This past weekend, my cousin graduated from my alma mater, Rice University. As I cheered on my cousin and her classmates walking the stage, it brought me back to my precious time at Rice merely four years ago. Like many other college students, I had grappled for the first time with the age-old dilemmas of identity, purpose, and relationships. Such formative experiences had impressed upon me the need to process everything that was happening around me. And this awakened my passion for writing.

It's now been over a year since I've felt inspired to put pen to paper. I have found myself at the end of medical school, far removed from those earlier sentimental days of writing and creating. Instead, like many of my classmates, my mind has for the better part of a year been pre-occupied with the stress of matching into residency. At the same time, I wanted to make the most of my fourth year as it's known for its exorbitant amount of free time. It seemed like all at once my attention was pulled in so many different directions and as a result, I relegated my writing to the sidelines.

As I stood in the blistering Houston heat looking out across the field of fresh graduates at Rice, I was reminded of why I chose to write. Reflecting on my life through writing has allowed me to live my life more fully. When I began to discover the extraordinary in the seemingly ordinary, I realized that a full life is abundant everywhere. It's only a matter of stepping back long enough to recognize it. We won't always have the time to create art. But when we do, we shouldn't shy away from it. Our life experiences matter deeply and, in turn, so should our artistic expression.

In the same spirit, Omentum has always sought to use art to provide a space for reflection, restoration, and reconnection. This publication would not have been possible without the support of our faculty advisory board, student affairs deans, and the office of professionalism. I personally want to commend each person who submitted to our publication for daring not only to create but also to live. Thank you for allowing us to be a part of your journey. We hope you enjoy this second volume of Omentum, Baylor College of Medicine's Literary and Arts Review.

-- Kevin Z. Jiang
guidelines for submissions

This annual publication features original poetry, prose, visual art, music, and multimedia from current members and alumni of the Texas Medical Center.

Submissions should connect to the healthcare experience in some way.

The confidentiality of information related to any patient or patient encounter is an ethical and legal obligation of all health care providers, and this publication seeks to uphold those same standards. Therefore, submissions that contain PHI or identify another individual will not be published unless signed permission is included. In addition to written details, this includes artwork and photography that could reasonably identify an individual.

Contact: omentum.editors@bcm.edu
1 Baylor Plaza, Houston, TX 77030
Through my canvas painting, titled *Visualizing Medicine*, I have highlighted different organs coming out of a textbook, symbolizing the experience of a learner as they try to take medical knowledge outside the covers of a book and apply it to real world scenarios. The swirls in the background represent the idea that this knowledge is intertwined, and that this integration is key in understanding medicine. Academic medicine is the true intersection of knowledge and clinical practice.

Pranali Kamat is a 4th year medical student at McGovern Medical School. She went to undergrad at UT Dallas, where she majored in Neuroscience and minored in Performing Arts. Aside from her passion for medicine, she enjoys acrylic canvas painting, acting and improvisation, running, and exploring Houston with family and friends.
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all audio & video pieces are available at bcm.edu/omentum
A Study in Cadavers // Ashlyn Huang

Studies suggest a universal truth:
we try to protect us from ourselves.
Mucus and fluid swell up our insides
the way a drowning man
will gasp for air.
---
Academics recommend the opened body
as the most effective demonstration
of universal truths.
He will hand you a blade
And ask you to uncover a galaxy.

There is hesitance before
the first drag of blade on skin.

The body, opened, turns out,
is not the universe you seek
but a grocery store discount display of unwanted fruit:
a heart too big, a liver too stiff,
a brain sliced and preservative-stained like a Rorschach test,

He asks what you see and you say:
“too much, not enough”
---
He won't hear you over the manic
whirl of a bone saw.
There is no hesitance here,
breaking through ribcage.
Your mucus ensnares fluid particles of the body.
You gasp him into your lungs,
drowning.
---
The professional recommends intellectual closeness
and emotional distance.
This is how we protect us from ourselves.
So the body has no name,
the nail polish has no meaning,
the tattoos have no story.

Studies suggest otherwise and point to
the scarred myocardium,
the abdominal sutures,
and say, “this is his story, this is how we understand.”
Pins and thread trace nerves to ganglia,
tendons to muscles to aponeuroses,
arteries to arterioles to anastomoses,
like connect the dots.

You begin piecing together cause and effect
cause effect cause effect
until it is all that’s left.

And when you return his body to him
and he asks what you understand now,
say: “too much, not enough”.

You can write an afterword,
cut out the rest of the pages.

---

Ashlyn Huang is a third year medical student at McGovern Medical School whose life outside medical school mainly involves writing, painting, and watching bad TV dramas. She finds inspiration for poetry in medicine and vice versa.
I was sitting
at the orange tree
when the orange fell.
It was unripe.
Pale, premature, small, inanimate
when it broke its life-sustaining ties.
Falling brutally,
the ground beating him,
Leaving bruises irreparable.
He laid there, fresh juices
bleeding before the rotting began.
All while
I was sitting.

“The Orange Tree” is a poem inspired by a series of interviews with my grandfather Nguyễn Tiến Dy, who was a frontline surgeon in The Republic of Vietnam Military Forces during the Vietnam War.

Summer Nguyen is a junior at Rice University studying English and Medical Humanities. Her work primarily focuses on excavating relationships within medicine in order to define emotional experiences.
Pain is most of what I remember from the year I turned 15. The injury I had sustained laid waste to my neurologic connections and disrupted the mental processes that allowed me to function normally. As the cells in my brain struggled to rebuild the pathways and my neurons reached out to each other, I suffered.

Pain is most of what I remember, but it is not all that I remember. At times I think of the cool touch of my mother’s hand as she brushed my hair or wiped away the tears from my face. As I drink a hot beverage, I am reminded of my mother brewing me a cup of herbal tea, one of the few things I was willing to consume at the time. Listening for my name to be called at the doctor’s office brings me back to the hours I spent next to my father in medical clinic waiting rooms. His comforting hand on mine lessened the fear I felt.

My medical crisis occurred at a time of transition in my life where I had just begun to regard my parents as individuals, as friends, instead of simply Mom and Dad. My inability to care for myself in even the simplest ways required their near-constant attention. Despite the agony that this year brought to my family, I grew closer to my parents in a beautifully unique way that I may not have otherwise. I will never forget my mother taking time from her many other responsibilities to drive me through the country just so I could take in a view that was not the inside of our house. My father fought for me to receive the best medical care possible at every appointment I had and surprised me with soup from my favorite restaurant on his way home from work for lunch. I lost so much throughout this time, but I also learned more than I can say. I gained a sense of just how far my parents’ love will go. Our relationship deepened during this time and I consider my parents to be some of my dearest friends. I will carry these lessons with me for the rest of my life.

In this essay I reflect on how my relationship changed with my parents through a difficult time in our lives. When I suffered a severe medical crisis in high school, we had to learn to navigate a new normal and many years later, I am still in awe of the sacrifices my parents made to do everything they could to help me heal.

Malia Bauder is a current second-year student in the Baylor College of Medicine Genetic Counseling Program. She is originally from Oregon and hopes to return to the Pacific Northwest to practice as a genetic counselor after her graduation in spring of 2022. In this short essay she considers the impact of her traumatic brain injuries as an adolescent.
Meminisse // Ozlem Sert
In the gyri of the brain, Ozlem sees more complexity than just simple folds, so she reflected her vision and took inspiration from the work of Leonardo da Vinci to create a watercolor painting that she burned to create a faux-antique vibe.

Ozlem Sert is a fourth-year Developmental Biology Ph.D. candidate at Baylor College of Medicine in a neuroscience laboratory. In addition to her recent studies in neuroscience, she has always been fascinated by the complex beauty of the brain. Her art also follows her admiration for the brain and the elegant human body.
Tick Tock // Kush Maheshwari

A patient trembling in septic shock,
Alas, why is everyone so concerned with the clock,

What is time but just a construct,
A watch that runs out of power gets stuck,
Yet life goes on, and so do moments that make us think of luck

Faster and faster, we go,
Chasing places, and aspiring to be like people we don't know,
But a seed who searches in vain for the most fertile ground,
If he ever finds it, once he has it all, would he really settle down?

In the pursuit of what we seek,
We forget whom we are,
And even when life gives us one chance,
We are slaves to the ever-present tick tock of the ominous hands

But clocks aren't the only ones with hands,
It seems with our palms, we can change the time of sands
Why is it we think that to go against the grain
Is a surefire way to get slain?
In fact, without a challenge, this life would be quite in vain

They say power is limitless,
And the proof is in the pain,
I think that's fear talking in disdain
Look at all that has been done with this brain

Thoreau built a cabin in Walden Pond,
And was labeled as nothing more than some vagabond
Why today do we read his works and marvel at his simple pleasure?
Why can't we ever find the treasure?
What went wrong?
We keep listening and listening to other confused souls sing their own confusing songs

Searching, searching and searching,
I guess that's why it's called research,
But the true answers always come first,
Independent of any volition or thirst,
Regarding knowledge we have no dearth,
Buried under the world we create is earth
To my fellow humans,

Next to the fire by the hearth,

Is not the only place to find warmth

As sure as a P wave on an EKG,

The initial depolarization of yourself, will show you what life could be

To the wind throw your hatred and enmity!

Live in the life you want, and your myopia will cease!

It’s been said time and time again, but don’t miss the forest for the trees!

And so, one day when it’s you in that hospital bed,

You won’t be thinking of what will happen when you’re dead,

Or succumb to the tick tock on the wall forecasting your life’s end,

Nay, you will only be proud of what a wonderful life you have led.

*Often we get so caught up in the concept of time, we forget that behind this human construct is the life we are supposed to live.*

*Kush Maheshwari is a second-year medical student at Baylor College of Medicine. He feels often, in medicine and in life, that the expression of humanity is what transforms patient care from a career into an art. He hopes his words remind others that life is beautiful and inspire them to spread joy.*
Montana, briefly // Madeline Chaput

The birch leaves glow goldenrod
Lit through like stained glass
A smoke-crossed whisper of wind
Unravels a strand of my hair

I cast my line across the river
And watch closely as it drifts

One thousand seven hundred twenty miles away
There’s some body waiting for me
Enveloped by azure plastic and stainless steel
Artificial entropy on pause

The line tugs
And my brachioradialis reacts

On a long weekend break after Term 1 finals, I visited my brother who works as a fly fishing guide in Montana.

Madeline Chaput is an MS1 at Baylor College of Medicine. She attended Trinity University, where she majored in History and German Studies. In her incredibly abundant free time, she likes to read, sew, and plan her next escape from Houston.
The world feels so so cold
The world feels so so warm

I still cannot believe it
This is unbelievable

What else could I have done
I did everything I could have

I begin to regret every memory that we did not make
I begin to think about every memory you will get to make

Sorrowful tears filled with regret roll down my cheek
Joyful tears filled with thankfulness roll down my cheek

My stumbling shuffle as I tremble while they tell me
My stumbling sprint as I run to break the news to them

The words they speak are not what I wanted to hear
The words I speak are what they needed to hear
As I hold their hand for one last time
As I hold their hand for one last time

I said my last goodbye for good
I said my last goodbye for now

And they pass on to inspire me
And they walk out to inspire others

This poem is a reflection of my feelings and experiences working with Child Life services. Getting to see the intense feelings and day-to-day struggles of the patients gave me a closer look at the emotional aspects of medicine. It's difficult to process the loss of someone you saw nearly every day, yet there are also good times when a child is able to overcome cancer and is able to live their life.

Zachary Sandoval is an MS2 at Baylor College of Medicine. He likes writing about his experiences working with Child Life specialists, physician mentors, and, most importantly, pediatric patients.
Flourishing Brain // Sophia Huang
With this watercolor piece, I intended to explore the flourishing human brain and the mysteries that it holds.

Sophia Huang is a medical student and artist who enjoys exploring the intersection of medicine and humanity through art. Historically, she has preferred pencil and acrylic paint as her medium of choice, but lately has picked up watercolor due to its more lighthearted nature that lends to letting go of perfectionist trends.
Yuan Fen // Kevin Jiang

No? You don’t approve? She’s just “not right” for me?

I couldn’t believe what I was hearing. This wasn’t meant to be difficult. I was ready. Ready to marry the love of my life. My parents should’ve been happy for me. Simple as that. The thought of their denying what was supposed to be a filial courtesy was beyond me. All those years of being the model Chinese son listening to their guidance. Never smoked or drank. Stayed close to home for college. Went to medical school. And not one conceivable reason to think I couldn’t be trusted. Of course they don’t trust me. They never understood.

Oh how nice it would’ve been to grow up with my friends’ parents I’d hear so much about. The ones who always said yes to you. The ones who lavishly gave out verbal “I love you’s.” The ones with whom you feel comfortable sharing your deepest emotions because they’ll always be there to say, “It’s ok, son.” Me, a mama’s boy? I wish. If only I had a sibling. Like the older brother figure you’d see in books and movies. The one who’d have your back whenever people picked on you at school. He’d comfort you with some words of wisdom about how life was so much bigger than what happened within these hallways. Or something like that.

Sometimes, when I step out of the shower dripping in water and brace myself for the blast of cool air, I become acutely aware of my solitude. The cold often has a way of making you introspective that is both exaggerated and unavoidable. The future seems to flash before my eyes. My isolation extrapolated to eternity. Just as hell is complete separation from God, so in the dark spiral of my inner thoughts my life felt divorced from true companionship.

My favorite shows gave me hope. I’d see the best of friends go on daring adventures together. Or elementary school sweethearts marry each other and raise a family. I’d see it in real life when my friends started dating, and in college, I found brothers for life. But there was still something left to be desired. A bond that could only be forged between two people in love.

Date after date, I never quite found it. Until I met her. She was a friend of a friend. That’s how these things usually started. An introduction. Her number. The ask. Our first date was at the zoo. My go-to move, honestly. She was a bit shy, though. Flirty banter can only get you so far. The lulls in conversation made me feel nervous. The subsequent need to fill them with empty phrases incompetent. How’s your week been? Give me something. Anything. You’re just hoping for that one topic to salvage the date before it reaches the point of no return. But things are always much clearer in retrospect. There was something captivating about her. So we continued texting. Went on some more dates. And I waited. Something always goes wrong. And I kept waiting.
Not every relationship has that moment of singular clarity where its hopeful outlook becomes a fated reality. But somehow mine did a few months in. It was nighttime. The 47-degree cool wind gently brushed our faces as we looked onto the shimmering surface of the lake. Just cold enough that even bundled up in layers, we had to huddle together for warmth. The campfire crackled in the center. We're roasting marshmallows. But I'm not paying any attention. I'm rambling, jumping from topic to topic. She keeps up, responding in stride. She stands up to stretch her legs. I look up as she turns back. Her lower eyelids raise just enough to scrunch up the area of skin below. My eyes are locked onto hers but I can tell she's smiling. And for a split second, there's a glimmer in the corners of her pupils that seem to beckon me into the depths of her soul. Wow. We could actually work out. This was it. Something I never knew I was searching for my entire life. This feeling of deep connection which the breadth of human language could not fully encapsulate. In Chinese, we would call this Yuan Fen.

My dad taught me this word, actually. And many others, too. He always said that it was his responsibility as a Mandarin-speaking parent to teach his son Mandarin. I remember the long nights agonizing over my Chinese homework. Looking up translations and then looking up the translations for those translations. None of the other kids had to do it, so why did I? One time, I was fed up and had the courage to say I didn't want to learn Chinese. It's useless and boring. All you do is get mad at me if I don't understand. To which my dad replied, if all you remember are the times I get mad at you, then I've failed in my duty as a parent.

His favorite book was the classic “A Dream of Red Mansions.” My dad always wished I could one day read it in the original Chinese. Apparently, it was the best illustration of true Chinese culture. The story detailed the intertwining lives of two predestined lovers and their journey together in the face of opposing forces. This was where I first learned about Yuan Fen.

Perhaps learning Chinese wasn't useless after all. Perhaps my parents tried to understand me. But I never gave them the chance. Perhaps it was I who had failed in my duty as a son. To honor my parents. To remember what they could do for me rather than what they couldn't. To remember that for better or for worse, but mostly better, I'm a product of their love. You often hear how part of growing up is learning to deal with the relationships you're born into. So what does one do when the family that has built you seems to clash with the family you want to build?

Ok, Mom. Dad. I love you both. Let's talk about this.

Yuan Fen, a purely fictional story, portrays the struggles of loneliness and love in the context of difficult family relationships. But at the end of the day, family has always been there for us and we should seek to understand them better in order to love them better.

Kevin Jiang is a fourth-year medical student at Baylor College of Medicine applying to diagnostic radiology. He graduated from Rice University in 2018 with a major in Mathematical Economic Analysis. Outside of writing short stories, his other passions include powerlifting, basketball, and anything involving good food!
To the Ones Who Pieced Me Together When My Hair Fell Out // Nicole Yeung

It started with one strand then another then another.
When everyone said, “It’s just hair,”
You didn’t toss me a false lifesaver and tell me it would be okay

Because you knew.

You knew school and grades were important to me. You urged me to see a specialist. “My schedule is full” but you kept pushing me.

Because you knew.

Alopecia areata and autoimmune.
Suddenly, I was a patient.
I hadn’t learned about dermatological diseases yet. I knew so little.

But you knew.

I was losing control.
Pretty soon, I would be bald.
“This isn’t who I am” is what I kept repeating.

And you knew.

In the valley of despair, I fought to feel like myself again.

During the day, I fell behind in classes.
During the night, I spent more time crying than studying.

And somehow, you knew.
You knew to cook for me.
You knew to tell me jokes in the morning.
You knew to encourage me to work out even when I didn't want to.
You knew to send me notes from lectures that I missed.
You knew to wait for me to return.
You knew that I would be the same person even without all my hair.

When I came back, time moved more slowly and with purpose.
My hair loss reminded me of all the things you knew about me.
And those were the things that defined who I was.
But of course, you already knew that.

This is a poem about my personal experience with hair loss and the subtle, yet impactful, support that I received from my classmates, friends, and partner during PA school. Grieving my diagnosis and becoming a patient helped open my eyes to the other side of healthcare—the side that our patients often experience.

Nicole Yeung is a first year Physician Assistant student at Baylor College of Medicine. Prior to starting school, she worked as a clinical dietitian. In her free time, she enjoys expanding her hat collection and taking long walks in the park.
I meet you on a humid day in July.
The heat is unbearable and like it, your pain comes in waves, each greater than the last.

You demand answers to questions you’ve had for weeks and months and Nothing but more equivocation until finally --

You have miscarried. You have an infection that rages within you. You are no longer in control of what is happening in your body. And now you know Maybe you never were.

You said to me once.
   This is a lot.
   I need to rest.
   Just please.
   Let me rest.

There is a tube in your nose. You cannot eat without vomiting. You cannot rest on my watch.

Everything is always a negotiation between what you want and what we think you need. Somehow we always win.

Another patient once told me it is unnatural for a woman to be without her womb She bled to the point of transfusion every two weeks for forty-five years and Still She was not convinced taking out the damn thing was the solution.

I think of her when I look at you. Her regret a burden for which you do not hold space Her sentimentality a luxury you cannot afford
Because, in the end, you know what must be done.

Your life is worth more than your ability to bear children. 
I hope you know that just as I hope 

We never meet again.

A patient I met while I was on my Internal Medicine rotation, with a condition I hope to treat as an OB/GYN.

Navya Kumar is a third-year medical student at Baylor College of Medicine. An Austin native, she has been writing and performing poetry for as long as she can remember. She has performed in various events at Rice University, where she earned a B.A. in Sociology.
The Alchemist // Nicole Carrabba
This is a collection of photographs during my solo traveling trip to Indonesia, Israel, Jordan, Vietnam, and Cambodia. Solo traveling gave me a new lens of self-discovery and reconnection with nature. While cultures do vary greatly, I found many commonalities in humanity.

Nicole Carrabba is a third-year medical student that enjoys traveling and learning about other cultures. Her photographs allow her to connect deeper to the countries’ people and nature around her.
About an Australian Boy //
Michelle Schmidt

My phone rings. It’s the other side of the world. Perth, Australia. Grant and I have been FaceTiming each other about once a week for the past six and half years. The 13-hour time difference hasn’t impeded our communication. He usually calls when it’s his morning which is my evening. My family knows that this relationship is important to me, so they never begrudge me the phone call. Sometimes they joke that my Australian family is more important to me than them. Grant and I aren’t related, not by blood at least. He’s eight, and I’m 53. He’s my surrogate grandchild. We do art projects, play Harry Potter quizzes, and generally talk nonsense. Sometimes his youngest brother—Myles, age 4—will get on the phone. When Myles is in charge of the camera, it’s a challenge to my vestibular system as the screen pirouettes around the room. Bradley—the middle brother, age 7—isn’t much of a talker. But he always lurks in the background and is sure to offer his opinion if his brothers are wrong about something.

I cried when Lauren told me they were moving from Hatton St to Piney Point Village. I thought the distance between here and there, a mere 7-10 miles, was a world away. How could she move to Memorial? It seemed traitorous at best. She was pregnant with Bradley at the time. She and Grant would come over to the house every afternoon while she was waiting for Tim to come home. I think it was survival for her; if your husband wasn’t home till close to bedtime, you needed adult interaction. I remembered those days, counting down the hours till your little ones would go to bed. Grant and I would watch Sesame Street videos. Lauren would watch me do a terrible job parenting my newly adolescent children and never judge. Though she is more than a decade younger than me, she has a wisdom that few possess. One day, my then-13-year-old son, Evan, was texting me he was sick and needed to come home. I snapped. She talked me off the ledge. A few weeks later, we were getting pedicures, and she told me they had bought a house. I felt like she had punched me in the gut. How were we going to drink coffee, walk dogs, and help each other raise our children when she was no longer going to be two houses down from me?

The following week she told me they had to sell the new house. They hadn’t even sold the one they were living in, and now they had to sell two homes? Tim had been offered a position in Perth. I was elated. She didn’t understand. Perth was literally half a globe away. Piney Point was down the street. But Australia wasn’t desertion; it was an opportunity. I’ll never forget the first FaceTime conversation we had. They were in Dunsborough, WA, at a park, and there were cartoonishly large pelicans on the screen. And the birds in Australia tweet differently. And the sky was so blue. How could she be more than 10,000 miles away and yet seem like she was still right next door? The phone calls didn’t stop. She’d call if Grant or Bradley got hurt and needed medical advice. She’d call when she was at playgroup so I could meet the other moms and kids. Sometimes, I’d call her my morning/her evening after her kids had gone to bed.

My middle kid had a rough patch between 13 – 15 years old. I didn’t recognize the depression. I thought he was just being lazy. I did a fellowship in adolescent medicine, and I didn’t realize that my own kid’s
lack of interest was a DSM-IV diagnostic clue. I had to get him out of Houston. We loaded up the family and flew to Western Australia. It turns out that going to the ends of the earth and separating yourself from distractions is a good recipe for forced interaction. Jake started to peek out of his shell. By then, Grant was three, and Bradley was one and a half. Bradley was a gremlin who would steal packs of cookies out of our suitcases, and Grant just wanted to show off for the big kids. We went to Fremantle and took a tour of a prison, rode bikes on Rottnest Island, took pictures of the quokkas, drove up the coast of WA, went sand surfing in Kalbarri, and snorkeled in Coral Bay. Tim and Lauren treated our kids like regular people and laughed and made jokes with them. Houston and the issues of adolescence took a back seat to our left side of the road adventures—don't drive past dusk in remote areas because you're likely to get into a kangaroo-related accident.

Tim, working for an oil and gas company based in Australia but with offices in the US, would fly back and forth for work (this was pre-pandemic). He'd come by the old neighborhood, and we'd order fajitas and drink beer, and he'd bring the kids Tim-Tams. He's the guy, when he lived two doors down, who took the same coin to Singapore and China and Malaysia so Jake could say the coin had traveled all over the world. Jake told Tim about Salad Fingers, and Tim bought Jake a kangaroo testicle wallet (Australians' idea of humor). The first time Tim and Lauren moved to Australia (Melbourne in 2011-2012), my 7-year-old daughter cried when their renters moved in because the new guy didn't talk to Annie the same way Tim did. When they moved back to Houston between 2012-2015, Annie would go down to Lauren's house every night to watch Pretty Little Liars. Annie was 11, and Lauren was 34. There had been heavy Houston rains one day, and their garage had filled up with worms. Lauren asked Jake and Annie to come down and collect them for our compost heap. Jake and Annie confused the compost heap with the compost bucket, and when I got home from work that day, there were dozens of desiccated worms on the kitchen counter.

Annie and I went to Perth for a month in the summer of 2017. Of course, our summer is their winter, but it didn't matter. Lauren had just had Myles, and Annie and I went to help Lauren take care of the boys. We took Grant and Bradley to swimming lessons (the Australians teach toddlers to swim in the deep end of the pool), rocked baby Myles, painted with Grant, took Bradley on a boat ride to Penguin Island, where we saw sea lions and dolphins and penguins, and marveled at the sunsets over the Indian Ocean in Cottesloe. Annie was 13 years old. She was still at the age where she was young enough to sleep in the bed with me but old enough that almost everything I did annoyed her (my chewing, my questions, my breathing). Tim and Lauren had a garage apartment, and Grant and Bradley would come up in the mornings. They would eat Fruit Loops and watch Peppa Pig. Sometimes we'd steal baby Myles, and he'd lie on the bed and sleep or coo while Lauren took a shower. Annie's friends were running the streets and parks of West University, but she and I were walking the streets of Subiaco and the paths of Kings Park.

As the years went by, it became clear that Tim and Lauren probably wouldn't be coming back to the US any time soon. They did come and visit in the winter of 2017 (their summer). Grant and Bradley came and did art projects at the house. We sewed Teenage Mutant Ninja blankets and pillows, and teddy bears. Bradley had a sleepover, and we made chocolate chip pancakes the next morning. When Lauren lived on Hatton St, sometimes she'd pick Annie up from school for me, or she and Grant would take her to Chick-
fil-A at lunch, or they’d take Annie to Pearland for horse-riding lessons. I’m not sure who were better friends, Annie and Lauren or Lauren and I. Annie would tell her all about school and her friendships. It was safety for me—total trust.

The boys call me Chelle. They have two sets of grandparents. I’m their bonus Chelle. Annie was Nie-Nie. Every morning Grant would come over to say good morning to Nie-Nie. She’d go with pregnant Lauren and Grant to McDonald’s playland, and they’d eat popsicles in the front yard. Woodford, their ginormous 80 lb. labradoodle, would come to our house just about every day. We had a saying for Woodford; “Su casa es mi casa.” Our dogs, Star and Puffy, had a brotherhood with Woodford, named after the bourbon, and he’s still the only dog they ever really liked. Woodford would come in and eat our food, slobber on our floor, and then find a nice, cool place to lie on the hardwood floor.

In January of 2019, about one year before the entire world was rocked by coronavirus, I flew by myself to Perth. It was their summer. At first, I felt guilty about leaving my family back in the US. Evan and Jake were not yet in college, and it was Annie’s first year of high school. On the phone, Lee could tell I was holding back. “What the hell are you doing, Michelle? We’re fine. Enjoy it!” It was the permission I needed. The two weeks flew by, but not before we could cram them full of memories. We called it “Chelle Craft Camp” or something like that. We made t-shirts, literally. Tie-dye. Tim reluctantly wore his on Australia Day (Aussie, Aussie, Aussie, Oi, Oi, Oi). Thankfully, Tim and Lauren were renting that house, because I wrecked it with those boys. Australian crayons are not the same as US Crayola crayons—let’s just say they don’t melt well in Australian ovens. I don’t think Lauren ever got the wax or the smell out of her kitchen. We went to swimming lessons, Nippers (beach swim lessons), made candles that smelled like monkey farts (banana), had marble races, watched non-stinging jellyfish in the Swan River, ate fish and chips at Clancy’s, painted, and went to see Mary Poppins at Luna Palace Cinemas. At night Lauren and I would drink wine and, ironically, watch Marie Kondo while she and Tim re-evaluated the wisdom of letting me systematically destroy their home. One night we went to an outdoor movie at the University of WA. It was lovely; we enjoyed a picnic on the grounds and then Willem Dafoe as Vincent van Gogh. That was almost three years ago. I still remember Lauren driving me to the airport at about 5 in the morning. The cops do random alcohol checks on their drivers. Lauren blew into a plastic tube, and we continued on our way. It was like paying a toll on Beltway 8.

Even though the pandemic has kept us miles and miles apart, I don’t feel like she’s any farther than two houses down. If anything, Lauren and I have gotten closer since she’s moved to Perth. Maybe it’s the intentionality of our relationship. She’s the little sister I never had. Grant, Bradley, and Myles are my unofficial grandkids. Maybe it’s because you love anyone who loves your kids. Tim and Lauren were 24 or 25 when they first moved on to Hatton St. It was light years before they had even considered having kids. They were babies. But they loved our kids. And we loved them. They’d come over at night when Evan, Jake, and Annie were still little, and after they’d gone to bed and we’d drink beer. They were these wonder-kids. Lee and I could barely tie our shoes when we were in our mid-20s; they had full-time jobs, owned a home, and were even remodeling. Lee and I were still young faculty at the time. They were friends with some of the residents we taught. We were barely getting sleep with young kids, and they were telling us stories about the infield at the Kentucky Derby. Now the tables have turned. My kids are almost
the same age they were when we met them. And their kids are the ages our kids were when they lived
down the street. And we love Grant, Bradley, and Myles. That’s why on a given Friday or Saturday night,
I’d rather look up art videos with Grant or listen to Myles tell me potty jokes or catch glimpses of Bradley’s
toothless grin than do just about anything else.

Australia, and Western Australia in particular, have just about the strictest border policies regarding the
pandemic. There is no getting in, and there is no getting out. But while we’ve been masking and social
distancing for the better part of two years, their lives have gone on the same as though there has never
been a global shutdown. Lauren texted me last night with an article that said Australia’s Prime Minister,
Scott Morrison, has said that the country will be open to incoming and outgoing travel by year’s end.
Mark McGowan might not open the borders to Western Australia till next spring, but I’ll wait. In the
meantime, I’ll be a computer screen away from those three boys and the family that I love. The world
doesn’t seem so big or restricted when you have love, time, and a computer screen.

Dr. Schmidt, the “old lady” in the piece, is a craft lover, a collector of stories and relationships, a mom, a wife,
a daughter, and in-between, an internist at Ben Taub Hospital and Smith Clinic. This is the story of a trans-
continental friendship between a boy and an old lady. 

Dr. Rosa Michelle Schmidt is an Associate Professor of Medicine at Baylor College of Medicine with interests
in narrative medicine, mentorship, and student education.
Finding You // Rishabh Lohray

I know You are gone.
But I saw You.
Muscles writhing
in the grip of serpents.

I saw you struggling,
to lose your mortal fetters,
frail and ready to depart.
Code Blue! The nurse calls.

I cannot compress.
I hear the crunch of bone,
and the scrape of tubing,
going down your throat.

I stand rooted as
a tree in a buffeting storm,
ossified by lightning to ash,
conscious scattered to the winds.

I am petrified
unable to move,
lost in a mad
thundering of beats.

Are these your broken bones or mine?
I loose lose my breath as you loose lose yours
I stand transfixed, caught in a
a sympathy between three.

you are finally back,
life triumphant over death.
Yet You are wreathed in shadows,
Like a brightness long ago.
My resident regards me,
My eyes sting to meet his
I feel I failed You again.
He says, “you can always help next time”

I wrote this poem after my first code blue experience when I was on my internal medicine rotation, a few months after I lost my grandfather to COVID in India.

Rishabh Lohray is a Student Editor for Omentum, and a third-year MD-MBA candidate at Baylor College of Medicine. He graduated with Honors in 2019 from UT Dallas, where he studied Biology, Neuroscience, and Art History. He is interested in the intersection of art and medicine and likes to campaign enthusiastically to integrate arts and humanities into premedical and medical curricula.
The brain was a gift for a research mentor whose neurobiology lab I worked in. Though I don't necessarily subscribe to the left brain/right brain personalities concept, I find this representation of it intriguing and visually appealing. It seems only fitting for a piece depicting such a complex system to be so intricate and time-consuming to complete.

This winter bird reminds me of an animal behavior course I took in college, where we discussed research on song development and song learning in young birds of different species. The knowledge gleaned from this fascinating work gives us insight into human neural control of speech, with implications on speech pathology and also foreign language learning, another interest of mine that has proven highly relevant to communicating with patients from other cultures.

Kristen Brown is a third-year medical student at Baylor College of Medicine. She took up embroidery the year before starting medical school. Her roommate taught her how to cross-stitch and she embraced it with enthusiasm, taking the opportunity to make thank-you gifts for various people in her life.
Mr. B Shall Overcome

In the surgical ICU, Mr. B sat with his chair situated next to the window, the blinds cracked and sunlight showering his face. Through his newly created tracheostomy, he breathed the room air comfortably. In the background, a pump whirred moving his tube feeds along his nasogastric tube. The grey metal grating above his bed blew cold air, irritating the site of his recent surgery. All of this was new to him, yet, Mr. B overcame.

"Deep in my heart, I do believe, we shall overcome.

You know, I’ve joined hands so often with students and others behind jail bars singing it, We shall overcome.

He filled his dull hospital room with creation and color. As Mr. B sketched his next piece of art, his Sharpie markers and colored pencils lay scattered across his bedside table. A holiday greeting burst with bright red and green, highlighting his elegantly curved script. His sketchbook was filled with uplifting messages, bright flowers and butterflies, and lovable cartoon characters. To communicate with his health care providers, he scribbled in a notepad which was filled with simple requests and appreciative messages. Proudly, he flipped through the pages of his sketchbook to display his artwork. Despite his diagnosis, Mr B. radiated inspiration and his room was filled with vibrancy. Mr. B overcame.

Sometimes we’ve had tears in our eyes when we joined together to sing it, but we still decided to sing it, We shall overcome. Oh, before this victory’s won, some will have to get thrown in jail some more, but we shall overcome.

Less than one month ago he had been illustrating and constructing pop-up greeting cards to bring joy to his family, friends, and others. He spoke, voice intact, and breathed normally, not through a hole in his neck. For several months he had noticed a hoarseness in his speech which he attributed to a chronic cough and years of smoking. Gradually, his shortness of breath worsened until, one evening, unable to breathe or lay flat and his neck rattling with every inspiration, he arrived at our hospital emergency room. The doctors told Mr. B, who was scared and uncertain, he needed an emergent evaluation of his airway. With their cameras down his throat, the surgeons could see a giant, fungating mass on his left vocal cord obstructing his airway. He needed a surgical procedure to secure his airway and bypass the mass, a tracheostomy—a hole in his neck to connect the air to his windpipe. Though anxious and afraid, Mr B. overcame.

Don’t worry about us. Before the victory’s won, some of us will lose jobs, but we shall overcome.
Before the victory’s won, even some will have to face physical death. But if physical death is the price that some must pay to free their children from a permanent psychological death, then nothing shall be more redemptive.

Before the victory’s won, some will be misunderstood and called bad names, dismissed as rabble rousers and agitators, but we shall overcome.

Within hours, he endured a tracheostomy and a biopsy of the mass which was later diagnosed as squamous cell carcinoma of his larynx. His scans also revealed a lung mass and enlarged lymph nodes in his chest. The next week a second malignancy, small cell lung cancer, was diagnosed and the day after, he underwent a total laryngectomy for treatment of his squamous cell carcinoma. In a period of three weeks, Mr. B’s ability to speak was gone, but the cancer did not take away his voice. Mr. B overcame.

We shall overcome because the arc of the moral universe is long but it bends toward justice.

We shall overcome because Carlyle is right, “No lie can live forever.”

We shall overcome because William Cullen Bryant is right: “Truth crushed to earth will rise again.”

Harnessing his talents, he spoke through his sketchbook. As Mr. B created his artwork, our team sat with him. Inspired, we asked where he gained his amazing strength. He pulled out his phone and played a YouTube video describing his powerful story of redemption. Astonished, we listened to the story of a man who overcame false accusations of rape and a wrongful life-prison sentence. Receiving a complete pardon from then-Governor George W. Bush, he was released from prison after serving 12 years as an innocent man. His art had served as a creative outlet carrying him through his stolen prime. Serendipitously, the DNA sample not allowed in his original trial had not been thrown out and exculpated him. He reclaimed his life after his exoneration and Mr. B. attributed his strength to his deep-rooted faith in God. Today, he states, “I am still strong. I am alive!” Mr. B. overcame.

We shall overcome because James Russell Lowell is right: Truth forever on the scaffold, wrong forever on the throne, yet that scaffold sways the future and behind the dim unknown standeth God within the shadows keeping watch above his own.

We shall overcome because the Bible is right, “You shall reap what you sow”

We learned from our patient Mr. B. He became our teacher. He taught us the value of patience, optimism, and resilience. Despite the difficult hand life had dealt him, his wrongful incarceration, his diagnosis of multiple cancers, and his laryngectomy, Mr. B perseveres and his faith has never faltered. He taught us that despite distractions that keep us from our patients’ bedside - the phone calls, the pages, the electronic medical record – it’s their stories that allow us to persevere. We will overcome.
We shall overcome.

Deep in my heart I do believe we shall overcome.

Mr. B exemplifies the word patient, which derives from the Latin root *patiens*, meaning “to suffer.” He suffered 12 years in prison as an innocent man. He suffers with the diagnosis of two different primary cancers. He suffers because his natural ability to talk has been taken away. However, Mr. B embodied patience as he waited so many years for justice while falsely imprisoned. Now as he waits for the side effects of his surgery – secretions, congestion and drainage - to subside; as he waits for the nasogastric tube to be removed; as he waits to be able to eat a real meal by mouth; as he waits to endure more scans; as he waits for his treatment and his rehabilitation to begin; as he waits for his electric larynx to allow vocal communication, Mr. B embodies patience. Mr. B will overcome.

And with this faith we will go out and adjourn the counsels of despair and bring new light into the dark chambers of pessimism and we will be able to rise from the fatigue of despair to the buoyancy of hope. And this will be a great America! We will be the participants in making it so.

And so as I leave you this evening I say, Walk together children! Don’t you get weary!”

"We Shall Overcome", delivered by Dr. Martin Luther King, Jr., March 31, 1968, just four days before his death

This piece is about a patient experience at Ben Taub Hospital and about the resiliency we encounter, daily, within our patients.

Dr. Jeeha Hussain completed her residency in internal medicine/pediatrics at Baylor College of Medicine in June 2020. She is currently on faculty in both the Department of Family Medicine and the Department of Medicine and she splits her time attending on the inpatient service at Ben Taub Hospital and supervising the residents in the internal medicine/pediatrics clinic at Martin Luther King Clinic. She provides care to the children, adolescents, and adults of Harris County and provides education to the medical students and residents at Baylor College of Medicine. Other co-authors include Dr. Zachary Yeung, and Dr. R. Michelle Schmidt.
Benign Senescent Forgetfulness // John Miggins

https://www.youtube.com/watch?v=vn_jrzVF8YA

In Benign Senescent Forgetfulness, an old man, plagued with memory loss, is forced to leave behind his childhood passion for music as he struggles with his own mortality and his ever-failing mind. In a desperate attempt to hold on to some semblance of what made him who he is, he reaches back through time to contact his younger self.

John Miggins is a first-year medical student at Baylor College of Medicine. He completed this film during his senior year at the University of Southern California for his minor in Animation & Digital Arts, wanting to tell a story about abandoning the passions of childhood with age.
33 days into the roll and moan of cancer
Curling the shoulder, neck, and back, you
Load yourself up with morphine and say
You’ve had enough.
You want to go home.

After all, you were, no are, a doctor.
You’ve seen it all before.
So we flip through pages, fill out forms. How
We won’t pound or crack, jump or stump
Any part of you that stops.

And when we’re through, that fat black Mont Blanc
Barrels from your pocket and you initial,
Sign with your characteristic, confident,
Unreadable flourish. Oxygen and narcotics, that’s all I need.
Blanket and gurney you’re gone.

And between patients and floors I mourn a little,
Thinking it can’t be easy, for you
Or your young wife,
Who wasn’t trained to be a widow. Or me,
Who’s never lost a friend,

Though friend would not be the right word.
I never told you secrets, made you dinner.
My arm never curled through yours.
Then later, when I’d forgotten to think about you,
I get a call. You’re back.

And there you are,
Mummied under blankets, breathing slow breaths, and
She is hovering over you, crying. Trying to explain
How she panicked and couldn’t do it,
So she called 911.
And during the telling you start to move around
Like we're talking too loud, you're trying to sleep, and
You open a glazed and groggy eye and say,
I'm still here? What the fuck.
Can't you do anything right?

And she looks at me, and I look at her,
Both of us wondering,
Who were you talking to?

Gulchin Ergun is a proud Turkish-American, Ohio native, and graduate of Case Western Reserve University School of Medicine. She has been in Texas for the past twenty years working in the Texas Medical Center as a gastroenterologist with a specialty in motility. She writes about growing up with evil eyes and Girl Scouts and her experiences in medicine. She is a Pushcart prize nominee and her work has appeared in Missouri Review, Bayou Magazine, Potomac Review, Sou’wester, and others. This work has been published previously in Cape Rock.

Ergun, GA. Covenant, Cape Rock, Issue 46, 2018, 46.
I Know That Now // Sahifah Ansari

When it was time,
My endometrium rushed out in pieces,
Through narrow hallways,
And grasping fingers,
Until it was free from the confines,
The trauma of womanhood.
They hid behind curtains of peritoneum,
Cloaked my ovaries,
Found safety in the pouch of Douglas.
Some, like scared little children,
Buried themselves into the walls of my womb,
Attempting to make it uninhabitable.
They were trying to save me,
I know that now.
As the years went on,
They found that they couldn't,
And they grew inconsolable,
Bled for a month on end.
I tried to find them,
an ultrasonic game of Marco Polo,
But they cheated,
Evaded detection,
Refused help,
So we struck a deal:
I would get them out of there,
But they would be pulled out clinging to whatever they could carry.

I spent 13 years looking for validation of my pain before I was diagnosed with endometriosis. In deciding to have surgery, I had to balance the societal expectation of fertility to have a family I do not yet see on the horizon with my debilitating pain. So, I struck a deal: I would undergo a less effective but equally invasive procedure for some reduction in pain to function as a medical student while retaining my fertility. Writing this piece allowed me to project my own fears about the disease onto the aberrant tissue in my pelvis causing it.

Sahifah Ansari is a non-traditional MS2 at Baylor College of Medicine. She is searching for her voice to cope with her chronic diseases and disability and to find her way through an education not designed to accommodate people like her.
This piece explores the inextricable ties between the way a patient’s experiences affect the provider’s, the way a provider’s experience influences the patient’s, and the weariness of the soul through the test of time.

Emily Xiao is a third-year medical student at the Baylor College of Medicine. She is passionate about using Impressionism and abstract art to evoke emotion and convey a story.
A mutual friend put me in contact with a resident, and I looked him up on Facebook. He’s a buff guy with tattoos wearing a Navy baseball cap.

The attendings who run sign-out at Ben Taub stand there, serious, with straight backs and no-nonsense expressions. I have no doubt they could save someone’s life.

My patient is alone and giving birth at thirty-four weeks. She doesn’t speak English well, and her only support in this country is her abusive ex-husband. Her husband lives eighteen hours away, halfway across the world. She still smiles.

Next to all these people, I feel small, weak – my worries and struggles, so monumental to me, are minute in comparison. I crumble and fall apart at so much less than what these people are going through. I don’t have the physicality of the Navy.

People in the hospital grow exasperated with their charges. Going an extra mile for a patient is no longer the norm because we must protect ourselves. My parents tell me not to lose my kindness but sometimes it doesn’t seem like I have a choice.

I don’t feel strong enough for this path. I am cynical, stuck in today. I am not happy where I am, with no end in sight. I’d give up, many times over, if I had a viable alternative. I’m afraid that I don’t have it in me.

I want to give up. My mind seems so dark right now. The person who used to laugh every day has been gone for so long.

I’m not saying that I want to do hard, horrible things for the sake of being strong, but I want to come out of a situation with my head held high and my back straight.
I have assumed that people have their strength by virtue of their own nature, not built by their responses to their environment. But this carries the implication that some people will never be able to hold their burdens with dignity. On second thought, it’s probably in the intersection of disposition and environment where growth comes from.

Strength does not appear only in the absence of kindness, of love, of tenderness. It is not callousness, with purely self-centered motivations, although these often develop as collateral. There must a balance between vulnerability and self-defense. At the end of the day, though, I want my strength to stem from a place of love.

Role models help shape us into who we will ultimately become. Those people who have gone before us provide a glimpse into the future we can create. During a difficult time in medical school, I wanted to figure out how to bridge the seemingly impossible divide between these models and myself. This piece was born out of those thoughts.

Kylie Wilson is a fourth year medical student hoping to one day become a physician who loves her patients, imperfections and all. She processes difficult medical situations and emotions through journaling, working through questions as she writes each line.
(A)typical Day // Shveta Abraham

It was just a typical day. My last day at the community pediatrics clinic I was rotating at, which also happened to be my last day of the Pediatrics clerkship. I paused at the door, fidgeting with my badge. I could feel my anxiety rising like it had every single morning preceding this one. I had been struggling with my self-confidence during the entire clerkship. I felt unsure and inadequate, wondering if I would ever be equipped to care for my patients in the way they deserved. As I swiped my badge and pushed open the wooden door, I silently prayed that today would be a quiet day.

But, as I said, it was a typical day. As I opened the daily schedule on my computer, I sighed. The list was so long that the scrollbar was the smallest it had ever been the entire two weeks I had been here.

Jason, the upper-level resident I was working with, smiled.
“Isn’t this great, lots of families.”

“Yup!” I said a little too cheerily, forcing a smile back.

I soon forgot about my insecurities as I fell into my routine. Patients blurred together and, before I knew it, Jason and I were standing outside the door of the last appointments of the day. A family with three well-child visits.

I reached up to adjust my mask and instead ended up smacking my face shield. Seven months in and I was still adjusting to COVID protocol.

I couldn’t help but laugh with Jason as I quickly fixed my mask and shield and braced myself.

We knocked and entered the examination room.

The scene we walked in on was one of total chaos. The two younger siblings, Mario and Julia, were having a jumping competition while their mother attempted to get them to sit down.

And there, seated quietly in the middle chair, was Carla.

Amid all the mayhem, she just sat there, pleasantly smiling up at Jason and me.

I smiled back at her. She looked like a pretty happy kid.
Jason introduced himself and me, explaining to the mother that I was the medical student helping him take care of her children. Her attention was divided between listening to Jason and keeping control of her two younger children, whom she had firmly encircled in each of her arms.

Jason and I took the general histories for all three siblings with their mother in the room. It was a fun conversation, filled with joking and blame being thrown around about who ate the most sugar in the house. All three siblings came to a consensus that their mom was the culprit.

When we finished, Jason looked at me, “Want to do the HEADSS exam for Carla in the next room? Then we can all meet up for the physical exam?”

I smiled and nodded. The HEADSS exam used to terrify me in theory but had been pretty uneventful in reality. Besides, Carla looked so happy; I was sure nothing crazy would come up.

Carla followed me to the empty examination room and sat down. She looked a bit nervous.

I smiled at her reassuringly. “This is just a conversation, ok? Nothing to worry about. Everything I ask is just so we can make sure you’re healthy and happy.”

She seemed to relax a little. “Will my mom know what we talk about?”

I paused, suddenly a little more attentive. Was there something her mom should know? I shook the doubts out of my head. She was 15, so maybe she had some things she didn't want her mom to know about.

I shook my head and smiled. “Don't worry. We only have to tell your mom about our talk if we think you or someone else can be hurt by something you tell us.”

Carla smiled, maybe a little less widely than before, and nodded.

“So,” I started, “how are things at home?”

The questions went quickly and easily with Carla. It felt more like a friendly chat than an actual exam. We bonded over our shared love of old Disney shows like “That's So Raven.” I laughed when she said she didn't have a favorite food because her siblings ate everything at home.

Her witty humor kept the pace brisk, and soon I was almost done with my questions. I only had one more category.

I looked at Carla. “Have you ever thought of hurting yourself?” I glanced down at my notepad, ready to record her negative response. It never came.
I glanced up at her. My breath caught in my throat. The smiling, bubbly girl in front of me was gone. In her place was a girl with tears streaming down her face, her knuckles white as her hands clung to her chair for support.

“Yes,” she whispered.

My mind was spinning. What could I say? What should I say? Should I get Jason? I felt totally inept. So, I took a deep breath and waited. This was her space; I was here to hear her.

“Sometimes,” she started haltingly, “it’s all too much. I just want to be not alive.” She was quietly sobbing.

My heart sunk in my chest. I silently handed her some tissues. “Can you tell me why you feel that way?” I softly asked.

And that’s when Carla told me everything. Everything she had spent years perfectly hiding and bottling up. She told me about her parents’ divorce and how she barely saw her dad, about how she basically raised her siblings while her mom worked, and about how her loneliness and depression made her feel like her life wasn’t worth anything.

“I’m sorry,” she kept interjecting, as if her truth was somehow insulting to me.

“Please,” I told her, “you have absolutely nothing to apologize for.” I felt like apologizing to her. On behalf of a world that could make a 15-year-old girl who was doing everything right believe the lie that she was worthless.

By the time she finished talking, I could barely see her due to how fogged up my face shield was. I was relieved—she couldn’t see my tears. I quickly wiped my eyes and then my shield.

I took a deep breath.

I looked Carla straight in her eyes. For once, I knew exactly what to say.

“Carla, I know it doesn’t feel this way, but your life is worth so much more than you know.”

She looked at me through a haze of tears. “You think so?”

“I know so.” I heard the conviction in my voice, and I saw that she did too.

“As an adult, I can’t even imagine all that you’ve had to deal with. But, Carla, you’ve done an outstanding job.”

As an adult, words that felt so foreign to me that morning suddenly felt right.
She smiled slightly, her sobs quieting.

I reached out and held her hand. “This, right here,” I said, gesturing to the two of us, “is bravery. You telling me how you feel is the bravest thing you could have done. And I’m going to help you.”

At that moment, I wasn’t thinking about my competence, fears, or insecurities. I was thinking about Carla. She was all that mattered, and I was going to make sure she got the help she needed.

“We have to talk to your mom, but we’re going to talk everything over with you first, and then we’re all going to talk together, ok?” I wanted her to know she could trust us, her health care providers, to be on her side. She had done her part. It was time for us to do ours.

She nodded slowly.

What followed was a very difficult and emotional conversation with Carla, her mother, Jason, and me. Tears were shed, accusations were made, but healing happened. And Carla got the resources she needed.

At the end of the visit, when I was turning to leave, Carla turned to me, smiling brightly once again.

“Thank you. I hope I can be like you when I’m older. I hope I can help people too.”

I froze, the lump in my throat returning, and then slowly smiled at her. Something had changed. Time hadn’t stopped. The world wasn’t altered. But I was. We had helped her, and that was the only outcome that mattered. I thought about all the other children out there, silenced by their shame, fear, and loneliness. I decided then that my fears would not stop me from helping them through theirs.

In the time of COVID and personal turmoil, I met a girl named Carla. A girl who helped me infinitely more than I helped her. It was just another atypical day.

I wrote this piece after meeting a patient who changed my outlook about mental health. I saw that mental health problems are not limited to the field of Psychiatry and are present in all specialties. Sometimes, all a patient needs is someone to listen to them. Being cognizant of this fact can help patients who would otherwise be lost in the system to the help they need.

Shveta Abraham is a fourth year medical student at Baylor College of Medicine. She graduated from the University of Houston, majoring in Biology and minoring in Medicine and Society and Psychology. She has always been interested in the mind and caring for it through art such as music and literature. When she is not being psychoanalytical, she loves watching Korean dramas and singing.
Updated Hospital Policies //
Ashlyn Huang

There is a landmark here
which is not yet a landmark,
but a lone ridge of dirt and weeds.
Someday someone will die here
and the universe will take note.

He holds up three fingers,
“the priorities”, he says,
for when he gets out of here:
1) a warm bath 2) a bucket of fried chicken 3) his mom.

--

Day ten in his hospital bed,
he mentions a recurring dream
in which he is crying next to himself,
who is consoling someone who is also him,
who is on the phone.
He asks me what I think it means
behind three layers of separation.

As the sun falls down, he tells me of his lowest point,
fifteen years in prison,
them of yesterday,
fifteen days in this hospital bed,
how his mother sounded on the phone,
so relieved to hear his voice.

--

Timemarks, like landmarks, take time to grow.
A day will pass
and you will think nothing of it.
A day will pass
and it is all you will ever think about.
Down-trending.

He asks to see his mom on day twenty; he is scared and crying, and there is no one on the other line.

--

On day twenty-five, I remember a bird’s nest by the kitchen window of my childhood home, how it took five days for the cardinal to build before the thunderstorm came, and how when the cardinal returned, it rebuilt the nest out of twigs broken by the rain.

The storm outside
beats its wings,
drowns out the sound
of a man
gasping for air on his hospital bed.

--

The problem is connection, like a newborn leaning into the touch of her cheek, or you and me on a king-sized bed turning toward the middle. Against human nature, we put up the dividers, sleep on our own sides for now. Mom answers, says she's sorry she missed his call.

--

So I told the story wrong. I'm sorry. The cardinal never came back. When the rain dried out, I opened the blinds to find the nest split in two and abandoned.
On thirty, I leave his hospital room
for the last time,
Tell his mom how he's ready to go.
It feels strange, consoling a voice.
In my head, she looks just like him.

--

There is a landmark here
still not quite yet a landmark,
but a lone ridge of dirt and weeds.
Today someone will die here
and the universe will look the other way.

On thirty, I go home,
leftover chicken sits in the fridge,
pick up my phone,
and tell my mom I miss her.

“Updated Hospital Policies” was written while the No Visitors Allowed rule was still in place due to COVID. Hospitals are a scary place to be in, especially if you’re alone. Hearing patients talk about their loved ones reminded me to cherish and be thankful for the relationships I had outside the hospital.

Ashlyn Huang is a third year medical student at McGovern Medical School whose life outside medical school mainly involves writing, painting, and watching bad TV dramas. She finds inspiration for poetry in medicine and vice versa.
If illness orphans us from our sense of self, hijacking our daily rituals and rupturing the fabric of duties and obligations woven into our consciousness, it also instills a deep discomfort in those it only tangentially infects, serving as an unwelcome reminder of our atomic vulnerability, and the travesty of a body we’re all forced to endure.

When my grandmother died, I felt guilt more than anything else. Guilt for the excuses I would make to avoid visitations. Guilt for the visceral claustrophobia that would seize me upon meeting her half-open eyes. Guilt for all the things I wanted to say to her but never could, because my tongue always failed to grasp onto the right intonations and inflections of our mother language, and by the time it could, she was no longer able to discriminate their shades of meaning.

Around the time her entire body began succumbing to tremors, my grandmother developed two new and unusual habits: one involved staring blankly at her left foot for hours on end, the other a profound interest in the kumquat tree in our backyard, a lanky silhouette that rose above the flower beds and wrapped around the utility pole. My parents had long argued over whether or not to cut it down; for every April its tendrils grew too long, eclipsing the sun and casting a boundless shadow over the house so that the chill of winter lingered a bit too long.

It became my grandmother’s routine to lose herself in the tree. Some days she’d reflect on bark and the maps and roads carved within it; on other days, the leaves bathing in Houston’s sunset, glowing red. Branches of knowledge reaching towards the sky, roots growing to approximately infinity; the tree existing by its own laws, in all its raw beauty and silence. When one spring morning we were greeted by shy little white flowers blooming across the branches, my grandmother turned to me and smiled, as if to say, How wonderful— how absolutely mystical is it that life does not await permission to be born.

I wrote this piece in memory of my grandparents. It’s a short reflection on love and life in the uncompromising face of disease and death.

Sophia Chang is a Houston native who loves reading, drawing, and fostering dogs and cats. She graduated from Rice University in May 2021 with a B.A. in English and a minor in Biochemistry and Cell Biology. She is currently working as a medical scribe and research assistant while applying to medical school.
counterfeit pills
work their magic by death
limited supplies
lead to early goodbyes

in Burma, land of many Buddhists
peace is nowhere to be found
but my practice yields to prayers
as the lives that count on me
have no chance from the start

it is nighttime
outside my window
the monsoon begins to roar

to the boy with cholera
    I hear buzzy mosquitoes
to the man with stab wounds
    I sense lurking militants
to my own father
    I still see your shadows

I am sorry

their faces flood me
the monsoon rises
they howl with the storm

the monsoon departs
its canvas falls apart
a final lightning strike
signs their certificates

I am a doctor
death is my nurse
The Thermometer // Brandon Ba

Trapped, caged
confined to these glass walls
the mercury rises and falls
outside a war waged

Inside a little girl and her doctor father toiled
treating what they could
more than they probably should

The little girl kept the mercury clean
Making sure it always had its sheen

Slip
Crack

Out came the precious mercury
Free from its cage
Free from its form
Free to explore

The little girl was scolded
and vowed to stop these complaints
When a mercurial boy was molded
she raised him in restraints

Growing up comfortably, I have been isolated from the turbulence my parents faced in Myanmar along their paths in medicine. But on occasion, the heavy curtains part. These instances occurred in passing—at the dinner table, in long car rides, and through phone calls. In those moments, I passively listened; later, I dug deeper by interviewing my parents, taking a more active role to redefine my relationship with them. These poems—highlighting conversations on medicine in Myanmar, immigration to the United States, and implicit parental expectations—represent an attempt to become immersed in this void.

Brandon Ba is a senior at Rice University studying Biochemistry and Cell Biology. In his free time, he enjoys gardening, exercising, writing poetry, and being a car enthusiast. Ultimately, he aspires to pursue his passion for medicine while engaging with the arts.
My art explores the depth of human emotion that lies underneath our daily life. This past year and a half, many have lost, but have had no choice but to continue with their lives. And no one wants to tell you how it feels to watch your patient die. Here, I wanted to depict human expression of grief as an intimate moment purely with the texture of oil paint on canvas. I used cadmium red and phthalo blue straight out of their tubes, with no mixing. Though most of the subject’s features are merely suggested with abstract strokes, the details in her face grew from impasto and layering, resulting in areas of saturated color. Areas of the canvas were left bare in an attempt to capture the fleeting nature of human expression.

Poornima Tamma is an MS3 at Baylor College of Medicine. She hopes to apply for a general surgery residency. When she’s not studying, she likes to spend time painting, reading, and playing with her cat, Cloud. Her artwork is primarily composed of oil and acrylic paintings on canvas.
The Farewell // Cher Sha

老年痴呆 is one of those four-character Chinese sayings, meant to provide both a surface level definition and provoke deeper meaning beyond the characters themselves. The phrase is commonly used to describe the consequences of aging. In China, it directly translates to old age senility, but, in the West, we call it Alzheimer’s disease.

In the West, there’s a separation between the disease and the person. When someone becomes weak, we blame the disease, not the person. When someone lashes out at a stranger, we blame the disease, not the person. When someone forgets the name of their granddaughter, we blame the disease, not the person.

Yet, in the East, there is no reference to a disease. Rather, it’s an expectation in the progression of aging. When she became weak, I blamed the person. When she lashed out at a stranger, I blamed the person. When she forgot the name of her granddaughter, I blamed the person.

Beads of sweat trickle down the back of my neck. The result of a sprint through the hilly islands of Hong Kong. The warm but uncomfortably humid evening leaves a sticky feeling on my skin. My black North Face jacket, my black leggings with a half-and-half stain, and my black worn-down sneakers are unsuitable for the climate. It’s a striking contrast from the frigid, dry air of Michigan that I had felt a plane ride ago. Unfortunately, the outfit is appropriate for this morbid occasion.

As we rush into the building, a jarring silence pierces the ear. The swoop of a broom sweep swishes through the halls, but the sounds are muddled by the tranquil ocean breeze. The white tiles that line the floors are so pristine as if no one had set foot on them before. They squeak beneath my grimy soles. To describe this place in a single word: sterile.

With our suitcases in tow, we trek up to the blackboard, filled with various Chinese characters written in white chalk. The intricacies make it difficult to decipher the strokes, let alone the characters themselves, but the characters are so artfully written that no machine could ever replicate them. My intuition tells me: these are all names.

"Room 14." My dad disrupts the silence, leaving an echo through the hall.

14. 包 美 华

I’ve never seen this name before, but I can piece together who this is. It’s my reason for skipping a midterm in the middle of October, my reason for spending an extra $50 on a taxi instead of taking the bus, my reason for not stopping at the hotel first.

姥姥 (lao lao). My maternal Grandma.
I pass through the dimly lit hallway, each step taking me deeper into the pitch-black void. All the adjacent parlors are dark. I see the only light peering through a crack in the door frame. It's a sliver guiding me to my destination.

Inside, I find my mom sitting on a foldable chair in the corner, continuously folding the paper offerings. The pleats of her black skirt spread out symmetrically, resting at her knees. Her hair is pulled back with a metallic clip, carefully collecting each strand and leaving not a single stray.

At first sight, our eyes lock. Her hands hesitate from folding. She proceeds to put down the sheet, instead, choosing to direct me to the enclosed room behind the smiling portrait of a volatile woman.

The cylindrical casket is lined with white silken sheets. She is embalmed as if time had stood still. The makeup is applied with such detail and care. Her skin glistens under the spotlight. Her red qipao is neatly pressed with its intricate golden embroidery. Jewelry lines every exposed surface of her skin.

My eyes begin to water as I try to hold back tears, streaks reflecting off the matte black sleeves of my jacket. I close my eyes to remember.

I miss 姥姥. I don't miss Grandma.
It's finally over.

***

姥姥 lounges in her bed. The pillows are stacked against the headboard, giving her a place to lean back. The blankets she's folded are neatly placed onto the nearby chair. Last week's edition of the Chinese newspaper rests on the nightstand.

She spreads out a deck of cards all over the bed. The spades, hearts; black, red; faces and numbers create a quilt of sorts. She stares inquisitively at them, flipping each of them over to expose the elaborately decorated backings of the deck. All have the same pattern, the same color. Her bed is now a sea of red.

Her hands sprawl across the cards. Each finger tries to touch as many cards as possible. She proceeds to make circular motions with her hands, her messy way to shuffle the cards. She consistently refuses to make the bridges that would make the shuffling process so much easier and faster. She says we need to protect the cards, save them for future use, and maintain their perfect condition. Then, she begins to stack each card neatly, one directly on top of the next. This is her perfect deck of cards.

I run up to the bed. Thump. The springs of the mattress bounce my little body into the air. Even though I've seen her every day, my smile is just as wide as the smile I had the first day she came to visit me. The deck, once nicely stacked, bounces with my body. Each card falls out of its respective place within the pile. They are scattered once again, but 姥姥 smiles anyways.

Maybe she is disappointed in having to restack the cards, frustrated that a careless six-year-old ruined her perfect deck. She still smiles; she's just happy to see me. Without hesitation, she patiently begins to reorganize her deck.
I begin to spread out my tiny hands too. My hands, too small, do little to help姥姥 with her deck, but I still want to help out. I join her in making circular motions with my hands; we shuffle the cards together. We create a perfect deck of cards again.

We begin with our joint game of solitaire. I would only realize years later that what we were playing wasn’t solitaire. Numbers were never placed in the correct order, colors were completely ignored, and there was never a solitary aspect to the game. These weren’t the rules to solitaire, but these were her rules to solitaire. The disordered seemingly still ordered.

Throughout the game, she asks about my day in kindergarten, what new things I’ve learned today, and why I’m so happy. We continue to smile as the sun sets and a continuous stream of moonlight begins to illuminate the room.

***

Grandma’s apartment is situated on the 15th floor, away from the noise of the city below. On the other side of the apartment door exists a corridor pulled out of a magazine. The doormats are neatly placed, lining the outside of the various residencies. The green tiles are so evenly positioned that the strip of grout between them is uniform in width. Not a single scratch can be seen anywhere.

My aunt-in-law has forgotten her keys. She calls the apartment, trying to see if anyone can let her in. She’s returning from a night out, escaping the responsibilities of taking care of a weakening matriarch. The rest of the family stays back; Grandma can’t be left alone. If she doesn’t want to leave the apartment, we are stuck in the apartment with her. My mom tries to let my aunt-in-law into the complex by using the panel of unmarked buttons. We try the left-most one, the center, the right-most one, and they don’t seem to do much, except for that last one.

Beep. An alarm goes off. Beep. What does that button do? Beep. The alarm won’t shut off. Beep. My mom tries to play with the control panel, trying to find any way to turn off the noise. Though startled at first, my dad and I don’t notice the alarm anymore.

Grandma, however, is on high alert. The sound is unusual; it’s not part of her typical routine. Anything unusual leaves her on edge.

My mom can’t figure out what’s wrong. She heads downstairs to the security guard’s desk, leaving the door open on her way out. Maybe he can cancel this alarm, making the sound disappear. The alarm consistently beeps.

My dad and I, with Grandma, remain in the apartment. The security guard appears at our door; my mom must have missed him on her way down. As he walks closer to the apartment doorframe, he asks if everything is okay.
“Who are you? Who are you to think that you can just come up to our door? This is our house! Who are you to think that you can just come up to our door? Don’t you dare come any closer to our door!”

Grandma’s hands flail, punching the air, punctuated by ineloquent screaming.

“Mom, he’s a security guard. You can’t talk to people like that. Mom, stop! Everything is okay. Mom, stop! Mom!” This is my dad’s attempt to calm her down. It’s useless.

“This is our house! And we don’t let anyone mess with our house! This is our house! This is our house!”

Grandma’s outbursts echo through the corridor, with the alarm now covered by screams.

The blank-faced security guard stands motionless. He slowly begins to back away, retreating into the corridor.

All I want is the tranquility that existed before. How do I return to that point in time? If I don’t say a word, the problem might stop. If I don’t make any noise, the problem might stop. If I don’t make a scene, the problem might stop, but my desperation will not stop.

Why? Why can’t the security guard leave?
Why is Grandma like this?
Why won’t you leave?
Please leave.
Please.

I want to shut the door so badly. If you look, look at the perfect hallway. If you listen, listen to the alarm. Don’t listen to the screaming. Don’t look beyond the doorframe. Now people know this is my family. This is Grandma, but this is not my姥姥.

People don’t need to see this.

What feels like an eternity is mere seconds. The security guard has returned to his post. The door is closed. The doormats and grout lines are all out of sight. The alarm is off, replaced by Grandma’s yelling.

My aunt-in-law returns, unsure of the circumstances but unsurprised by the results. My mom is back in the apartment, calm. My dad sits on the sofa, exhausted. Grandma doesn’t stop. I can only stare mortified.

***
The automatic doors slowly open. Through the loudspeaker, “5:30 pm visitation hours have begun.” All those waiting stand up from their seats in the lounge, rising slowly. Everyone orderly walks through the doors into the patient wings.

Everything is white: white walls, white sheets, and white gowns. The local news channel plays in the background. The elderly patients lay in their beds, staring ahead, blankly.

Restraints attach each foot to a pole on the bed. One strap is secured at the waist. Grandma can barely move except for her arms which are kept free. For the first time in a while, she is calm like everything else around her, even if it’s by force.

My parents begin to remove the straps, releasing her from the restraints. There is so much Velcro to break through, so many clips to unbuckle, so many knots to untie.

Just then, the nurse walks into our corridor.

“These people are trying to hurt me! What do they know? I am trapped. I don’t need to be here! These people are evil. The lowest of the low.”

Grandma’s hands flail, punching the air, punctuated by ineloquent screaming.

We let her be instead. She’s free to fight, but she can’t get out of the bed. Her muscles, at most, can lift a limb but are too weak to raise her body. Her skin is so shriveled that the fat that was once on her body has now all disintegrated. There is only bone left. For the past two years, she has been mentally unstable, but she is also physically unsteady for the first time. She will not be fighting anyone even if she wants to. There’s no need to stop her now.

The nurse talks with my mom about Grandma’s medical conditions, updating us on her high blood pressure and the developing cancer in her stomach, and noting the conditioned rage; none of it comes as a surprise. She instructs my mom to replace the straps, but my mom persuades her to at least have the straps removed while we’re here. We’re used to the flailing hands, the punching of air, the punctuations of ineloquent screaming. We will put them back on later.

“Mom. See how all these other people are quiet. Can you try to be like them? The nurses fear you; that’s why they must strap you down. You need to calm down. Then, they won’t put the straps on you.”

Grandma disputes her words.

“These people are trying to hurt me! What do they know?”

We let her continue with her ranting. The patients, family members, and hospital staff can all see our chaos, but it’s too late to hide anything now.
Then, my Grandma directs her ranting at me, “See Chen Liang, our family is the best! Everyone else is evil!”

Chen Liang is not my name.

The screeches of wheeled equipment pierce the halls. Nurses run back and forth, attempting to attend to the excess of patients. Papers cover every inch of desk space available. Various names and times are scrawled across whiteboards; a day’s worth of organization is slowly fading. An unknown stain permeates the worn-out tiles.

I’m squatting against the wall. My eyes well as I feebly attempt to hold back tears, but the sheets of tissue paper are no match for the tears now streaming down my face. The world around me continues to move; the chaos will not stop. I only want to be at peace.

The one who once played cards with me is now the unstable elder I don’t want to be associated with. She is my Grandma; she is my姥姥.

As we’re about to leave, I stand back up to see her one last time, walking back into that flawless patient wing. She is finally calm again.

I try to recollect my fond memories of her to at least say a farewell, trying to ignore the recent events which have all but scarred my memories. There’s little love attached to what I want to remember. I try my best to cover my bloodshot eyes from minutes ago, but the puffiness gives much away. I try my best to smile. “Bye,姥姥. Get well soon!”

She smiles back. “Bye, Chen Liang.”

***

I open my eyes, brushing off the remaining tears.

Here lies my姥姥, ever so calm. She’s still smiling like she always did.

Only this time, everything else comes into focus. Beyond the glistening skin, wrinkles manage to show through. The strands of her hair are so black, but a sheen of grey still appears. The ironed-out qipao has a crease in the fabric. And that gold wristlet she always wore, it’s fake. I’ve always known it was fake; it doesn’t shine as bright as the rest.

I exit the enclosed room, returning to the parlor where my mom remains folding those paper offerings. What felt like seconds becomes an eternity.

My mom is visibly exhausted. The dark circles droop under her eyes. Through the tied-up hair bun exists a slightly unwashed odor. The mismatched make-up makes it obvious she was in a rush.
The flowers surrounding the room, though fresh with their green stems, wilt under the blazing hot fluorescent lights. The trashcan overflows with crinkled wrappers of Big Macs and McChickens. The noise of the air-conditioning rumbles through the halls, masking the sounds of the ocean breeze. I am not the only one who's a mess.

Beyond the façade of a picturesque family conceals a family who is suffering – a family grown restless from overnight hospital visits, a family constantly arguing about home care and treatment options, a family insincere in their grief knowing that the thing that has been tearing them apart is finally gone. This is my family. This is my 奧姥姥.

For so long I have tried to forget, thinking it will be the only way to erase the memories of her screaming incoherently at strangers and forgetting my name. I only want to remember the endless games of Solitaire under the blissful moonlit night. And yet this guilt eats away at me—how can I only love part of her? She loved me when I messed with her game of Solitaire. She loved me when I chose to share my day. She doesn't have the opportunity to remember me, but I still have the opportunity to remember her. I don't want to lose these memories of her. I don't want to lose her. Tomorrow, I bury my Grandma. But tomorrow, I also bury my 奥姥姥.

I can finally exit the parlor to a hallway brighter than before.

I can smile again. I miss her.

Why is this over?

A granddaughter struggles to grieve the loss of her grandmother, a task far more complex when coupled with cultural implications and difficulties to accept the emotions felt during those times.

Cher Sha is an MS1 at BCM and went to the University of Michigan for undergrad. When she's not buried in lectures, you can find her either baking cinnamon rolls or dancing.
Burn Out // Armando Martinez

We started,  
a match ignited by some friction  
...a moment of resistance  
...just wishing for acceptance.  
Miraculously, that force, heat translated to fire.  
Spontaneously, flames, chasing our fame. 

Oh, how we burnt bright!  
Turnt our lives right, 'round,  
basked in the light, drownt in the glory.  
We gazed into that blaze and danced day after day.  
Entranced in that firestorm,  
our fevered fervor  
    took form  
    and became the norm. 

Invariably... the fire conspired to deny her  
and I, its supplier, no liar, transpired higher still, until I  
crawled tired, entirely consumed, doomed to be retired.  
    Extinguished  
    Exhausted  
    I lost it. 

Nothing left but burnt fingers,  
and a match I let glow, then go, out.  
A burnout. 

“Burn Out” uses the image of a lit match to symbolize a matriculant’s journey through the world of medicine. Overcoming the initial friction of applications, we realize our fiery passions. We perform and conform to the pace of medicine, sometimes taking for granted just how hard we work. Consumed by desire, we may end up burning off the things or people that fuel us, leaving us burnt out.

Armando S. Martinez is a second-year medical student at Baylor College of Medicine. Captivated by medicine, he sometimes needs the help of his partner to keep him from losing himself amongst it all. Balanced as she is, she knows better than this go-getter, not to play with fire.
It's hard to go through medicine without thinking about life and death. This song is composed of spontaneous thoughts on the subject from someone who is still trying to make sense of it.

*Trung Nguyen is a third-year medical student who enjoys learning and discussing about the humanitarian aspects of medicine. One aspect that his pieces aim to explore is the meaning of life in the face of death.*
Concrete Paradise

From the treetops of the Amazon,
I breathe softly,
Flipping the pages in the travel guide looking at all the places I want to go.

From the shifting sands of the Sahara,
I can feel the wind building behind
And the warmth of the sun on my face

But then I open my eyes
tomorrow I say
I will emerge with dewy breath

Anxious to make my dreams a reality
What is reality?
I always say if you dream a million dreams, statistically one of them will come true

I sit in my bed
Blades of moonlight peering through my window
As I realize that here too is a slice of paradise.

A dream from my past that is now a reality
From a mountaintop of steel and glass
I stretched towards where the sunlight bends.

This was a piece our group of nine people wrote for Wellness Intersession class at BCM. Each person came up with a different line of the poem as we went around in a circle and created this poem spontaneously.

This poem has been equally written by Navya Kumar, Huda Khan, Heather Burns, Sanjay Venugopal, Deeksha Bidare, Anuj Marathe, Dr. Andrew Childress, Jack Wang, and Rishabh Lohray.
A Year in Isolation // Aakash Shah

I knew moving would be hard. I left behind a world of weekend gym sessions with Amar and Nishu, getting a late-night burrito post call or a night out, fall foliage, cousin dinners that never ended before 1am, timing the Brown and Pink ‘L’ lines, and even the merciless Chicago wind that makes a cold day colder. A world with regimented routines, familiar faces, and accustomed avenues. Moving is a part of life; an experience most people have at least once in their lifetime. A new beginning. I expected to have FOMO (fear of missing out) during intern year, but I could never have predicted what came next.

No one prepared me for moving in the midst of a global pandemic. I could only see the top half of a stranger’s face, the mask hiding a friendly smile. Six feet felt much farther when I included the emotional distance. Nonverbal communication was nonexistent. I got a welcome to residency presentation and the time/location of where to show up for my first day of work. No group lunches, team dinners, or happy hours where I could vent about the long hours and how the ‘system’ sucks. To this day, I doubt most of my co-residents can pick me out of a lineup. My patients recognize me only by my gray Patagonia fleece. Only one patient in the past year has seen what my face looks like.

Perhaps the hardest part was that no one, including myself, could do anything about it. I had no control over the timeline of when to move. There was no option of remote work for me. The health and safety precautions were in place to prevent further infections and suffering. The call schedule is cemented in stone. I could not control the spread of COVID nor the creation of new mutations. I had to play my part in helping humanity pass through this arduous time. Some days, it felt as if I was just going through the motions in a soulless daze.

For me, the realization that I was powerless came in the middle of January when I was on my medical intensive care unit rotation, which coincidentally happened to be during the largest surge of COVID cases in America. I saw countless patients come in gasping for air and become intubated, only to have to declare their time of death a week later. We called each patient’s family every day with minimal updates, with the culmination being an in-person goals of care meeting. The first time (and in most cases, the only time) I met the family in person was to have to discuss the transition to comfort care and palliative extubation. There was nothing I could do. The patients kept following the same downward spiral. How do you give a family hope when you have no hope to give?

The level of isolation was at an all-time high. I use the word isolation in all senses of the word – physical, mental, emotional, spiritual, and many more. At times, I even felt isolated from myself.

I now know what it means to feel isolated. It comes in waves. Being separated from your family during a reunion. Missing a friend’s birthday. Unable to sleep at 3am in the call room. Scrolling through your Instagram feed at work. Watching a son saying goodbye to his father without being able to touch him in
his last moments of life. Not knowing what your attending’s face looks like. Looking at the list of residents and not recognizing many faces. People feeling sorry for you as if you have something wrong with you.

As I enter the tail end of intern year, I finally have the bandwidth to process what I experienced.

With each wave of isolation, someone or something has willed me forward. Listening to Nithya talk about her day. My parents perpetually planning my next flight to Chicago. My brother laughing at how I dented my car. Deciding to show my face (albeit only for a transient second) to more patients. Rooting for Lebron with my roommate, Andrew. Dancing in front of my mirror each morning. Seeing the bottom half of my co-intern’s face. Driving with the windows down. Seeing my fig tree sprout a new leaf. Having a senior resident check in on me in the middle of the night. Reading in the sun. Looking at old pictures and seeing how far I’ve come.

These moments all bring me back to feeling connected and give me some optimism that the isolation and powerlessness can be turned to positivity. My class of residents will forever be the intern class shaped by the pandemic, a timeless bond uniting us for years to come. Our masks and face shields were a sign of unity. A year of FOMO turned into the year of Zoom and virtual gatherings. With each end-of-life discussion, I learned something more about the incredible resilience of humanity and hope. Most importantly, I found some inner peace and solace that I so desperately needed. This was a year of many new experiences for me both personally and professionally in an unprecedented era of human history.

Reflecting on my intern year in the midst of a pandemic. In a year defined by isolation, I learned how to feel connected and empowered.

Aakash Shah is a second-year internal medicine resident at Baylor/MD Anderson. You can find him reading in between consults and after long admitting shifts.
Caregiver, a journey for both //
Nikalina O’Brien

Things, I’ve been told about caregiving. dementia
What I’ve had to learn on my own (the difficult, inefficient, painful way)

70% of caregivers over the age of 70 will die before their recipient of care – pamphlet at the Elder Law office

So, you can imagine there’s some relief and reassurance, as I watch my dad head out
into the hour just before the sun sets amber in a cold, soft, purple sky
to gather wood at 78

Caregiving takes its tolls, regularly

Caregiving:
No clocking in or clocking out,
No refuge in commute, title, office, pay
Daily duties include cleaning, cooking, crying, dancing, DJ’ing desperately
to change the mood during a dark cloud moment.

(There are more duties – I just started at the beginning of the alphabet)

I watch my dad, noting what I can see of the long haunt of stress
I turn back to cooking, stashing this worry away
to crowd in with the others

Today is the best day – someone who has no family members with Alzheimer’s
Tells me this, uninvited

Today is the best day
The phrase rears an anger up in me that whirls mad, blind and spitting
Standing in the sordid mess of a colossally bad day:
    feces, frustration, confusion, realization

So much falling away, piling up –
A complete ledger of any moment would break me, I’m sure

I try to take note of where the day veered left
    (trying to investigate, prevent, soothe, understand)
Why did the word salad break for her to say – “My grandpa was a bad man”
We get down to the Cranial Nerves, struggling with bites of dinner
and even here, Bad Grandpa and a ripping birth too young drift through,
occasional inevitable specters

The triggers and turns of each day are slowly dusting out a skeleton of trauma
an archeology that I wish I could not see

*Today is the best day*
The woman that birthed me, raised me, whispered poetry in her baths
Now, small and confused before me in the shower
Frozen, obstinate, heaving an uncharacteristic curse my way

We are both naked, crying
hurting, unsure

(But maybe this is how it began?)

We have both lost something, and I’m sure that neither of us can name our Loss
Mine, something to do with youth
Hers, much to do with resting with dignity into a life’s worth of wisdom

If this is the best day
how can I bear tomorrow?

*The most important thing offered by a caregiver is simply their complete presence —* Arthur Kleinman, MD

Presence in this moment looms too big –
I perceive it as a direct threat to my sanity

I horrified myself, understanding for a weighted sick second
why a truly desperate person might shake their own baby –

The incessantness
The overfullness of this moment threatening to choke
The sudden and massive paradigm shift in relationship to time and tasks
  Ritual and responsibility
  Love and self
  Past and future,
  Presence
(Under the Anger is Grief
   lift the mask
Under the Grief is Love
   lift the mask)

In the awfulness, there’s refuge in humor. In the mundanity, ritual. And if I can get through the awfulness and mundanity with my feeling Self intact, small joys spring up into my notice. More and more appear every day. Love blooms. – I realize

Love flows in to my care
   present, sensing, soothing
I learn that Ease is a close companion of Love and
   we are both relieved.

When a storm rolls in, I steady
   move to where Archimedes might be standing
   if he could lever the world
Take a breath of 40,000 spacetime units (or more)
   and remember to laugh

How else could there be humor on this scale?
No weave could be complete without these darker threads
   shimmering, devastating
In its full grasp, whole.

Grief and frustration brought me here, to this wholeness
   and I’m suddenly grateful:

I don’t believe there is anywhere else I could stand to have a more magnificent view of this Truth.

*Today is the best day*
We spend a blissful, tearless 15 minutes
   watching a butterfly bounce in the flowertops of the field
We swing together, wordless but content
   admiring the sprawled-out sunning pup at our feet

We giggle and share a chocolate milk in fancy teacups
(purple climbing flowers on thin white china)
We make eye contact in a silly, direct, and co-conspiratorial way
    when the swing creaks just so
We dance with full-faced smiles in the living room
    when the music flurries just so

I am certain that you know me, feel my love, and love me
    (I am relieved)

We have both gained something, and I’m beginning to be able to name the gifts
Hers, something to do with youth
Mine, much to do with resting into a small (yet sturdy) first wisdom

You’ve changed my relationship to time and tasks,
    Ritual and responsibility
    Love and self
    Past and future,
    Presence.

Today is the best day
Today is the best day.

I wrote this piece about my experience as a caregiver for my mother, Elaine O’Brien. She is a true force; she continues the lesson from childhood that there is transformative power in love and deep true care. These lessons keep me going (in medicine, in life).

Nikalina O’Brien is a second-year medical student at Baylor College of Medicine. To keep the creative lights on, she is learning to set aside time each week for nourishing pursuits (admiring/photographing the dragonflies that drift through the yard, writing, and cooking with local produce).
A cyst, she said. Small, not much, but come in for a better look. And I am surprised by the spa approach of earth tones and green tea with fluffy robes and dim lighting massaging the breast as you stare at the ceiling with relaxing music that doesn't do its job.

Let's aspirate the fluid. That'll answer the question, no one's said out loud. Sure, I say, let's get this done. But stubborn sac won't surrender the goods. We should biopsy it.

Just roll on your side and I'll numb the skin. You will hear a sound. Like a gun, I think and close my eyes. Click-pop bang, as skin so innocent to alcohol, or iodine, or needles, is stabbed again, and again, until the selfish cyst collapses to the firing squad. But a blood vessel retaliates and a little clip, a staple, marks the spot inside while the rest of the breast purples and oozes and bruises but is taped with an X to keep it all together. Just keep ice on it. Every 15 minutes until you go to sleep.

Like I have time to freeze my breast and sleep or fear that it may not be so simple. Because it's never simple, is it? It may be complicated.
Gulchin Ergun is a proud Turkish-American, Ohio native, and graduate of Case Western Reserve University School of Medicine. She has been in Texas for the past twenty years working in the Texas Medical Center as a gastroenterologist with a specialty in motility. She writes about growing up with evil eyes and Girl Scouts and her experiences in medicine. She is a Pushcart prize nominee and her work has appeared in Missouri Review, Bayou Magazine, Potomac Review, Sou’wester, and others. This work has been published previously in Chest.

Untitled // Milbrey Park
Food is one of the basic human needs. As a nutritional sciences student and then a medical student, I often have wondered about the best way to fuel for long days at school or in the hospital. This watercolor and pen piece is a reflection of the saying "you are what you eat," and visually depicts how a colorful, produce-filled diet can lead to a healthy life.

Milbrey Parke is a fourth-year medical student at Baylor College of Medicine. She graduated from the University of Florida in 2018 with a B.S. in Nutritional Sciences and loves all things food.
Frayed // Paarth Kapadia

One of the first things they taught me in summer camp, back when summer was summer, school was school, and work-life boundaries were actually bound, was how to fix frayed ropes. Frayed ropes were bad ropes because they tied bad knots. The pathophysiology involved multidirectional shearing forces and friction and physics I once knew. The management was surgical: either by whipping (binding the frayed ends with thin twine; rope-ception) or by fusing (melting the frayed ends together into a permanent, goopy hug). The outcomes were decent, disposition simple. I think I honored that rotation.

Over this last year of core clerkships – this amazing year where my mind has been expanded, my horizons broadened, my skills sharpened, and my compassion deepened – I’ve unfortunately felt a little frayed myself. I’ve felt myself withdrawing. There have been too many text messages and phone calls unanswered, too many brunches and dinners unattended, and too many holidays and special occasions uncelebrated. After too many “too manys,” I’ve felt the bonds I hold so dear – with my colleagues, friends, and family – slipping and coming undone, a tragedy unfolding in slow motion.

At first, I found myself growing defensive. But I was so busy, I thought, a flailing counterargument in the courtroom of my mind (think Judge Judy, not Law and Order). It was very easy to blame the things within my schedule for crowding out the things without. Of course, it was true that the paucity of free time was not helping my situation; however, what was worse was the budgeting of the time I did have. For all of those missed opportunities I had to connect with my loved ones, there were even more missed opportunities to connect with myself. For every missed phone call, there was a missed workout session; for every missed dinner out, a missed dinner in with a good book to read; for every missed social celebration, a missed self-acknowledgment of my own milestones.

What I have come to realize is that the knots that anchored me to my loved ones have been loosening because I have allowed my own rope to become frayed and lose purchase. And so, to reconnect with my loved ones, I am first turning inwards and beginning to reconnect with myself.

One of the first things they taught me in summer camp, back when I didn’t know who I was going to grow up to be, was how to fix frayed ropes. I now know what I didn’t back then – that I’m going to grow up to be a physician and that I’m going to help people protect and maintain their health. But I am only now remembering something I already knew back then – how to fix a frayed rope. And so, my next steps forward will be to take a couple of steps back – to heal, to balance life and work, and then to reconnect, to call and text and write and keep in touch, and to finally bounce back whipped and fused, woven once again into restrengthened bonds, and more resilient than ever before.
This work is a brief reflection of my struggles with and solution for social isolation during a busy time in my life. While I regret growing distant from my loved ones during the past year, I am overjoyed with my recent reconnection with them.

Paarth Kapadia is a third-year medical student who has recently returned to his core clerkships after a research year. When he is not at the hospital, his hobbies include reading and tinkering around with computers.
A Day in the Life // Katelyn Sarkar

6:00 AM: The alarm goes off. Doxylamine has been helping me tolerate the sleeping discomforts of the third trimester.

8:10 AM: Off to the races Monday. As soon as I start rounding on the rehab nursing unit, I’m being flagged down for notifications of uncontrolled tachycardia and a family member who has been unhappy since admission two days ago.

10:00 AM: Just when I think I’m making headway rounding through the floors and entering some orders, I am summoned back to assess a patient who fell in therapy. With a prior intracranial hemorrhage and thrombocytopenia, this could be a disaster.

12:00 PM: I dig thankfully into the leftovers from dinner prepared by my husband; a taste of home is a welcome respite. I am able to take a few moments to smile into the phone as he calls just to say “hello.” After feeling alone handling issues all morning, knowing someone cares to commiserate is invaluable.

2:00 PM: My new admission, a dignitary who took an overseas medical flight for 12+ hours, is in impending respiratory failure and may not be so “rehab-appropriate” after all. I call a rapid response, feeling unprepared with very little background info as staff flood in.

4:30 PM: Frantically trying to document all the day’s events and ensure I didn’t miss any details.

5:45 PM: I was hoping to beat rush hour home to get started on dinner. I’ll just use the car ride to catch up with my sister.

10:00 PM: It’s already bedtime? I think I brushed my teeth at lunchtime, but I can always be better at flossing. Of all the physical changes during pregnancy, gum disease is definitely the strangest.

No matter how busy we are, I always feel connected to my partner throughout the day.
A Day in the Life // Arindam Sarkar

6:00 AM: Taylor Swift’s “the 1” goes off. I stretch toward my love and yawn a “goood morningggg.”

7:00 AM: My physical therapist says my ACL rehab is progressing, though I haven't noticed any difference in my pain or ability since our last session.

8:06 AM: I slink a few minutes late into our county primary care clinic, expecting a string of eager patients. No one has arrived yet, and I'm rethinking that yellow/red light from my drive in.

10:40 AM: Today’s inpatient follow-up appointment slot is a lengthier case than usual. On top of a complicated pneumonia course, the MICU also bequeathed him with a new stroke. In a poorly-fitted wheelchair, he smiles broader than I thought his cranial nerves would allow. He shakes my hand fervently, thanking me for the excellent service he received at the hospital. I’ve never met him, but his zeal is infectious.

12:15 PM: I used to text her first to verify she’s free, but now I just call my wife during lunch. She always takes the call!

1:40 PM: I take some more Tylenol for my knee soreness. The privilege of my plight isn't lost on me. My PT took days to start after my injury, not months like most of my patients. I used crutches for seven weeks and resumed walking. I’m thankful for the hope of returning to my original baseline function.

7:30 PM: Today’s home-charting on the couch is more relaxed than usual. I think my wife wants to keep dinner and leisure time simple tonight, too.

10:15 PM: I decree, “Alexa! Good night.” The sound machine begins, and the lights end as we close our eyes for the day.

The following depicts a day in the life of BCM alumni Arindam Sarkar (MD ’15) and Katelyn Sarkar (MS-PA ’15). This submission is envisioned as two companion pieces to be experienced side by side.

Katelyn works for UTH’s Physical Medical and Rehabilitation department while Arindam works for BCM’s Family and Community Medicine department.
Perspective // Qiancheng Wang

Towers

It has finally arrived at the clearing through the grass. Up, it gazed. The view was worth the day's journey.
Undergrow

Beneath. A secret passage canopied by grass and dwarf plants.
Qiancheng (Jack) Wang is an aspiring physician at Baylor College of Medicine and a nature photography enthusiast. He is fascinated by the concept of what the world would look like if seen from another size. Follow him through his journey of capturing nature through the perspective of macroscopic creatures.

In a vast open field a spire loomed. Around it, life gathered.
What does it do,
to be up till two,
-if I’m without you?-

Would it make me a fool,
to follow the rule,
and let work take me so?

If I,
crossed that line in the sand,
bound my hands, and charged myself
to study until I couldn’t stand
to sit any longer.
I’d have found something to die for.

Crowned in olive, victory,
just to live in misery.

Running round
with hands left unmet,
-after all my suns had set,
I’d have been looking for someone to live for.

Medicine forces us to balance relationships and labor. In such a gung-ho world, many put the pedal to the metal and metaphorically ride until the wheels fall off. Late after a grueling night, such a person may find themselves asking, “What is it all worth?” “What It Do” shows how an obsession with work can lead us down a lonely path if we fail to account for the cherished individuals in our lives.

Armando Martinez and his partner are second-year medical students at Baylor College of Medicine in Houston, TX, and Paul L. Foster School of Medicine in El Paso, TX. Tempered by the heat of overwhelming work and the cold of inescapable distance, they manage to find purpose in each other despite the odds. Hand-in-hand, they seesaw between the unrelenting drive to excel and the humanity they cannot afford to ignore.
Becoming Boléro // Monica Lou

Much of my life has been scored by a very specific soundtrack, one that ebbs and flows with moments of impassioned flourish. Maurice Ravel's Boléro is comprised of two themes that repeat and intertwine in a gradual swell until they collapse at their brash conclusion. Throughout the repetition, changes in instrumentation and range lend themselves towards a feeling of growing tension, all while a snare ostinato underneath moves steadily forwards. When I hear any portion of it played, I find my attention is held captive until the very end; I am moved every time. The profound impact this single piece has on me is like no other. While Tchaikovsky emotes, Elgar enchants, and Sousa rouses, Ravel uniquely compels.

I was fifteen when I first listened to Boléro, a passenger in my mother's car as she drove me to orchestra rehearsal. Myself a flute player, I was immediately hooked when I heard the solo flute voice come through the car speakers. I hummed absently along to the signature melody as I watched the surrounding landscape shift from the greenery of suburban Plano to the concrete of urban Dallas. About ten minutes in, I wondered aloud if it would ever end. My mom and I waited for that specific iteration of the theme to conclude just to see if another would take its place. Of course, one did! Each time the melody restarted with a change in instrumentation, we would giggle and look ahead to the next variation. As the piece resolutely continued, the car filled with peals of laughter. Our cheeks ached from smiling so hard, we were almost in tears! The sheer joy we felt left a lasting impression on me.

My fascination with Boléro persisted through high school and college. I attended multiple Ravel-centered performances from the Dallas Symphony Orchestra. I read theories about how the obsessive repetition in Boléro may have been a manifestation of the progressive dementia that Ravel experienced in his final years. I listened to a podcast about Anne Adams, a Canadian biologist-turned-artist, who produced her own visual representation of the orchestral piece. She finished her painting, entitled Unravelling Boléro, shortly before herself being diagnosed with progressive aphasia. There's a strange symmetry between Ravel and Adams: two highly creative minds entangled in a melody so demanding, so all-consuming, that it followed both through neurologic decline.

What is it about Boléro that makes it so powerfully spellbinding?

To better understand the gripping nature of this piece, I decided to do my own “reactionary” response to Boléro in which I recreated about half of the score using my own limited instrumentation. For the insistent underlying snare rhythm, I tapped on some plasticware lying around my apartment. The two melodies were passed between flute and piccolo, the only instruments I own. I was intensely aware of the musical constraints that I was working within, whether that be the finite musical range and timbre of my chosen instruments or the limits of my own ability. The intonation of certain notes left something to be desired. The tempo was not always strict. As it stands, I have no doubt that Ravel himself would not have enjoyed my rendition of Boléro. Yet, somehow, I am satisfied. Rather than being intended to entertain others, this exploration was a means for personal growth.
The lessons I’ve learned from Boléro are numerous. Just as the signature theme winds its way through different instrumental voices, time inevitably marches forward. Each day I experience is a variation on the one that came before. Some days are straightforward, like the solo flute that first stole my attention years ago. Other days are chaotic, rife with slippery glissandos that have me sliding off balance into uncertainty. Major life transitions are huge harmonic leaps of whiplash: illness in the family, graduation, a pandemic, self-discovery. There are periods of calm interspersed between periods of frantic energy, all building up to an exhausting climax, perhaps an exam or a deadline marked on my calendar.

I, too, have been changed by Boléro. The decisions I make reflect my theme, my core morals, channeled differently depending on the situation I am in. Sometimes I am the piccolo, sharp and precise in my actions, bold, unafraid to stand out. Sometimes I am instead the strings, sharing the melodic load with others, bolstered by the voices surrounding me. Sometimes I am the melody, other times I am the accompaniment. Often, I adapt. Always, I persevere. As Ravel’s snare ostinato marches resolutely forward, so do I.

Monica’s flute piece is available on the BCM Omentum webpage

Monica Lou is a third-year medical student at Baylor College of Medicine with an interest in narrative medicine. She is a flute player and finds joy in rehearsing and performing with the Houston Concert Band and the Houston Civic Symphony. Music is her happy place!
Still Lives from the Pediatric ICU  //  Daniel Bland

Pietà

He looks so small, so vulnerable,
Surrounded by tubes and wires, a bolt sticking out of his head
Connected to a monitor, its white line telling us just how much pressure his brain is under
(The only way to know if we'll have to remove part of his skull;
Neurosurgery feels so medieval sometimes).
His limp form, deathly still and dwarfed by the equipment surrounding him,
Is kept cruelly apart from his mother's loving arms,
His mother, who drove all night across the desert
Only to helplessly crumple to the ground, unable to touch him,
Unable to cradle him.
The sobs that wrack her body are so violent, so full of suffering,
That it scarcely seems possible for her slight form to contain them, let alone produce them.
Is this the pain a parent is capable of feeling?
I wouldn't know, and now
I'm scared to.
I avert my gaze to the monitors. The white line keeps climbing up.

The Passion

A wooden crucifix, lovingly carved,
Pushed off to the side along with the blankets
So the amassed onlookers can carefully study the movements of the chest.
A flutter; not a breath, but the jumping of a heart
That has not realized its partner the brain is gone.
The neurologists perform their examination, moving from eyes to ears to mouth to arms,
Ritualistically, reverently,
As if to anoint.
A few minutes longer we watch the chest.
No heaves, no responses.
Consummatum est.
Landscape

“If I have to die in this hospital,  
I will.”
The child with his brain on fire,  
Unremittingly seizing for reasons no neurologist in the world can yet explain.
His mother, invariably well-dressed,  
Who has learned an impressive amount of English in their time here.
They have been in this ICU for so long  
That they are part of its geography:
The nurses’ station, the sliding doors, the artwork on the walls,  
The mother and her son, who will not leave until he is “better.”
They are as beautiful, and as fixed,  
As a painted tree, perched on the edge of a verdant cliff,  
A void perpetually yawning below.

During an emotionally challenging rotation in the Pediatric ICU, I found my mind returning to a few scenes  
I had witnessed, which remained fixed in my mind, almost like tableaux. Writing about these scenes, attempting to convert the strong visuals into words, helped me process the emotions I had witnessed and felt during these events. As I wrote, I noted some similarities between the scenes I remembered and certain genres or subject material for artwork, and used these similarities as an organizing principle for my attempt to translate image into text: for example, a fractured Pietà, with mother separated from child.

Daniel Bland is a 4th-year medical student at Baylor College of Medicine applying into Pediatrics. An English major in college, and a member of BCM’s Ethics Pathway, he appreciates that narrative medicine can not only aid in wellness, but can also allow writers and readers alike to examine the intuitions about ethics that analysis of narrative medicine can produce.
Garden of Healing Series // Sujal Manohar

Garden of Healing I
Garden of Healing II
Garden of Healing III
Garden of Healing IV
Garden of Healing V
Garden of Healing Series

The “Garden of Healing” series highlights the recovery process after mental illness and the factors needed to maintain mental health. These images capture a large-scale installation from my exhibit about mental health at Duke University. After hearing one student describe how medication helped her recover from severe depression, I was inspired to utilize prescription bottle containers as planters in a garden. The type and height of the plants vary widely, suggesting that growth and recovery look different for everyone. Some containers do not have a sprout yet since we heal at different rates. And the same person may be represented by two containers at different moments in time.

I designed the labels on the containers with five characteristics associated with mental wellbeing: resilience, self-care, hope, adaptability, and empathy. One approach may not work for all individuals, and outcomes will vary, too. But with the right support, everyone can bloom.
Asthma Attack Series // Sujal Manohar

Asthma Attack I
Asthma Attack II
Asthma Attack Series

As an asthmatic, it can be difficult to fully explain the sensation of tightening lungs and wheezing. In these three images, I utilized plastic sheets and familiar asthma inhalers to visualize the symptoms of an asthma attack.
Anyone with allergies is likely accustomed to carrying a Benadryl or EpiPen with them at all times. For me, this small pink pill has limited my allergic reactions after accidental ingestions of tree nuts. It’s always in my wallet – just in case.

Sujal Manohar (BCM ’25) lives and thrives at the intersection of the arts and medicine. She sees art as a tool to connect with others and help them heal, as well as an avenue for health-related advocacy and awareness. You can view more of her work at sujalmanohar.com.
Poems // Ginger Hooper

Medical Student: A Story

Like characters from some ensemble tragedy
They rotate in and out of my view
Allotted the stage to monologue history
Then cut off at the next person’s cue

All I can do is watch their chest rise and fall
My small pen a story attempts to write
But I know not what lies beyond these white walls
They just exit stage left like they entered stage right

I witness their pain but their pain isn’t mine
I’m a bystander in this comorbid play
Listening as if helping them practice their lines
Then leaving at the end of the day

And I cannot help but wonder
What character I’m cast in their head
Am I a small comfort or a small blunder?
Will they remember something I said?

I wrote this one after getting home from my last preceptor session. Being a medical student is kind of a weird thing sometimes—you spend a while talking to someone, hearing everything they’ve been through, and then you just kind of say, "Well, bye!" and leave, never to see them again. So much of it is out of your hands. I can't tell if their stories affect me too much or not enough. I feel something, yet feel like I should be feeling more.
Regrowth

The winter ended with a terrible freeze
Strong enough to make a strong city seize

For a week we hid under blankets and throws
Rubbing our fingers and rubbing our toes

And when finally, shyly, we lifted our face
We found that a culling had taken place

The sun, resurrected, showed a world new-begotten
Half of its plants dried up and rotten

I thought surely Spring itself had been thwarted
All its eager green buds too soon aborted

I thought that year we'd be denied Spring's regalia
And two weeks later, I spotted the first azalea

I wrote this one after the winter storm last year. I was so sad about all the dead plants, and afraid that the azaleas (one of my favorite things about Houston) wouldn't bloom that year. But then, of course, they did anyways. I felt like I wanted to write something about it, but wasn't sure what, till a particular lecture in an elective I was taking (the Hiding in Plain Sight one) about post-traumatic growth. I wrote this poem that afternoon.
**Interior**

I caught a glimpse of my interior  
in the mirror this morn  
A glimpse of the gore  
from which I was born

(In a nightgown which left my chest bare  
lifting my hands to twist up my hair)

Suddenly—there were ribs and a sternum  
bobbing beneath skin like shadows on vellum

I’ve seen such ribs before, of course  
(On patients while feeling their heart rate  
Or my dog near the end, after she’d lost so much weight)

Yet I’d never appreciated them on myself  
How we neglect our own biology!

I think I’d have to cut myself open to really be convinced  
I possess a liver and a spleen  
I’d still think my skull filled with soul  
till with my own eyes that fleshy matter I’d seen

And I almost feel guilty towards my mother  
for crediting God with her creation  
And not her own blood and bones  
which gave my heart pulsation

---

Ginger Hooper is an MS2 at Baylor. She grew up in Austin but has been in Houston for a while. She enjoys writing as a pastime and outlet, in addition to music and long walks.
Walk // Matthew Usevitch

When leaves fall silent  
And my sails go limp,  
I look down to see  
Two small feet whose  
Plodding teaches me that  
'Walks' were not named 'routes,'  
Nor 'directions.'  
They are celebrations  
Of freedom that I, too, had  
Once discovered,  
A reminder that  
Wind still exists  
And will fill my sails again.

During the beginning months of the COVID pandemic where life seemed frozen on hold, I had more time than ever to reconnect with my oldest son right around his first birthday. It was during this period of pause that I was taught lessons about life and relationship which I am now sharing through my poem “Walk”.

Matthew Usevitch is a current MD/MPH student at Baylor College of Medicine and UTHealth School of Public Health. He is a future Family Medicine physician and looks forward to becoming a community doctor involved in both individual medicine and public health intervention. His most important job, however, is supporting his wife and raising his two sons.
Gurenge // Albert Han

Audio Recording is available on the BCM Omentum webpage
This piece is a jazz/waltz cover of a song named “Gurenge.” The cover and backtrack were transcribed and made by SLSMusic. “Gurenge” translates into “red lotus,” which commonly signifies compassion, sympathy, and love. The original song speaks to perseverance for others’ sake, which I believe aptly reflects what many medical providers have practiced throughout the COVID-19 pandemic. I found this piece to have a free and energetic feel, which I hope can reflect a more positive outlook as we approach an end to this pandemic.

Albert Han is a 2nd year medical student at Baylor College of Medicine. He went to undergraduate at Rice University where he majored in Bioengineering. He enjoys playing the piano as a hobby.
My Friend, I understand now
Why there is Out as well as In

In is comforting, friendly
An inviting prison
A place where your mind runs circles in an endless revolution
Sustaining itself on nourishing nothings

Replaying and regretting all you have done
In makes you feel like the most important No One
Whispering lies of safety and love
In binds you with its promise of being “enough”

And then there’s Out
Wild and new
A dangerous place
But one that calls to you

Offering you a chance
To expand, to grow, to win
Things you could never do
If you only stayed In

But leaving In
Easy as it seems
Is a Herculean task
Beyond your wildest dreams

In order to get out
You need an in
Someone to help you
A person within

I was once like you
And I can show you the way
Tell you the truths about Out
So In can't make you stay

We were able to get to Out
Because someone reached In
Held our hand and did not slip
When fighting against In’s vice-like grip

But my friend, only a few ever learn
The secret that Out has to share
That you only become the master of your mind
Not when you are In
But when you are Out there

I wrote this poem to describe the struggle of a person with a psychiatric illness. Throughout my life, I have always been upset by the public stigma associated with mental illness. This piece is an effort to convey the lack of choice and control involved in these patients’ illnesses and how compassionate interventions are the kinds of responses we should be employing.

Shveta Abraham is a third year medical student at Baylor College of Medicine. She graduated from the University of Houston, majoring in Biology and minoring in Medicine and Society and Psychology. She has always been interested in the mind and caring for it through art such as music and literature. When she is not being psychoanalytical, she loves watching Korean dramas and singing.
This song was my first attempt at music writing and composition. It was also my first attempt at putting together instruments, none of which I play, into a song. I had been thinking of a particular melody for some time, but, when I tried to create the sheet music, the melody came out much differently than expected. However, that difference created a much jauntier melody and inspired a whole song. Hope this song brightens your day as much as it does mine!

Bharath Ram is a third-year medical student at BCM who is interested in critical care.
You spent your childhood daydreaming about your picture perfect life as a doctor

You knew what the end looked like
You never quite understood what came in between
Until now

You birthed the love of your life, picture perfect
Eight weeks pass and you have to be a doctor without her; distorting your perfect picture

This is a 55- word story series about returning to work as a new mother.

Yasmin Uzamere is the family medicine chief resident for this year, married to one of the pediatric chief residents. Together, they have a daughter, Luca, to whom this short story is dedicated.
What’s Left Behind // Trung Nguyen

Mr. M was, at the very least, a character. He was a gentleman in his 40s who came to the emergency center because three days prior, he started having difficulty speaking and developed an inability to use his right hand and fingers. The initial imaging showed some subacute stroke in the left side of his brain, possibly caused by his history of hyperlipidemia. His dad also passed away from a stroke. After being briefed by the ER team, my residents, co-student, and I headed down to see Mr. M.

As our team opened the door to Mr. M’s room, we heard a “clunk” as something hit the ground and a shadow of someone in a hospital gown fussing over the noise. Apparently, Mr. M was surprised by our visit and as he shot up from his bed to greet us, he knocked over his tray along with his cup of apple juice. “I…am…sorry. A…big mess. Sorry!” Mr. M struggled with his words as he tried to form a coherent apology.

After reassuring him that he did not need to apologize and getting the nurses to help change his sheets and gown, we started taking Mr. M’s history. His recount of events was not far off from what the ER team told us. In other words, our encounter with him did not bring more surprises in terms of medical management to my residents. Instead, what surprised us was his personality. For a start, we were told that he was particularly concerned about the weakness in his right hand and fingers. However, we were not told why. It turned out that Mr. M was a make-up artist who was extremely passionate about his job. He was scared that he might not be able to practice his art and bring joy to his customers if this weakness persisted.

Although he was wrestling with his words at first, Mr. M started regaining some of his fluency as our conversation went on. The confidence boost from getting his speech back bolstered Mr. M. As we moved on to the physical exam, one of my residents wanted to test if his sense of touch was intact.

“Now I’m going to have you close your eyes. I will touch different parts of your body, and could you tell me which part I’m touching?” My resident explained the instructions of the sensation exam.

“That…escalated quickly! I’m not ready yet; you have to at least buy me dinner first,” Mr. M replied unexpectedly but matter-of-factly, with just a hint of controlled laughter.

A second passed, after which my two senior residents, intern, co-student, and I burst out laughing. Knowing that he got his audience, Mr. M pushed his comedy further:

“Maybe dim the light a little!”

At this point, we had to pause the exam all together and just get some good laughs out of our system.
The rest of our time with Mr. M was, undoubtedly, enjoyable. Neurology was honestly not the happiest rotation. Although I learned a lot and thoroughly loved my time here, I also realized quickly that neurologists care for patients who have the potential to get critically worse at any point. The brain is an amazing and fascinating organ but also a delicate one. So much can go wrong with this electricity-firing control center that we dedicate a whole specialty just to take care of it. Therefore, meeting a patient like Mr. M who could take us away from the job and let us indulge in laughter for a few minutes was truly a pleasure. After all the laughing and joking around, we finished our interview, and it was time to leave. As we opened the door, however, Mr. M stopped us. “Wait a minute!” He said, this time with a much more somber tone.

“I want you to know that I want everything done for me.” He paused, as if to let his message sink in. “My dad passed away from a stroke…and I really don't want the same thing to happen to me.”

Although surprised by Mr. M’s change in tone, our residents quickly nodded and reassured him that we would honor his wish.

Mr. M then turned to me and my co-student. “You guys didn’t talk at all today.”

He was correct. It was our first day on the service, so silence and observation were always the wise move.

“I expect you to speak tomorrow,” Mr. M finished. My friend and I laughed and promised him that the next time we saw him, we would run the whole show.

Time in between clerkship days is always a blur where we try to cram as many productive things as possible before waking up to do it all again. Therefore, the next day came soon enough. My co-student and I arrived, did our pre-rounds, prepared our presentations, and then headed down for table rounds. Our attending didn’t really have any order in which he would like to hear about his patients. As a result, we just went “down the list.” It must have been after going through six or seven patients that I finally realized, Mr. M was not on the list. “That’s odd,” I thought to myself. But no-one else was alarmed, so I, a fresh medical student, would not be alarmed either. After rounding, as we were still sitting and deciding which floor we would go to first today, my co-student finally gave me some explanations.

“Did you hear about Mr. M?” he asked out loud to the room. They all nodded.

“What happened?” I blurted out, not even sparing any self-pitying thought that I was the only one who did not keep up with my patients. As they started filling me in with the details, my jaw dropped.

Last night, Mr. M went down to the OR for a standard diagnostic procedure. However, a couple of hours after he returned, a resident noted that he was being extremely aphasic. In other words, his speech level suddenly declined to the point he could not get any word out at all. The night team was very concerned and immediately sent him to do some additional imaging. It was quickly found that the blood in his brain circulation had somehow evaded his compromised blood brain barrier and filled up any available space
in his skull. This event is known as a hemorrhagic transformation. It was not just any hemorrhagic transformation, however. Mr. M’s hemorrhagic transformation was so severe that the force of the incoming blood flow dislodged his brain tissue and sequestered his brain stem below, the structure responsible for our most essential functions such as breathing and maintaining a heartbeat. Mr. M was transferred to the neuro ICU.

There are many things that a neurologist can do in the ICU for a patient like Mr. M. But I will not go through any of those. This is because I want you to know that, despite how many treatment options we might throw at him, despite how many times we might round in front of his room, and despite how much we wish we could help him get better, Mr. M was very unlikely to get any better.

There are few moments in a student’s medical career when what they wrote in their application essay actually comes true. In my personal statement, I told the admission committee that I want to, one day, understand the meaning of life. I have always struggled with the concept of an organic life that has a sure and absolute ending. If we are made of chemical reactions and biological needs, what is it about the human existence that gives life meaning once all these processes cease? Does this meaning, if it exists at all, fade as soon as there is no longer a catalyst to a reaction and no longer a substrate to an enzyme?

By this time in my medical career, I have yet to answer any of these questions. Nevertheless, I had already participated in the care of many dying patients. During my neuro ICU rotation, several patients were brought in with strokes so severe that it was hard for my attendings and residents to do anything to improve their clinical picture. While seeing each of these patients, I challenged myself to reflect on my personal statement questions about the meaning of life and death. No matter how hard I tried, I could find no meaning but only a hatred for death. It seems to be a force of devastation that wipes away years of hard-earned accomplishments, well-endured hardships, and deeply forged relationships. I could not explain its necessity but only learn to accept its reality. As these patients passed by our unit, I got a bit more used to accepting death as a part of living and as a reminder of the most human bond that physicians and patients share.

However, my encounter with Mr. M was different. At that time, I did not know why but I felt extremely unresolved. There was something during our brief interaction with him that I could not bring myself to accept.

After weeks of unconsciously processing the event and nights of REM sleep that helped connect the dots in my brain, I finally realized what was bothering me: up until when I met Mr. M, I had only met patients on their death bed but not before. I did not have the chance to know these patients before they became unresponsive with only tubes and monitors to speak for them. All I knew of the life before their hospital beds were paragraphs written in their HPI about the mishaps that befell them but never the joy and happiness that kept them going until that point.
On the contrary, Mr. M’s story was more complete. He was someone who loved bringing joy to others. He loved his craft and took pride in making his customers happy. He was loving life and was also anxious of the prospect of losing it.

Moreover, Mr. M’s picture is more than just a snapshot in time that my residents, co-students, and I captured. Our 30-minute interaction with him could not possibly convey the lifetime of achievements and relationships that he had built with a million other 30-minute conversations he had in this world. Nevertheless, those 30 minutes I had with him were enough. They were enough for me feel something was wrong when I heard the news the next day. They were enough for me to keep wondering for months what it was I have been feeling. They were enough for me to write this piece.

Ultimately, what I felt that day was a sense of shame. I had felt so defeated in my personal quest for meaning that I was willing to accept its absence in Mr. M’s death. Fortunately, my brief interaction with him pulled me back. I could not bring myself to accept that there was only death and destruction at the end of the journey of such a funny, charming, and loving man. Surely, I was wrong. The meaning of Mr. M’s death cannot be described by only biological and chemical processes. There was still something lingering even when these enzymes and reactions ceased, something that can hardly be defined but can be clearly felt.

As elusive as the answers to the questions in my personal statement are, I could only feel right about my interaction with Mr. M if I continue looking. And then it dawned on me. It does not matter whether I will ever find an absolute answer to what I set out to find. There is already meaning if I keep seeking. Without even realizing it, my interaction with Mr. M and the aftermath of his passing has renewed my journey.

Medicine is full of encounters that can change one’s life and perspective. This story is about a personal encounter and how it nudged one’s life and perspectives in a new direction. But it’s not about what only I felt. What’s truly meaningful is that we, the people whose lives Mr. M touched, all felt something. With every family member, friend, and customer he ever interacted with, Mr. M’s life and his journey to its finish line have created countless cascades of emotions and changes that ripple through time into a future that he may not even know of, a future that will continue to unravel long after he’s gone, a future that he himself helped create with what he left behind.

Trung Nguyen is an Austin College graduate and a third-year medical student at Baylor College of Medicine. He is an officer in many clubs and interest groups such as IMIG, AMP, AADMD, and Badminton Club. He has a growing interest in Internal Medicine and Pediatric Oncology.
your scent is one that lingers, and never truly leaves
when I am with you, you’re the only thing I see
I’ve searched far and wide, for someone just like you
your touch upon my cheek, feels too pure to be true
you offer me strength, and put a smile on my face
your voice holds me steady, on my darkest of days
the taste of your lips, leaves me choked up and speechless
kiss my neck and my shoulders, like no one can see us
your tongue against mine, a force unparalleled
the mere thought of losing you, an unthinkable hell
my love only grows stronger, the deeper I delve
I can’t get you out of my head, cranial nerves one through twelve.

A love story told through the cranial nerves.

Emily Xiao is a third year medical student at the Baylor College of Medicine. She is passionate about using Impressionism and abstract art to evoke emotion and convey a story.