essays, and spending time with family and friends.

______is a four letter word

TAYLOR HARDY

What do you see? ask the person standing beside you. do they see the same?
love. care. hate. lust. long. play. meet. give. take. heal. hurt. pain. glee. kill. high. mind. body. soul. lose. find. work. play. yell. calm. pray. real. fake. sick. well.
what does health look like to you? wellness? sickness?
i ask you, look at this again tomorrow. look at this a week from now. revisit this at your best. at your worst. what do you see? do you feel the same?
the human experience is an awe-some enigma. and we, as future and current healthcare providers, occupy a privileged and tenuous position within it. we are often the bridge between experiences. the difference between harm and heal often only a hair's-breadth apart.
and so i ask you once more.
what do you see?
what does your patient see?

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

The Blossoming of an Unthought Thought

ACT I

My first memory of the foreboding ‘C’ word took place when my mother and her sister came home from the doctor's office, after hearing that their father's case was terminal. He was dying of lymphoma. Their emotional cries lingered in the air like sour milk.

We had intimations of his fate, earlier on. I remembered my grandfather sitting in the rocker on the porch, with a blanket covering his frail body, with him emitting a low moan as the cancer overtook his entire body.

In contrast, he had been full of vitality, even in his seventies, and had tended to a flower and vegetable garden, grew his own grapes to make his own wine, and baked bread and cooked all the family's meals.

There were now no nutrients to revive him.

ACT II

Heidegger speaks of the un-thought - thought, referring to those experiences that are in some way known to the individual, but about which the individual is unable to think; and in that sense, I had been preoccupied with development of cancer, even as a child. With a mutational strain of genetic eye turn (strabismus) running on my father's side, amid my sister and me, along with two cousins, I was dealt with the worst blow - of crossed eyes - requiring surgery at ages 3 and 7.

When I met with Howard Gardiner a few years ago at the Radcliffe Institute, after corresponding with him regarding my writing of poetry, he asked me why I was studying and teaching cancer research. It was then that I told him of my existential torments as a child.

To my surprise, he took off his glasses and gestured to his own long-lasting turn in one of his eyes. I was taken back by the fact that I had not noticed it in prior viewings of his videos and photographs. I also realized why I had felt a need to meet with him, beyond my interest in his theory of multiple intelligences.

ACT III

Kierkegaard centers much of his philosophical thought around the notion of the subjective thinker: how one considers a topic from an intellectual point of view while simultaneously being driven by an unspeakable passion. Such a restless meditative state had permeated my adolescence and came to fruition during my college years as I embarked on an introspective philosophical pursuit of the conceptual motifs of self, truth and meaning, in both Western and Eastern traditions.

This in turn, led to a more instrumental and methodological study in the social and physical sciences, and the teaching of a writing across the disciplines course, called "Brains, Genes, and Lingo." Students who had been haunted by family cancers of their own contributed to a new sense of gravitas and urgency, leading to the development of a course which exclusively centered on cancer research.

But the cause(s) of cancer remain elusive. Not unlike Freud's replacement of singularly pointed theory of etiology with that of over-determinism, disease caused by multiple causes, cancer research reveals numerous paradoxes, ambiguities, and complex mysteries yet to be unraveled. In this regard, much of my cancer research deals with the dimensional connections between DNA, RNA, long non-coded RNA, and mitochondria.

But in terms of completing this dramatic narrative, it should be noted that new research into the nature of mitochondria provides insight into both strabismus and cancer development.

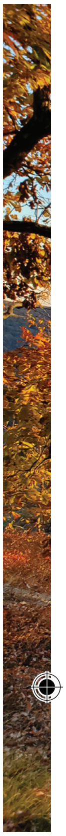
ACT IV

During the heyday of single-celled life about 2 billion years ago, the forerunners of mitochondria were bacteria that found a niche inside larger cells, providing them energy. This symbiosis was so beneficial that it most likely powered the evolution of multicellular organisms. As a relic of their bacterial origins, mitochondria still carry their own small genome, separate from the cellular genes in the nucleus. Strabismus is associated with deletions or point mutations of mitochondrial DNA; and tissues with a high metabolic demand such as the retina, heart, and skeletal muscle are commonly affected.

As per mitochondria's connection to cancerous developments, mitochondria’s function is affected by the internal and external roles of Nuclear Factor kappa B, which maintains mitochondrial structure or activity. Nuclear factor kappa B is also an ancient protein transcription factor and considered a regulator of innate immunity, and its signaling pathway links pathogenic signals and cellular danger signals organizing cellular resistance to invading pathogens. In other words, when functioning properly, mitochondria is the farmer who ensures the fox stays out of the chicken coop, but if it is malfunctioning, fatal disease is often forthcoming.

ACT V

In sum, what was vague and unspeakable, and seemingly only of interest to me, has become overtly scientific, leading to new and surprising connections and understandings. Like an archeologist uncovering artifacts revealing the rise and fall of a civilization, or an astrophysicist who traces the micro background radiation back to the Big Bang, I have sought out and finally discovered the causal powers of the Mighty Mitochondria.



FINAL CODA:

This passionate intellectual quest about which I had always known, but had not been able to fully think about, invokes Naomi Shihab Nye’s notion that some of our greatest loves come in the form of a question.

John F. DeCarlo is a Professor in Writing Studies and Rhetoric & Science and Technology Departments. He is a poet laureate in the Long Island Philosophical Society.

A Breath of Fresh Air

CATHERINE HOU

Nature is a mental and physical breath of fresh air. This was taken on a hike that my friend and I took to admire the fall foliage. It was a study break that was very much mentally needed and appreciated.

Catherine Hou is a second year medical student at the Zucker School of Medicine.

"Futility"

I have never witnessed a death, neither quick nor slow
Though I know in this path I've set myself upon
Inevitably the time will come, to face such a woe.
Yet little could I foresee, this past year's wicked curve
As in my mind's eye, countless deaths I observed.
Each name I read, each image I saw
A sharp reminder that death bows to no law.

I've grappled with the weight I must bear
to lose someone, many lives, under my care.
But to the frontline workers who have been living this nightmare
in what feels like a never-ending fight,
I am nothing more than a fledgling, yet to leave the nest,
much less spread my wings in the face of the pummeling winds.

To the physicians who drew up wills
In preparation for the virus that kills
How do you make peace with the end
When your life's just barely begun?
How do you distill your life in all its complexities
into mere possessions to bequeath
To loved ones who'd give it all up
just to have you back instead?

How do we make sense of the gaping hole left in the wake
Of years of life unlived, and futures that will never come to pass?
How do we fill such a void in the fabric of our society,
A tearing and ripping felt across the world,
echoes that will inevitably last?
I don't think we have evolved just yet
to be equipped to handle despair so wide.
There is no chasm deep enough to encompass what it means
to lose 800,000 lives.

I have always struggled in trying to reconcile
the heart wrenching agony of losing someone we cherish,
With the cold, removed image of unmarked mass graves
Where numbness takes over and personal mourning begins to perish.
When does a death cease to be an event
and become a statistic instead?
How do we preserve the memory of each life lost
Without drowning in a sea of regret?

I have no answers, nor the wherewithal
To make sense of the horrors of it all.
I can only offer my own thoughts and naive notions
In how we retain hope and push through each day’s monotonous motions.
Perhaps it is by honoring the departed through our continued devotion
to care and belief in the deepest of human emotions.
Serving as each other’s lifeboats in the stormiest of weather
As we navigate our way back towards the light together.

Yunwei (June) Xia is a second year medical student at Zucker School of Medicine. She wrote this piece as a reflection on her feelings throughout the COVID-19 pandemic.

Fragment

ANSHUL KUMAR KULKARNI

I often turn to artwork as a way to process difficult emotions. I painted "Fragment" because I sometimes feel that day-to-day life is less of a coherent narrative and more of a fragmented collection of various tasks, commitments, and responsibilities. At times, my mind feels so polluted with all of these fragments that I find myself going about my day with a smile that doesn't feel like my own. After pouring my feelings into this painting, I have been making sure that I dedicate a portion of each day to the people and activities that are central to my identity — even if just for a few minutes.

Anshul Kumar Kulkarni is a second year medical student at the Zucker School of Medicine.

Child Abuse Pediatrician: I

Broken
child’s
Body
Soft hum of monitors
Complete the physical exam
Exit the room into a small enclave
A mirror image of the room confronts me
no hum
Only the guttural maternal
Cries
That jerk me into the primordial
Another
Broken
child’s
Body
Dying, cancer I’m told
I look back at the doors
That face each other
Juxtaposed.

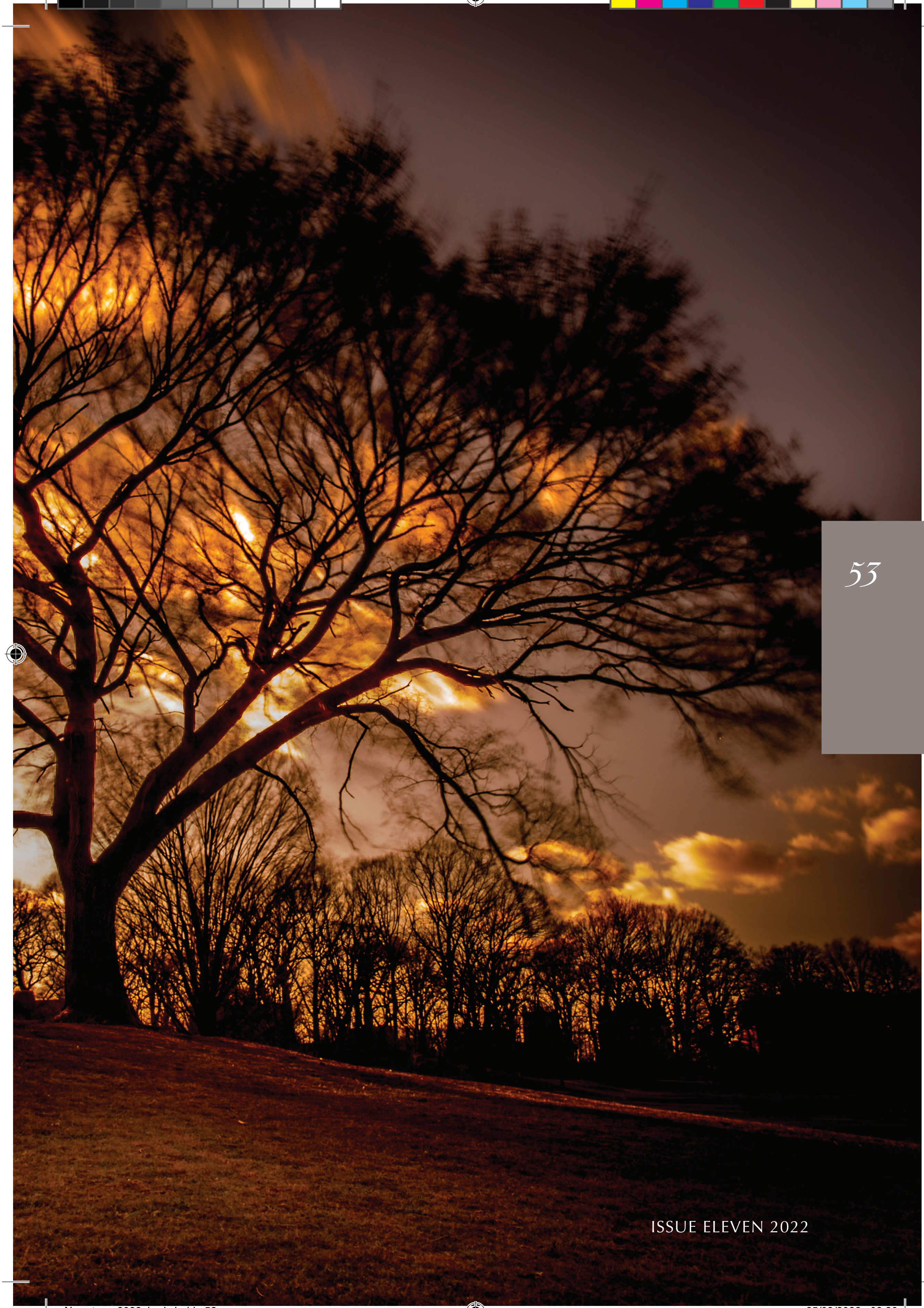
Dana Kaplan, MD, is the Director of child abuse and neglect for the Department of Pediatrics at Staten Island University Hospital as well as the associate program director for the Pediatrics Residency Training Program. She is also the Medical Director for the Staten Island Child Advocacy Center. She is the Director of the STAND clinic (Sex Trafficking, Abuse, Neglect, Domestic Violence) at Staten Island University Hospital. She is an Associate Professor of Pediatrics at the Zucker School of Medicine.

Sunset and Wind

JOSHUA SEGAL

An image of a sunset on a windy day relaxing after work in the meadow in Prospect Park.

Joshua Segal, DDS, MD, FACS, is Program Director of oral and maxillofacial surgery at Northwell Health and Assistant Professor of Dental Medicine at the Zucker School of Medicine. He focuses mostly on landscape and portrait photography and enjoys creating images that explore alternate perspectives of everyday scenes.



Fog Lifting

EVA TUREL

Eva Turel is a palliative care Clinical Nurse Specialist at Glen Cove Hospital, Northwell Health. Getting outside to walk or hike helps her clear her head and to see the beauty around her.

The Art of Grieving

It is harder to grieve your death
when you are still alive.
How shockingly inconvenient,
to remember that you’re still you, somewhere out there.

Sometimes I like to think about you.
It feels something like time traveling
except I make up a lot of the memories
when I don’t want to be sad anymore.

Sometimes I pick up the phone to call you,
to tell you about my achievements,
to tell you about my fears,
to tell you that I’m finally becoming the person we’d dreamed I
would be.

I know you’d answer, but I hang up anyway
and go back to mourning.
It’s easier to pretend you’re not here
than to accept you’re not who I need you to be.

Stephanie Williams is a third year medical student at Zucker School of Medicine. She is from Hershey, Pennsylvania.

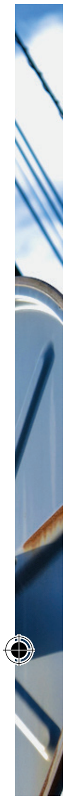
My Reflections

DYLAN TAN

Mirrors give us many unique opportunities, from reflecting on our outward appearances to revealing our true emotions to creating fun photographs. This photo was taken in Hakone, Japan while trying to navigate the streets to get to the inn. I'm so happy to have looked up at the right time to see this beautiful reflection, reminding me of the opportunities everywhere around us.

Dylan Tan is a fourth year medical student at the Zucker School of Medicine. He began pursuing photography during college while traveling around Asia. He enjoys taking photos of nature and pets, and fun profile pictures.

The Box



You are in a box.

Encircled by four walls, amorphous and shifting. Walls that may look different for each of us, or change even for the same person. From the outside, looking in, the walls might manifest as a crisp, neatly pressed Dolce and Gabbana suit, indented only by the imprint of an immaculately cleaned stethoscope. Perhaps the walls are the rugged exterior of a well-worn and loved car wheezing and sputtering with rhoncorous breaths, on its last legs after being in one's family for years. Or maybe, they are the smile of a friendly Trader Joe's employee who can always procure you a bag of the week's freshest kale, who always meets your wearied gaze with a, "And how can I help you today?"

Perhaps the walls are dingy, with a few Serratia stains that have been scrubbed time and time again but refuse to fade with even the most robust of grout cleaner. Walls that are simply trying their best and doing what they can.

Maybe your walls are bedecked, encrusted with luxurious touches of a life, that looks, by all means, perfect.

Whatever form the walls take, however, the inside of that box tells a different story. Reflective surfaces mirror back at you someone you once knew, or perhaps someone you're becoming, and do not recognize. It's dark in here. And you are alone. There are streaks of color on the walls. Murals? Artwork that you painted in an attempt to cover the scratch marks, the tracks—the attempts to get out? The attempts to convince yourself that you could make this place beautiful. That you could beautify the internal space of this box, on your own.

You can hear everything outside of the box—every laugh, every echo of joy. The sounds of life that include you, but you no longer feel. How are they able to laugh? Were you really once able to do that too? To make that sound, something that felt so effortless, that resonated and filled the caverns of your lungs with a freshness and revitalization that now feels unimaginable? You wonder if everyone outside the box can tell that you do not speak their language anymore. You hope they cannot, for then your cover is blown, and a new world of pain awaits.

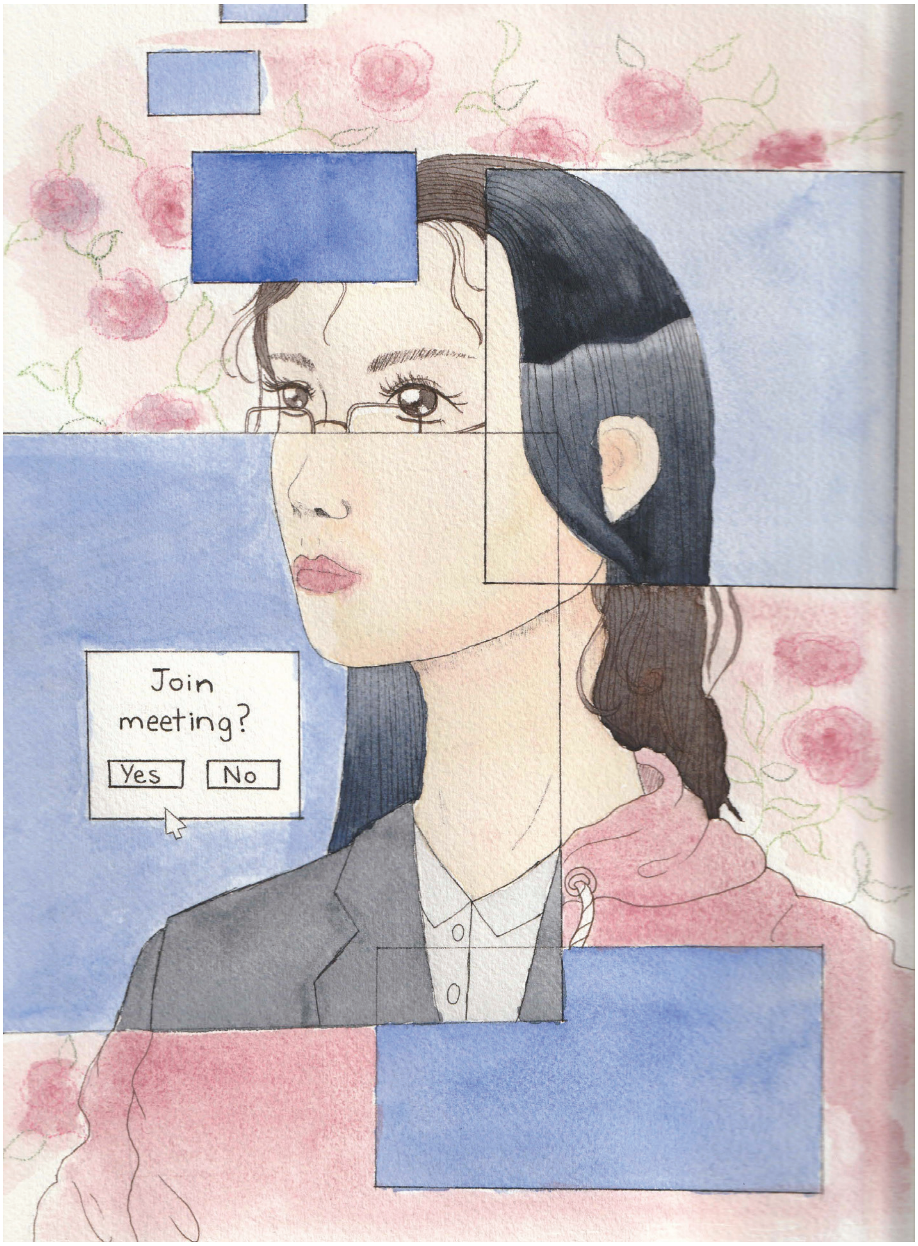
You can hear more than just the laughs. You hear the whispers, the rustling around you, stirring leaves and seeds of doubt about you, about who you are. Perhaps the winds are real. Perhaps they're in your head. It's hard to tell anymore. Did they see you that day? Do they know what you really meant, when you said you weren't feeling well enough to come into work? Is that careful, placative tone concern, or judgment?

It's hard to see the world as you once knew it, from inside this box. It does not help that the walls feel like they're closing in—crowding out the sun, the azure skies, the playful wisps of clouds. They're falling in, crashing down, suffocating you. Will you be able to breathe? It does not feel that way.

But just as the walls tumble down, as the corner of light visible through one of the ceiling's cracks narrows almost to the point of obscuring the outside world completely, a voice makes it through. Not talking about you, but to you.

"I see you," it says. "And you're not alone."

Arany Uthayakumar is a third year medical student at the Zucker School of Medicine. She has long found writing to be a powerful vehicle for understanding and paying tribute to the pain and beauty of the human condition. She hopes to continue exploring what it means to be human as a physician-writer throughout her life.

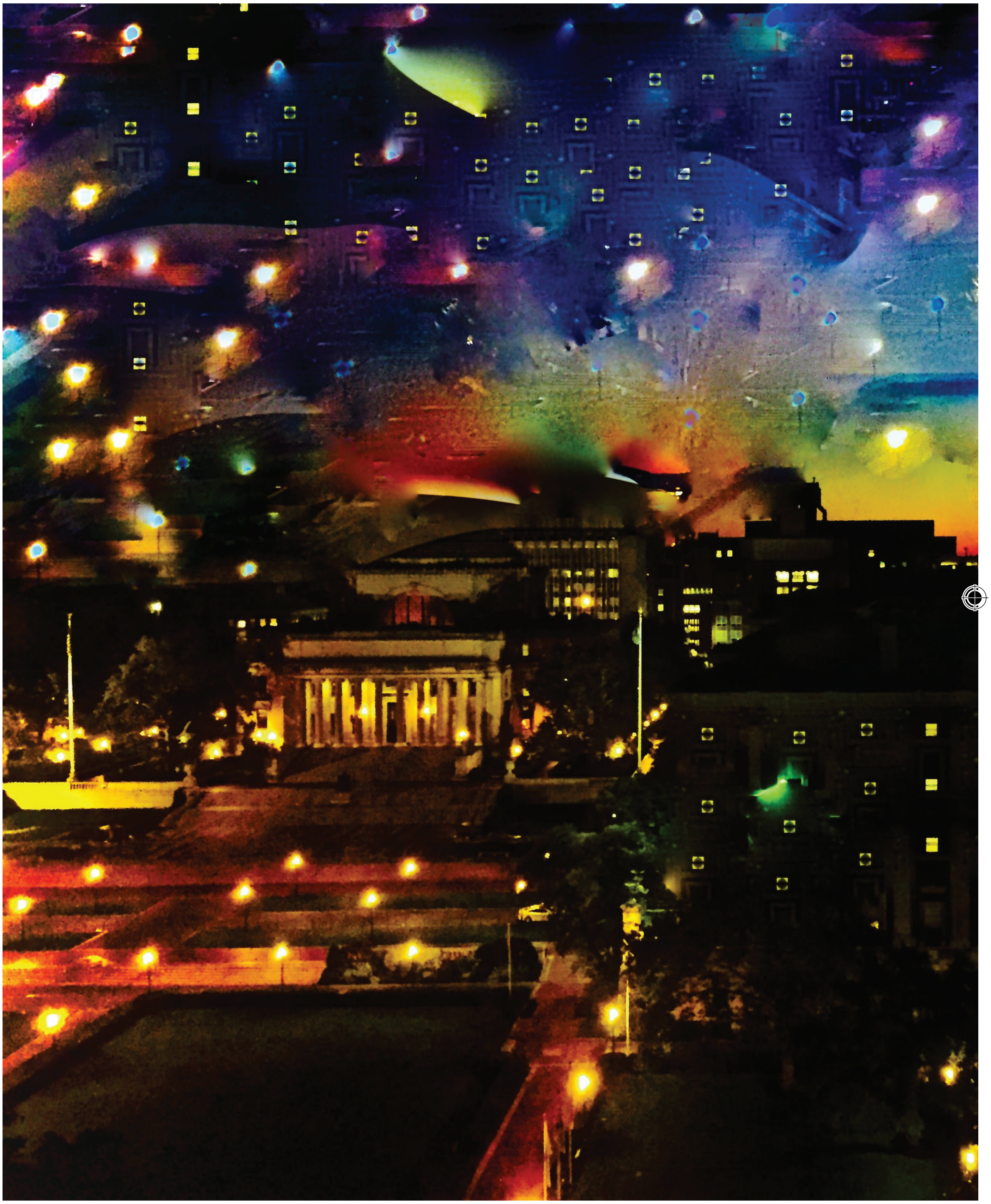


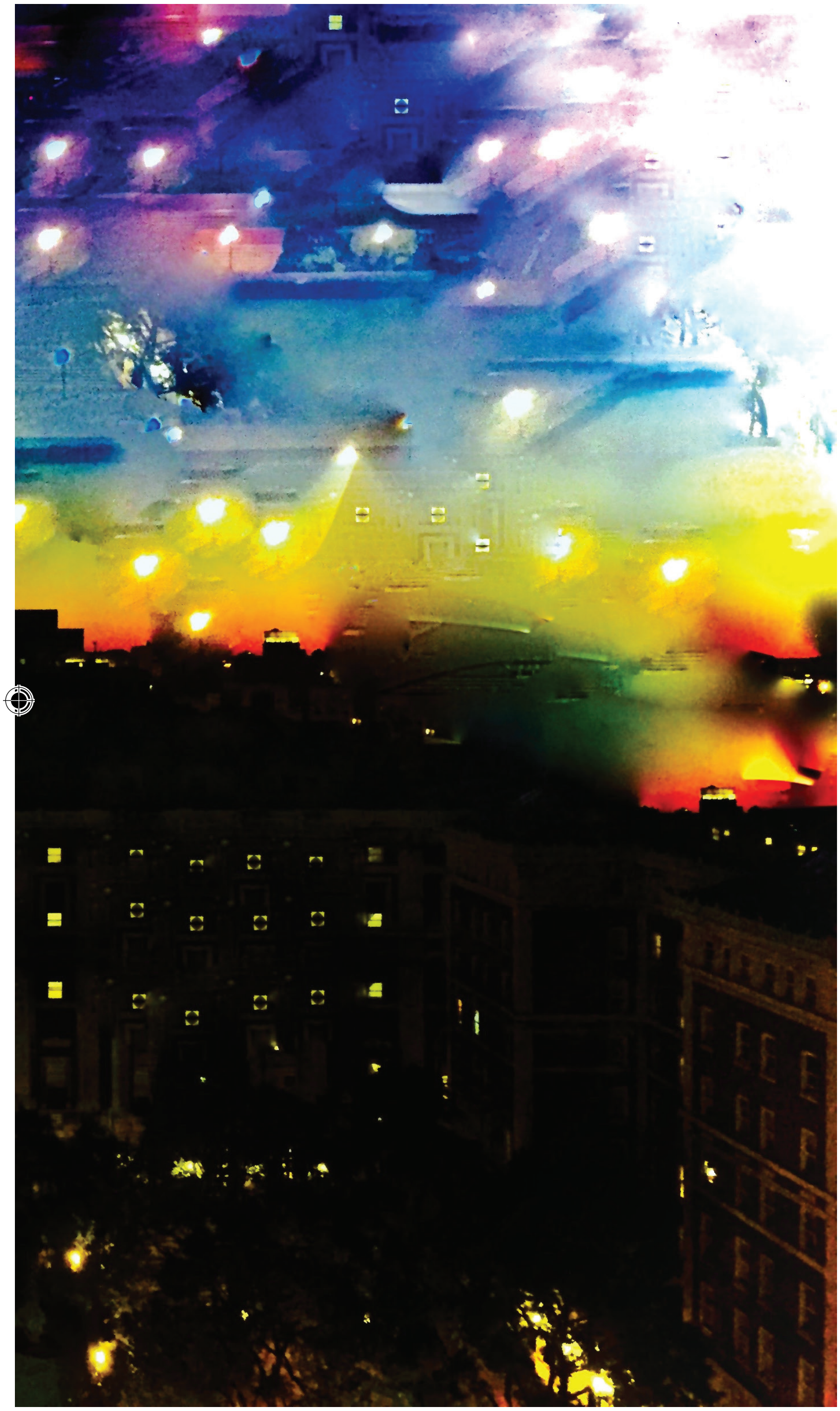
Spaces within Spaces

YUNA CHOI

This artwork is about the different spaces that we exist in within our daily lives. It reflects the way work and personal life now often occupy the same physical spaces and the process of adjusting and finding a balance during the pandemic.

Yuna Choi is a fourth year medical student at the Zucker School of Medicine. She enjoys writing and painting, and is interested in the intersection between medicine and the humanities.





Transitions: hope and darkness

DEEPTI VARATHAN

This was a photograph taken on my first night of undergrad, right after I had moved into my dorm. The colors of twilight and the gentle summer wind sang of the promise of the next four years. Two years down the road, life gave me a more balanced perspective of this first look. I edited and redrew the lines and colors of the piece accordingly--reflecting all the light and darkness that made my life so colorful. All colors and edits in this piece were originally part of the photo, just rearranged and enhanced in different ways.

Deepti Varathan is a second year medical student at the Zucker School of Medicine who has always had a passion for the creative: reading, writing, photography, singing, drawing, painting, you name it. She served as a co-editor-in-chief of this year's *Narrateur*.

Baked Bread

a cocktail of ingredients thrown together
I stir and stir in anticipation
pondering the salt I added
will the bread rise?

the decaying smell of fermentation
scores on the surface were just too deep
misshapen and dire
will the bread rise?

pale as flour
my patient gasps for air
and as I gaze straight at them, I wonder
will the bread rise?

but patience is key
I feel warmth in my hands
with cheery smiles and hearty laughs
my bread has risen.

Matthew Saleem is a second year medical student at the Zucker School of Medicine who enjoys cooking, writing, and spending time with friends and family.

Country Cat

ZERRYL BERNARD

Miss Cat is her name, and she is truly a country cat. Although not considered a stray, she has lived on my parents' property in rural Florida for many years. They provide cat food for her but every so often, you would find her eating field mice or even a bird. I visit several times a year, yet she would never allow me to touch her until recently. The pandemic came along so I dared not visit my elderly parents for over a year. When Miss Cat saw me, she came by my side and briefly allowed me to rub her back. That was that. She later allowed me to get close enough to snap this photo. This is what I call therapy.

Zerryl Bernard, BSN, RN-BC, is a staff nurse on the Clinical Decision Unit at the Long Island Jewish Medical Center, Northwell Health.

Pillbox(es)

the time comes
whether you are ready
or not

you started with one
then two
then one twice a day, then another

you have to face it
you
you need a pillbox

pillbox
that is for old people you think
like your parents

you find yourself at the drugstore
next to the pharmacy counter
slowly turning the metal rack that holds the pillboxes

once-a-day
twice-a-day
thrice-a-day

AM, PM
morning, evening
breakfast, lunch, dinner, bedtime

green, blue, yellow, pink, orange
a push button model for arthritic hands
what’s this you ask, a case for travelling?

you turn the rack again
looking, thinking, deciding, accepting
you need a pillbox

Lorraine Mesagna graduated from the Hofstra University MFA creative writing program in 2014. She now works as a writing tutor at Queensborough Community College and occasionally writes articles for her local newspaper.

Life is a Mystery

Life is a mystery
From its beginning to its end.
Life is as immovable as time,
As eternal as a moonbeam,
As fleeting as a speck of dew on a blade of grass.
From each direction the winds blow
Answers of its purpose.
But our human ears do not hear.
Because our tongues ask: Why must we die?

Frances Avnet is an executive secretary at the Maurice A. Deane School of Law at Hofstra University. Her works have appeared in The Arts Scene, Creations, several editions of The Bards Annual, Rescued Kitties Two and previous issues of the *Narrateur*.


THANKS
NEWS
Virology
sketch
SHHH

Introspection

HELEN UREÑA

This piece displays the conflicting instances of self-reflection that I experienced throughout the pandemic. These quiet moments to myself taught me the importance of embracing both difficult and joyous emotions in the face of the unknown, as this helps clear the path to healing.

Helen Ureña is a first year medical student at the Zucker School of Medicine.

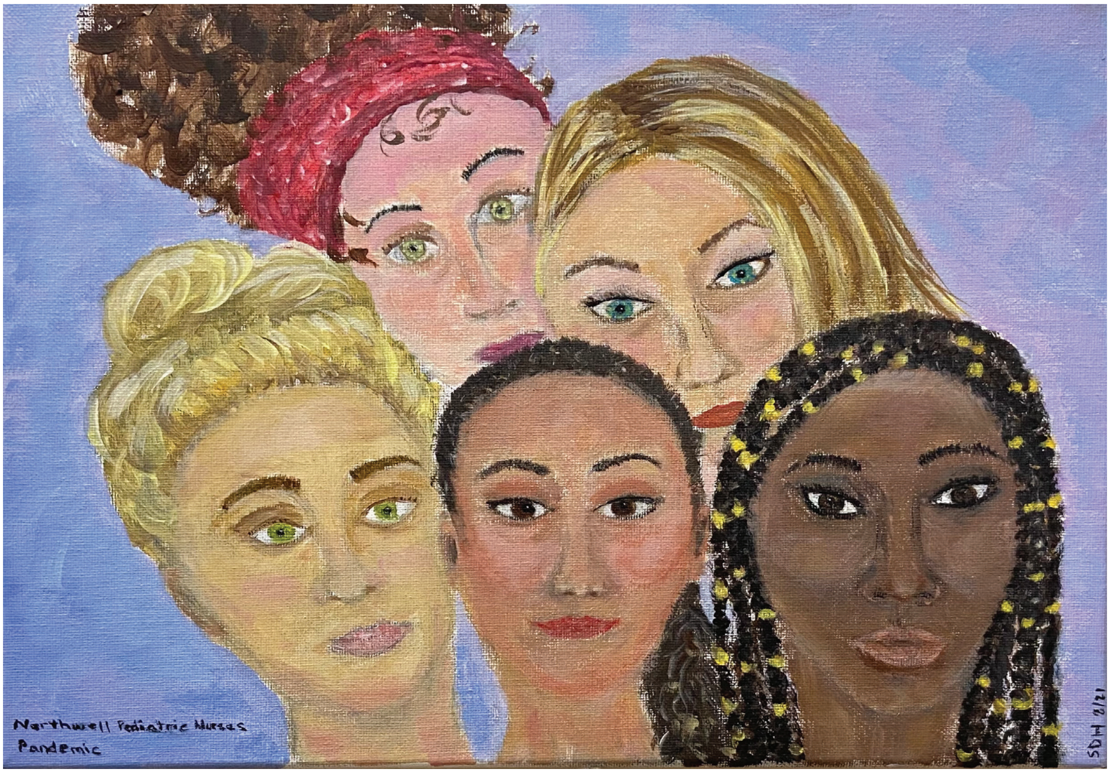
Ode to my Colleagues

They say surgeons are hard
They say they can bear any stressors that come their way
but I am a surgeon that can’t handle what my colleagues can
Day after day, they take care of children
fighting for their lives
Month after month, they guide parents
through their nightmares manifested

They say surgeons are hard
They say they are strong
but I am a surgeon that gets too attached
I pray my patient has a Langerhans Cell Histiocytosis
and not a fungating Rhabdosarcoma coming out of the ear
I pray that my patient is only temporarily getting a trach
and will not die with one in their body

They say surgeons are hard
They say they do the amazing
but I am a surgeon in awe of my HEME/ONC colleagues
It takes the strongest spirit to handle the ups and downs
of children battling for one more day
It takes a special calling to take on
these challenges that I am not capable of facing

Neha Patel, MD, is a pediatric otolaryngologist at Cohen Children’s Medical Center, Northwell Health. She dedicates this poem to her hematology/oncology colleagues.



Northwell Pediatric Nurses Made It Through The Pandemic

SUSAN DAY-HOLSINGER

I was inspired to paint the nurses in our office as I felt time was moving and wanted to capture a moment through our nurses' eyes. Soon our birds will fly but this unique group has been a family and has carried on with strength and purpose. They have been our core. I wanted to make a tangible snapshot of our history. We are all weary, but we made it through.

Susan Day-Holsinger is an Administrative Support Assistant for Northwell Pediatrics at Mt. Sinai.

"Kala Azar"

After completing my family medicine residency, I moved to Nepal to serve as a volunteer physician for two years at Tansen Hospital, located in the middle Annapurna Himalayas.

This piece relates to some early clinical challenges in that journey.

Having absorbed as much as I could during my two months of language training in Kathmandu and one week of orientation to the hospital complex upon finally arriving in Tansen, it was time to fly from the nest and tackle a clinic session on my own. On that first solo afternoon, I was seeing patients in the male OPD ("Out-Patient Department") and came across a chest X-ray with huge, white spots riddling both lungs.

My first thought was cancer. But then my friend David reminded me tuberculosis can look quite similar and is far more prevalent here. "Odds are that's TB, almost definitely," he assured me. David was also a recent residency graduate, around my same age, though he had trained in Internal Medicine. He and his wife Hannah arrived at Tansen with their kids 15 months earlier and were my go-to friends for answers to all things, medical and otherwise about life in Nepal. With 15 months' advantage, they had worlds more experience, seeming to know everything. Yet they were also still new enough to remain accessible for questions, remembering well their own muddled confusion of just a year prior.

All things considered, this first day on the job had been going reasonably well, and I'd been moving through my stack of charts fairly smoothly, when near the end of the afternoon, a thin man in his early forties was wheeled in, too weak even to walk, his hunched, cachectic frame dwarfed by the standard-sized wheelchair his companion had borrowed for him at the main entrance. He had been bumped to the front of the line for urgent evaluation by our clinic's triage staff.

Taking one look at his emaciated body and labored breathing, I reached for an admission packet. He would be spending the night on our ward, no question. Another man was with him, an older brother, I guessed. He reached over the wheelchair-bound patient to hand me the fresh OPD chart they'd been given just an hour earlier, and I noticed that his platelet count, ordered by an astute medical assistant on arrival, was remarkably low at 42,000. In fact, all of his cell lines were down — including a dramatically low hemoglobin of 5.1, a third of what it should have been to carry oxygen where it needed to go, and infection-fighting white cells well below the usual lower-limit value of 4,000. That same assistant, clearly more experienced than I, had scribbled "?KALA AZAR" in pen across the chart and sent for a test I'd never even heard of — the RK-39 assay.

This was all very enigmatic to me. The words "kala azar" rang a faint bell, something that I might perhaps have encountered in a microbiology course seven or eight years earlier. Some form of automatic conditioning kicked in from my subconscious, and the phrase "visceral leishmaniasis" surfaced from beneath murky waters as I recalled that "kala azar" was the colloquial term for this rare tropical disease. Rare, that is, only if you live in suburban New York. As a medical student, I'd sipped my mocha in a nearby coffeeshop while perusing a single paragraph about it in my textbook, trying to create a context in my mind for some unimaginable pathogen afflicting those in far-flung lands. It turned out to actually be quite common in Nepal, mostly among men returning from work in the Middle Eastern Saudi States.

Mystified, I knocked on the door of the next exam room to consult David. "RK-39?" he asks, looking at the chart. "Oh, that's not a fabulous test. It's only useful if you get lucky and it's positive. But not very sensitive — it's often negative, even in cases that really are kala azar."

Just as he finished speaking, the assistant strode over with a piece of paper in his outstretched hand, one of those dot-matrix lab printouts on a continuous strip of narrow paper, a few inches wide with holes rowing either side. "RK-39 — POSITIVE" was printed on the paper in a purplish-black, courier font, decisively answering our question. I felt lucky.

Then, left with another more pressing question, I turned back to David. "How do we treat kala azar?"

"Oh, you can just put him on miltefosine."

I'd never heard of this drug. He needed to repeat the name two more times before I got enough of it to spell when I went to look it up in the thick Physician Desk Reference volume on my exam room bookshelf. Scribbling various orders and medicine dosages on his admission sheet, I sent him off with his brother to get settled on the medical ward. He was to be admitted to our "critical unit," an eight-bed medical ward with two continuous cardiac telemetry monitors — the closest thing we had, at that point, to an ICU.

I plodded through several more patient visits with my basic Nepali, trying to understand what their problems were, and what to do about them. The stack of charts in male OPD finally dwindled down and, after wrapping up loose ends there for the day, I regrouped back on the wards with David and the residents for our evening post-rounds session.

This was when we would follow up on new test results, correct any medication errors our astute nurses had detected, and generally ensure that the service was "tucked in" for the night. On that evening, though, our attention was focused on the emaciated gentleman in the far corner of our critical ward, looking considerably worse even than when he'd presented just hours earlier. He was, in fact, moribund in appearance, what one would call "peri-arrest" — barely conscious, eyes half-closed, his thin chest laboring with an ominous breathing pattern. His blood pressure was undetectable and his pulse rapid and thready.

Namo, one of our trusted senior residents, was already at his bedside. Diligent, jolly, gentle-hearted Namo was, in many ways, my mentor during those early months. He frequently supplied me with bizarre-sounding (yet highly accurate) medical diagnoses and demonstrated exam findings that were revolutionary to me – but he always shared his knowledge with good-natured humility and a slightly wry delivery that somehow never caused me to feel as painfully "green" as I knew myself to be. Such is the gift of those teachers fully at ease, comfortable in their own skin. They are a safe and secure presence because they themselves are safe and secure.

I felt my American Doctor Brain kicking in and turned to him with an urgent flood of orders. "We need a stat ABG, and he's probably gonna have to be intubated right away. Let's get him on the vent ASAP — he won't be able to keep up this work of breathing much longer. I think we should definitely broaden his antibiotic coverage too. He was started on Zosyn when I admitted him, but we'd better add Vanc to that now."

Namo responded with an equivocal little head bobble that I would, in time, come to learn meant a fairly clear "No."

"Well, Ma'am…" I could see he was making an effort to put this gently. There was a weight of concern in his own eyes, too. "We don't have ABG's here at Tansen. And he's not meeting our vent criteria." (We have vent criteria?) "And about the Vanc… Well… The antibiotic vancomycin is very expensive, Ma'am. We generally check with the family before we add something like that."

As if through a looking glass, I felt like I'd been sucked down a rabbit hole into a world upside down from the one I had left just months ago. In that other world, broad-spectrum antibiotics and groundbreaking technologies were tossed about without even a passing nod to their cost, let alone their availability. Anything we needed could arrive in minutes, summoned at the swipe of a pen or the click of a mouse.

A minuscule parasite was replicating and overtaking his body, stretching taut the infection-fighting tissue in his spleen. Yet in theory, it was fully reversible, if we could just give his failing organs enough support to buy some time. That meant keeping his lungs breathing and his heart pumping long enough for the antibiotics to kick in and do their job.

I stood for a while at the foot of his bed, gazing upon this man at the very threshold of death. It turned out, he had less than an hour to live, and I was helpless to do anything about it. I thought to myself, "What on earth have I gotten myself into?" It was not the first time that thought would come, and it would not be the last. The hardest part to accept was that in this case, the problem was clear, as was the solution —but only in an ideal world. A world in which one's hands were not bound by realities of cost and access, privilege and poverty. In this world however, no matter how hard we tried, there would always be too many patients we couldn't help.

A month later, on call at 4 A.M., I was feeling grateful that my overnight shift with our senior resident had been relatively quiet. With just a few hours still to go, the medical ward nurse called, asking if I could come assess a woman who wasn't doing well. She was in her early fifties, admitted with a longstanding history of alcohol abuse and resultant end-stage liver disease. Alcohol abuse is a surprisingly common problem in Nepal, mostly imbibing in the form of a hard home-brewed moonshine liquor called raxsi. Raxsi is the backbone of local village economies in some regions, and virtually everywhere offers its victims the promise of escape from poverty's harsh realities.

The note from yesterday's rounds indicated that she had hepatorenal syndrome, the effects of advanced liver cirrhosis and fluid build-up in her abdomen, eventually ravaging her kidneys as well. The kidneys, in turn, had not been able to keep up with their usual blood-cleaning duties, nor their role in balancing important blood salts like potassium and bicarbonate. Her liver, of course, had long since given up its share of that cleansing as well, and was now actively taking her remaining organs down with it.

By this point, her potassium level had climbed dangerously high, but without a dialysis machine to do the work of her kidneys, there was little we could do. Kayexalate (a laxative that helps the body get rid of excess potassium) was not available in Tansen, and lactulose (another laxative, used to clean out extra ammonia that the liver usual manages) had been out of stock in our pharmacy for the past week. The last remaining hope was that her kidneys might have at least enough life in them to let a diuretic pull some of the potassium out in her urine — still a temporizing measure at best. It would be a matter of hours before those toxins again built up to critical levels.

Throughout the night, the nurse shared, she had continued to decline. By now, she was totally unresponsive. I wondered why this was the first time I was hearing about the patient. Sadly, such last-minute calls had become commonplace. It seemed like far more than just a month since I'd admitted the man with kala azar, the case that taught me with breathtaking suddenness about the inexorable grasp death held here.

When I went in to see the woman with liver failure, overhead fluorescent lights were already on in the ward — never a good sign at 4 A.M. Several of her family members were anxiously surrounding her metal-frame bed, a few other younger ones tossing fitfully on the floor beside. The woman was breathing in a particularly ominous pattern of heaving gasps. Unnaturally long and fast, these rapid, deep breaths known as Kussmaul respirations were her body's final resort for dealing with the acidic toxins building up in her bloodstream. Her eerie gasps were made all the more unnatural by her glassy, unseeing stare as she lay on her side, mouth agape, already far removed from the realities of this world.

Her wide-open eyes revealed large and dilated pupils — black pools of darkness staring blankly into the middle-distance. She looks just like they do in films, I thought, taken aback. I'd always scoffed at Hollywood's depiction of the dying, thinking it a lurid dramatization of death. C'mon, it's nothing like that in real life. That had never seemed convincing to me. Yet how often had I really had a chance to witness death in all its rawness? Death unimpeded, without being sanitized by the tubes, lights, and lines we so eagerly impose? Rarely, to be sure. Perhaps the Hollywood version was closer to reality than I'd thought. Disturbed, I blinked the thought away.

Back at the nursing station, I pored over her chart and reviewed what labs and imaging I could find, wondering if there was something — anything — still to be done. But her chart, down to the progressively destabilizing vital signs inked in on the nursing flowsheet, told the story. Without even a basic medication like Lactulose or overnight X-ray services, let alone a hemodialysis unit, I wondered if there was anything I could offer, anything I could think of that might make the difference. Unable to hide behind the security of medical interventions to soothe my conscience, I was left with only the patient before me.

I felt as helpless in that moment as I have ever been, worried that the only resource I had — my own mind, my own medical knowledge — was drastically lacking. Surely I was missing something — some aspect of her diagnosis, some treatment option — that could reverse all of this. Instead, I found myself standing slack jawed at her bedside, gazing upon a woman in her last minutes on earth, surrounded by a family who would very shortly be plunged into profound grief as they held their vigil in the dead of night. Then the thought came, unbidden and unwelcome. "This could all be prevented, if only I were a better doctor."

At a cognitive level, I knew this to be untrue. That much was clear. Certainly, in light of the myriad resource limitations with which we were all trying to work. But such limitations have a way of pressing curiously on the mind and heart. In that space, distorted perversely by the trauma of death upon untimely death for months on end, owning this death as if the blame were mine seemed, somehow, an obvious conclusion.

In the narrow bandwidth afforded by that intense period of my life, I found myself bouncing back and forth between two extremes over the ensuing months and beyond. I would lapse, on the one hand, into a pattern of objectifying patients with far too much clinical distance, just as I had been taught in my training years earlier. At the other extreme, haunted by the repeated loss of patients ranging from minutes old to old age, I internalized those tragic outcomes to the point of excess, as if they were all somehow due entirely to my failings, viewing them as reflections of myself, exposing my deepest flaws.

To be clear, this was not a matter of a physician facing a medical dead-end, feeling impotent to do anything because there was nothing left to cure. I knew well what to do for her from a palliative standpoint. In my experiences with patients at the end of life — dying from terminal illnesses like advanced cancer or end-stage heart failure — I knew that even when there is "nothing left to do" to cure the patient, there was still plenty to do to care. There was still plenty to offer, from symptom relief to steady bedside presence – a presence of solidarity, one that bears witness, one that refuses to allow a suffering that is alone or unseen.

No, my dilemma was not how to alleviate this woman's suffering, but rather the fact of her death at all. Her family didn't expect her to live; neither did the Tansen staff. There was, here, an acceptance of death as part of life, an attitude that was virtually unknown in the nation that had formed me, with its overweening, indignant sense of exceptionalism. And though the grief of these Nepali families was by no means less intense, there was a maturity in their acceptance, a sinewy toughness in their resignation.

Yet I knew this process to be, in fact, entirely curable. It was a burden of knowledge that weighed me down, try as I might to reason it away. “You can’t compare the medical care available in Nepal to that in America,” someone had counseled me before I’d arrived. “You can’t think of what care patients could get if only they were elsewhere, but rather what care they’d be getting if you weren’t there.” Those had seemed like wise words at the time.

As with so many of my patients in Tansen, I knew her story could end differently if only she were elsewhere. With short-term dialysis as a bridge to liver transplant, coupled with intensive therapy for her alcohol use disorder in a supportive, accountable environment, she could perhaps live for years. That reality, however, was half a world away, a world that paid too little mind to such inequities. From where I sat, hunched over her chart that night, it might as well have been the moon.

Rebecca McAteer, MD, is currently a core faculty member with the Phelps-Northwell family medicine residency program in Sleepy Hollow, New York, where she continues to engage in global health through an educational lens, as well as practicing full-spectrum primary care in Westchester Country. She served as a volunteer physician in rural Nepal for two years.

A Burst of Burnt Orange Sky

ALICE FORNARI

Alice Fornari, Ed.D., R.D., is a Professor in Science Education, Occupational Health and Family Medicine. She is the Associate Dean of Educational Skills Development at the Zucker School of Medicine and the Vice President of Faculty Development for the 23 hospitals of the Northwell Health organization. Her passion for the humanities supports her love to photograph and observe nature, and of course, share the memories.

The Arrogance Of Good Health

Patient's name has been changed to maintain anonymity.

As a young OBGYN hospital resident trainee in the mid-1970's, I was assigned to mentor two female nursing students for several afternoons in the Labor and Delivery Suite. I soon realized that my enthusiasm for participating in Nature's miracle transferred to the students.

Near the end of her stay in L&D, one of the students, Louisa, timidly indicated that she appreciated how I interacted with the patients. I distinctly recall her awkward words when she said, "One day when I would find a husband, I hope that you could deliver my baby." Without paying much attention as to how I should reply, I dutifully responded with, "Of course, I could help you with that."

Upon graduating from nursing school, Louisa was eventually hired as an L&D nurse in the same hospital. Her former timid composure had transformed into an assertive, but kind manner necessary for the job.

By then, I was an attending physician, and it came to pass that Louisa sought my care. In the years that followed, I delivered her two healthy children.

The years eventually brought her into premature menopause. Time-permitting we discussed emotional and somatic menopausal accompaniments. Yet we agreed that when at work, as healthcare professionals, we must temporarily block out our personal issues and direct our thinking and energy to provide the patients with optimal experiences… and most importantly, always exude the appearance that one is consistently less stressed than one's patients.

Some years later, my office receptionist informed me that Louisa had just telephoned requesting an urgent appointment. She arrived at my office during my imaginary lunch break along with her husband and two children.

We met in the office conference room. Her husband, a dentist, indicated that they were relocating to Pennsylvania and that they had come to say goodbye. Mutually expressed gratitude was paired with welled-up eyes, handshakes, and hugs.

Moments later, I looked out the office window. She stood beside their car with her family. She wore a broken smile. She waved to me. I closed my eyes for a moment. Then they were gone.

The remainder of the workday was occupied with several "add-ons" to the appointment schedule including an array of somewhat concerning physical afflictions, questionably existent maladies, and a potpourri of patients' seemingly unsolvable emotional dilemmas which served to distract me from the lunch-break event.

Several weeks later a letter arrived postmarked "Pittsburg, Pennsylvania." It was written by Louisa's husband, the dentist. His poignant, uplifting words are not mine:

"Thank you for the pleasures which you have delivered to us, our children. We hope that you derive as much satisfaction from your specialty as you give through it. The pain of childbirth is just but transient. The memory of pain dies with time and the arrogance of good health rejects the memory."

Howard Kraft, MD, is a Clinical Associate Professor of obstetrics and gynecology at Zucker School of Medicine.

"Common & Uncommon Maladies"

"Himalayan Ascent:"

On a high parapet in Tibet
Baron and spouse Baronet
Despite their clout
Both passed out
Simply from oxygen debt.

"Parasitic Ailment:"

Gentleman Benny O'Rourke
A long-term native of Cork
Had an attack of psychosis
From diffuse trichinosis
Overeating pork with his fork.

"Aura of Desaturation:"

A chap from Glocca Morra
His wife . . . he couldn't ignore her
With spells of apnea
And harsh hypercapnia
She's a seventy-decibel snorer.

"Snacking on the Job:"

Epidemiologist Bella Contraria
Wandered the woods of Bavaria
While consuming Doritos
Was stung by mosquitos
Hyperlipidemia. No malaria.

"Elemental Shortfall:"

Far inland the deacon was cloistered
No fish, no shrimp, not an oyster
Though he prayed efficiently
Due to iodine deficiency
The result, an ungainly goiter.

"Unleashed Motility:"

At the garden café with Stella
She's my gal and I'm her fella
Dined on mussels and strudel
Other seafood with noodles
Acquisition: G.I. Salmonella.

"Drowsy Doc:"

Narcoleptic psychologist Doc Gable
Cared for patients as best he was able
Whilst dining one night
He met with ill plight
With a tilt, he fell on the table.

"Credentialing Calamity:"

Orthopod Ichabod Ismael
Specialist in issues calcaneal
Sanctioned he was
With substantial just cause
For removing tumors cranial.

"Species Speculation:"

Microbiologist Alberto vanCrodium
Orating at the podium
Could not decide
If the microscope slide
Was falciparum or vivax Plasmodium.

"You'd Better Sweat the Small Stuff:"

At travel somewhere near Siberia
I dined at a Minsk cafeteria
It's a fallacy we're told
That microbes die in the cold
I'm stricken with bacilli Listeria.

"Unnecessary Components:"

Select parts are not often required
Our molars often backfire
Of those not extraneous
Include the calcaneous
The appendix ought be retired.

"An Old Photograph:"

In the grey matter somewhere embedded
Despite years of memories shredded
In five-score years life
He thinks it's his wife
Who long ago he had wedded.

"Unrealized Urges:"

The kleptomaniac chap from Madrid
Living somewhat off the grid
Practiced his avocation
And somnambulation
And didn't realize what he did.

"Twice Blessed:"

There was an old guy with diplopia
And problems with his synovia
He walked with a cane
His wife was his bane
Seeing two of her wasn't utopia.

"Practical Solutions:"

Without need for much chiropractic
Buildup of acids called lactic
Are oft cured with hydration
And quenching libations
Without need for maneuvers galactic.

"Iatrogenic Gastrointestinal Disorder:"

Robocalls and luxury cruises to sail
Electric autos, do-all phones, and junk mail
Our great grandparents managed
With lantern and carriage
No on-line checking or cramps from kale.

"Irritating Diagnosis:"

Itchy chap Al Zoonosis
From the doc sought a diagnosis
Verdict: no neurosis
Or hyperhidrosis
But simple pediculosis.

Howard Kraft, MD, is a Clinical Associate Professor of obstetrics and gynecology at Zucker School of Medicine. He says: "Limericks can evoke humorous or serious mental images, create a smile, and lift one's spirit."

Lady with Orchids

MARK WELLES

Usually an idea pops into my head and I allow my imagination to take over. I feel as an artist we should just listen to that inner story that appears from our souls. I was thinking 'Orchid' and I let my hands do the rest.

Mark Welles, MD, is a general pediatrician at the division of General Pediatrics at Cohen Children's Medical Center, Northwell Health. Sculpture is his passion outside of medicine.

The Fine and Unrefined Arts

"Picture These Gals:"

Mary: Mother and Child in a pose
Georgia: Orchids and a rose
Frida wed Rivera
  near the Mexican Sierra
Louise: Did a sculpture so bold.

Mary Cassatt (1844-1926), American Impressionist
Georgia O'Keefe (1887-1986), American Modernist
Frida Kahlo (1907-1954) Mexican painter
  Diego Rivera (1886-1957), Mexican mural and fresco painter
Louise Nevelson (1899-1988), American sculptress

"Picture These Guys:"

Edgar: Ballerinas at the barre
Paul: Sat with flowers in a jar
The other Paul escaped to Tahiti
While Keith did graffiti
As Jackson splattered paint on the floor.

Edgar Degas (1834-1987), French Impressionist
Paul Cezanne (1839-1906), French Impressionist
Paul Gaugin (1848-1990), French Post-Impressionist
Keith Haring (1958-1990), American pop and graffiti artist
Jackson Pollack (1912-1956), American Abstract Expressionist

"The Three Musicians:"

A tribute to short Pablo P.
Painted limbs misplaced, you see
A guitar distorted
And faces contorted
The musicians portrayed were three.
  [Oil on canvas, 1921: Pablo Picasso (1881-1978), Spanish painter and sculptor.]

“Les Danseurs de Ballet:”

The forgery attempted so far
With ballet dancers at the barre
Not much a copycat
‘Cause the man in the top hat
Is too tall to be Degas.
[Edgar Degas (1834-1917), French Impressionist.]

“Basic Americana:”

Her technique . . . by assimilation, osmosis
Self-taught . . . a good prognosis
Not a Vincent or Pablo
Or Claude or Leonardo
It’s remarkable Grandma Moses!
[Anna Robertson Moses (1860-1961), American, began painting at age 78.]

“A Frenetic Creator:”

His artwork in splattered chartreuse
Or in any color he’d choose
He’d be pouring and splashing
Gave the canvas a lashing
Likely prized are his paint-covered shoes.
[Jackson Pollack (1912-1956), American Abstract Expressionist]

“Un Salute a John James Audobon:”

John James painted spoonbills and cygnets
From live fowl and not just from figments
He became irritated
When supplies dissipated
Placed an on-line order for pigments.
[John James Audobon (1785-1851), American ornithologist and illustrator.]

"Un Salute a van Gogh:"

An artist who everyone knows
Painted sunflowers and wheatfields and crows
In starry-skied meadows
He now lies in repose
Removed an ear instead of a nose.
[Vincent van Gogh (1853-1890), Dutch Post-Impressionist]

"An Eye for an Eye:"

He had reached his artistic plateau
By no means a quid pro quo
It was Billy Shakespeare
Said "Lend me your ears"
Compliant was Vinnie van Gogh.

"Artistic Postulation:"

Although some collaborators
Of fine arts and educators
In debate and dismayed
It's Manet . . . no Monet
In a quandary are the curators.
[Edouard Manet (1832-1883), French Modernist]
[Claude Monet (1840-1926), French Impressionist]

Howard Kraft, MD, is a clinical associate professor of obstetrics and gynecology at Zucker School of Medicine.

Brilliance of Nature

VICTOR FORNARI

This photo was taken at a moment during the COVID-19 pandemic. It represents a piece of beauty in a dark time.

Victor Fornari, MD, MS, is Director of the division of child and adolescent psychiatry at the Zucker Hillside Hospital, Northwell Health, and Cohen Children's Medical Center, Northwell Health.

Soaring over Rainbow Mountain, Peru

NOAH YOSKOWITZ

Both of my hobbies come together in this photograph taken at Rainbow Mountain, near Cusco, Peru at an altitude of 16,560 ft. My favorite thing about this shot is that I was above the Caracara while taking the photo.

Noah Yoskowitz is a second year medical student at Zucker School of Medicine. His major hobbies include traveling and photography,

When the Beginning and End become Osseous

Joints made out of saliva of bones.
Mr. Khalbari telling me at the ripe age of seven,
that our bones release the whispers of our ancestors.
I remember clamping my fingers over my elbows like glass bowls
to catch the leaking synovial fluid.
Afraid of all the things diffusing from my body.

There is so much love when I look at the pictures of my brother
holding his new daughter. I see her hands beginning to reach,
crying because her teeth are pushing through her gums.
There is pain in the changing of our bones
because growing is painful at first.

In February, we hear of my uncle's accident
trying to loosen packed snow from a snow blower.
I feel the loss of his bones so acutely,
like the loss of something greater than tissue and nerves.
The tragedy of missing something that is a part of you.

Bone-cold season under the cavitied moon in Stroudsburg, Pennsylvania.
Falling through snow in my great grandfather's old house.
My wrist hanging like a white tongue over the flap of my hand.
Still, under the foggy pain, I smile at my battle scar.
Even then, before words came,
I knew I was climbing on a summit of childhood,
the age of missing teeth and broken bones.

A textbook dissection, she calls it when we stand around the body.
We meet in the anatomy lab at the back of the building after class.
I make the first incision guided by a silver rod.
We circle the table, our hands moving too fast to comprehend this
ritual of bones and skin,
all of us finding our own religion in the knobby recesses of the human body.
Religion born by pondering the origin of death.

I know I am resistant to change,
weary of the motions of being uprooted.
I feel my limbs shifting and folding and sometimes being replaced;
my uncle's casted fingers like nerve-damaged memories.
The image of bones forming the unfused cables of the body when
we are born.

The lamellar growth of bones resembling the rings of tree trunks
and spindling branches.
Carrying the earmarks of velocity and old tensions rippling
to a wooden core – our first teeth coming out
in the shape of our insides,
bones buried crooked and white like the oldest map,
remembering all the things we were
and all the things we lost.

Yocheved Friedman is a first year medical student at the Zucker School of Medicine.

28 weeks

The following story is based on my recollection of a night during my pediatric residency. I do not actually recall the names of the two patients included in my story, and I have randomly chosen initials to stand in place of their names.

Baby S is fighting for her life. She is a 5-day old premature infant who was born at 28 weeks and 4 days estimated gestational age. That means she was born 11 weeks and 3 days earlier than she was supposed to be born. She cannot breathe on her own, so she is intubated with an endotracheal tube, which is connected to a ventilator, which is forcing oxygenated air into her delicate and immature lungs. With this supplemental oxygen and mechanical ventilation her oxygen saturation is 94%. She is also receiving a solution of nutrients and vitamins through an intravenous tube. She is able to move her arms and legs and has strong peripheral pulses. Considering her size and prematurity, she is doing very well.

Ms. B is a 23-year-old woman admitted to the hospital for preterm labor. Her doctors estimate that she is 28 weeks along in her pregnancy. A normal healthy pregnancy should last approximately 40 weeks, so her baby is not ready to come into the world today. Ms. B is on a medication called terbutaline to try to stop her contractions, to try to delay her delivery. The longer she can keep her fetus inside, the better the chances are that her infant will survive and thrive. She has already received an injection of steroids to improve the baby's ability to breathe in case it is born, prematurely, in the next few days. Ms. B seems nervous and uncomfortable. She knows her baby is not ready to be born today.

I am a 29-year-old pediatric resident. In my second year of residency, I am working in the Neonatal ICU of an inner-city hospital. There are no other pediatricians in the hospital, and the NICU fellow takes call from home. When I am on-call for the night, I am responsible for all the infants in the NICU, as well as for any newborns that need a pediatrician in attendance.

I am also a 29-year-old woman, 28 weeks pregnant with my first child. I am hoping that my unborn child will be born healthy and strong. I have been taking my prenatal vitamins and going to my OB doctor for prenatal care. I am trying to eat healthy food and drink plenty of water. I don't drink coffee or alcohol. I want to give my fetus a good start in life.

But as a pediatric resident I am acutely aware of all the things that can go wrong. Here in the NICU I take care of premature infants with multiple problems. Some won't survive, others will survive but with impaired vision, learning disabilities, or cerebral palsy. And here I am, on call overnight. I am responsible for taking care of Baby S. Meanwhile, I have also been advised that Ms. B may deliver her premature infant tonight. If she does, I will be taking care of her infant as well.

It's 2 a.m. The nurse calls me over to the bedside of Baby S. An electronic alarm is beeping because her oxygen saturation is dangerously low. I disconnect her from the mechanical ventilator and start hand ventilating her myself. Her oxygen saturation continues to decrease. It is below what is compatible with life. Her pulse is slowing.

The tube is not working! It must have become displaced! I remove the endotracheal tube and start ventilating her with a face mask attached to the ambu-bag. The tiny infant's oxygen saturation climbs up to 97%. Her heart rate rises to 130. Good. She's ok for the moment.

I remind myself to breathe.

I am going to have to place a new breathing tube into my small patient's airway in order to give her a chance to continue her fight for life. While continuing to manually ventilate this infant, I ask her nurse to get me a new endotracheal tube and a laryngoscope, straight blade, size 0. Above her bed, her tube size and ventilator settings are posted. She needs a size 2.5 breathing tube. Her nurse suctions her mouth. “Ready?” I ask, “Yes, doctor”, her nurse answers. I stop ventilating her. Gently, but deftly, I place the laryngoscope into her tiny preterm infant mouth, lifting her tongue. I slowly pull back until I see her small vocal cords. I hear myself say “Tube”. The nurse places the tube in my right hand while I keep my eyes fixed on those vocal cords. I watch as I slide the tip of the tube past her vocal cords. I continue to watch as the centimeter mark lines up with her cords. I carefully take out the laryngoscope while holding the tube steady. I attach the ambu-bag to the newly inserted breathing tube and the skilled NICU nurse starts bagging. The baby's oxygen had dipped during the intubation but shoots quickly up to 100%. We reconnect the mechanical ventilator and together we tape the new tube to baby S's lips.

Crisis over.

I take a moment to sit down. I have to document these events in the medical chart. I feel my own baby kick me in the diaphragm. Is it just stretching its legs? Is it telling me I did a good job? Or is it asking me to lie down and rest so it can have more oxygen itself? I silently plead with my own baby to please stay inside for at least another 6 weeks. 10 weeks would be better, but 6 weeks would bring us to 34 weeks gestational age, when most babies can breathe independently, without a ventilator.

My pager goes off. I call the number that flashes before me. "Can you come to the delivery room right now? Ms. B is in active labor. We'll need you to take care of the baby at the delivery."

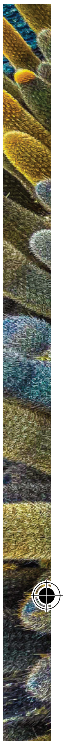
I put in a call to the neonatology fellow to let him know that I would like his help. As I am heading to the delivery room, I am planning the steps that I may have to take to help this new infant. At 28 weeks there is a good chance that this newborn baby will need our help to breathe, will need to be intubated and ventilated like Baby S. But perhaps not. Perhaps this one will be luckier.

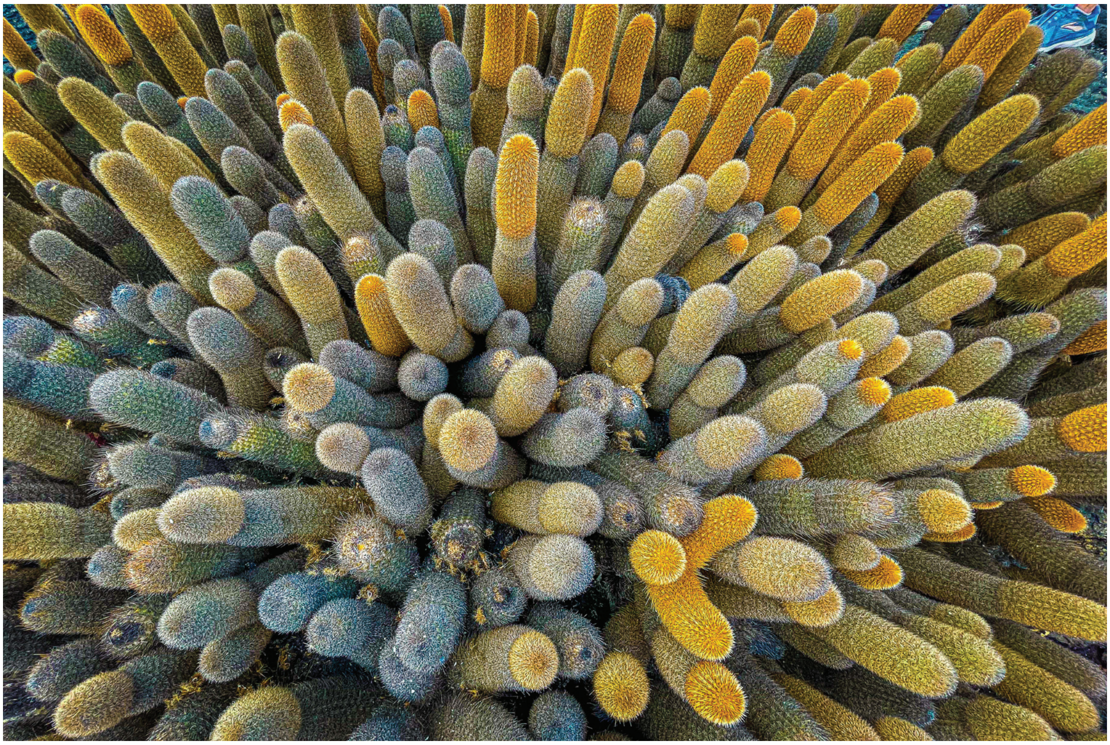
Erica Waterman, MD, is a pediatrician with 20+ years of experience in pediatric emergency medicine who has recently transitioned to a position as small group facilitator at the Zucker School of Medicine. She is an avid reader who is interested in writing about personal experiences in medicine and in life.

From Us, A Love Letter

Waiting,
I invite hope.
instead of myself
Onward
a metamorphosis
Enough,
I wish for tomorrow.
calm clockwork carves
When gone, you leave behind
Pathways
Clarity
making seconds longer
Looking forward

This poem was created during a Humanities in Medicine workshop offered, via ZOOM, in conjunction with a 4th-year health humanities elective, The Narrative Perspective. The session was led by guest speaker, Steven Licardi, LMSW, poet, social worker and mental health activist. Thirteen participants, while remaining anonymous in terms of authorship, have all given consent to publication of this poem. The poem culminated from a reflective exercise involving three prompts: (i) Think about a struggle in your life and then describe this struggle on your paper; (ii) Think about what you love about this struggle and make a list of as many things as you can that you love about this struggle; (iii) Write a letter addressed to this struggle — it can be an invitation, a farewell, a love letter, or all of the above. All participants then chose the one word or clause from their writing that stood out to them and typed it in the ZOOM chat. The order they appeared in the chat was the order they appear in this poem. The result was quite powerful and moving.

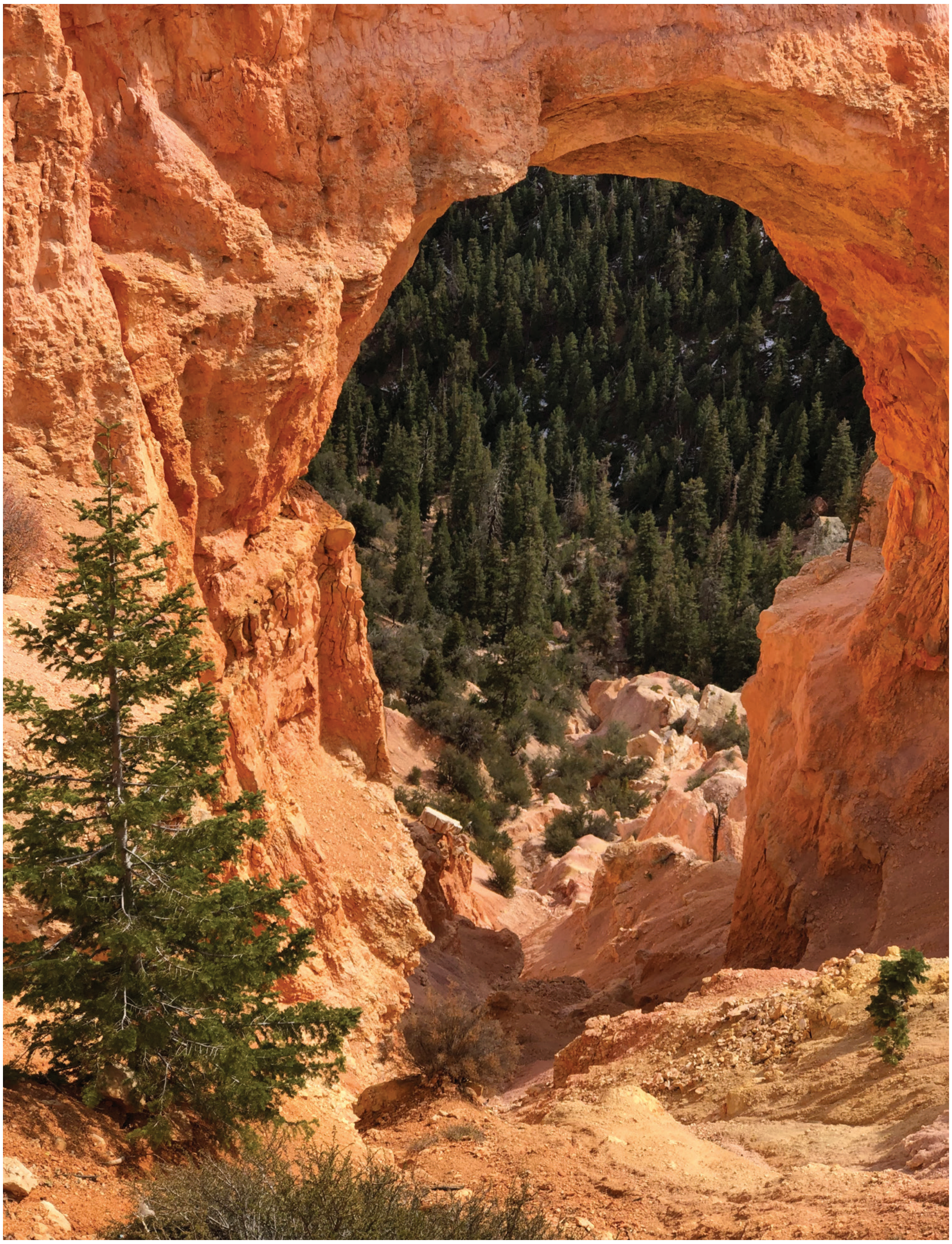




Cacti Burst

ALAN SLOYER

Alan Sloyer, MD, is a gastroenterologist and an award-winning photographer based in New York, who specializes in travel, landscape, and street photography. He has been extremely fortunate to have had opportunities to travel around the world to unique destinations and has experienced adventures in more than 75 countries, on all seven continents, over the past five decades.



Bryce Canyon

BARBARA HIRSCH

Barbara Hirsch, MD, MS, FACE, is an endocrinologist, partner, and the Director of Diabetes Education Programming at North Shore Diabetes and Endocrine Associate in New Hyde Park, New York. She is also a Clinical Assistant Professor in the Department of Medicine at the Zucker School of Medicine.

The Vow

The best part about being in medicine is the ability to take care of families. If the family is the basic unit of society, then their health is paramount. One of my greatest joys of caring for families is the multigenerational patient panel, similar to taking care of an entire tree from its roots to its newest bud. It is a place of deep understanding and interconnection.

I grew up in a multigenerational household and never thought much of it. My grandparents were a constant presence and rooted our values and culture. They ensured we were multilingual. They ensured we were fed. At the beginning of the pandemic, my constant exposure to COVID put the ones I loved most at risk. I felt lost as I had to separate myself from those who centered me.

After a lifetime of pursuing educational excellence to become a phenomenal physician, COVID shook me to my core. It challenged every one of my beliefs, such as the belief that the mastery of scientific knowledge alone would enable one to diagnose and treat patients resulting in good outcomes. I have come to understand that the outcome of our patients is not solely dependent on my knowledge but also on a myriad of other social determinants.

I remember my first COVID patient... his mom had made his appointment for him. He had just gone paintballing for Saint Patrick's Day weekend and had come down with what he thought was a simple cold. As a teenager, he did not understand why I sported a spacesuit to see him. I counseled him that as a member of a multigenerational household, he must be careful and quarantine. However, when five people live in a thousand-square-foot space and share a bathroom, being careful and quarantining successfully would prove to be difficult. I knew all in the house would inevitably contract the virus.

Two weeks later, his grandfather walked into my office with a cough. His daughter had requested an antibiotic but her father’s oxygen saturation of 75% resulted in an urgent hospitalization while the daughter had stepped away to run an errand. I urgently rushed him to the hospital, failing to realize that families were not allowed to see or visit other family members while in the emergency room or hospital. One week later, the grandfather had succumbed to the virus.

The closeness of these multigenerational families puts the most vulnerable at risk. This year a simple New Year's Eve gathering resulted in the simultaneous hospitalization of both a mother and daughter due to COVID, with neither surviving the disease. Their passing led to a suicide attempt by the great-granddaughter and a hypertensive crisis by the granddaughter. My colleagues and I managed all four in the hospital. Being a good doctor is not only about knowing a patient’s diseases but the person behind the science. I believe that just as families take a vow of “in sickness and in health,” we, the doctors who take care of them, make the same vow.

It is our onus to understand the complex situations that define our patients’ lives. Even during a pandemic, we rose to the challenge of meeting our patients where they were. We cared for the sick in the hospital and tested their families in the clinic. We used community resources for those who were left behind to minimize contagion. We arranged for concrete and emotional support services. We honored and continue to honor their desires. We felt and continue to feel their losses. When families are challenged in unprecedented ways, their physicians can be their greatest allies.

Life passes but love never ends.

Mary Rose Puthiyamadam, MD, is a board-certified internal medicine pediatric physician. She currently practices at Open Door Family Medical Center where she serves as the Chair of the Clinical Performance Committee. She is a core and founding faculty member of the Phelps Family Medicine Residency Program at Phelps Hospital, where she serves as the pediatric curriculum coordinator. She also teaches at New York Medical College as an Assistant Professor of family and community medicine.

Sands of Celebration

TANZIM BHUIYA

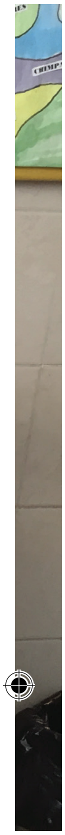
Tanzim Bhuiya is a third year medical student at the Zucker School of Medicine. He is interested in pursuing Internal Medicine.

Promise to Peru

ARNOLD S. PRYWES

During the summer of 2017 I had the privilege of being part of a surgical mission to Calca, Peru. Our team of volunteer surgeons, residents, nurses, technicians, and medical students examined patients with blindness from cataracts. We performed surgery on more than a hundred patients who traveled many miles to our clinic. It was one of the most rewarding experiences in my career as an ophthalmologist.

Arnold S. Prywes, MD, is a clinical associate Professor of ophthalmology at the Zucker School of Medicine and the New York University School of Medicine. Dr. Prywes is past president of the New York State Ophthalmological Society, Nassau County Medical Society, Nassau Academy of Medicine, Long Island Ophthalmological Society, and an Honor Award recipient and councilor emeritus of the American Academy of Ophthalmology.



Long Term Sequelae

One of my earliest memories took place in a tiny, dimly lit office in India. It was late—well into a monsoon night, and the rain was coming down like sheets of glass. I was lying down on a scuffed leather bed, paper crackling beneath me as I anxiously shifted my weight. After yet another asthma attack filled with labored breaths, wheezing, and clawing at my throat, there I was. Lying in the doctor’s office many hours and multiple rounds of albuterol and steroids later, I could hear the doctor and my dad conversing in a signature Tamilian decibel. I could only comprehend bits and pieces of the discussion; at 6, while my English proficiency was on the rise, my Tamil was still solidly at a beginner level.

Suddenly out of the milieu of thoughts I heard a resonant, throaty voice say in English: "She's just obese. It's her fault she's sick."

It's my fault.

19 years later, I still carry that voice with me.

Getting sick every couple months was my fault. Getting hospitalized with pneumonia was my fault. Having to take an ambulance to the ER with an asthma attack was my fault. Not fitting into the clothes that were bought one size too small was my fault. Getting bullied at school for my weight was my fault. Not being able to lose the weight was my fault.

Doctors have power. And they easily empower others. Unfortunately, they don't always empower the right people, the right ideas, the right thoughts. If do no harm accounted for the psychological toll of seeking medical care, the profession would be a very different place.

Deepti Varathan is a second year medical student at the Zucker School of Medicine who has always had a passion for the creative: reading, writing, photography, singing, drawing, painting, you name it. She served as a co-editor-in-chief of this year’s *Narrateur.*

A New Hope

Like any other kid that grew up surrounded by the Star Wars mania that heralded the arrival of the prequel trilogy, I was obsessed with being a Jedi. Only an abstract concept in the original trilogy, the prequel trilogy sees them at the height of their powers, fighting for good across a galaxy far, far away. I have been a lifelong fan, and as such I was struck by this quote from a Claudia Gray novel depicting the off-screen adventures of Obi-Wan and his master.

"It matters which side we choose. Even if there will never be more light than darkness. Even if there can be no more joy in the galaxy than there is pain. For every action we undertake, for every word we speak, for every life we touch—it matters. I don't turn toward the light because it means someday I'll 'win' some sort of cosmic game. I turn toward it because it is the light."

Growing up, I wanted more than to swing a lightsaber or go to distant planets. I was enamored by my heroes' stalwart goodness, a commitment to a moral code. While I never became a Jedi, I did have the opportunity to take on another (more realistic) dream job, that of a physician. However, I like to think that we too have a commitment to a moral code, as well as the enormous opportunity to help others. From the beginning of medical school, we take on the Hippocratic Oath. We pledge to do no harm. We hold the principles of beneficence, nonmaleficence, autonomy, and justice to be sacred.

However, we also face temptation. In the Star Wars universe, temptation comes from the dark side in many forms: anger, fear, greed. We face similar challenges, especially as we travel through the muck and mire of these pandemic years. We feel the anger as we treat those that scoff at our preventative measures yet come to us for cures. We feel the fear as we see the strain on our healthcare system, and there is a temptation to give up. We want to challenge the status quo, yet we find it difficult to question our own place in a system that does not prioritize human flourishing. How do we turn to the light when everything is pulling us into the dark?

I look back yet again to my past for answers. When applying to medical school, we talk about why we want to become a doctor. We wax poetically about our love of science and how we want to help people. No one questions why we want to help people- it is the light. But this light is dim, and we soon find it hard to follow. Nevertheless, we forge ahead. Throughout the pandemic, we as a profession have continued to turn to the light. We spend that extra five minutes with a patient in an isolation room, we advocate for vaccines and continued preventative measures, and we celebrate the lives saved. While the suffering of the last two years may outweigh good, we never give into despair, and this is all the reason I need to be convinced that being a physician is more amazing than anything that I grew up seeing in the movies.

Peter Leistikow is a fourth year medical student at the Zucker School of Medicine. Peter is a future neurologist whose other interests include comedy and medical ethics. The inspiration for this piece came from a long stretch of time spent quarantining with COVID-19 that saw him feverishly writing and reflecting on Star Wars and healthcare in equal measure.

Patagonian Reflection

ALAN SLOYER

Alan Sloyer, MD, is a gastroenterologist and an award-winning photographer based in New York, who specializes in travel, landscape, and street photography. He has been extremely fortunate to have had opportunities to travel around the world to unique destinations and has experienced adventures in more than 75 countries, on all seven continents, over the past five decades.

Antelope Canyon

BARBARA HIRSCH

Barbara Hirsch, MD, MS, FACE, is an endocrinologist, partner, and the Director of Diabetes Education Programming at North Shore Diabetes and Endocrine Associate in New Hyde Park, New York. She is also a Clinical Assistant Professor in the Department of Medicine at the Zucker School of Medicine.

Persephone

Medicine is based in truth, but what about the lies? The textbooks always leave out the lies, but maybe they shouldn't.

Her name was Persephone. She was twenty-seven, Greek with pale eyes, dark hair, and drunk. She was admitted to medicine over the weekend because of multiple rounds of hallucinations. I was a med student at the time, sent in to interview an "interesting patient." When I first spoke to her, she was delirious, screaming and seizing due to extensive alcohol abuse and malnutrition. By the time she came to, her MRI was suggestive of osmotic demyelination from soaking up too much sodium too fast. Osmotic demyelination, if it really was that, meant permanent brain injury.

She was asymptomatic though – no neurological symptoms: no focal deficits, no weakness in any extremity, intact cranial nerves, steady walk, and looked me in the eyes when I asked her questions. She liked to talk about moving back in with her parents after running away from her abusive ex-boyfriend and how she wanted to foster a retired police dog.

Then a day before her discharge, she developed symptoms. "She's not acting like herself," her nurse said.

The resident turned to me. "Did she seem confused this morning?" I froze. It was my responsibility to report any overnight changes. Did I miss something?

She had started crying when I walked into her room that morning. Through tears, she had told me that her father had called her a useless waste of space, and she wanted to know if she deserved it. (No.) When I asked her if she had a place other than home to go after the hospital, she talked about how she just graduated school and was getting housing help through social work. I responded in the way we're taught to when we hit the limits of what we can do, "Good, social workers are the right people to talk to." She was emotional that morning, sure, but confused? I shook my head. "I…don't think so?"

Psychiatry was consulted. They dropped by to give us their take, and it didn't look good. She had told them that the hospital was in her basement and she "wanted to go upstairs to her room to meet the aliens." They noted that she was a poor historian and potentially hallucinating. Was social work on board? (Yes, following). They said: No discharge yet, keep her and monitor for a couple days. (OK.)

I went to talk to her, ready for the worst, osmotic demyelination on my mind.

When I entered, she immediately asked me for a favor. She pulled back the blanket near her hip and gestured to a large, blue absorbent sheet under her butt. “Can you help me tape this up, there’s no sticky tab on the sides.” I looked at the sheet. It was a chuck, the flimsy, plastic kind. “I can get tape, but it doesn’t come with tabs.”

“Oh,” she said. “Never mind. I was just trying to make some underwear.” I paused, uselessly, unsure of what to say to that. Most patients have their family bring them clean underwear. I doubted her dad would, after calling her those names. I cleared my throat.

“How are you doing?” I asked.

“Good. Better. Still like the useless waste of space I am, but some things you can’t change.” she said, winking.

I asked her what her name was, what day it was, can you include the year too, and who was the president. She answered, patiently and accurately. I asked her what floor she was on and she answered 7th floor. I pressed her, asking if she was at home. She said, “No, I’m in the hospital. It’s not bad here.” I asked how far home was and if she knew how to get there. Home was far enough away that she would have to drive, but she wouldn’t need to go for a while, right? Did I know when and where she would be discharged to - rehab, or home? I told her I wasn’t sure and asked her more questions, all of which she answered well. I left confused about her confusion. She had answered everything perfectly fine.

The next day, I peeked from outside her room as she told psychiatry that the lights were speaking to her, and she wanted to go upstairs to the aliens. When I went in to ask about the lights and her location, she said they were a little bright but otherwise fine, and she was still in the hospital, duh. I gave her some tape.

The psychiatry drop-bys became more contradictory as well. “She reports active hallucinations, but I don’t think we need to admit her to psych. You can discharge, but she looked a little unsteady on her feet. Maybe send to physical rehab instead of home on discharge.”

Unsteady? Where did that come from? I had never seen her walk around psychiatry, only lie.

After monitoring her for a couple more days, psychiatry let her be discharged. Beds were limited.

The day that she was slated to leave, the nurse manager walked up to the resident, an exasperated look on her face, holding a phone. “The father wants to know where his adult daughter is. He didn’t believe me when I said I can’t confirm if she’s a patient here, and she apparently told him your name.”

A voice exploded from the receiver. I couldn’t make out the words, but they were loud and contained expletives.

“Hello, this is Dr. – speaking. Our policy is that we cannot check if your relative is a patient with us or release medical information if she were a patient, I’m sorry.” More shouting, more expletives. Something banged like it was being slammed against a wall. The resident said something and hung up.

I went to see her one last time, maybe to say some empty platitude like “it was great getting to know you” but she was gone, a half-eaten plate of sausages on her side table as if she had stepped out to run an errand. I scrolled through her medical record one last time like I needed closure.

Psychiatry’s note: “Unreliable historian. Continue monitoring.”

Physical therapy’s note: “Gait normal, but asking for rehab.”

A long note from social work: “Scared, resilient, asked about shelters outside of state to avoid ex-boyfriend and family. Will discuss discharge situation with team.”

The discharge paperwork: “Discharge: acute rehab.”

And finally, an admission note from rehab: “Cooperative with full motor. Monitor for slight muscle weakness of lower limbs for two weeks.”

I wonder what rehab really thought when Persephone, a perfectly healthy 27-year-old with no motor deficits, showed up to intensive physical rehab, and what she said to them to let her stay. I deleted her off my list of patients and added a 65-year-old man with Alzheimer’s. It made me think.

In medicine, we rely on patients to tell us the truth about their symptoms, and we rely on the collective truth of scientific knowledge to guide us in how to treat those symptoms. But what about the lies for survival, the grey decisions not quantifiable by clinical research? I hoped that two weeks would be enough time.

Dee Luo is a fourth year medical student at the Zucker School of Medicine. She enjoys writing literary fiction and speculative sci-fi in her spare time.

Purple Majesty

BARBARA MORAN

I was inspired to put this collage together as I continue to highlight my love of photography. Purple majesty symbolizes beauty and unity. Inspired by the song "America the Beautiful", this candid photograph captured the essence of beauty.

Barbara Moran is a facilities manager at the Zucker School of Medicine.

The Instrument of Listening

Long, long ago, doctors pressed an ear
flush against a patient's bare back
to auscultate air flow through the lungs.

Then they used carved trumpets
made of wood, paying homage
to the symphony of our hearts.

Now plastic earpieces conduct
visceral whispers, wafting
along my auditory canal.

Ask for the story, I try to
remind myself
as I win RVU prizes,
clicking through the EHR arcade.

Joseph Weiner, MD, PhD, is an Associate Professor of clinical psychiatry, medicine and science education at the Zucker School of Medicine. He has published creative nonfiction in the Journal of the American Medical Association (JAMA) and Patient Education and Counseling. He has returned to school at age 64, working on his MFA in creative writing and literature at Stony Brook Southampton.

On Simone Biles, mental health, and “choking” in sports

I volunteered as a crisis counselor for the Crisis Text Line when I was in the PhD portion of my MD/PhD program. During my early-morning shifts, I noticed that many texters reach out to the hotline an hour or two past midnight but do not hear back immediately. This is because the Crisis Text Line does not have enough volunteers during the night. When a texter responded to my belated reply, I wondered what they had been doing in the meantime. They had waited hours to find relief by talking to a stranger because they were alone. Maybe not physically, but psychologically, isolated.

In an unfamiliar country, in the midst of a pandemic, it was announced that Simone Biles would be stepping away from Olympic competition due to a mental health issue. Whatever Simone Biles had been going through culminated in a decision to do what was best for herself and for her teammates. I cannot imagine going through psychological distress while cameras broadcast your every move to the world. She could not retreat to the locker room and call those who know her best, like I did the night before I took the MCAT. Perhaps she could have cried, yelled, or thrown equipment on the ground, but she’s a black woman in a sport that has only recently celebrated her strength and not just her flexibility, artistry, and smile after a perfect landing. What did not make sense for us watching the TV made sense for Biles on the other end of the camera.

For those of us who have played team sports and watched it regularly, what Simone Biles did was disorienting. How could she let down her teammates? Isn’t she the “greatest of all time (GOAT)?” That these thoughts ran through my head revealed assumptions that others and I shared about the illustrious title of “GOAT.” Many were quick to defend her status as the GOAT and praise her “strength,” but I think this ignores the broader picture—not because they were wrong but because of what they omitted.

Simone Biles is undoubtedly the GOAT, but can she be a GOAT who is “as normal as possible?” [1]. Isn’t it an oxymoron? “Greatest of all time” means that one is at least three, more likely four, standard deviations better than an average athlete in their sport. One mistake is enough to bring someone down from the 4th (>99.9%) to 3rd (>99.7%) standard deviation above the norm. All of us, including Biles herself, expected her to be abnormal and perfect.

When Biles choked, because we considered it inconceivable, we did not acknowledge it for what it was: a weakness in the mental component of her game. Zach Lowe, an NBA writer, constantly brings up the "stain" of the 2011 NBA Finals in the Michael Jordan vs. Lebron James debate on who is the NBA's GOAT [2]. James choked because he "lost his composure and could not perform effectively" [3]. Looking back, James might have had a crisis similar to what Biles experienced [4]. He had gone through a difficult season, and he let the pressure of his first finals as the favorite affect him after one or two bad games. No one retroactively excuses James for playing poorly in 2011 because he has since addressed his lack of "mental fitness" (ibid). I would like to believe that Biles had practiced the mental component of gymnastics as much as the physical component. But athletes' mental preparation occasionally fails them, and when we only see their failures, we cannot help but wonder whether the best of the best had done enough.

There are two key differences between what happened with James in 2011 and Biles in 2021 besides the former's unpopularity at the time. As many have noted, Biles could not similarly go through the motions as James did. A basketball player is not half-way into his spin in the air with his head pointing at the ground when he is "choking." Biles protected herself out of necessity as she dealt with the "twisties." In addition, Biles spoke about feeling the burden of being the "head star of the Olympics" and living up to the world's expectations before her withdrawal [5], so we have had more context and room for sympathy.

Depression and/or anxiety are not an abnormal part of the human experience, but some of us have a higher risk of experiencing depression and/or anxiety that impairs our day-to-day functioning. Many superstar athletes probably belong in the high-risk category. We forget that even a pathological competitor like Jordan retired the first time in light of his father's death and mounting expectations for him as a player and celebrity. We should be thankful that Biles has never been afraid to share her weakness instead of hiding from the public. If she was feeling alone and isolated, she no longer is. Her courage to protect herself has revealed that we are more ready than ever to not only accept but also encourage a normal GOAT.

[1] https://www.nytimes.com/2021/07/04/opinion/simone-biles-gymnastics.html
[2] https://www.espn.com/nba/story/_/id/30070633/lebron-james-vs-michael-jordan-why-goat-debate-different-now
[3] https://www.merriam-webster.com/dictionary/choke
[4] https://www.slamonline.com/nba/i-lost-my-love-for-the-game-lebron-reflects-on-2011-finals-loss/
[5] https://www.nbcnews.com/news/olympics/we-re-human-too-simone-biles-highlights-importance-mental-health-n1275224

John Eun is a third year medical student and MD/PhD candidate at the Zucker School of Medicine and is back in the wards this year. He hopes to become a psychiatrist.

Escape to Olympus

CHRIS GASPARIS

Chris Gasparis is a first year medical student at the Zucker School of Medicine. He enjoys hiking in his free time and took this photo during a hiking trip in Olympic National Park in Washington.

The MVP

My co-resident, workout partner, and friend passed away after a challenging fight against breast cancer. She impacted me for the better. As I cope with her death, I reflect on her life and the ways that she impacted mine.

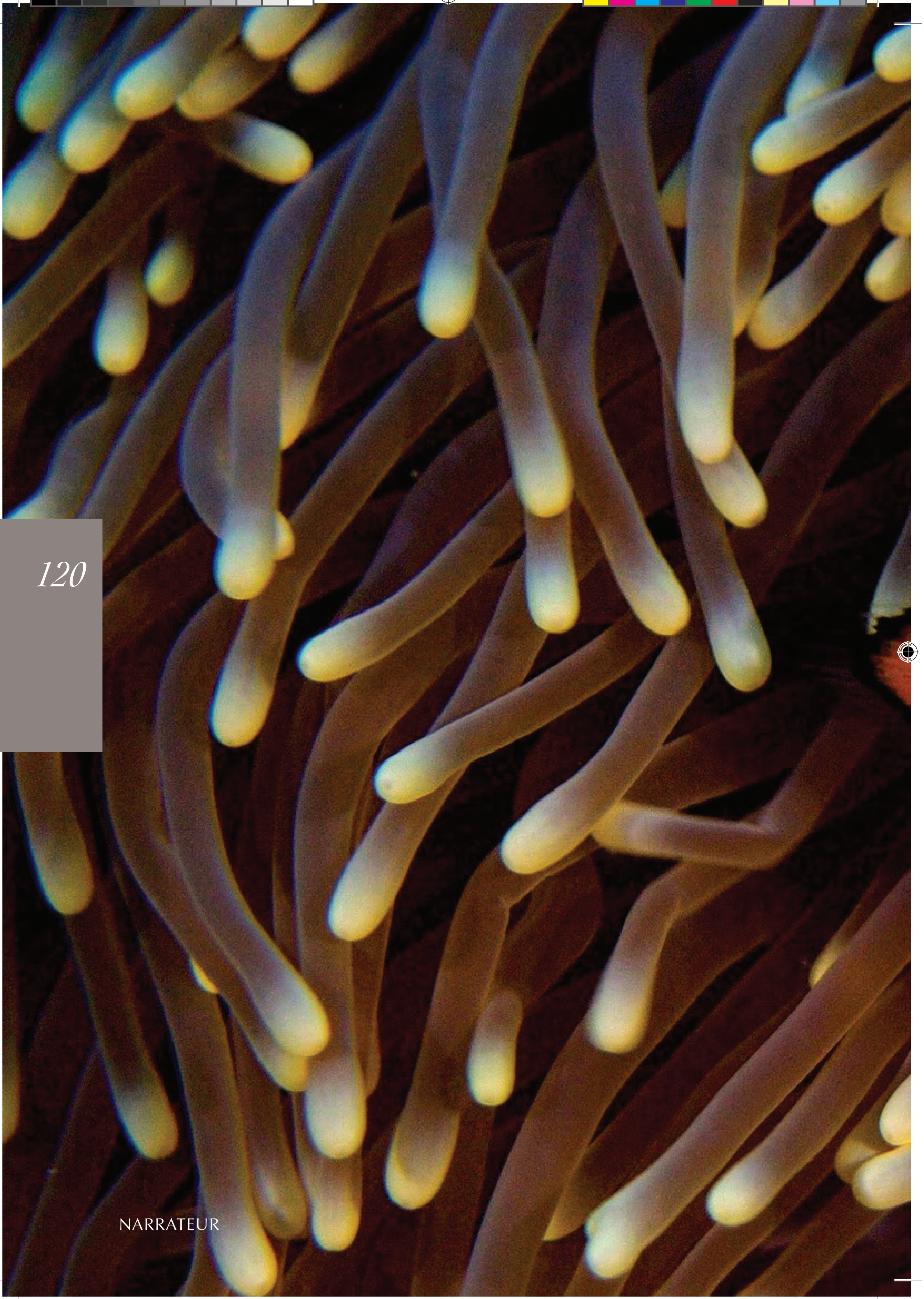
Early on in our relationship, we bonded over our mutual love of exercise. We brought our barbell, speakers, and obnoxious energy to a variety of parks around Long Island and Queens. She was an amazing CrossFit partner and coach. She helped me with my form, and we pushed each other to do our best. While I was physically tired after our workouts, I was always recharged by being around her. Her positive energy and smile were contagious. One day we attended a CrossFit class together. We sprinted, squatted, and sweated profusely in the late afternoon sun. Ever the competitive spirit, she enjoyed the challenge of surpassing others in the class, and she modified the workout to make it more difficult. At the end of class, we gave each other a fist pump to acknowledge our efforts. “It wasn’t hard enough,” she said, nonchalantly. I chuckled, inspired by her athleticism once again. She was both physically and emotionally strong, and the skills and stamina that she developed in CrossFit translated into other elements of her life.

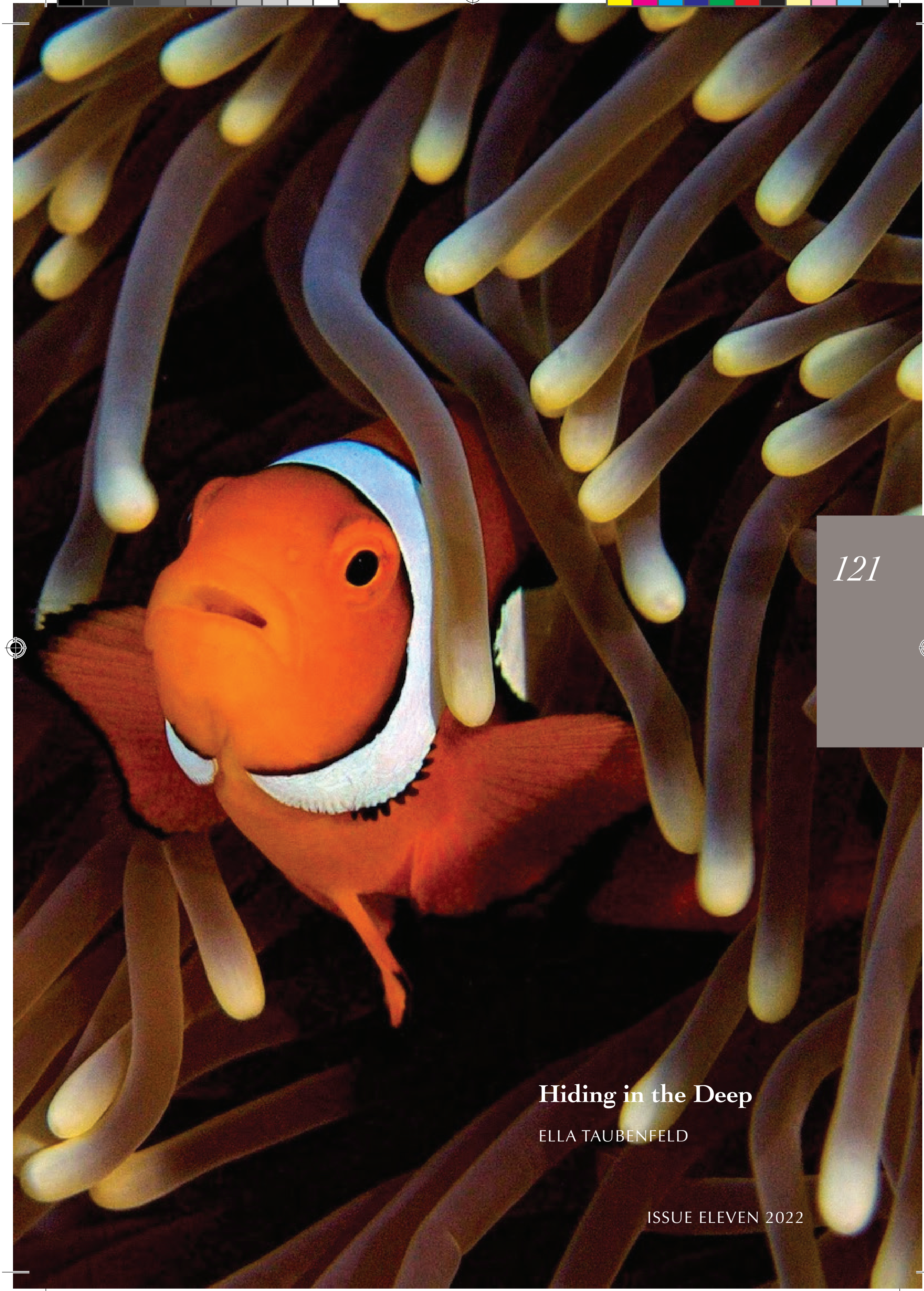
For instance, my friend was a team-player. She was quick to give critiques, pep-talks, high-fives, and smiles. She was intent on making me a better athlete while encouraging me in a way many others had not. She was the most valuable player, carrying our informal team of two to success time and again. Her dedication to her professional team was equally inspiring. Despite moving away during her illness, she stayed connected to our community; she kept her head in the game. She visited us and reconnected with residents who visited her hometown. She acknowledged our wins as her own. She constantly updated her family about our cases, our accomplishments, and our lives. At her wake, she wore her white coat, stethoscope, and residency badge. Despite becoming a patient herself, she never lost sight of her role as an integral part in our residency team.

Another skill of CrossFit is to give it your all. My friend embodied this ethos as a powerful athlete - she acknowledged that, little by little, she'd get stronger. By putting in more reps, she'd build up stamina and strength. Her approach to cancer was no different. She learned how to fight; it was rough from the beginning, and the challenges piled up. From chemotherapy to surgery to radiation, she took on struggles in stride. She was vulnerable with me, and I was truly shattered by the physical and emotional suffering that my friend had to endure. Even in her most vulnerable state, she was dedicated to getting past the challenges. She had so much to live for; she was eager to once again be an athlete and a doctor. While in hospice, she stayed alive longer than anticipated. Her family and the doctors were only partially surprised. They all knew that she was a fighter, pushing the boundaries in yet another element of her life. Finally, her family encouraged her to let go, and she did. Her life ended and the suffering was over, but our memories of her will live on.

My relationship with my friend changed over time and with distance. Initially she was my role model for fitness. Through the deep discussions we had during her illness, she helped me to learn, grow, and gain perspective. She taught me how to be more empathetic with my patients, more vulnerable with my friends, and more dedicated to the things that are worth fighting for. She taught me how to see my career as a privilege, despite the more frustrating and exhausting days that accompany a career in medicine. I was humbled and grounded by my friend's excitement to return to medicine, which was her calling to help people in need. My friend's dedication to her career as well as her community of family and friends kept her going for so long. I lost my MVP, someone truly irreplaceable. However, I know that she's given me the strength to face so many challenges: with the challenge of her loss, a career in medicine, and the search for my own purpose in life.

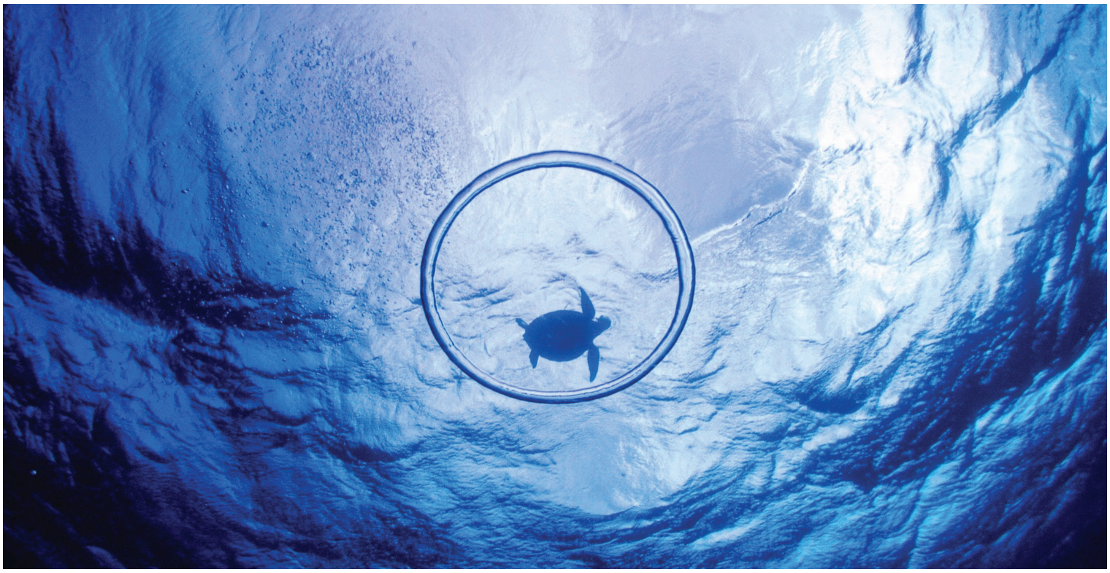
Deanna Margius is a second year resident in emergency medicine at Northwell Health.

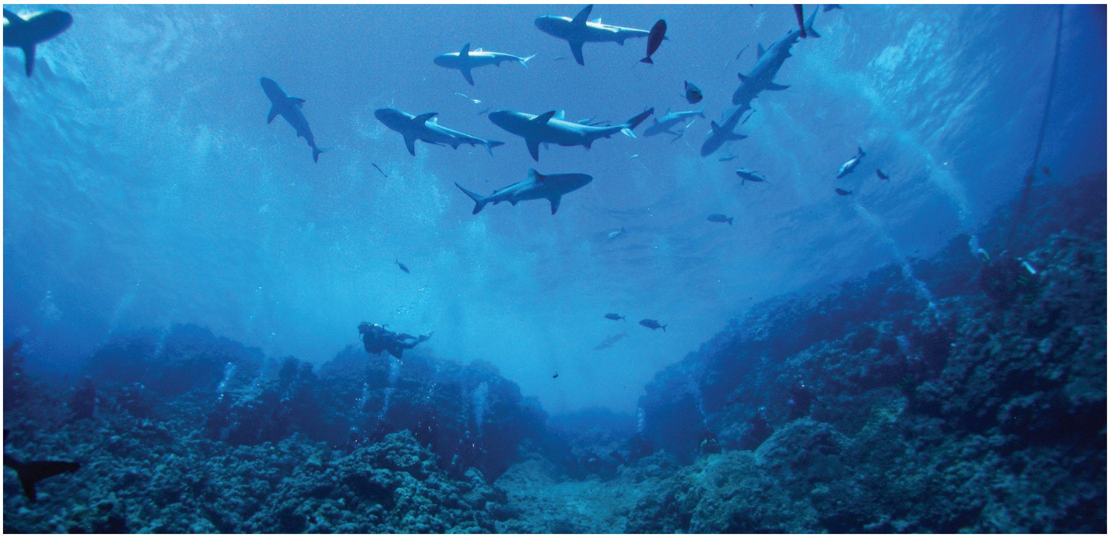




Hiding in the Deep

ELLA TAUBENFELD



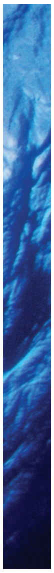


Hiding in the Deep

ELLA TAUBENFELD

These photos are a selection of some of the creatures I saw while SCUBA diving in the Great Barrier Reef in 2018. Although not directly related to healthcare, I find that SCUBA and the appreciation of the underwater can be incredibly healing. When you are weightless with only the sound of your breathing, everything else just fades away.

Ella Taubenfeld is a second year medical student at the Zucker School of Medicine and an avid SCUBA diver. She first began diving at 9 years old and has dove around the world in Florida, Belize, Cozumel, Australia, and more. She also enjoys baking, yoga, and spending time with dogs.



Under the Wave

When it began I remember it sweeping us up.

I couldn’t feel the bottom anymore and started to panic.

But looking around me I saw others treading the wave, and together we began to swim in these new waters.

Donning our masks, gloves, goggles, gowns we didn’t recognize each other but we worked side by side.

I felt anonymous and removed like a scuba diver floating through this new underwater world. Occasionally coming up for air, removing the mask and breathing free.

Waiting for Noah’s crow to return with a sprig of green, waiting for the waters to recede.

Eva Turel is a palliative care Clinical Nurse Specialist at Glen Cove Hospital, Northwell Health. Getting outside to walk or hike helps her clear her head and to see the beauty around her.

New Day

ISHI ARON

The sun breaking through the gray clouds with such intensity and vigor, lighting the path in front, reminds me that there is always a new day to look forward to.

Ishi Aron is a second year medical student at the Zucker School of Medicine. She served as a co-editor-in-chief of this year's *Narrateur*.

Remember

Remember that walk we took together, you and I?

Remember how you held my hand through the brambles and the thorns,
the thickened thatch and
the heavy weeds?

Remember how we navigated stormy nights and rough seas,
and gazed upon the burning orange of dawn?

Remember how I waxed under your wing,
learning how to hoist my own sail,
and set my own course?

Remember that walk we took together, you and I?

Remember how your hand grew cold in mine
as you pushed me through the brambles and the thorns,
the thickened thatch and
the heavy weeds?

Remember how, alone, I faced the stormy nights and rough seas,
and woke upon a reddened dawn?

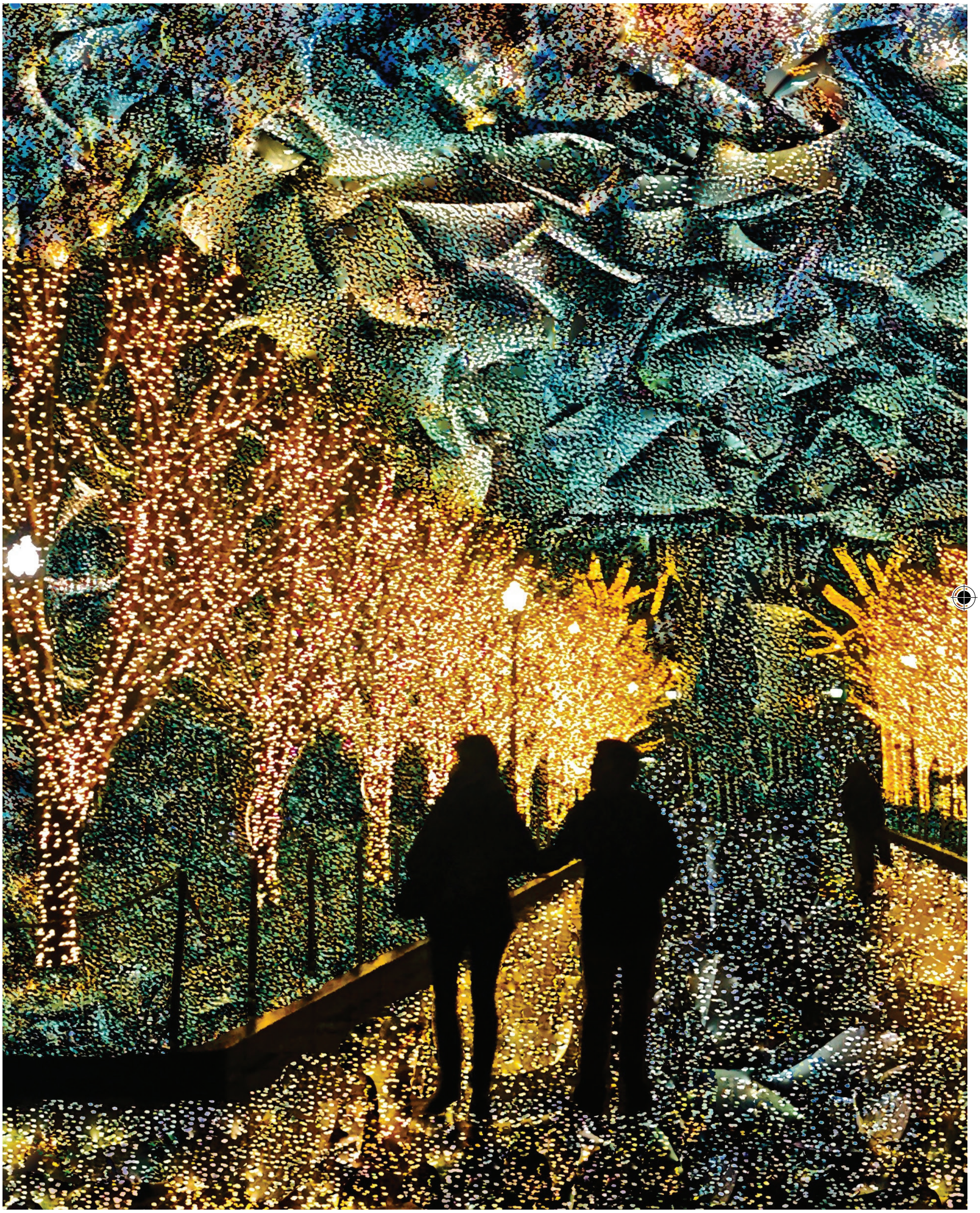
Remember how I grew strong;
hoisting my own sail,
and setting my own course?

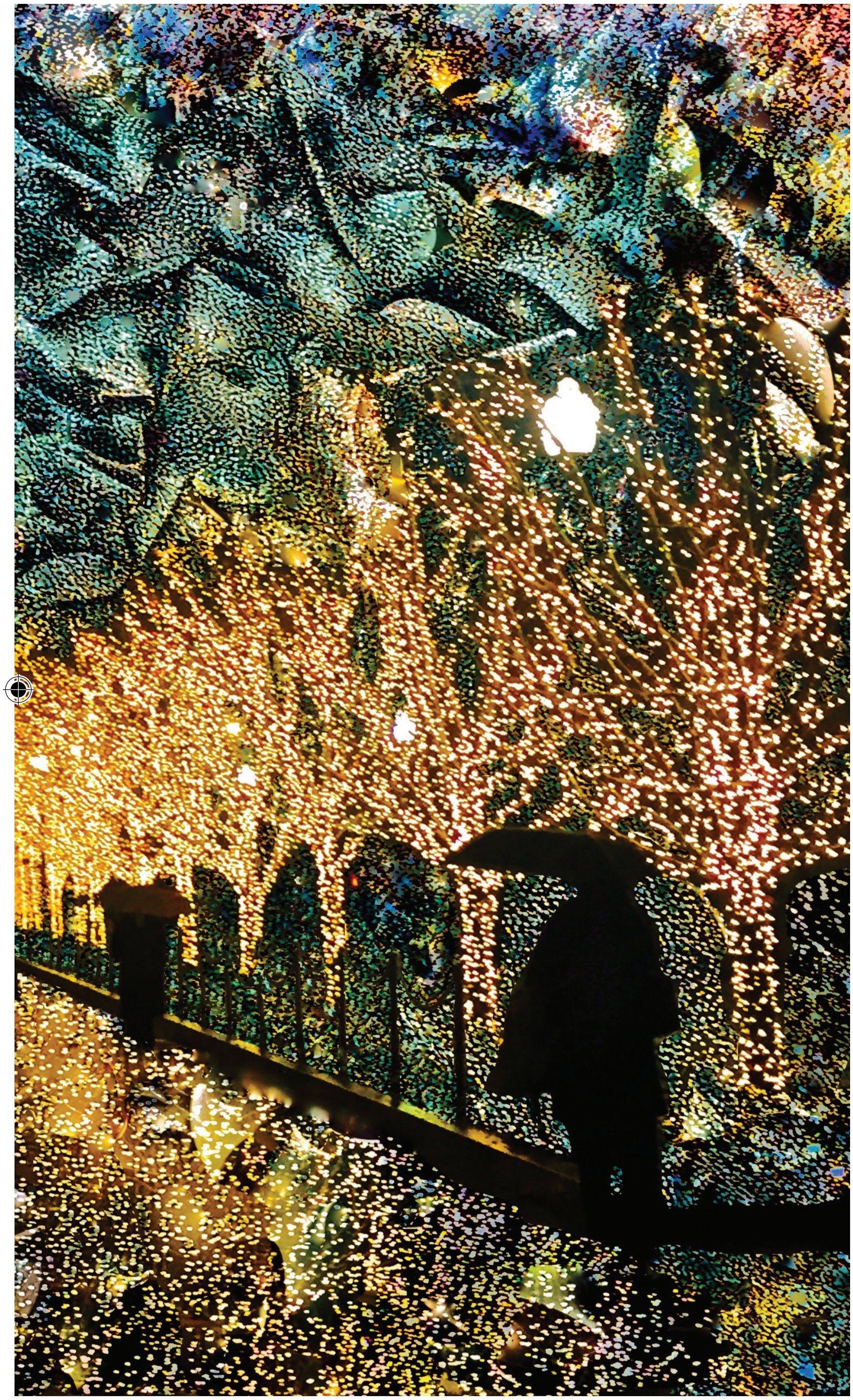
Remember that walk we took together, you and I?

Remember how your hand exited mine, and I ran through the brambles
and the thorns,
the thickened thatch and
the heavy weeds;
how I navigated through the stormy nights and rough seas,
and rose to see the golden rays of dawn,
my sail hoisted,
my new course set…
Remember?

Because I will never forget!

Jean O'Connor MSN, RN, CPAN is a skills simulation coordinator focused on fundamentals of nursing education and preparation of nursing graduates seeking bedside nursing careers.





Trees of Light, and Life

DEEPTI VARATHAN

In this piece, I used the lights to make everything as luminescent, blinding, and overwhelming as the lighted trees. So much so, that the objects that stand out are in complete darkness-- the people. It is meant to be a reminder that not only is there beauty in simple things, but also in the everyday interactions of people that you may never know, may know for a while (such as a patient), or may become extremely important to you.

Deepti Varathan is a second year medical student at the Zucker School of Medicine who has always had a passion for the creative: reading, writing, photography, singing, drawing, painting, you name it. She served as a co-editor-in-chief of this year's *Narrateur*.

Submissions

Narrateur, Reflections on Caring is published by the the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell. This art & literary journal seeks to publish high-quality work that reflects experiences in the practice of medicine and the learning that takes place along the road to taking care of patients. Themes 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 students, faculty and staff as well as employees of Northwell Health and Hofstra University. For more information on submission guidelines, visit our web site at wwww.narrateur.org or contact us at som.narrateur@pride.hofstra.edu.

Special thanks to
Dean Dr. Lawrence Smith
for having the vision
to start *Narrateur*
11 years ago

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