“The practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will be exercised equally with your head.”

- Sir William Osler
Ether Arts is the literary and visual arts magazine of the Ohio State University's College of Medicine. We are committed to the publication of artistic works by Ohio State medical students and alumni, as well as students and staff outside of the College of Medicine. We seek to demonstrate the artistic abilities of students and staff alike both inside the realm of medicine and outside of it. We hope to initiate artistic discussion within the community, allowing the exploration of what it means to be a medical professional and what it means to be a patient, blurring preconceived notions of what it means to be either.

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David Chen & Allison LaRocco
Foreword from the Dean
K. Craig Kent, MD

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PROSE

The Oral History of Pity | Rebecca Anthony
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SPECIAL THANKS

Linda Stone, MD
Anna Soter, PhD
K. Craig Kent, MD
Medical Alumni Society
Medicine and the Arts

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LETTER FROM THE EDITORS

Dear Reader,

Thank you for picking up this year’s edition of Ether Arts, the literary and visual arts magazine of the Ohio State University College of Medicine. Medicine is, at its heart, the practice of humans caring for other humans, and Ether Arts seeks to honor that practice by encouraging and showcasing the humanism of both practitioners and patients.

Healthcare has always been an interdisciplinary team sport, and we are proud this year to publish numerous pieces by authors of many different backgrounds. Within this magazine you will find fifty-one pieces from thirty-one authors and artists, a record number of pieces for the magazine. Our authors this year were incredibly diverse, encompassing every year - including premedical - of medical school, optometry students, nurses, residents, and physicians. We are honored to be able to represent their range of perspectives and experiences and hope that you enjoy their work.

This magazine would not be possible without the many individuals and organizations that supported it. We would like to thank the editors from past years for their support and guidance. Our advisors Dr. Anna Soter and Dr. Linda Stone have been incredible mentors and their contributions to the continued success of the magazine cannot be overstated. We thank Dr. K. Craig Kent, Dean of the College of Medicine, for contributing his foreword to the magazine. Medicine and the Arts and the Medical Alumni Society must be thanked for graciously providing the funding for the magazine each year.

Finally, we thank our contributing artists, authors, editors, and you, our readers. We are endlessly grateful not only to our authors and artists for sharing their love of humanity, but to you, for picking this magazine up and making it all worth it.

Best,

David Chen and Allison LaRocco
Editors-in-Chief

FOREWORD FROM THE DEAN

Welcome to the 2017-2018 College of Medicine Ether Arts Magazine.

I am honored to be invited by the Ether Arts Board to provide a foreword for this year’s publication. I am proud of the College of Medicine’s commitment to the arts, and of our students’ creativity and leadership in showcasing their unique talents and the talents of our faculty.

Integrating medicine and the arts to explore the healing power of the arts is a strength and point of pride at the College of Medicine. While many medical schools provide some connection to the arts, Ohio State has a true commitment, making cultural experiences outside the classroom a priority.

Ether Arts allows us to explore artistically what it means to be a medical professional and a patient. From poetry and prose to visual art, these works celebrate the dynamic moments in medicine, and reinforce our continual need to further strive to understand the human condition.

This year’s issue includes impressive works by members of the Ohio State community, Ohio State medical and health sciences students, Wexner Medical Center physicians, and alumni, many of whom are involved in the arts at Ohio State and in the local community.

The twenty poetry and eight prose selections include a variety of artistic explorations—from the physical realm (Katie Kessler’s “Dying Young”) and cultural context (Linda Stone’s “Finding the Light”) to short glimpses (Grace Lee’s “Untitled”) and personal reflection (Anna Soter’s “For John H.”). Twenty-two stunning visual art pieces, among them Hayley Leonard’s “Out on a Limb,” Au Duong’s “Ducks” and Christian Blough’s “A Tetonian Reflection,” complete the collection.

Congratulations to our talented team of students who made this issue of Ether Arts possible. I hope you will enjoy this diverse collection of voices and our celebration of the importance of art in the medicine at The Ohio State Wexner Medical Center.

Sincerely,

K. Craig Kent, MD
Dean, College of Medicine
Vice President for Health Sciences
Leslie H. and Abigail S. Wexner Dean’s Chair in Medicine
The Ohio State University
Thumbing through pages,
pages of disease, discomfort and despair
racking her brain for answers
disgusted to find answers aren’t there

Hours studying,
studying every ailment and ache
expected to master so much
terms tumbling; a medical earthquake

Patient sits, waits,
waits for the student to give relief
the student searches
can’t remember, angry, in total disbelief

She asks nervously,
nervously awaiting her mentor’s reply
pushing aside the fear of judgment
to patients, she swore to never turn a blind eye

Armed with answers,
answers to help the patient care for her sight
grateful, the patient thanks profusely
her gratitude, a reminder shining bright

She had forgotten
forgotten that a student is an incredible thing to be
learning more each day
So that one day,
the answers will be within me.

SEUSS, MD
Meghan Fennell
Second Year Medical Student

“You’re off to great places!” Or something, they said.
And the feet in your shoes and the brains in your head
Can take you—Will take you!—wherever you choose.
Well, take it from me, kid: that’s simply not true.

They can’t take you backward. No way, sir, no how.
Your feet and your shoes really can’t save you now.
“I can’t quit? Why not?” you may yammer and yawp.
There are so many reasons! Let’s start from the top:

Your high school reunion’s coming up in the fall.
All the cool kids will be there! They have spouses! And Jobs!
But you don’t have a date. You don’t have a career.
The “future doc” thing’s all you’ve got going, dear.

And just think of how badly Thanksgiving will go
When Great-Aunt asks about that weird thing on her toe.
If you can’t lightning-quick diagnose her disease,
Who knows what she’ll find when she checks WebMD?

Last but not least-est, we mustn’t forget
You’re thousands and thousands of dollars in debt!
And it’s ninety-nine and three quarters percent guaranteed
That you can’t get a job with your four-year degree.

Winners don’t quit—at least that’s what they say
(Though I’ve known a great quitter or two in my day).
If the thought of new mountains seems a bit too cliche,
Know that you’re stuck with this one, so get on your way!

MEERKATS
Hayley Leonard
Second Year Medical Student
They called you Pity, a distortion of the ancestral name. “Pretty Pity,” Daddy would chant as you flew up dangerously close to the ceiling fan, the choppy air hitting your cheeks in staccato. No one in the family realized the name would lead to a lifetime of awkward introductions. Even if they had, you conceded, it likely would not have altered their decision. “The Walkers are trailblazers in this sand-colored world!” was Daddy’s response to your frequent childhood protestations about his socially questionable behavior. They decorated your room with comics. “Bright. Like you,” Mama answered your question, as your curious hands grasped the frills of her apron. You waited for her to hand down the potato peels to feed the growling Earth. “She’s hungry!” you cried as you ran to the yard and Daddy harumph-ed. They bought you a doll once, when the Church Lady suggested it for your softness. Earth had eaten it begrudgingly too.

“Drum pum pum da da dum dum dum,” went the march you beat out on the worn animal skin drum with your brother Triumph (He never knew, Gran told you, his namesake was a convenience store). Two years later, when Triumph ran far away, you lit the drum on fire. You imagined him looking up across miles of sky to see the smoke curling up, tongues of grey yelling for him to return. The extra matches you had used to burn beautiful, hungry holes in Uncle Cliff’s boots. The smell of rubber is forever.

Waiting and wishing composed your adolescence. Waiting in the rain, wishing for the sun. Waiting for love, wishing you could take it back. They used to say to you, “Pity, you have potential!” but no one ever thought to tell you where it was. So you thought you’d wait for it to show up, all along wishing someone would just hand you a map. You used to wait for Billy in the woods- not the deep woods, just the edges of the track field- after Ms. Steven’s class. You broke Billy’s heart and transferred his hurt to your canvas. They raved over the colors and the depth. Only Billy knew everyone was raving over his own raw emotions. Yes, they had been right. You did have potential.

This method did not work in reverse. When high school came and ravaged your own soul, the paintings became flat and elementary. “Pretty Pity, not so pretty and without so much potential,” you could hear them saying. You took ash from the fireplace and ran it through your hair and across your childish bedroom walls. Mama blamed Daddy and Daddy blamed absent Triumph. (If he had been there, Triumph would have blamed you). You went back to the woods, hoping for inspiration, but the Styrofoam cups crunched sickeningly under your feet and the rustling of plastic bags assaulted your ears.

They laughed when you suggested College. “Only the dumb and soft attend those zoos!” Daddy shook. Daddy also said that about hospitals. The College was far from home: sturdy and without dust. A Greyhound of strangers dropped you off at its gates. At first, you flourished in this market of free emotions; it seemed every student was on the verge of great personal collapse. You painted brilliantly again. But four years? People began to tell you that you were wrong. They questioned your methods. They said, “Pity, do you care!” You left on a Thursday because the Art Department ran out of red acrylic paint.

And now, you wander. You call it travel, but travelling takes money and purpose, neither of which you possess. You are a wanderer composed of words. The small hours of this morning transferred your lazy tales to my passive ears. Occasionally, I opened my heavy eyes to see the shadow of your lips moving, moving, moving. Each new place adds and so you grow: becoming through the ears of others. When you turned and left into the sun, I became the newest addition to you, to your oral history. Don’t fall silent, Pity. In your sleeping silence I forgot you existed.

THE ORAL HISTORY OF PITY
Rebecca Anthony
Fourth Year Medical Student

LAS MUJERES DE PERU
Morgan Amigo
First Year Medical Student
The doctor lectures on genetic syndromes
how comfortable
do you feel he asks us
the answer
is not
numbers swirl around
my head like clouds like smoke like
your echoing words and the
smile you flashed me as you told me
you loved me this morning
he reminds us
we can’t know all the answers
the radio
sang me to work my head pounds pulses
with my to do list
he mentions statistics
and the uncertainty of DNA assays
urgently nothing passes slower than the days leading
up to the days of decisions
window blinds
shut out the light I play with my hair
change the part
the light I can feel
behind my eyes waiting
to be released
you go for a run
I sit here
planning my future and tasting
the word our on my tongue.
Your icteric eyes shone bright
On a fateful Saturday:
We took your hand and wished you well
An organ’s on its way!

Your family’s joy so palpable
As from afar they gathered here,
Their fervent prayers today came true
Thanks to a selfless volunteer.

His family gathered just as yours
But in a dimmer, sadder mood,
Your gain his loss, oh heavy heart,
With his last breath, fortitude.

1. Anasarca bloating his face
   His dad misses his bright blue eyes
   Now obscured as the fluids race
   To cover up his subtle cries
   “Don’t let him suffer.”

2. Body cries through jaundiced sclera
   Better than his home translators
   But stopping treatment may tear a
   Home apart as strain grows greater.
   “Nothing left to do.”

3. His eyes entranced by the mobile
   Of prayer beads as parents chant
   Dad unsure if it’s ignoble
   To stop or faithless to transplant
   “He looks to his God.”

Katie Kessler
Fourth Year Medical Student

Mark Wells
Fourth Year Medical Student

FLAMINGO
Brett Bowers
Second Year Optometry Student
Take a deep breath in.
Let it go.
And begin.

In a forensics unit at an inpatient psychiatric facility, eight men and I perform Tai chi. Some of them are new to the unit; others have been there for years after being arrested for crimes complicated by psychopathologies that prevented them from standing trial or entering a plea.

Sink onto your left foot as your arms float upward – easily, as if lifted by a gentle wave. Imagine now – bring in that which you need. Love. Gentleness. Peace.

Each of them is on a long list of medications to help manage their psychiatric symptoms, but the drugs can cause other problems, including disequilibrium – severe enough that a few men perform the movements while seated, so as not to fall.

Shift your weight to the center as your arms circle around. Gather it in.

One confides in me after class that he has problems with voices. They won’t leave him alone.

As your weight shifts to your right foot, your arms sink down, releasing that which no longer serves you.

Their backgrounds and their stories as diverse as one might imagine. Yet, can one imagine? What must it be like to be trapped or tortured by one’s own mind?

Prepare to step your left foot forward, arms moving upward like the wings of a great blue heron, preparing to take flight.

They come week after week. One hour of sensing. Of gentle awareness. Of neutral observation as they learn the form and slowly, gracefully flow through one movement to the next.

Scoop with your left hand as you bring your left foot to meet your right, preparing. Step wide into a solid stance. Rooting down, grounded and strong. Then open slowly with eyes on your left hand as it glides ahead of you while sensing behind with your right hand, out of sight. Past. Present. Future.

Caught, perhaps, in a cycle of trauma. Brain chemistry gone awry. But here, now, being present and mindful. The constant internal chatter becomes less intrusive. Obsessions subside. Anxiety softens into the background.

Bring everything back to the center. Cloud-hands float to the right then left. Right. Then left. And one more time before returning to the center again.

There is something about these gentle, fluid movements. Something about the stillness within the dance that invites an easy concentration, which is anything but easy to access during the other twenty-three hours of the day. Focus and relaxation achieved not by medications but by a physical practice, opening a back door (even if only temporarily) to a peaceful state of mind.

Step left and float the right knee up, drawing a circle in the air, vulnerable. Left foot providing an anchor. We all need anchors, especially in unsteady or vulnerable moments. And life unfolds in moments after all – one fleeting to the next like the movements of the Tai chi form.

As in all martial arts, the power comes from deep within. The punch and the kick are nothing but powerless flailing without the energy from the core, the dantian. My students and I do not talk at length about the techniques or philosophy of the form. We don’t have to. It is understood, sensed, experienced.

Facing forward, arms float upward in a final offering. Then moving in a circle in front of you. Hands press down as you stand tall to achieve your full height. An hour has passed. We are energized yet calm and centered. Grateful for the practice. For each other.

Right hand in a fist, for power. Left hand flat, for peace, positioned on top. Peace over power. We acknowledge each other in martial arts tradition, bowing with respect. We bow too to ourselves, our greatest opponent – remaining vigilant with kindness and compassion.

Maya Armstrong
Fourth Year Medical Student

ANCIENT PERFECTION
Morgan Amigo
First Year Medical Student
Cup of chamomile tea
laced with heaps of honey,
I grasp it in my hand
as if the strength of my grip
will let it better warm my soul.

Fingers stroke the blanket knit by my mother.
Examining its every thread.
Searching for traces of comfort.

I listen to the sound of raindrops
hitting my window
rapidly, but
oh
so
softly
wash away my affliction.

I once feared the sound of thunder and the glare of lightning,
but now the sight of dark clouds moving
is a sign that the world is still turning
as I am healing.

Don’t lose the red of the dirt
that cracks between your fingers
the creases in your
slow, sure smile of a boy
who is practically grown
the genial nod, the undiluted kindness
in your eyes
the love you give away
without a thought, as if your love
isn’t extraordinary
Never change, never go to sleep
to wake up a man
for now, be impatiently patient –
the mangoes are almost ripe
and begging to be picked.
She was a cutter. That is what stood out if you did a quick reading of her chart. That would be the dramatic and startling thing. She would cut herself, her wrists, her arms, her abdomen, wherever the knife would guide her that day when the depths of her being cried out for relief from the pain. That is what would stand out, if you read her chart. But a person is not a chart or a disease or a body or any other tangible thing. A person is something beyond mere words, beyond a diagnosis, beyond a category. So was she.

I met her fairly early in my practice life. Her family had long been seen in the old, established family practice I joined early in my career. At first I saw her for simple things, but as the trust developed I learned more than I could initially comprehend. Children, in my limited experience, were to be cared for by loving families, to be nurtured and guided, to be encircled by strength such that, when the time came, they would move freely into the world. Children are fragile. They are not meant to be tormented and beaten, not meant to be taken advantage of in their innocence and willingness to trust, not meant to be treated as less than human. Yet that was the story that unfolded as our relationship developed. I was her physician, but I had no knowledge of the pain she had suffered as a child. I did not know the horror of a father who chose not to be a father but instead to be an abuser, a person who took away the light and hope that is childhood well before the adult could have a chance to find herself. To be sexually abused is to lose the heart and soul of a growing and loving child and have it replaced with fear and hopelessness and despair. I cannot comprehend the sickness of mind that allows one human being, let alone a trusted father, to perpetrate such horrors on a child. It is evil of the cruelest kind.

But the story is not in the monster who was her father. It is in the child whose soul would not die. There is a part of us so in touch with truth that even cruel lessons taught by a parent can be questioned in some remote corner of the mind. Children know only what they see, and they believe what parents tell them is normal. But somewhere in this child, there was a question about the parent, a question that would not go away, a question that sustained a battered soul until the time came for healing to begin. I was fortunate to enter her life when she was about to embark on a journey that would bring her back to the light. I met her when the cruelty had been recognized, her father was no longer a part of her life, and her psychiatrist’s work was beginning to push a wedge between the incomprehensible past and the growing hope for the future.

I have witnessed the birth of a child, though the body was full-grown. I have watched a mind that was ripped and torn by unimaginable human deprivation struggle to return and find itself. I have watched a heart outgrow hate and begin to trust and love. I have watched a soul outgrow a life of suffering and begin to heal. If this child could climb back from the abyss, then we are not our illness, we are not forever formed in the mold of childhood, and we are not defined by our differences from each other. We can, in reaching out to find the help we need, find we are on a pathway leading out of the past. From her, I learned there is no such thing as hopelessness. From her, I learned my tools are very human tools that every physician can carry. They are the tools that connect us as human beings. My black bag has learned to carry more than it used to because I was fortunate enough to meet a woman whose diagnostic label told me very little about the human being I have been privileged to know.

THROUGH THE EYES OF A STUDENT
Brooke Mathie
Third Year Optometry Student
HAYDEN VALLEY
Adriana Giuliani
Third Year Medical Student

The blaze devoured the forest
Leaving bones
Less than bones
Where you had just walked

Where we now step
Treading the black soil
As fresh buds creep
The nurture already done

The roots sown deep
A thin stroke of green
Softening the ravaged scape
Dipping through curves and curls
Embellishing this gray world
Offering up its rough rendition
Of what only might have been

The trailheads are lost
So as we track memories
We begin to forge anew
Though sinking in marshes
Though edging around bison
Though following the ghosts of
Black bears in binoculars

And at the peak
Of rolling hills once still
We find again

You
The shooting stars of our childhood
Burned on the back of our eyelids
Seared black and white
Glittering where we threw you
Into the air of a volcano
That may soon erupt
And turn all this beauty
Into ash
MIDNIGHT
David Chen
Second Year Medical Student
Runner Up for Best Poetry

I step out of the car, the gravel crunches
Exhale and watch my breath float away
The city a memory on the horizon
twinkle twinkle little star

Cicadas offer a soundtrack to my steps
Wandering in the darkness
Lost in thought

how i wonder what you are

I pause, spin slowly
Watch the stars turn overhead
Distant, disinterested

up above the world so high

KYOTO TWILIGHT
Au Duong
Second Year Medical Student
O n old main street there's a bar that's mostly underground. You need to go down a set of stone stairs between a falling record store and a Starbucks to reach the place, which is probably the reason that the clientele is mostly regulars and a smattering of college kids in beanies and fingerless gloves trying to feel sophisticated. The Pale Horse, it's called and it still has an old wooden sign hanging above the entrance that the owner insists dates right back 350 years. No one believes that, but it does have the ambiance of an old place, a place with history. It also mostly burned down at some point, either 20 or 50 years ago depending on who's tippily telling you the story as if it was a new fun fact. No one died in the fire or anything, and since the place is mostly stone and plaster the damage wasn't all that bad, but it's part of the local mythology.

It's always a bit dark in there, and dusty with cigarette smoke. Conversations are mumbled, and lapse frequently into silence. In the far corner a bit behind the bar, where the light is out - the light is always out - there are a group of people that never order anything. They mostly keep to themselves, but they're friendly enough to strike up a conversation if you sidle over.

There's a group of 20-somethings over there, talking to an older man without a glass or bottle outward the young professionals, the college kids of kids standing out on the sidewalk, probably falling asleep at the bar, and the bartender had to shake him awake at the end of the night and help him stagger outside. The next evening he'd be back early.

Except eventually Greg didn't come at the usual time, never came back at all. Someone mentioned asking his son about him - would that be overstepping? - but the son hadn't been around lately either. The scarred-face man looked sadly at the space to his right and sighed. "Things were better back then you know," he said to the man next to him.

Greg's son showed up occasionally after that, always in groups of friends and never staying very long. The record store next door finally shut down and a cupcake bakery filled the space. A college student, almost certainly drunk, tried to parallel park out front and somehow crashed his car into the front of the building. There really wasn't much damage, and no one was hurt. Out of the corner of his eye, sometimes the bartender swore he saw Greg in the corner at the back of the bar.

And eventually he was back. In the same spot as always. He was paler, and quieter and he never ordered anything. By now not many people that used to know him still frequented the place and no one commented on it. Anyway, it was so easy for your eyes to slip past him. He didn't really register. He barely even answered direct questions, never called attention to himself.

Until Greg lifted up his head and he said "You know?" kind of quietly, and the scarred-faced man next to him turned to look. He was small and dressed in some oddly coarse fabric that could have been any color between gray and brown. He really did look like he had been very ill, or maybe still was. So pale you could almost see through him.

"You know?" Greg said, "this place has always been great, so great. I've just loved coming here, always. Even back when I was younger, everything was great!"

The man next to him looked him in the eye for maybe the first time. He said "No it wasn't, your life was bad." His tone was different than it had been a moment before. For once, the corner fell silent.

And Greg turned to look at him, but was distracted by a young man coming toward him from across the room. "Dad?" he said, face pale and eyes wet. Everyone in the corner was quiet. "Dad?" Greg's son said with a soft catching in his throat. He stopped, as if afraid to come any closer. Then he shut his eyes hard, turned on his heel and walked quickly, head down, out onto the winter street.

Greg sat half a beat longer but his eyes had focused properly for the first time in months and in a second he was out the door after his son. There was no one watching to see how the weak sunlight washed the color out of him or how his breath didn't cloud in the icy air.

The scarred-faced man settled back into his chair, seemed to sink into the wood grain. He resumed the conversation he'd been having with no one in particular as the soft buzz of voices started up again.

"Back in my day, it wasn't like this..."
FOR JOHN H.
Anna Soter, PhD

There is never a good time to say “farewell” when “farewell” is forever, loss and regret for lack of more tint memories of shared enthusiasms, intense conversations of favorite books, histories, places and people, of your passionate immersion in, and honoring of those whose feet walked, hunted, lived in now-suburban neighborhoods, whose arrowheads you gathered, restored, catalogued, and treasured. You always venerating the gifts others leave behind your prolonged illness, your wasted body never a measure of your spirit.

Your gift to me the making of the difference for a stranger, a novice professor, who felt she’d walked into a bull ring that day in January 1987 to lead a workshop on something related to writing, your colleagues politely indifferent - a natural outcome of enforced professional development - all caught in the web of “requirements” through which we stumbled in those two hours, surviving with relative civility and forbearance. And then you waved your kindly magic wand - the “don’t take it personally” one and I was able to walk out of that building restored, and I have never forgotten it.

You remind us of the great chain of being, that without each other, there is nothing, that ego is an illusion, that in the present, we always carry the past, and that wisdom and love, really, are simple.

DYING YOUNG
Katie Kessler
Fourth Year Medical Student

Just 18 and writhing in pain, your frail frame huddled beneath the covers. Apathy a shield you draw Against stage IV rectal cancer. Your mother, strong protector, demands, “Isn’t there more that you can do?” “Why aren’t we being more aggressive?” And you look on, empty, flat, knowing and not knowing what lies ahead And how blinded she is to what you foresee.

In your case and others, we walk the line Of hope, of expectations. What is fair; what would you decide? The truth said plainly Subtle hints At a great unknown you’re headed to Your doc’s afraid to speak the truth That you are dying, yes, you. Just 18 with much to lose, I hold back tears On my way home. “There’s nothing more that we can do.”
They said he expired, but he wasn’t a carton of milk that curdled on the counter and she doesn’t need reminding of his pale lips.

She breathed in then out releasing her motherhood into the antiseptic air. Her breath, like a whisper weaving with the sunbeams.

How can it be morning? How are the planets still spinning when her universe has imploded, her memories turned shrapnel against her intestines?

How quickly he became a part of the universe and they go home, hug their families and attempt to forget about this one, very ill, little boy.

DELIVERANCE
Sarah Horner
Fourth Year Medical Student

SNOW DAY
Brett Bowers
Second Year Optometry Student
1. The girl I met was Pixie. It was her parents who had carried her in, as she couldn't then carry herself. She was six when she fell from the sky.

2. Her name was Pixie. It was her parents who had carried her in, as she couldn't then carry herself.

3. We had stolen her blood, her urine, her CSF. We had pumped her back with fluids as a thank you.

4. I met her after she had fallen. When she was caught and twisted in white sheets. Plastic lines hooked into her arms, tethering her to the ground. It was morning, before most of the city had awoken. She could not tell me if it was day or night. I did not know myself.

5. I met her parents when they were tangled in folds and questions. Vomit and cries and nonsense had kept them awake through endless hours.

6. I read through a script of motivation, support, and sympathy for the parents. I smoothed out their folds before most of the city had awoken. She could not tell me if it was day or night. I did not know myself.

7. I felt for her lymph nodes. Listened to her heart and lungs and bowel. Pushed on her abdomen until she flinched.asked her to move her neck (she did). I asked her to open her eyes (she wouldn't). I tapped her joints for reflexes. Pinched her big toe to watch the blood flow back.

8. She curled away, whimpering. Her parents curved in, whimpering. And I could still say, “We don’t know.”

9. And I didn’t know. No one did.

10. We named it “California Encephalitis Virus.” It was a name trying to give form to that thing unknowable: a virus. Something straddling the line between living and lifeless. There were no medications for this virus. No apheresis or incision and drainage. No consults or special clinics. All we had in our arsenal were IV fluids, blood draws, and an official diagnosis. We were treading upon unformed ground, with Pixie as our guide. Though we could not see our feet, we pretended to have the map.

11. All I had was the same journal article her mother had scribbled in, as she couldn’t then carry herself.

12. I never knew Pixie, not before. Her parents told me that the girl I met wasn’t Pixie, not quite. And they missed their daughter. And they were afraid. They never said so aloud but they spoke with eyes dark, tones hushed, and movements suffocated.

13. Twisted in those sheets was a body bursting with movements suffocated.

14. The attending pushed on her tummy. His penlight peeked into her eyes. Her ashen pupils scurried from the light. Her mother followed her cautiously with the IV pole. The attending physician’s arms were thrust out around her as if awaiting an embrace. Her feet in their mismatched socks stepped delicately one in front of the other. Heel to toe. Then tiptoe. Then heel.

15. She looked up at the ceiling, down at her belly, left to her mommy, and right to her daddy. She didn’t flinch as the attending pushed on her tummy. His penlight peeked into her eyes. Her athen puffs scurried from the light.

16. Though we did not know enough, we said goodbye, unhooked her lines, and looked aside as she fell into the sky.

CITY LIGHTS
Joans Stevens Rigal
1956 Alumna College of Nursing
The Best Doctors
Brooke Mathie
Third Year Optometry Student

She sits unmoving as fat water droplets slide down her cheek
Feeling unloved, hopeless, flawed, broken and too weak
Unable to convey her pain in words, unable to speak
She stares blankly ahead, her once hopeful eyes now dull and bleak

For her heart is broken, mercilessly torn in two
As words of love, gratitude and affirmation he suddenly withdrew
No words sting as much as “what I want right now just isn’t you”
Who she loved before turned to stranger, only someone she once knew

Slumped against her wall, hoping for the pain to end
She cries at the memory of him, wondering how the hole will mend
But little does she realize the power of a friend
Who will sit with her, ease her heart, to her they tend

Smiles, encouragement, love and support on her they shower
Giving her strength to continue by giving her their power
For with their help in the corner she will no longer cower
And emerges a better version of herself, a new springtime flower

To them she owes a million unsaid thank you cries
For picking her up and brushing away her pitiful self despise
For being there, for loving her, for helping her to rise
And for being the best doctors she knows, by preventing further tears from her eyes

Cholecystitis
Franklin Privette
Second Year Medical Student

A nervous soul
asserting its life in the room
A man on the run from a ghost he cannot escape

The soreness of muscle
The tingling of hands
The diabetes
Can you treat it?
Can you heal it?

A laborer
life sins against the body

Medicine for his hands?
Not here
Not for him
Too much risk
My heart sinks
Anything else?

The pain when I eat
The pain when I eat?
Questions race through my mind

I can see the ghost in front of me, chasing his soul throughout our time together

Can you lie down?
I’ll place my hand here
Breathe in

!!!Arrghhh!!!

Can you help?
He needs to go to the Emergency Room
“You need to go to the Emergency Room”

Awestruck eyes penetrate me
The scene swilling through his consciousness
He slowly returns to earth

Now?

Now

The words I uttered, forming a storm of emotion
Clouds gathering over a desert plain, about to dump their consequences
Everything STOPS

Can I have birth control for my girlfriend?

An insouciant man left the room.

Edena
Mia Gamage
Third Year Medical Student
A PATIENT WHO I WILL CALL K
Austen Smith
Third Year Medical Student

A patient who I will call K, a 63-year-old woman, was born in Russia and lived there until moving to Columbus 25 years ago. She and her family have found a sizable community of Russian-speaking friends and businesses to the point that they can function very well in Columbus while knowing very little English. Thus with the aid of a Martti interpreter, we delved into K’s story.

Her symptoms had no definite beginning. Over the last two years she had gradually experienced decreased energy levels and more frequent fatigue. At first she chalked this up to “old age,” but her husband and daughter eventually convinced her to seek medical attention. She presented to a primary care physician who diagnosed her with iron deficiency anemia. K’s physician counseled her on an appropriate diet and prescribed daily iron supplements.

With K’s age over 50 and no previous colonoscopy, the physician referred her to endoscopy at Ohio State. This is when Dr. C’s team, including me and other medical students, became involved with her care. Dr. C performed a colonoscopy for K and found a sizable right-colon mass that was sent to pathology. While waiting for the results, I remember Dr. C quizzing me on the causes of iron deficiency anemia. I was able to come up with a differential diagnosis of dietary insufficiency and bleeding. Dr. C—in good attending fashion—invited me to consider other potential etiologies, for example reduced iron absorption, celiac disease, gastritis, previous bariatric surgery, etc. Still, at the top of our differential was occult bleeding caused by the colonic mass.

K’s mass turned out to be stage I colon cancer. She was diagnosed with colon cancer, and it was completely resected. To K and her family, however, that surgery could have completely changed her daily life. They wondered whether she could partake in family meals and activities as she used to do; they were concerned about needing to repeat similar treatment or perhaps more extensive treatment at a later time. Even in the face of excellent medical care for K, her family may still rightly harbor some apprehension. To a busy surgeon, such questions become too many to answer in a single encounter. K’s hospital stay was a medical win and, frankly, unremarkable: she was discharged on post-op day 2. She even taught me how to say “karasho, karasho.”

I rounded on and presented K for two days following her procedure. She recovered appropriately and without complications, as I had come to expect from her quiet tenacity. On post-op day 2, Dr. C told her that because she was doing well, she could resume eating anything she’d like. K and her family were skeptical. “What about potatoes? Carbonated beverages? Pork loins? ...” To which Dr. C responded with great articulation, “You can eat anything you’d like.” K’s daughter, a fluent English speaker, explained to us that in their family there are very particular meals that they enjoy on special occasions, and K wanted to make sure she could partake in these as usual.

This encounter demonstrated to me how differently patient care is viewed from the physician and from the patient or family. To the surgeon, K’s hospital stay was a medical win and, frankly, unremarkable. She was diagnosed with colon cancer, and it was completely resected. To K and her family, however, that surgery could have completely changed her daily life. They wondered whether she could partake in family meals and activities as she used to do; they were concerned about needing to repeat similar treatment or perhaps more extensive treatment at a later time. Even in the face of excellent medical care for K, her family may still rightly harbor some apprehension. To a busy surgeon, such questions become too many to answer in a single encounter. K’s hospital stay was a medical win and, frankly, unremarkable: she was discharged on post-op day 2. She even taught me how to say “karasho, karasho.”

I am pleased to say that K herself was all smiles when she was discharged on post-op day 2. She even taught me how to say “Ya ne girei ruyu ba michi” – which means, of course, I don’t speak Russian.

MILND
Cynthia Schwartz
Fourth Year Medical Student

One novel treatment for metastatic melanoma to inguinal lymph nodes is minimally invasive inguinal lymph node dissection (MILND). The current literature shows that complications for MILND are lower and that the oncologic efficacy is similar to the standard open inguinal lymph node dissection (OILND). Minimally invasive approaches have been applied to pelvic lymph node dissection, with comparable results as far as nodal yields and operative times, but with the benefit of decreased morbidity as compared to the standard open approach. Minimally invasive techniques represent significant technical advances with the potential to improve outcomes for patients for whom inguinal and/or pelvic lymphadenectomy is indicated. The boundaries of the femoral triangle are marked prior to incision. Three small incisions are made to provide access to the most distal portion of the planned dissection, at the apex of the femoral triangle. The operative site is infiltrated to 25 mg/ml for 10 minutes, at which time the pressure is decreased to 15 mg/ml for the remainder of the case. The medial and lateral extents of the dissection are guided by the skin markings placed at the outset of the procedure, which correlate with the borders of the sartorius muscle and the adductor longus muscle. Dissection is then carried down to identify the sartorius and adductor musculature, and the muscular fascia is divided along the length of the muscles in the femoral triangle. The saphenous vein is identified as it passes obliquely, anterior to the adductor musculature; it can be divided with clips or preserved depending upon surgeon preference and extent of disease. The fibrofaty tissue at the apex of the femoral triangle is then grasped and retracted anteriorly and superiorly, and dissection is carried superiorly. At this point, careful dissection is in order until the femoral vasculature is defined. Visible pulsation helps the surgeon identify the femoral artery, and the femoral vein is then found medial to the artery. The vessels are carefully dissected and skeletonized. If the saphenous vein has not already been ligated it is transected at the saphenofemoral junction using an endoscopic stapling device. The dissection at the medial aspect of the femoral vein should continue until the pectineus muscle is visualized. The final attachments to the inguinal ligament at the proximal extent of the dissection can be exposed by retracting the nodal packet inferiorly. The specimen is then removed through the apical port with a laparoscopic specimen bag to minimize the risk of seeding the incision with tumor.
That time in my pediatric rotation that despite the flower in my hair and the cute skirt I had on, I was reminded at work that my shoes were so mismatched! At least the kids got some giggles out of it.

That time I came home bursting into my mom's arms crying, because my toddler patient had had a pulmonary embolism overnight.

That time during my OB/GYN rotation, one of my patients around my age with a very significant medical and surgical history mentioned how she was raped by her uncle when she was a kid, and that he is still part of the family.

“Get out of here! You'll never be a doctor!!!” That time during my Transplant Surgery rotation that I saw the screaming and frustrated husband of one of our patients as a symbol of all the men in my life who have stepped on me, and made everything worse by telling him “Sir, please don't raise your voice to me!”

That time during my Pediatric Surgery 24 hr weekend call I played soccer in the hospital with one of our patients for whom NCH was a second home.

That time during my inpatient General Medicine rotation, I mourned my patient’s overnight death by staring at the only remainder of him: His bloody and soiled sheets.

That time during my Neuro-Critical Care rotation, close to the end of my third year, after a year of feeling small and useless, after months of loneliness and darkness, one of my dying patients from my Hematological Oncology rotation saved me. Him and his wife sent a volunteer just to hunt me down in the hospital and inform me that they had been readmitted and would love it if I would come and visit them.

“'You're lying to me! Are you serious?! She really wants me?! Man, I'm gonna miss you Miss Yasmin. I'm gonna miss here so much I could cry. Everyone here is so nice!’” That time during my inpatient Adolescent Psychiatry rotation my patient broke into tears after I told him his grandma didn't want to abandon him. Even though she'd constantly tell him, a sweet kind child, that he'd go to hell because he's bisexual. Even though her house was full of rats and he was the one who had to kill them. That time my patient was happy just knowing that he was wanted.

THIRD YEAR CHRONICLES
Yasaman Kazerooni
Fourth Year Medical Student
I spent the Spring collecting human heads in jars. Not jars – buckets. Three-gallon white plastic buckets with blue lids that seal tight with a thin lip, like to keep paint from drying out. Embalmed flesh – tenuous, fragile – hardens and darkens in air. We, like paint, are a collection of pigmented solids suspended in solvent. Only the proportions are different.

I lined up my collection on a window-sill, covered them gently, smoothed their eyelashes, moistened the delicate skin around the mouth, listened for secrets. I lost their names, applied type-written labels where I categorized them by 6-digit code and which slice of thin skin I sheared away to learn the architecture beneath –

Flying buttresses of arteries swoop behind the angle of the jaw. Gothic arches beckon the entry to the throat. The skull conceals fine tunnels traversed by city infrastructure – plumbing and electricity, vessels and nerves. A suspension scaffold that rivals any modern feat of engineering floats the eye for fluid motion to gaze, gawk, ogle, read, recognize a mother’s face, or paint.

If painting takes an image sharpened and shocked in light upon the retina, synthesized by hand-offs between flat layers of nerves, split across a chiasm deep behind the bridge of the nose to track through the firm and buried parts of the brain, where, cupped in the back of the skull it is made to mean, and then pigments it permanent, biology is a series of observational technical schematics of heads collected on windowsills that cradle the miracle that we could ever paint at all.
THE FALL
David Chen
Second Year Medical Student
Runner Up for Best Prose

TUESDAY
5:45 PM
"Listen – I know that what happened wasn’t your fault. But I have to do this debriefing, and I’m going to have to ask you some questions so we know what happened and how to prevent it in the future. Is that okay?"

I nod.

12:30 PM
"Hey, welcome back from lunch. We’ve got a new admission coming in. Mrs. K, a 70-year old lady found down at home, sounds like a history of falls, possibly some dementia. Can you get Room 4 set up for her?"

3:00 PM
BEEP BEEP BEEP BEEP BEEP BEEP BEEP

5:00 PM
We pause at the nursing station for a moment. Mrs. K stands in front of the secretary’s desk, chatting, and I stand next to her, my hand on her back for guidance.

A call light goes off down the hall.

1:00 PM
She really had us fooled. On admission she seems alert and oriented, pleasant, able to hold a conversation if a little distractible, reasonably steady on her feet with a walker. As I finish my initial set of vitals, I ask the usual question: "Do you know what to do if you need to get out of bed?"

She smiles and points to the big red call button. Still, per policy, I turn on the bed alarm and explain that it’ll remind her to call us if she needs help.

Her family arrives shortly thereafter. They warn us that she is forgetful and can become confused at times, but thus far she has been cooperative and quiet.

2:15 PM
BEEP BEEP BEEP BEEP BEEP BEEP BEEP

The bed alarm wails as I dash down the hallway toward Room 4. I come through the door and place my hand on her shoulder just before she manages to flip headfirst over the bedrails.

"Hi Mrs. K," I pant, "what are you doing?"

She glances up at me, bemused. "Going to the bathroom. Who are you?"

5:15 PM
I sit slumped on the counter in the med room, staring down at my shaking hands.

"David, can you – whoa, hey, you’re really pale. Are you alright?"

I find myself planted in a chair at the nursing station. They check my blood pressure – uncharacteristically high – and I’m still shaking. I’m clearly in no condition to take care of patients, and I’m gently told to sit out the remainder of my shift.

3:30 PM
BEEP BEEP BEEP BEEP BEEP BEEP BEEP

She rants at me, convinced that she’s being held prisoner, convinced that her family has no idea where she is. I weather the tirade and attempt to explain that she is safe, in a hospital, and her family just left recently.

This continues for another ten minutes before the nurse is able to get her family on the phone. They barely manage to talk her down.

2:00 PM
"Oh, David, Mrs. K’s family just left – they left us this cookie tray and said to make sure to leave some for the night shift. Wasn’t that nice?"

4:45 PM
"Look, I think we’re gonna have to consider restraints. You’ve been running in there constantly since her family left, and sooner or later we’re not going to make it there on time."

WEDNESDAY
5:50 AM
"Good morning, David! You ready to take report?"

I nod.
Holding the other half of a set of twins after compressing the tiny ribcage of the first with two thumbs— one inch deep, allow for full recoil.

Lost minutes ago, I find myself clutching her brother as though my arms could fill the loss he will live with— one minute later, he was one left of two.

This day will haunt his mother’s dreams, his infant future had fallen into a chasm of what couldn’t be erased— one life lost, one life left.

If I just hold him close enough who knows who he could grow up to be just one person, one set of gigantic eyes searching for one other— If I just hold him close enough

A Californian’s first snow. On my way to build a snowman with friends.
EVEry PatieNt
A StOry
Katie Kessler
Fourth Year Medical Student

We saw an elderly gentleman,  
My attending’s patient for twenty-plus years,  
Managing the best he could  
While breaking down in lovesick tears.  
He lost his wife of sixty-one years.

But oh, you should have tasted her pie,  
Her apple-flavored, lovely pie.  
She was the apple of his eye.

And oh, you should have seen his love  
Ever by her side as her memory fled,  
For her he’d spent his every dime  
And would’ve spent more  
If he could have more time.

Or what about the woman who presented  
Short of breath, occultly bleeding:  
What would have happened if years before  
We caught the cancer before its seeding?

May my future career be marked  
In good outcomes, sure, but fuller hearts  
As I strive and learn and do my part  
Embracing the humanity of this art.
MYTHOS
Adriana Giuliani
Third Year Medical Student
Runner Up for Best Poetry

how-
I want to take that step
back
when my mind is still full
that cradled pomegranate
ripe with jewels of months
and years she turns [turned]
and memories she nurtures

how-
stone claims our flesh
sunken
into the mire of a life
she did not choose
and we stay [stayed] beside
and buffer her from the waves

how-
she strides towards hades
down
with liver and lungs and brain
upon her platter
and sings [sang] “okay okay”
and asks us not to look back

how-
my chest is torn open
empty
all the ills of this creation escaped
even hope the trickster gone
and she whispers [whispered] “I love you”
and to the night I whisper back

how-
she watches us
soar
burning in the light of our dreams
leaving our melted wings
in the turbid waters below
and hoped [hopes] we would not fall
and
The Room at the End of the Hall

Jeremiah Shaw
Third Year Medical Student
Runner Up for Best Prose

Ask anyone in healthcare and they’ll tell you that the work they do is hard. If you ask why, they might explain that the hours are long, or the days are taxing, or the healthcare system is inefficient and unfair, but of course, the patients make it worth it. And one might be inclined to respond with a chuckle, a knowing nod, commiserate about ‘the system getting us down’, but, hey, at least it’s worth it because you get to save people. And that might be it, the conversation might move on. But if you really stop to look at this healthcare worker in the moments after you try to remind them that they ‘save lives,’ you will see a shadow cross their face. That moment, that half second, that pause no longer than the blink of an eye, speaks more truth than most people will ever admit out loud. Some choose not to speak the burden of their soul. Others fail to recognize the stones in their cart. That shadow is the knowledge, the truth that healthcare professionals cannot say, to themselves or to their patients: we cannot save anyone.

I recently had the opportunity to work on the oncology service at Nationwide Children’s Hospital. In the preceding weeks, I had been working in some very rewarding outpatient clinics. But Monday came and I found myself walking through the halls of the magic forest with glazed eyes and a warm heart. Having been away from NCH for some time, I found myself again walking through the hall next to the window with the sweeping skyline view of the city. I didn’t get much time to know Jake, but I saw him every day on rounds, and grew to expect his warm smile and his wry calls of ‘Go Blue’ in response to my ‘Go Bucks.’ Jake was a little bit older than Julie and had a unique spirit. One of his strategies was coming up with clever ways of supporting our patients who were in pain. One in room 11, the other at the end of the hall. Room 11- let’s call her Julie - was 6 years old, very cute, and very particular. Any time we wanted to do anything with Julie, it was on her terms. She was the boss of that room, no questions asked. Any activity had to wait until after she had arranged all her stuffed animals for support, and gone to her happy place. The first time we met she told me she liked my shirt, and gave me a fuzzy ball from her blanket, a gesture I later learned meant that she had decided we could be friends. She also told me that there was sadness in her bones. We tried explaining to her that her leukemia was being treated fairly well and she was just here for an infection. But being her particular self, she explained that we were wrong and she, of course, knew better. Then, there was Jake. I don’t remember his room number. I never needed to: it was the room at the end of the hall next to the window with the sweeping skyline view of the city. I didn’t get much time to know Jake, but I saw him every day on rounds, and grew to expect his warm smile and his wry calls of ‘Go Blue’ in response to my ‘Go Bucks.’ Jake was a little bit older than Julie and an absolute champ. He kept a constant positive attitude and was determined to fight through whatever came his way. He had Acute Myeloid Leukemia, had failed therapy once and was nearing the end of his second attempt at chemo. His neutrophil count had been at zero for days and our concern was mounting. We decided to repeat a bone marrow biopsy. The parents begged us to call them the moment we heard any results, day or night. We explained that it would take a day or two to get the actual percentage of each cell type, so to not expect our call until tomorrow. The only reason we might hear back from pathology is if one cell type was obviously making up the majority of the marrow, which would be a very unhappy day.

In the apprenticeship of this profession, advice and feedback from those more experienced than us can often be of paramount importance. One such piece of advice sticks out vividly as I tell this story. A mentor of mine once told me that I was unimportant. A mentor, someone for whom I had great respect, and whose opinion I valued deeply, told me that for all the work that I had done, and all the work I would ever do, I would always be unimportant, just like she herself was. But that does not mean that we cannot bring monumental impact to the people and patients whose paths intersect our own. I struggled with this concept for a long time. How could I be unimportant and yet impactful? How could she, in all her ability and wisdom still be unimportant? It wasn’t until Friday of my oncology rotation that I began to understand her meaning.

It was already after lunch when it happened. The workroom was full of busy keyboards, holiday music, and happy chatter about the upcoming weekend. That’s when the oncology fellow walked in with the news. She paused the music and announced that the previous day’s results were back. Julie’s bone marrow biopsy showed likely new diagnosis of AML and her lumbar puncture suggested central nervous system spread. The floor dropped and the room was deadly still as waves of reminders for our own mental health an unbearable cacophony. The silence stretched and the agony built, until finally the attending broke the silence with a curse and a slamming of papers to the ground. The workroom was full of busy keyboards, holiday music, and happy chatter about the upcoming weekend. That’s how it was. Every life has hills, and valleys, and challenges uncountable. As healthcare professionals we must elicit the values of each patient in order to avoid imposing our will on their path. As we understand their truth we can work together to co-create the goals of our relationship. Through this partnership, both sides expose their vulnerability, and in doing so, get a glimpse into the greater reality of humanity.

Working in the healthcare field can be extremely challenging because we are often problem solvers. But we cannot get caught in the dangerous façade of heroism, for our own mental health and for the sake of our patients. We do not save people, we help them achieve goals in line with their values. Those goals might be management of chronic ill disease, or it might be making sure a child understands just how much she is loved.

Julie is still in room eleven. Her parents want more tests to be sure. But after we confirmed her father’s fears, that Julie already knew the moment she walked in the door, they’ve told us they are going to the beach, to the place Julie always goes in her mind.

I went back to the room at the end of the hall today. It’s empty now. Jake went home to take a vacation. He’s coming back to try an experimental chemo regimen, but he wanted a break before doing it all again. For now she goes, and in his room sits empty, devoid of the spark that lit in its walls. The sky was clear and robin-egg blue, not a single cloud in sight.