

VOLUME 2



Heal

HUMANISM EVOLVING THROUGH ARTS AND LITERATURE

2010

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HEAL Mission:

HEAL stands for Humanism Evolving Through Arts and Literature. Bringing together writing and art from a variety of sources *HEAL* acts as a platform where medical students share their growth and development, where faculty and staff impart their knowledge gained from experience, and where members of the community express how health and healing have impacted their lives, so that when viewed together may promote humanism. *HEAL* strives to bridge the growing gap between patients and their providers while hoping to produce a meaningful creative outlet to those who participate in the publication of its bi-monthly newsletter and annual literary journal. Students, faculty, staff, and members of the community affiliated with the FSU COM are encouraged to submit their art and literary works. For each group, *HEAL* serves a different purpose.

For students, HEAL seeks to:

- Provide an artistic outlet amidst the stresses of medical education.
- Act as a forum for sharing student stories.
- Honor other students' stories as it can then be transferred to honoring the patient's story, and thus the individual patient.
- Encourages sharing, as that will help students forge the connections with patients that promote healing.
- Provide a forum where students can learn how they influence others as students and future doctors.

For faculty, HEAL seeks to:

- Provide an outlet to share personal, meaningful experiences that can shape the attitudes of students.
- Provide a place where students and faculty are equals.

- Remind faculty why they chose medicine.
- Prevent professional "burnout" through the inspiration of reading and participating in the students' and patients' stories, artwork, and poetry.

For staff, HEAL seeks to:

- Recognize their too often overlooked role in the shaping of our students.
- Honor students as individuals as well as honor their stories.
- Provide an equal forum where they can present their unique perspectives on medical education.

For patients and our community, HEAL seeks to:

- Provide a forum for them to share their stories about health and healing.
- Connect them to their providers by giving them the opportunity to experience personal stories from medical professionals.
- Provide an "outside" perspective on health and healing.
- Share how they feel and respond to their interactions with the health care system.

HEAL volumes contain a mixture of pieces from many sources that, when combined, can be used as a tool in promoting humanism in medicine. *HEAL* creates partnerships between students, faculty, staff, and patients through artistic collaboration. Readers experience very personal creations from a variety of perspectives. Readers can then reevaluate their paradigms and seek a new, positive healthcare experience.



REINVENT YOURSELF
- ZACH FOLZENLOGEN



Shirley

BY: CURTIS STINE MD

Doctor, I've got this cough.
Can you prescribe something for me?
Help me feel better.

Doctor, that medicine you gave me didn't work.
What do you hear in my chest? Pneumonia?
Do you really think I need a chest X-ray?
Just give me an antibiotic.

Doctor, your nurse said you wanted to see me.
My X-ray was abnormal? What do you think I have?
Tell me I don't have cancer.

Doctor, I can't believe it.
How could I have cancer? Are you sure?
Where did it come from? How did I get it?
Tell me I'll be OK.

Doctor, I'm so confused.
How am I going to tell my husband? My kids? Our friends?
The people at work?
You'll talk to him, please.

Doctor, I want to see a surgeon.
You don't think surgery would help? What's an oncologist?
Get me an appointment as soon as possible.

Doctor, the oncologist wants to treat me with drugs.
What do you think? What would you do?
I'm going to beat this thing.

Doctor, my hair is falling out.
That means the drugs are working, right?
Tell me I'm going to get better.

Doctor, I'm losing weight.
Is that a bad sign? I'm not giving up.
Tell me what other treatments are available.

I don't want to go to the hospital.
Who are these hospice people?
Can't you just see me at home?



I've got so many things to tell my husband;
so many things to tell the kids.
Help me, won't you?

Doctor, I'm so lonely.
Where are my friends? Where is my family?
Just stay a bit longer.
You're one of the few who haven't deserted me.

Doctor, I'm having problems breathing.
Please, don't let me smother.

Doctor, I'm in a lot of pain.
Please, make this pain go away.

Doctor, I'm so tired.
Please, I just want to sleep.

Good friend, I'm dying. We both know it.
Please, just hold my hand. Please?

A Memory

BY: KATIE LOVE

“Hello Babushka.” That was my mom’s daily greeting for me. You see, a babushka is a type of head covering. Coming home for school, I would see her bald, fuzzy head propped on the couch and cover it with my hands—thus the nickname. It was a love gesture. She did it to me when I was a baby to help me sleep. Now, if someone touches my hair in the same way, I fall asleep immediately.

“Does it bother you if I do that?”

“No, I think it’s relaxing. Like I’m your pet.” Then she pats me on the head. It’s funny how her voice sounds like mine now. Maybe I’m misremembering.

Examining her head, I comment: “It looks like you’re starting to grow hair. I see stubbles.”

“Oh good. Mary told me hair can grow back another color after chemo. No gray this time I hope.” My mom’s hair had started going gray in her thirties, which at the time seemed ancient. “How was your day?”

“It was fine. Algebra quiz went well.” I’m already unloading my backpack on the wood floor with a loud thud. It’s heavy and I have the straps low, so it’s murdering my back. Back spasms were vogue at my middle school. “How are you feeling?” I’m concerned. She looks flushed today. I’ve never seen that before.

“I’m feeling okay,” she claims, though we both know that’s not entirely true. “Could you refill my water and replace the straw? I dropped it.” She gestures to a green straw on the floor. I pick it up.

“Sure. Do you want anything else from the kitchen?”

“No thanks. Grab your snack and bring it in here. We can read for a while.” We’re working our way through Harry Potter. We started one day when I was home sick with the stomach flu since we were both tired of watching T.V. We alternated reading aloud, relinquishing when one of us was too nauseous to read any more. A few months later, we are trudging our way through the third book. I had read all of them twice already, but I’m enjoying reading them again. It’s become our thing.

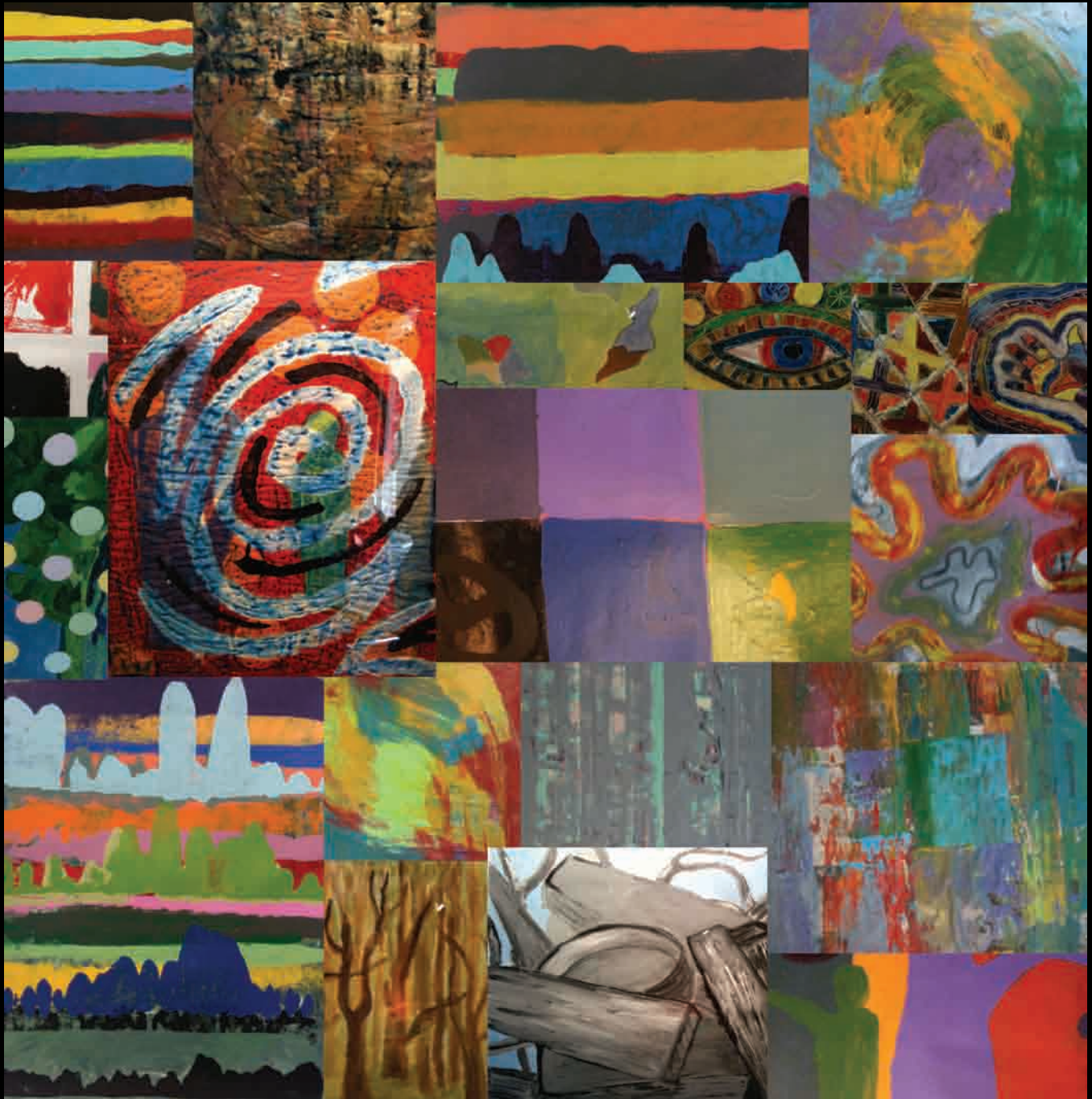
I return with the food and water. “I love you,” I say. I’m saying that often. We’d always been an affectionate mother daughter pair, but now I’m saying it territorially—like please God, don’t take her away. She means too much to me.

After a brief remission, her ovarian cancer has returned. I know that’s bad, but I don’t know statistics. It’s actually really bad. At this point though, there’s just a vague fear. Some mornings I wake up with my heart pounding and my pillow blotted with tears. I avoid the thought of life without her in my waking moments, so I’m having nightmares about funerals and abandonment. She’ll get better, we tell ourselves.

It’s just me, my mom, and sister at home. Often my grandmother helps too, but this afternoon it’s just me and my mom. “Where did we leave off?”

“I think I marked the page...”

Heal



COLLAGE
- BEN BIVENS

Patients and Patience

BY: ANGELA GREEN

She was a fragile patient whose name I can't recall
Demanding and disgruntled
Unnecessarily mean and surly
She was worthy of their time
But received very little
So she gave them hell
And made my rounds a living hell
As she complained about her treatment
Then
Scolded me for my youthful appearance
She was uncontrollable and irrational
Yet
I had the pleasure of being her doctor
she could not care less if I existed
I insisted that she listen
She decided to spit in my face
By refusing submission
Hated her admission in the first place
So I yielded
No longer cared to appeal or to serve this ungrateful patient
I lost my patience
Every time she cursed and mocked the staff
I lost patience
Every time she refused to be treated
I lost patience with a patient who was really tired of living
And she wished that someone would listen to her opinion
I lost patience with her fragility and was ignorant of the
humility
That her condition had caused
Once a proud and strong woman
Now forced into submission
By her physical condition that was failing...quickly
Just like my patience

I lost patience with a woman who was dying
And her only wish was to be left alone and treated kindly
Instead we refused to acknowledge her decision
To forfeit living
Forcing oxygen through her nose
I forgot about the soul that lived within the fragile vessel
Fighting a battle on her behalf that she didn't want to win
I broke down as I realized that the battle was not my own
And learned to respect each patient
From the patient that caused me to lose my patience.



THE EYE
- ROXANNE SAMUELS

Tranquility

BY: CAROL WARREN

Tranquility sits by a mountain lake
and contemplates.
Breathes the air of timeless beauty
and speaks with the world.
Shares lessons learned by the
mountains:
The endless change of everyday;
The coolness of clear water that
soothes the soul.
Shadows caress with quiet fingers
of strength.
Healing sits nearby on a fallen log
whispering a song of eternal hope.

Mzungu! How are you?

PHOTOGRAPHS:
IMAGES OF KENYA

BY: AARON SNYDER

Arrival in Africa is like taking a brief step back. Well, more like fifty years back, but let's be honest with each other—fifty years is a brief moment in time. Exiting the airport in Nairobi, Kenya, trusting a man I've never met to take me across a darkened city to a place I've only read about, and to expect him to return in the morning even though I've given him the money in advance—I must have taken the blue pill. Traveling across the Kenyan countryside, I was glued to the window and amazed to see baboons, zebras, and flamingos. And in a strange way it occurred to me that the Kenyan's considered these animals its 'squirrels and deer;' a common sight not worth looking up for. With the beginning of our journey coming to a close, we found ourselves on a farm in the middle of we-didn't-know, moving our things into a mud hut with a grass thatched roof and hand craved wooden bunk beds. This was now home.

For the next five weeks, we (the international volunteers and local clinic staff) piled into a van and drove off into the fields of cane. The drives lasted forever and as the day wore on the temperature climbed, the dust kicked up, and we wondered where we'd be having clinic today. Arrival meant setting up clinic; something that came to mean finding furniture, a structure or shade to set up the furniture, and informing the 'village' we'd arrived. Clinic time was an active blend of acute care, cultural stresses, and translational frustrations intertwined with romping around with the kids, drinking the best coke you can imagine, and more playing with the kids.

In addition to acute medical care, we took time to teach the local schools about HIV/AIDS. The audience included ages seven through teenagers as well as the school staff. To put it simply, when we arrived school was "canceled" and the next three hours revolved around two kids from the USA talking about HIV/AIDS. It was truly amazing to be in the heart of the HIV pandemic and possible area of its conception, and the school staff were still unaware of the details about transmission. Many still thought there was a cure and were confused we hadn't heard—"you just have to have sex with as many virgins as possible." Between the necessary sex-capades and the beliefs of transmission via bewitchment, you can imagine the astonishment of two twenty-two year old mzungus fresh out of their first year of medical school.

During the return trip to the farm, the sun was often going-

down over the ancient landscape of the African countryside. Deep tradition infused the air and the need for shelter and comfort overcame everyone as the deep hues of gold, amber, and violet streaked the sky.

We often saw a glimpse of what was not too long ago our country's own past; people leading the cows and goats home, fetching firewood for the evening meal, and the clamor of people purchasing their last minute items at the open air produce market. I would often lean out the window and take in a breath of the cool air roaring by, think about the fresh chapati and sakuma wiki waiting for us in the main thatched hut, and wonder to myself—why would I ever go back to America?





GROWING YOUR PRACTICE
- ZACH FOLZENLOGEN



DON'T LOOK AT ME
- LISA A CUNNINGHAM



CONNECTED
- LISA A CUNNINGHAM

Heal



ANDREW CALZADILLA

Coloring Outside the Lines

BY: ANDREW CALZADILLA

I'm not a good painter. Never have been. Never will be. I was the kid in the third grade that made a *C* in art. It wasn't just that I couldn't draw or didn't have talent. I was even having problems with simple tasks such as staying in the lines and realizing that green doesn't match with purple. It was comical how bad my artwork was. My family had a tradition of putting up important or interesting facts on the refrigerator. In an act of boldness, I placed one of my "drawings" from art class on the refrigerator. The image stayed up for one evening but was mysteriously removed. I hadn't even made it up on the fridge in my own house!

Fast forward to the summer of 2010.

I was faced with a challenge. I was in the midst of a Medical Mission trip to Ecuador with my medical school. Thus far the trip had been a great success. I was practicing my broken Spanish with moderate success. The food was cheap plus we were learning a lot about the culture and the health care. We ventured far from the metropolis that is Quito into one of the most rustic areas of the country called Santo Domingo. It was here that I was faced with the request of painting a mural for the students of the Julio Jaramillo School. I hadn't actually drawn or painted anything since grade school, and even those paintings were not anything to write home about. But, I knew that this was something that was going to be worthwhile and memorable. Instead of taking on this event as only a medical school student / America Yankee project we felt we should incorporate the students of the school. At first

only a handful of younger students were out helping us draw and paint. By the end of the afternoon we had about thirty students outside assisting and placing their hand prints on the wall. It gave the painting a unique wholeness that would not have been there had the Medical Students painted alone. Everyone served a purpose. Some people mixed paint well, some drew well from pictures. Some students only provided height and the ability to paint the highest point on the wall. But we all worked together, even with a language barrier, to make a wonderful painting that should last for years and

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years. I had to overcome my personal battles with art class and realized now why we took those classes as students. It's not the quality of the art that is important. What's important are the emotions the art evokes in the viewer. And the smiles on the children faces were enough to tell me that I had finally earned my *A* in art class. Well, maybe an *A* minus, but who's counting?

Stitches

BY: STEPHENIE POLLOCK

When I was five years old my mother developed late-onset schizophrenia. It was devastating to both our family and to the community who supported her. She had always been elegant, classy, beautiful and well-rounded. She was a woman of many talents, and within a year her life drastically changed. After a brief time, a divorce, and extended psychiatric care, I was able to spend time with her again, both supervised and unsupervised. It was great to have my mother back, and even though she was different, I was still able to enjoy her company and learn from her in more ways than I could understand at the time.

One of the things my mother and I shared was our passion for painting. During our visits, she would teach me about the most famous artists and their artistic techniques. One day we came across a three and a half foot canvas, and she told me I should paint “Starry Night” originally done by Vincent Van Gogh. After a few visits, and some wonderful quality time, I finished the painting and she hung it above her couch. Everyone was impressed that I finished this project, and my mother was especially proud.

However, later that year, my mother fell into a very bad episode of psychosis, and took a sharp knife and slashed straight lines down the entire painting, leaving it ruined and full of slash marks. I was devastated when she called to tell me it was the result of a break in. I knew better, and we both cried. Everyone in my family understood how much quality time had been put into the painting, and what it meant to my mother and me. My sister tried to have it re-matted shortly

after, but nothing would do the trick.

As time went by, and all was forgiven, I realized it was time to repair this painting, which still had not been discarded. After a few days of thinking, I decided that, like the doctor I wanted to be, I was going to hand stitch each slash with thick gold thread. When the stitching was finished, the painting took on a whole new light. It looked better, not because it had repeated gold stitching down the slash lines, but because to me it meant that in any bad situation, whether sad, angry,

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depressed, or broken, there is always a way to move through, overcome, or “mend” a problem or wound. I was able to turn my mother’s illness into something positive, as this painting now hangs more beautifully than ever before. It is no longer “Starry Night,” a version copied from Vincent Van Gogh, or a painting ruined by my mother’s attacks of hallucinations and paranoia, but a symbol that no matter what bumps you hit along the road of life, there is always a golden lining and a way to overcome obstacles. I live my life by these ideals and will always remember this story.



SCHIZOPHRENIA
- STEPHENIE POLLOCK
INSPIRED BY
VINCENT VAN GOGH

My Dying Wish

BY: MIRANDA MACK

Despite the innumerable mistakes and mass of poor decisions,
Beyond the ways I mishandled situations or chose to run instead of handling them at all.
Not considering the sleepless nights and tears I cried over things I could not change.
Not regarding the times when I gave up and refused to face the pain...

In the midst of declarations to be “done” with people and situations that caused me to compromise, but turning back to them at the end of the day.
Although I was barren and never married, defeating a great part of my purpose as a woman...

In the midst of the failures that hovered over me as a full, dark rain cloud;
Forgetting that I was far from perfect and often the opposite of what I professed to be.
Blinded to my own beauty and sense of security.
Despite the promises broken by my life’s unexpected end,
The way I swiftly eased away...

My dying wish is that my life, although it may not have served great purpose to me, could some-how have meant something for someone along the way.

Understanding

BY: ERIC HEPPNER

Sweet Sophia, Wisdom’s daughter,
sometimes stays with me.
And I can stand, a man complete,
in her pleasant company.
Yet, she is as capricious
as the water in the sea
And wont to let me wander
In Lethe’s agony.

Pain from 0-10

BY: EVA BELLON

It builds and you think you’re fine
It builds and you say it’s ok
It builds and you refuse to cry
It builds and you begin to fight
It builds and you remain still
It builds and you start to slip
It builds and you fall into shock
It builds and you forget who you are
It builds and you want nothing more than nothingness

Dormant Ability

BY: DAVID PAGE

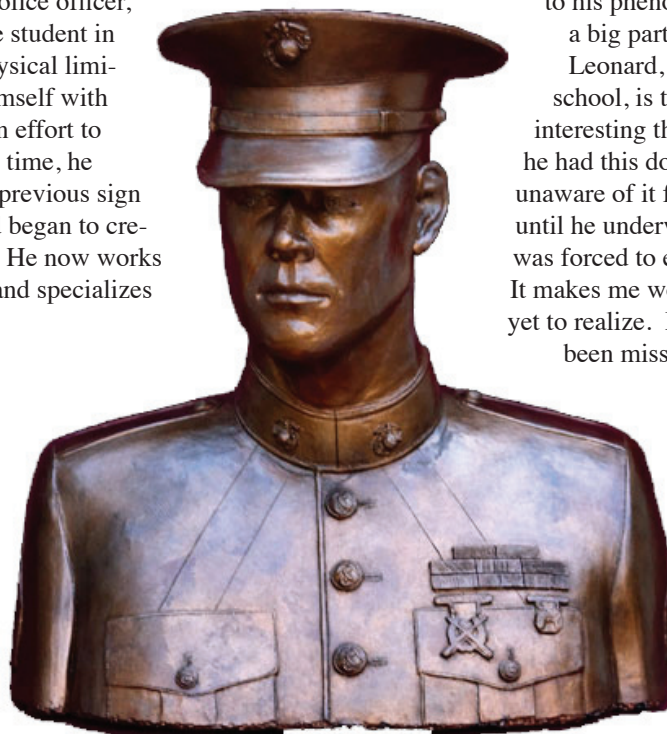
My phone rang sometime between 8:30 and 9:00 AM on the Monday of Spring Break. I heard, “You awake, son?” It wasn’t my dad; it was my next door neighbor. I had made breakfast plans and, not surprisingly, I overslept. I mumbled that I would jump in the shower and be over in fifteen minutes.

I suppose having breakfast with a sixty-four year old man isn’t quite what everyone expects a medical student would be doing on Spring Break, but I wouldn’t have it any other way. Mr. Cliff Leonard has lived next door to my family since before I was born. Although we seem like an unlikely pair, we spend a good deal of time together every time I go back to Jacksonville.

Mr. Leonard received a new heart over a decade ago and we have grown close ever since. He recently described his distinct memory of returning home from the hospital. My entire family came over to visit. He said that we all had the same awkward response when we reached the end of the driveway. We did not know exactly what to do or say, well, everyone but me. Being the uninhibited kid that I was (and probably still am), I ran up to him and gave him a big hug. I almost knocked him over, not realizing the fragility of his condition at the time. As he was rehabilitating that summer we spent a lot of time watching the World Cup.

Prior to receiving his transplant, Mr. Leonard had been a marine, police officer, home remodeler, and graduate student in psychology. With his new physical limitations, Mr. Leonard found himself with a great deal of free time. In an effort to find something to do with this time, he tried his hand at art. With no previous sign of artistic ability, Mr. Leonard began to create some amazing sculptures. He now works almost exclusively with clay and specializes in busts.

Looking for a way to give back, Mr. Leonard began a particularly touching form of community service. He has fashioned a bust of every marine from Jacksonville who has fallen in service



to our country over the past few years. He has donated his work to either the family of the late soldier or the school that the soldier attended prior to deployment. The bronzed bust of a twenty-year-old Private First Class Nathan Clemons who died in Iraq on June 14, 2005 is now on display at his Alma Matter, Terry Parker High School in Jacksonville, Florida.

Mr. Leonard has done a bust of my three oldest nieces in addition to giving our family several other handmade gifts. One piece I find particularly amusing is the hand-carved wooden work named ‘Jaws’ that he gave to my father, an attorney, who is a ‘shark’ so to speak. Only recently have I become involved in his artwork. Over Christmas vacation, Mr. Leonard was working on a bust of a soldier who looked a bit like me. He asked that I come over to put on a marine jacket and hat to pose for this soldier’s likeness. I felt bizarrely honored to model for this young man who gave everything he had defending our country. Since that point, Mr. Leonard has asked me to come over and help him in his studio whenever I am in town. He says he likes to have an extra set of eyes on the work, but I think he just enjoys having a good friend around. I certainly don’t mind the free bagels and coffee.

My relationship with Mr. Leonard is one that I cherish and I have enjoyed seeing his phenomenal artwork. It has only been recently that I have begun to understand how much his artwork has helped in his recovery from having a heart transplant. Obviously, his artwork comes second to his phenomenal wife, but his art is clearly a big part of what keeps him going. Mrs. Leonard, the principal of a special needs school, is the epitome of a saint. The most interesting thing about Mr. Leonard is that he had this dormant ability. He was entirely unaware of it for four decades and it wasn’t until he underwent a life altering surgery that he was forced to explore himself and find this gift. It makes me wonder if I have talents that I have yet to realize. Maybe there is something I’ve been missing because I’ve been too busy or just plain dense.

More of Cliff Leonard’s artwork can be seen at: www.sculpturebycliffleonard.com



UNDER THE SEA
- JILL GRAYSON

The Gown

BY: JILL WARD MD

I walked in wearing my white coat to make a point and because I had just rushed from my medical school rotation to my doctor's appointment. "Take everything off, including your underwear, and put the gown on open to the front." I had already drowned out the voice of the nurse. I know how to put on the gown, I thought to myself, I'm twenty-seven years old and have had enough exams to know the routine of what to do and where to stand. The nurse knew this, didn't she? Doesn't she know who I am? She not only has seen me here three times in the last two months but she saw me walk in with my white coat on. The white coat, which clearly indicated my status in the medical community. I'm the one who says "Take everything off..." I still smiled and waited for her to exit. You have to act gracefully at these visits, don't you? Say "Good Morning" with a high-pitched squeak at the end to show your enthusiasm and how much you enjoy letting everyone see you half naked. I took off my white coat, hung it neatly on the chair next to the exam table, and then quickly took off the rest of my clothing.

There I was, sitting on the cold exam table in what I would barely call a gown; it is paper after all... thin, see-through, humbling paper. Why even call it a Gown? Gowns are full, covering, and beautiful, made for parties, dances, and fun. "Isn't that ironic?" I thought. Even more ironic was me, the fully capable senior medical student having to sit here waiting for the doctor to see me. Just this morning all the patients scurrying in the halls and in the waiting rooms were waiting for me. Now, I had been waiting for hours, only to finally be triaged into a room and stripped down. I am made to sit in a freezing exam room and wait even more. I wanted to open the door and yell: "Hello, doctor, do you know who I am in here? My disease is not some routine visit, the others can wait. I need to be seen now!" But I was shivering enough now that my seat was becoming a little warmer and I refused to give up that heat by moving, even to voicelessly summon the doctor to my Ballroom exam room. And more dreadful was the thought that getting up would risk my Gown falling off, or even worse... tearing. The only help I had was a thin plastic belt that tied around my waist to keep the Gown on me. Right, I thought as I looked down at the Gown, like that belt would save my breasts from falling out, or the bottom of the Gown from flinging up and exposing my buttocks.

My Ballroom hardly had enough space to move, just about two feet to the door and three feet to the sides of the bed. I stared at the walls, decorated in pertinent patient-centered informational posters. My Ballroom, full of the things I told patients everyday in 'layperson' terms about their disease or condition. "Breast Development, Fibrocystic Breast Disease,

Finding a Breast Mass," my eyes danced over the poster titles in boredom.

The door finally opened, and then he knocked. What was that? He had already granted full view for every passing person in the hall and had made full eye contact with me before knocking. I quickly shuffled my Gown around, grasping and crinkling the paper to cover my bottom. I could feel the breeze of the opening and closing of the door and my tummy now showed, but perhaps I had to live with that for another shift of the Gown and it could be on the floor. I focused; I needed to gain my composure so I could intellectually get some work done here, and so I crossed my arms tightly over my breasts and smiled. The doctor rambled on and on, shifting through my chart. Clearly he was busy today, I thought. "So we'll need to biopsy, set it up on the way out, then be back in two weeks for a follow up. We can talk about BRCA analysis then too." His voice echoed loudly as if he were at the top of one of those long staircases you see in movies giving a speech. I sat there, shifting in an awkward dance as I felt my Gown falling and moving. My aunt must have had to go through something like this, the in's and out's of being diagnosed with Breast Cancer, a double mastectomy, a repeat surgery, and reconstruction. I had questions, concerns, worries, but he already had the door cracked open to leave before I could even recheck how much of me the Gown was exposing. I clung to my Gown for modesty, hoping not to be seen while the nurse scurried out with him to the next patient.

He didn't even examine me. Did my Gown mean nothing to him? This dress should have signaled the need to do something to me, either poking or prodding. I did not do this in vain! I quickly glanced over to my clothes, the mundane everyday clothing. I saw my white coat, hanging on the edge of the chair. Didn't I know that what he said is what I would have said? Didn't I know what a busy schedule he had, overbooked patients, and how unconcerned I should be? I stood up and tried to rip off my Gown to hurry and get dressed. The paper flew in the air landing everywhere in the room. Intruders could enter this unlocked room, so I thrashed harder to get out of the Gown; the paper had never seemed so strong and yet too thin to cover me. I had to fight it off my left arm and rip the belt off my waist. It was over. I placed my Gown on the table, now all torn and disfigured. In all its gloriousness it could not grant me my one wish and desire. I put on my white coat. I grabbed my chart and went to check out. Opening the door I peered down the hall, catching a glimpse of a woman clinging to her Gown as the doctor flung open her door.

Where's My Defense?

BY: LISA JERNIGAN MD

"I'd like to talk to you about the people in Blake county sometime," one of the residents commented. She was in the middle of a rural pediatrics rotation down there, and apparently reflecting on some of the challenges of this particular population. Having been visiting there at least monthly to provide prenatal care at the health department, it was an affirmation to realize that finally, somebody was going to articulate what I had been experiencing for years. This place is different, very different. We didn't have the time to talk about it that day, but I basked in the anticipation of someone "feeling my pain" for the week until the conversation could take place.

My hopes were not disappointed when the time came. In fact, being the very bright and insightful person that she is, the resident brought me along to an even greater understanding of what the issues really are there. "I can shut them down, as far as relating with me goes, in an instant," she noted. She went on to share that it was when she challenged or downplayed a fixed belief about health issues that the "shutdown" occurred. In her four week rotation, she had encountered several such incidents, and I wondered what the buzz was in the county about this new doctor at the pediatrician's office. The resident has a keen mind for the evidence in the case, and adheres to the practices and beliefs about health that make rational, proven sense. With a strong sense of her own personal responsibility for her own health and that of her family, and discipline matched by few in our program, she is arguably the most fit person in our office. I could imagine her, knowledgeable and certain of what she knows (not prideful), offering a puzzled look and a contradictory statement, with the intention of educating, to a poorly educated mom as to the likely efficacy and safety of decongestants in her one week old baby, when the mom had already gotten five others through a similar stage. Having seen the disdain and dismissive look of disgust on my fair share of patients in similar situations down there, my heart went out to her.

I can remember the time another OB attending got fired by the mother of one of our pregnant girls. The mom was overbearing and never wrong in her own mind, and was determined to force us to do what she "knew" was right for her daughter: 38 weeks pregnant and experiencing the misery common to that gestational age. "You're gonna have to in-

duce her," she said, "'cause you know I carried her to eleven months, and was even in the paper for it." The attending, trying to digest two false ideas in one statement, failed miserably. She could have educated the admittedly contentious and stubborn woman on the lack of evidence for post-datism's hereditary nature, or criticized the dating methods of our medical forefathers. She could have reminded the lady of the risks inherent to induction, although it would have been wise to offer a nod of understanding to the misery induced by the frequent complaints of the daughter which had led to a record of thirty-two prenatal visits during the pregnancy. She did neither of these things, but instead looked the woman straight in the eye and said, "only elephants carry their young that long," and left the room. She was rapidly pursued by the grandmother-to-be, spitting fire at the idea of someone trying to steal her fifteen minutes of fame from her, the only notable fact in her life of misery and defeat. We ended up delivering the girl anyway, given that no one else would even agree to see her, but "adversarial" does not do justice to the relationship that developed from that point. Thank goodness the girl went into labor on time and had a good outcome. She did have to convince her faithful but not-so-bright boyfriend that this patently african american baby really was his, in spite of both his and her clear anglo-saxon heritage. But that was her issue, not ours.

Many areas of the world have fixed health beliefs, but none of them so contentiously held as in this one county. The whole character of the area seems argumentative to me, and more so than any of the other rural clinics I serve. The normal patient encounter there begins as I enter the room to find the woman and possibly one or two friends sitting with their arms crossed, staring at me without smiling. My greeting, coupled with a smile and a query as to how they are is often met with a "hmmph!," followed by two or three complaints plus a demand. For example: "You guys have got to induce me now. My back is killing me, this baby moves all the time, and those people at the hospital wouldn't do anything about it the last time I went, and we can't afford the gas to keep going back." This presents a challenge. If I start right in explaining that we do not induce women who are not overdue, and certainly not at her gestational age of thirty-six weeks, she will either argue or shut me out, and I have had women just get up and storm out. Brightly reassuring her that an active baby is

a good thing has gotten me into long wailings about how this keeps her awake, and besides her grandmother thinks it will wrap the navel cord around its neck with all that. Questions about back pain will lead to waving of forms to excuse her from work and requests for narcotics. If she looks especially aggressive, I offer her the paper drape, ask her to remove her clothing below the waist, and make a quick exit.

We are taught to ask open ended questions and explore all of the patient's issues. There is this persistent idea that enough education will lead to consensus and a satisfied patient. Fourteen years of surviving the attack-first-ask-questions-later culture of Blake County has taught me that often the best course is a sort of relational Tai-Chi. Direct resistance is futile, and leads to prolonged conflict and fatigue. Anything that smacks of education on an issue also implies that the patient was mistaken or uninformed about the facts, and this is like a red flag in front of a bull down there. Letting the patient defeat herself with her own momentum requires some practice, and a certain retraining of instinct, but is far less stressful in the end. So, in this case, I would re-enter the room to a somewhat de-energized woman, as most cannot maintain the same degree of bravado once their pants have been placed on the chair and they are wrapped in a giant paper towel. Pulling out the lower part of the table and having her lie down for exam further levels the playing field, and I begin to go over her concerns as I palpate the abdomen for the position of the baby. "So, the baby is trying to get you ready to stay up with it at night, is it?" If said with the little shake of the head that means "yeah, it's hard," the usual (and desired) response is a rueful grin and some description of the excessive motion. My favorite so far is, "you'd think it was on crack or something," from a mom whose drug screen was positive for cocaine. Yeah, I would think. A good listen to the heart tones will often allay concerns about the navel cord issue. From there, the nurse is called in and we proceed to collect specimens from the cervix and perineum, and check for dilation. The patient generally has been talking non-stop about the pains, the unsatisfactory visit to the hospital (no induction, no pain meds). I often don't say much, knowing that the cervical exam will usually result in at least an interruption in the verbal flood. While most women do not find this painful, I always keep an eye out for the right hand of the patient, having had to doctor myself following quite a few

wounds inflicted by acrylic nails during such an exam.

The exam safely over, I assist the woman to a sitting position and briefly rub her lower back, asking if this is where it hurts. A suggestion that she get someone to rub it for her often leads to another "hmmph!" but at least not directed at me. Next, the most difficult hurdle: the imminent refusal to fill out forms to get her out of work with pay, or worse, out of classes for those wanting to be on public support. Both require me to say that she is unable to sit in a chair in an air-conditioned room, with frequent breaks to walk about or use the restroom. They require me to declare her pregnancy a disability, and list the complicating conditions she does not have. My response is always that I cannot tell the truth and say she cannot do these things. After all, if I do release her from work or class, is she not going to sit in a chair at her home? There are times they get filled out, when I am particularly worn down, or there are eighteen more patients waiting, but mostly they don't. One woman followed me all the way down the hall cussing and threatening, and finally cocked back her fist at me. I backed off two steps, and in my quietest voice requested that she leave, and now. The last time I gave in and filled out the forms, the woman came back the next week wanting a note to say she could work after all, since she had figured out that total leave with pay was limited to six weeks at her job, and she wanted that for after the baby.

Frequently, the woman is still talking and complaining as she leaves, but somehow she is satisfied. In Blake County, I guess even such a poor attempt at listening and empathy is more than expected, and accounts for my (to me) inexplicable popularity with the locals. As the resident and I commiserated over these experiences, I realized there is a soft spot in me for this county, and an off-beat enjoyment, almost, or at least on some days (when I am not too tired or stressed), in dealing with this particular cultural variation in the doctor-patient relationship. On other days, the sight of their phone number on my beeper is enough to break me out in hives and raise my blood pressure a few points. But at least there is someone who understands that now.

This is Africa

BY: SHAWN SHAH

As the vuvuzelas fell silent and the 2010 FIFA World Cup came to a close, a remarkable quality emerged among the Ghanians: pride. Ghana had exceeded all expectations in the World Cup, and carried the hope of Africa on its shoulders as it outlasted all of the other African nations. Perhaps even more extraordinary is the fact that the Ghanaian Black Stars, despite their heartbreaking defeat in the quarterfinals, have since been distinguished and celebrated as African heroes.

However, the Ghana News Agency recently reported that the Ghanaian government expended an exorbitant fifteen million U.S. dollars to account for the national team's expenses as well as that of sending Ghanaian supporters to the World Cup. While soccer undoubtedly united the nation, could that money not have been more efficiently spent on more urgent and pressing societal issues?

I spent almost two weeks in Ghana this past July alongside nine other medical students from Florida State University and a team of physicians from the medical outreach organization, Hearts Afire. All in all, we were able to provide free medical care to over 2,000 Ghanians.

While incredibly humbled by the experience, I often found myself flustered by the Africans' acceptance of the way things transpire throughout the continent. I was reminded incessantly of the concept that "This is Africa," or "TIA" as the Africans liked to say (also popularized by the film *Blood Diamond*). "This is Africa" also refers to a Ghana in which 12% of children die before the age of 5 (according to the World Health Organization). In fact, most are considered fortunate to make it out of childhood. This is the same Africa where Ghanians continue to die from infectious diseases such as malaria and schistosomiasis, despite available treatment. Not to mention, this is the Africa where the war against AIDS appears to be at a standstill, at best.

"TIA" can no longer serve as an excuse to remain complacent with the status quo.

One morning at a school site in Elmina, Ghana, I encountered a young yet weathered mother alongside her three children.

The small room's oversized window allowed the pink glow of sunrise to illuminate and frame just how emaciated the woman had become. I told my translator to greet the woman by saying, "Good morning, I am here with the medical team. Are you having any pain?" The mother simply grinned and shook her head. She remained silent for the next few seconds. Confused, I asked the translator to ask again. Moments later, tears speckled onto her discolored cheeks as she continued to remain silent. I was stunned. "I understand this must be incredibly difficult for you. I am here because I want to help you in any way that I can. I..." She did not let me finish my sentence before she began talking in her native tongue about the recent anxiety and bereavement she dealt with over the murder of her spouse. Moreover, she had quit eating to ration food to her three children. She had sent her body through a plethora of health issues unknowingly, but refrained from bringing that up as a medical issue as she just wanted someone to listen.

"I UNDERSTAND THIS MUST BE INCREDIBLY DIFFICULT FOR YOU. I AM HERE BECAUSE I WANT TO HELP YOU IN ANY WAY THAT I CAN. I..."

Ghana needs to enact change to lead the continent in becoming a progressive Africa of the 21st century. Investments in water and sanitation infrastructure alone will meet tremendous needs. I learned that the Africans want change but many do not have the financial means to attain it. What the Africans do possess is unbreakable hope, spirit, and pride. In fact, it was the Ghanians who showed me a simple lesson in compassion: listen in a way that fosters open communication. The end result will truly amaze you. While the government needs to be held accountable, the conversation simply needs to be started with, "I want to help you in any way that I can," rather than resorting to the trite pretext, "This is Africa."

GHANA
- SHAWN SHAH



Heart

Whatever Happened to Lenny?

BY: PAUL MCLEOD MD

Lenny was twenty-six when we met. His first visit to my family practice was typical for a “healthy” young man. Four days of low grade fever with cough and congestion had been enough and he was ready for a quick cure. For Lenny, the need for health care service was simply an annoying detour from his normal routine, nothing to be taken too seriously. During the visit, I noticed both his elevated blood pressure and the pack of cigarettes in his shirt pocket. While writing a prescription (the cure), I cautioned him about the dangers of both. Lenny went about his life apparently unimpressed and unchanged. I went to the next room to focus on another of my patients with symptomatic heart disease. This was the patient that really needed me—the one for which I had been trained.

The next several years provided a plethora of missed opportunities for both Lenny and me. Monday morning “flu” from his weekends of binge drinking required a note from “the doctor.” His weight soared and his activity level spiraled downward. Episodes of marital discord waxed and waned with his beer can count and, despite three medications, his blood pressure was never under control. The physical and psychosocial deterioration was slow but progressive. By his mid-thirties Lenny had become victim to the onslaught of chronic, uncontrolled disease. He looked tired. He looked defeated. He looked as if he had vaulted into old age. With each visit my concern for him grew.

The reality of what I witnessed over ten years with this one patient left its mark. Lenny methodically exhausted the amazing reserves his young and healthy body had provided. The lengthy insidious period of organ failure led to an unconscious acceptance by both Lenny and me. His fate had become veiled in the deception that all was well. There were few if any symptoms or abnormal findings. Visits to my of-

fice were sporadic at best and driven by acute symptoms. The interventions that Lenny needed did not occur.

Whatever happened to Lenny? The answer came one evening with a call from the Emergency Room. Lenny had collapsed in the kitchen just before dinner as his wife and two young children looked on. Instantly, an artery in his brain and the rest of his life were torn apart. Lenny survived the bleed but not the disability that would follow. Permanent loss of left-sided function. Permanent loss of employment. Permanent dependence on others. Permanent loss of self esteem.

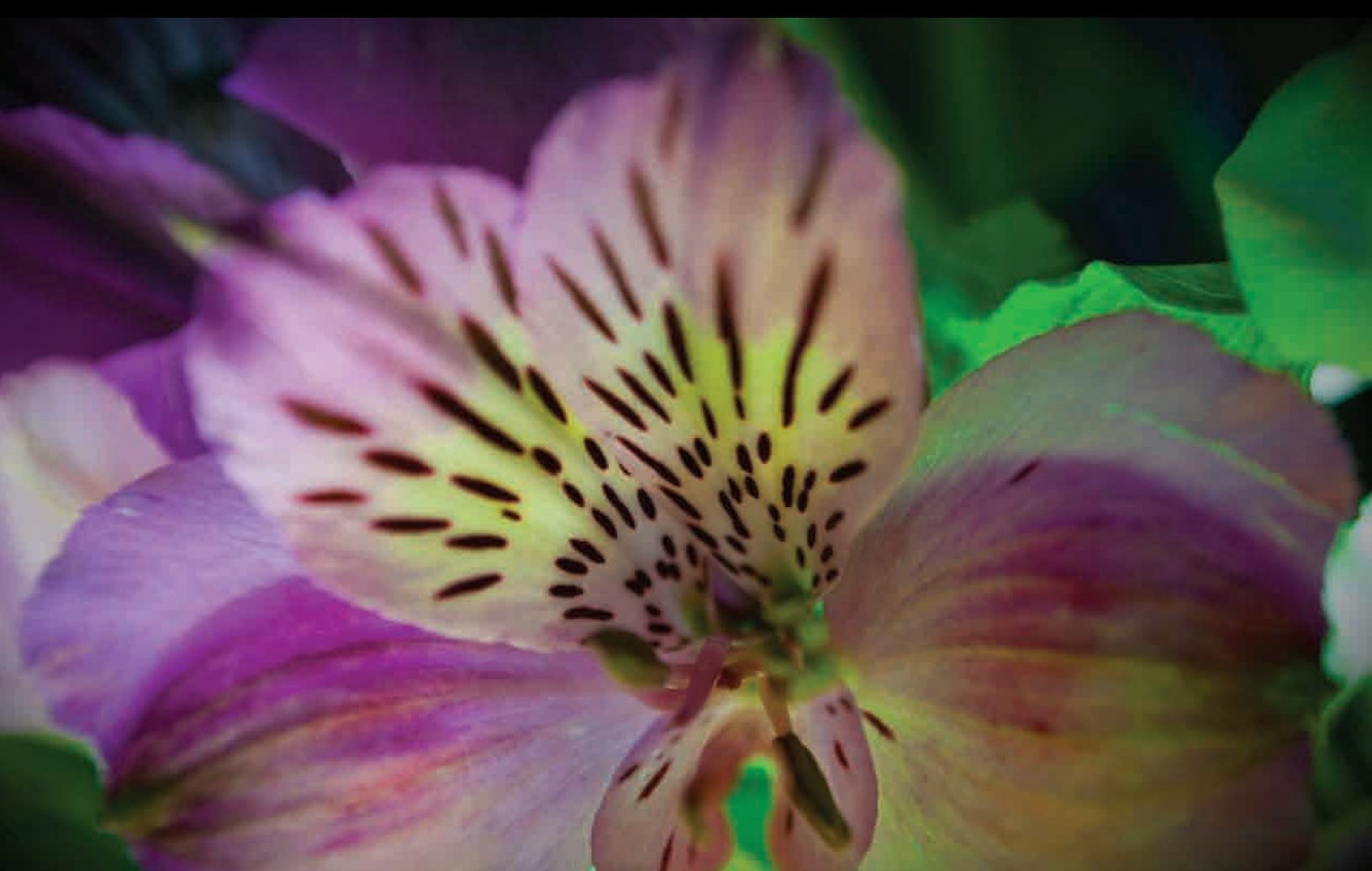
LENNY AND I ARE BOTH VICTIMS OF A HAUNTING QUESTION, WHAT MIGHT HAVE HAPPENED IF...?

I often reflect on the fate of Lenny, as well as others in my practice who did not change their behavior or get the services that would prevent complications and lead to better outcomes. Services like early intervention and control for chronic disease, preventive care, cancer screening, or immunizations. Lenny and I are both victims of a haunting question, What might have happened if...?

Oh well, Mrs. Westerman is in room 2. She has diabetic nephropathy and ischemic cardiomyopathy. She has come to the right place. I am just the one who can help her.



SONORAN SPRING
- CHRISTOPHER LEADEM PHD



Ted

BY: DENNIS SAVER MD

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Some people bring cold rain to one's life, and others bring sunshine. Ted embodied the latter. He was already well into retirement when I met him, an unassuming gentleman living with his second wife in a mobile home senior community. He was well liked by his neighbors, and friendly to my office staff. He had hypertension for many years and chronic obstructive pulmonary disease despite having quit smoking thirty years prior. He shortly developed heart disease, and I helped him through a myocardial infarction and the congestive heart failure that followed. During several hospitalizations, consultants did not engender his trust. Somehow, within a year or two, Ted bonded to me as if we had had decades of relationship. Whenever Ted and his wife Betty came to the office for a new problem or adjustment of an old one, I would present therapeutic alternatives and options, but Ted would say, "Whatever you think best, doctor." And then he would do EXACTLY whatever I suggested.

Ted, I discovered, had been the comptroller for American Airlines by the time he retired, after having worked for American for thirty years. He was very modest about having been a very, very important fellow. He never spoke about it unless asked. Betty's daughter in Ohio was found to have breast cancer, and Ted spent a lot of time helping her. Later, when Ted was hospitalized for a colon resection for bowel cancer, both of Betty's daughters flew to Florida to return the kind of emotional support that he had in the past provided to them.

Attachment has its virtues and its drawbacks. Ted and Betty worried about what might go wrong any time I went on vacation or to a conference. His health was precarious enough that sometimes I would return to indeed find him hospitalized by one of my call partners. Living will and advance directive discussions are part of my once-a-year list of questions at an annual exam. Ted and Betty always maintained that when their days were over, neither one wanted to linger beyond what time was reasonable. Technology, ventilators, and so forth were for the living, not the dying. While neither was ready to fold their cards, and they were devoted to being with each other, each articulated a very straightforward view about the end of life.

Over time, Ted's kidney function continued to worsen, and

his creatinine eventually reached 6.0. He didn't feel that bad, but he didn't feel very good, and had no appetite. He needed hospitalization for fluid overload and pulmonary edema. We held a conference to review his circumstances. The decision was at hand: permanent dialysis, or no dialysis and death soon. This watershed decision was traumatic for Betty, who did not want to lose her husband, but neither did she want him to suffer. Ted reconsidered his prior choice, and saw nothing to warrant a change. He said "no" to dialysis.

The next days passed quietly as Ted needed more oxygen and eventually morphine for his congestive heart failure and superimposed pneumonia. Close friends visited him briefly at regular intervals, and I talked with Betty daily for support and reassurance. Ted slipped into a coma, then slipped away entirely, without visible suffering and in a very quiet and unassuming manner.

Betty grieved again, and handled the bad circumstances as well as anyone could. She went through Ted's clothes about a month after he died and donated them to charity. There were a bunch of suits, hardly worn, and crisp white shirts still in their wrappers. Later still, she brought me Ted's last gift. He had kept little of all the memorabilia from his thirty year career at American Airlines, but he had treasured a small dish with the company logo given him at retirement, and had used it to hold pocket change. Betty asked me to keep it, to remember Ted by.

With Ted gone, there was not a lot to tie Betty to Vero Beach. Her remaining daughter encouraged Betty to move where she lived and could be of help. Betty realistically knew that her health would likely become more of a problem in the future, not less, and moving seemed the best option. My staff and I had a tearful goodbye with Betty and her daughter when the time came. Both were again grateful for the care I had provided and the relationship we had over a long span of time.

We got a couple brief letters in the next year, but I've not heard from Betty further. However, the memento American Airlines dish still sits atop my dresser, and Ted and Betty are still part of the family of my heart.

Transplant



BY: SHAUN-PIERRE HALL

Pre-Operative Transplantation:

Never thought I would see the day – When breathing becomes a luxury,
When gasps for air and tightness of chest – Is now a lifestyle actuality.
When standing is termed exertion – And sitting is termed exhaustion,
When blood expels by coughing – And dizziness follows motion.
But here I sit anticipating – A new set of endogenous perfusionists,
Sadly waiting on the fate of another – To erase my name from the transplant list.
And so I wait...

Intra-Operative Transplantation:

A smell of change is in the air – The leaves increase in luster,
The wind accelerates vitality – With all that it can muster.
Today the tools will work their charm – To navigate the anatomy,
To cannulate, clamp, and divide – Then weave and sew in unity.
Organs travel across time – To be perfectly implanted,
To erase the pain once experienced – To make the host undaunted.
The surgeon works in harmony – With each object in his fingers,
The aim is to repair and replace – While life itself still lingers.
He ensures the patient's stability – By communion with the anesthetist,
He commands their cell sustenance – By rapport with the perfusionist.
Throughout the operation – One might almost stop breathing,
In awe of life held in the balance – The enemy of time steadily fleeting.
But then the organ is placed – And the problems are mended,
Then practitioners and relatives – Rejoice in the life that's extended,

Post-Operative Transplantation:

After periods of 'flip-flops' in my chest – Of profuse sweating and weakness,
Of crushing pain in my arm and jawbone – Of anxiety, discomfort, & heaviness.
I finally received a new heart – To replace the brokenness inside me,
To recover all my memorable moments – To enjoy my surroundings fully.
No longer will I take things for granted – Won't ignore the smiles of my children,
Won't hesitate to share my love – Won't leave my atmosphere barren.
Someone died to give me life – And the doctors made it a reality,
Now I have an obligation to fulfill – I must live to leave a legacy.

Two PE Insomnia

BY: EVA BELLON

How silly to be scared to fall asleep. Yet here I sit again—completely exhausted but awake. There is something so strange about almost dying: your body stops feeling like it belongs to you. It defies you and no longer listens to your demands.

For instance, take the simple act of breathing. We do it so carelessly. You all take it for granted; I know I did. When your body revolts from breathing, because it hurts too much to take in even the slightest bit of air, it changes you. I now have an irrational fear of not breathing. Well, I suppose it is not irrational. Most days I still wake up and it feels like someone is sitting on my chest. You know how hard it is to concentrate on things with someone sitting on your chest? I have a memory of that first night in the ICU and the nurse calmly waking me up (he was an angel by the way), telling me it was important to put the oxygen on me now. If he wasn't so calm I would have gone into complete panic. I knew that the pain and strain on my lungs was so extreme that my body no longer wanted to breathe. I had to consciously decide to let air in. Thus began my fear of not breathing in my sleep.

I can't even begin to describe the fear and calm of death. Yes calm. Panic and calm meet at a place called death. Or maybe it was just unconsciousness. I almost landed there once. The calm scared me more than any emotion I could ever express. For a split second amongst all my horrible pain, I was calm about not breathing. It hurt less and that is all that I wanted in the world. They teach us to ask patients on a scale of 0-10, 0 being no pain and 10 being the worst pain you could imagine, where does your pain rank? What rank do you give when you can no longer comprehend what the numbers mean? What number do you give when it is worse than anything you could ever imagine and all you wish for is something that will end it? All you want to do is slip into unconsciousness to escape, but then you don't and they ask you for a number because you are conscious. It was a 12, no a 20. There isn't a number that can express that feeling.

Everyone is worried about me catching up in medical school. Don't get me wrong. I know it is important and I want more than anything to catch up, to feel normal again. It is hard to force emotions about class. The normal me would be losing it by now to be this far behind on the Monday of exam week. I am so emotionally spent that I don't have the energy left to be anxious about something like a block exam. Here is what I know: How about endocrine physiology, how about Cortisol? Yeah, I get cortisol—my body is under so much stress that my high cortisol levels have begun to affect my hippocam-

pus. How do I know? Because I can watch a lecture three times and feel like I have never heard it.

So when I am asked how I'm doing, how do I respond? I can

***YOU KNOW HOW MANY PEOPLE
HAVE TOLD ME I AM LUCKY TO BE
ALIVE? THIRTY PERCENT OF PEOPLE
DIE DURING THE FIRST HOUR OF A
PULMONARY EMBOLISM.***

breathe without reminding myself to now. I can actually rank my pain 0-10 (it is about a 3 right now). I have grown to despise the clots left in my lungs. They are part of my life for at least another month or two. And after that? Scar tissue? Who knows? All I pray is that my heart goes back to normal like they say it will. All I pray is that this Coumadin, that I have grown to love and hate all at the same time, does its job. Thin my blood to save my life and all the while making me freeze, get exhausted, feel like I'm going to faint from time to time, and bleed at the drop of a hat. It will be my bittersweet knight on a white horse for at least another 6 months.

But, I am alive.

Now THAT is something that everyone takes for granted far too much.

I am alive.

God has a plan for me and if you say it's not so—look at my CT. You know how many people have told me I am lucky to be alive? Thirty percent of people die during the first hour of a pulmonary embolism. I had two and walked around with them for two and half days. The doctor that took the Echo of my heart and looked at my chart said, "how are you not on a ventilator and unconscious?"

So I let him know, "Because somebody up there is looking out for me."

So ask me again how I am doing? How am I holding up?

I am alive.

How to Heal

BY: AMANDA PEARCY

We are the healers, the fixers, the ones who come to the aid
When you are sick, ill, and even when your life is about to fade
Entrusted with the most precious gifts a human has within
Doctors are asked to find answers but sometimes where do we begin?
What about when we have no right answers, no solutions or ideas to add?
Just like everyone else, physicians are people too; maybe even a mom or dad
When faced with the most feared outcome of medicine, someone dying
Are we supposed to just suck it up and not even think about crying?
How do we explain to someone who has lost something so dear
That we did all we could, without letting them know we too have fear
Scared that we can't save everyone, sometimes everything just doesn't go right
We are given life to save, but often the path is set no matter how we fight
There is, I have determined, a power beyond this world and place
For how else can a person, a physician, accept death looking them in the face?
We are asked to save those who may not be able to be returned to life
They are destined to move on to a place without their current strife
As the people who deal with new life and life lost at every turn
Is the ability to move on to the need of the next person able to be learned?
Is it something we should want or is it ok to shed a tear in remorse?
To not automatically return and continue the current course
As the ones who need to be strong for all those who need a shoulder on which to cry
I find this part of medicine hardest than all else, no matter how hard I try
Knowing I have been defeated in a game I want to be the best that I can
I have to pick up my head and learn from the life lesson at hand
For being a good doctor is caring for the sick and also those who need to grieve
It is not responsible to simply tell bad news and then promptly leave
Great doctors are the ones who are always willing to stay
Sitting, calming, and comforting until all worries and fears are at bay
This and many more instances like it will only make me stronger still
For as a doctor we give medicine in all kinds of forms, not just pills



Caring For All

BY: SARITHA TIRUMALASETTY

The past is not so distant.
Rudimentary settings where hope is lost,
In villages and communities,
Are found here
Found across shores.

Pain and longing are not new.
These feelings are shared
Among brethren
Around the world
Throughout time.

Yet there is a beacon of light.
Made up of people
The light grows
Lit by warmth
From good hearts.

Above us shine the stars.
In the darkness,
They shine for all.
And all mankind
Receive the light equally.

The future may be close.
The underserved may be healed.
Is it a dream?
To me,
It is reality in progress.

Here

BY: SARAH MIKE

6am sun shines orange on the cotton
fields, this town sleeps as I drive toward
destiny, as I make one last trip to the
middle of nowhere to hone my skills on
life's grindstone.

Here among this tall grass, these barefoot-
ed children, the slow as molasses home
town life I am found.

Tears are falling and I am barely breathing
while I realize what I am and how per-
fectly I fit into this space that was carved
for me.

Here among the thorns of disbelief my
fate has found me, and oh the joy of my
one true calling.

SEEDS
- KARINA WALKER

Temporary Life

BY: JASON A BOOTHE

I rest in the uncomfortable confines of my cage
Filled with anger
Filled with rage
Although no spotlight illuminates my standing
I feel like I'm on a stage
A part of a movie, or maybe a part of a play
Because every day I play a role.
My role, my part
Set apart from those that partake of meals
In the kitchen or around the dining room table
I'm left outside
Unable, to understand Why.
Am I less than any man?
Though my features are different
I have a heart and blood that courses through
My arteries and veins
Yet, I lay here in vain.
Staring out of the windows of my chain linked
imprisonment
I hardly think this is a life meant
For anyone, even me.
Subject to captivity since a baby,
I have yet to savor the sweet sensations of freedom,
True freedom
Not the one afforded to me once or twice a day
When I am allowed to roam and play
Seemingly having fun
But little does he know that I am acting out of
resentment for him
He that allows this entrapment to continue

My thoughts remain known to only a few
The ones that find themselves in this grave
situation too
So I lay waiting
Waiting for Moses or Harriet
I think to myself, maybe they haven't heard my
midnight cries
Because I haven't seen them yet

But how could I,
why would I want to break free?
My master,
He feeds me
Acts as if he does what's best for me
But does he really know me?
Freedom has been stricken from me
for so long
That I fear its presence
But I still acknowledge its power
And realize that one day
in the future
I shall witness my final hour.
It is then and only then that I will finally be free for
the first time
So I wait, savoring the moment
That moment
When there will be nothing left to do on this stage
Until then
I rest in the comfortable confines of my cage.

Love

BY: CAROL WARREN

Love is a connection-----between two people
Silver cord shimmering with heart fire
Lighting the dark of a life alone
Two souls entwined
Making one heart
Promising peace and joy
Come to me with your love
Tie my heart to yours
Fill me with light
For you
Glow

Difference Making

BY: BENJAMIN M KAPLAN MD MPH

Making a difference is always knowing that one person can
change the heart, mind, and soul of another man.
Sometimes easy, but often hard to do,
on the floors, in the clinics, and certainly in the ICU.
But rest assured, there is no doubt in my mind,
that when making a difference, now is always the right time.



EMPATHIRISES
- MONICA CHATWAL

Persona

BY: EVELIN RAMÍREZ

One is a goddess,
a Botero woman,
a real life Willendorf
that smells sweet,
exotic as Neroli oils,
Egyptian rose,
like a palm of cloves
so sweet
you could bite into
her flesh and she'd
taste like tres leches:
milk cake. The sophisticated
one that seduces men with
charm, salsa and sonnets.
Charms her Pashminas
like snakes coiled
on that body, veiled
by some of those scarves
in cut velvet plums
crimson wraps, silk
tattooed with
painted feathers.
Carismática. Big as
her smile, she is soooo beautiful...
Another is a sex-
Goddess, the porn-star,
glossy-pouted, flowing
mane, perfectly manicured,
doesn't eat, moans on cue
does the triple double twice
in a row, the pearly eye
butterfly, makes you fly,
she is ascending
like a dragon.
Measures her waist,
glares in the mirror
like The Fragrant
Concubina. Powder
rice-pearl-jade on her tear
-striped face.
The succubus. Australian Wild
Cat that purrs but doesn't sleep.
Can't remember her lovers'
names, her fingers are sooo thin...
Then there's the addict, a
wine connoisseur, the broken one
that loves the Blues, devotee of
Alberta Hunter and Nina Simone.
Hums Wild as the Wind

Writes and dreams
of humpback mermaids,
she plays the piano,
she can sing, she scats and rat,
tat, tats with friends but she's
f---in with you; she Can Sing!
Make you cry too.
She's the vessel,
the pure one.
Pure persona. The love-warrior
who suffers. Can you
hear her weeping
right now?
She weeps like a Devadasi.
She weeps like a coffin-birth-child.
Weeping for L'amour
Mi amor
languish. She is a seductive
persona, she'll have you
join in to regale
your Greek tragedy stories, makes
you cry, she's weeping,
weeping, weeping,
like a Black Weeping
willow, her hair is sooo long...
What about the comedian?
She's a hoot! Does funny voices
'cause humor transcends
geography, genealogy, she
is funnier than her racist dead
grandmother who called her
a spear-chucker and longa de mierda.
She's not sarcastic, just brilliantly
funny, has made several people piss
their pants (4 times).
She laughs like an epic novel.
Laughs like new jazz, like
Jazz Timbal staccato, laughs
like a bleeding heart baboon.
A pandemic laugh that echoes
and quivers in cavernous hearts.
She can make the whole place
laugh, she is sooo cool...
What about the Diva?
S--t! The black Puma?
The walk. She is articulate
sexy, dresses like the runways
she is the real Decoy, well-
versed in Psalms and Sanskrit

poems, briefly studied the Koran
not a quasi-intellectual.
Her appetites are controlled.
Even in her rituals
of thrill, she is peaceful
even-breathed as she lulls
her men within, doesn't share
the fiscal miseries, spends
her insufficient funds.
She's paying. Her treat!
She's got it together, skips
mortgage payments, hustles
the IRS sometimes, let's not
talk about the coke
billowing like blackboard
chalk at 17, just know she's a
f---ing Trukah! Keep on
truckin baby! Diva
sashaying, she is sooo pretty...
Then there is the kid
hiding a patch of hair
bleached with hydrogen peroxide
poured on her head to clean
wounds inflicted by Mom. A
pillowy-mouthed girl who
can affect any accent, looks 21
at 11-years-old, knows sophisticated
dialects of men's desires.
Languages ciphered with
liquored words.
The girl that wets the bed.
Dances with death disguised
as her great-aunt's heart pills.
She plays the piano too
but her voice is faint, smaller
than a marbled moth.
She really is a little kid,
covers the other personas
with 1,000 thread count Turkish
linens. Dims the lights.
She is the Protector. A halved-one.
Curious-terrified-scarred
and resilient. She gentles
feral cats, lavishing
kisses, she is sooo little...
She has love to heal herself
and has poetry to forgive her mother.

Lucky

BY: ANONYMOUS

Lucky for you this poetry is therapeutic,
Like classical music.
It calms the soul, slows the rage,
Sharpens the senses
That you've made dull
Digging deep into my soul.
Displaced and broken pieces,
Shattered remnants of happy memories.
Too small to reunite,
Too jagged to hold.

Lucky for you these words flow freely
And cool my soul like Hawaiian breezes.
Poetry, I need it!
It's my seduction during a dry spell.
Water for raging fires
Quenching my thirst.
And when I'm tired
It rocks me to sleep.
Brings peace and demands loyalty.
Reigns supreme above conversation,
Wielding a sword through my anger,
Keeps you safe from physical danger.

Lucky for you, I don't verbally spew these venomous words
Letting you know just how disgusted I am with your existence.
Distance. It's really what we need.
These words are my AK and I tote them everyday.
Fully loaded.
Explosive.
More powerful than dynamite.
So try me again and I might
Verbally unleash this hideous beast.
More poisonous than a snake.
Rocking harder than an earthquake.
Lucky for you,
I chose poetry.



IRIS STUDY
- BRIAN BAUERBAND

PHOTOGRAPHS:
REFLECTIONS ON AFRICA
-SHEALLAH PALMER

Reflections on Africa

BY: SHEALLAH PALMER

This summer I spent a month in Africa visiting Tanzania and Ghana. This was my fourth trip to Tanzania but my first real encounter with their healthcare. As for Ghana, it was my first trip to West Africa, and I was accompanied by nine other FSU COM medical students, a FSU COM psychologist, and a team of physicians from the organization Hearts Afire. I've witnessed the poverty of Africa since I was three years old; nevertheless, my experiences have not numbed me. Every visit provides a new experience that has a profound effect on me. Since returning to the states, I've had time to reflect on these experiences. For me traveling to Africa is more than just a vacation and even more than just a medical mission trip: I saw it as gaining experience for a future career in global health.

GHANA

Imagine yourself or a loved one in need of a myomectomy, or removal of uterine fibroids. You arrive at the hospital but are told that there is no blood available in the blood bank. You ask your family members and friends to donate but are

unsuccessful. As a result, because you did not bring blood with you, you are unable to have the surgery. This is the story of a patient I encountered during one of our surgery days—a story that not only broke my heart but also made me feel angry that this was a barrier to this woman receiving medical care. Later that day, I was able, under the supervision of an OB/GYN, to assist in a myomectomy and a C-Section. While both surgeries were memorable experiences medically, the myomectomy was an experience I will never forget. During the surgery, the doctor explained that since they do not have access to a cauterizer or vasoconstricting agents, they must use a tourniquet to cut off blood flow during the surgical removal of the fibroids to reduce hemorrhaging. This is an example of how those in third world countries must adapt to their lack of supplies.

One of the great parts of mission trips is gaining experience in a variety of areas. Under the supervision of a phlebotomist, I tested patients for malaria, HIV, and syphilis and also performed glucose and pregnancy tests. I also found hands-



on learning beneficial in pharmacy. Actively assisting to subscribe medication, preparing suspensions, and delivering the medication to patients was academically beneficial. “Hands-on” learning is a major component of these trips. One day, our infectious disease specialist showed the students a woman with brown spots on the palms of her hands, one of the diagnostic signs of Secondary Syphilis. During one of our 2nd year exams we had a question referring to this, and I immediately thought of this woman.

One of the common themes of medical service learning trips is the lack of access to health care, a factor that motivates me to help. I encountered a woman who was bitten by a snake while working in the fields two months prior to coming to the clinic. Her wound was still open, and, because she had not seen a doctor, she was now experiencing venous insufficiency, a complication that could have been avoided if she had access to health care.

People who had not seen a physician for years traveled from near and far to be seen at one of our clinics. They would patiently wait for hours with no guarantee that they would be seen. While we had to turn people away unfortunately, the appreciation on over 2,000 faces and their undeniable need for help continues to encourage me to go on medical service learning trips.

TANZANIA

In Dar Es Salaam, Tanzania I visited a medical school and one of the local hospitals. I spent the majority of the visit in the pediatric ward and observing orthopedic surgery. The most memorable experience for me was the visit to the pediatric ward where I saw wide-open rooms with more than thirty patients in each. There were no patient monitors;

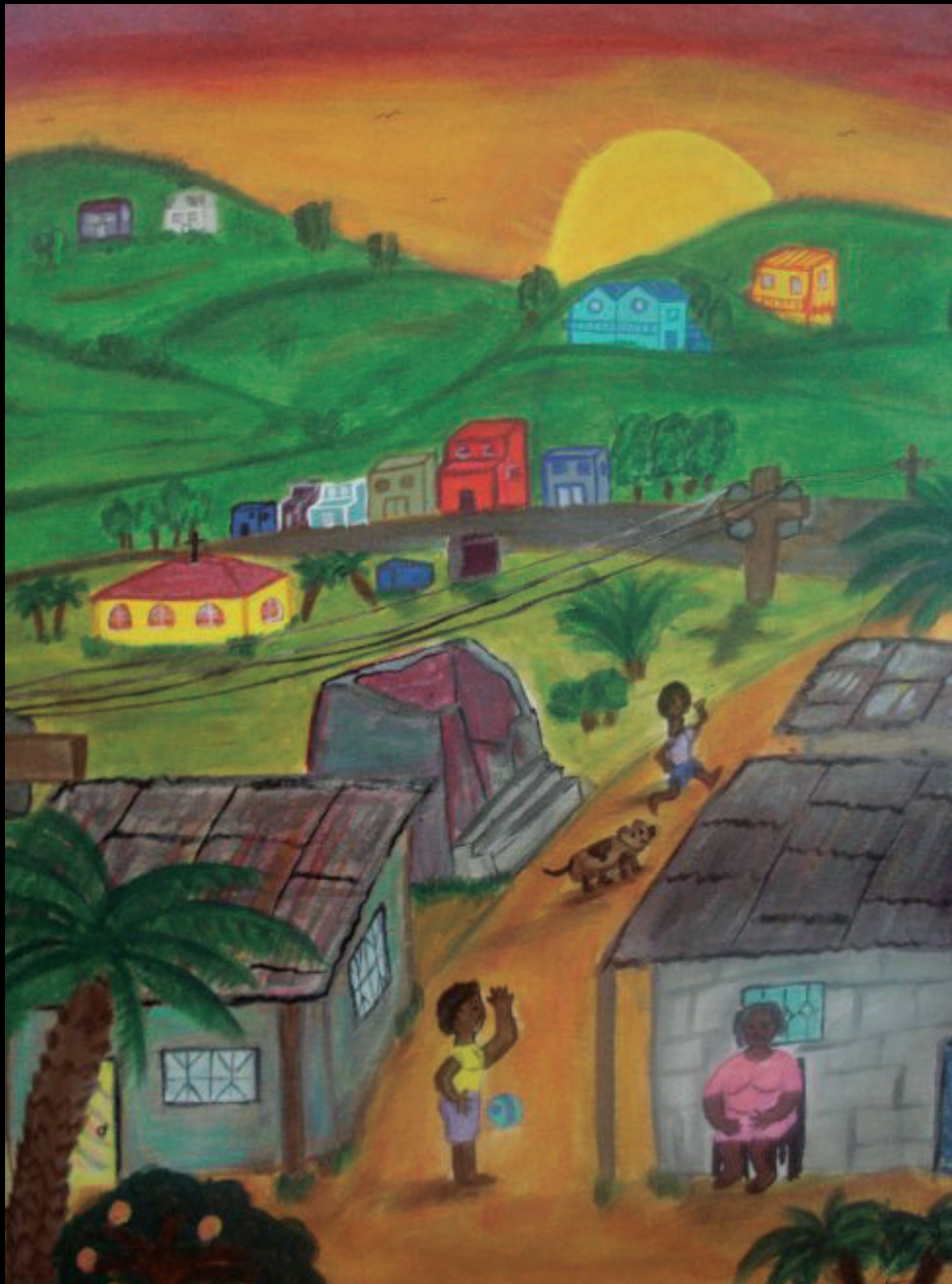
no privacy curtains, no TVs, no chairs for visiting family members, and the windows were made of chicken wire. Each patient received the comfort of a rusty old bed and a mosquito net.

Out of everything that I learned and witnessed, the manner in which medical care was given with respect to their lack of supplies affected me the most. I met a young boy who had seriously broken his leg. If he had broken his leg in a developed country, his physician would have likely set the bone using a metal plate with pins. However, lacking such supplies, the physicians relied on the gravitational pull of a plastic bag of rocks to keep the healing bone straight. There was also an entire ward devoted to children with hydrocephalus and spina bifida. A ward essentially devoted to housing children who would likely die because there was nothing else that the hospital could do for them. That is their reality.

A CALL TO ACTION

Medical service learning trips are not just a medical experience but a chance to learn and experience the local culture and people. They’re a chance to understand people’s struggles and hardships. You will leave feeling that you helped a lot of people in so many ways. Maybe it was through medicine or just giving attention and playing with the children; many of them are young mothers or orphans. The reality may set in that you only helped a fraction of those in need. You may leave your trip feeling resentful, hopeless, maybe even angry for all the opportunities that you and your friends and family possibly take for granted. That’s natural. However, I promise you that all of the memories you make on a medical service learning trip will change your life for the better and will hopefully encourage you to go on subsequent trips.





SIMPLY PARADISE
- ROXANNE SAMUELS

Heal



ROSE
- JILL GRAYSON

Making a Difference

BY: FSU COM FACULTY

Making a difference happens when we lose the lie we've been telling ourselves about our limitations, and then catalyzing that growth in others.

- Douglas J Davies MD

Using our gifts as physicians to provide comfort and care to all patients regardless of their ethnicity, social status, or ability to pay.

- Adam Bright MD

Really what it is ALL about.

- Diane Wilkinson MD

Preparing others to carry on, once I am gone.

- Elena Reyes PhD

Often confused with a self-centered sort of demand that one's value be noted and appreciated. Some who make the greatest difference in other's lives are the least noted, and frequently least appreciated. Think of parents. Or think of what happens every time the garbage collectors go on strike in a big city. The effort should be to serve, and perhaps, years from now, you will be given the grace of knowing that a difference for the better was made.

- Lisa Jernigan MD

Why I am here at FSU COM.

- Karen Meyers ARNP

Restoring a child to health.

- Jimmy E Jones MD MPA FACS

Seeing a new person in need at the Neighborhood Health Services Center in Lincoln Center on Brevard Street in Tallahassee, Florida.

- John Agens MD

Seeing the light bulb go off when someone suddenly understands how to help their own health.

- Bonita Sorenson

A life changing experience.

- Tara L Gonzales MD

The only thing that really matters. It is an honor to have the opportunity to make a difference in our practice of medicine. It is what motivates the novice and the experienced healer to share their art with patients day after day.

- Paul McLeod MD

Inspiring others to make a difference.

- Jeff Thill MD

Giving hope to those without hope.

- Dr S Winters

Helping people to make appropriate choices, and making sure my own house is in order first by being the best dad and spouse I can be.

- Curtis Stine MD

Giving selflessly to those in need.

- Rene Loyola MD

Spending a few extra minutes with a patient to listen to their story. The dialogue may be unnecessary for their care, but it is huge in building trust and rapport with patients.

- Deanna Springer MD

Becoming a whole person and sharing that with my patients and their families. It is realizing, as Abraham Heschl expressed so well, that "in order to heal a person you must first be a person."

- Amaryllis Sánchez Wohlever MD

Simultaneously thinking about the patient, "What exactly is the problem?" and feeling in your heart, "What must it be like to be going through that?"

- Kenneth Brummel-Smith MD



HOPE
- MICHAEL DENDER

Heal

WITH THESE HANDS
- MICHAEL DENDER



For me, as a physician, to be able to impact healthcare more than one patient at a time. I am challenged by how to better deliver effective care to frail elders. I chose a medical career because of needs I saw in nursing homes, but my patients want to stay home. How our communities more effectively support these patients and their caregivers through home and community-based long term care is where I'd like to help make a difference.

- Donna Jacobi MD

Is treating each of your patients with the attention and care you would want to receive for yourself or your family.

- Dr Barbara Srur

Providing every child the opportunity to grow and succeed in life.

- Gerardo Lopez MD

When a patient tries to thank you, but rather starts to quiver and cannot form the words. But I can read the words through the tears in their smiling eyes.

David Billmeier MD

Enabling the development of thought patterns that birth a change in action and enhance the creativity of solutions to a challenge.

- Dr Hansen

Is touching someone's heart, not just their mind.

- Chris Leadem PhD

Standing up for an ideal and striking out against injustice.

- Jerry Williamson MD

Making a difference is the ultimate contribution to mankind.

Making a difference is what it's all about.

Making a difference makes life worth living.

Making a difference can impact countless numbers of people.

Making a difference can lead to positive change.

- Michael S Oleksy MD

Is the legacy we leave.

- Anita Westafer MD

Acting as a change element, not just allowing something to continue as is. It is the decision to work for a change, to help someone with our talents. Some folks say, "That's not right," but don't act to change the wrong. Making a difference can be listening to someone and sharing thoughts because you have been in that exact situation. Making a difference leaves behind a legacy of positive actions. Making a difference is when you know down deep you did the right stuff and you got a smile from a patient.

- Joy Barbee BSN

Working at a community health center and creating a medical home for my patients is a big priority in my life. I enjoy reminding the moody teenager on the exam table that I once pulled a Lego soldier out of his ear! I have to remind the worried mother about how we got through the last fever that took 5 days to clear and that we will get through this. I feel sad when I see one of my adolescent girls across the hallway visiting with the obstetrician because she "promised" not to miss one birth control pill. On the other hand, I feel happy when she brings that baby to me because there is trust and loyalty. Being a pediatrician is an honor and a gift. It is being a mother to thousands of children with all the ups and downs being a parent entails. Life is good.

- Dr Anabella Torres

Is reaching towards infinity by teaching students who will teach their patients and other students who will teach . . .

- Daniel J Van Durme MD FAAFP

Comes through living a productive and meaningful life.

- Robert Watson MD

Making a difference does not come just from doing your job well. It comes from extraordinary effort to care for others and to care about them. So at the end of the day, you can reflect "a small part of the world is a better place because of how I gave of myself."

- Alan Forbes MD PhD

Heal

Opened Eyes

BY: JASON A BOOTHE

She passed me with a gaze that I couldn't resist.
I extended my hand and held hers gently
As blood dripped from her finger tips.
The aroma of death was strangely present in the air,
It carried the voices of millions screaming, Beware!
As if her eyes painted pictures, I was drawn by her stare,
I came closer and she whispered in my ear.
Remind me of your name again, she said.
I said my name is Victim, and it's nice to meet you.
She said softly, my name is AIDS and I'm happy to be with you.

AIDS, that's an interesting name, I said.
Tell me, just what is it that you do?
She said never mind that
It's complicated
And it would probably kill you.
I said I just want to know you
Because to me you're so beautiful.

Well simply put, she said,
I destroy lives.
As she said this, the sun fell
And darkness obstructed my view.
She continued...
I make no compromise.
I kill children, husbands, and wives.
I feast on the lies
Told by selfish people,
Whether woman or man.
And you can't prevent me with just Latex
Even if you think you can.

I'm tougher than a diamond,
I've left whole continents desolate and barely surviving.
I prey on the innocent,
And I never sleep.
I reside in the darkness, waiting for lustful souls,
Creep up on those who do not acknowledge me,
And even those that think
They are stronger than me will one day see.

Telling me these things, she refreshed my memory.
I said, haven't I seen you before,
Maybe at a movie; maybe at a store?
As a matter of fact I'm sure,
No...wait...wait; I'm positive.
Over half of my friends already have you in their system
And every 30 seconds you kill another person.
I wonder, do you miss them?

Why should I, she said?
After all I caused their death in the second place.
Furthermore, I am kin to the angel that has fallen from grace.
So you wouldn't recognize me
Even if you saw my face.

While I pondered her words and waited for more
She handed me an envelope.
On the back she wrote: THE CURE.
Inside there were no instructions, no chemical formulas;
All I found was a mirror.
In it I saw myself larger than I was before.
About the meaning of it all, I told her I wasn't sure.
She said you must go now; there is a lot of work you must do
Because it's not just your friends I am with,
I am with you too.

As she said this, she slowly disappeared.
Shocked, I felt myself gasp for air.
Swiftly, I sat up in my bed
And when I opened my eyes and looked to my left,
I saw my wife staring at me
as if I were dead.
Honey, are you okay? she screamed.
And I just shook my head.
I have something to tell you,
What is it, she said...

Heal



- ZACH FOLZENLOGEN

Faith

BY: CAROL WARREN

I watch.
You are here for an interview.
Your nerves are as tight as your smiles,
Your life hangs in the balance.
I try to help you relax.
I smile at you.

I watch.
It's your first day.
You are really here.
You have your whole life in front of you.
You shine with the passion of compassion.
You are so proud of your white coat.
I smile with you.

I watch.
You come to study,
Your intensity is amazing.
You put in long hours
And then go play in the courtyard.
You smile.

I watch.
Two years go by so swiftly.
You are nervous about your next campus
But, anxious to be there.
Third year is fun, or so you've heard.
We smile goodbye.

I watch.
From a distance
And an occasional email.
I know you are progressing.
You are growing.
I am not surprised.
I smile to myself.

I watch.
You don a green robe.
You have changed so much
It is difficult to recognize the applicant
I met so long ago.
You have grown into your white coat.
You are a doctor.
I watched it happen,
And I smile.

Mother Africa

BY: ANGELA GREEN

After the mission is complete and you return to American soil, do you still remember?
The voices and screams of the children at night.
The disfigured faces of slaughtered women.
The cold touch of a warm soul in despair.
Do you ever ponder?
Electricity is a convenience.
Food is a not a luxury; but a necessity to continue the vitality of life.
Mother Africa I hear you.
Though I am not near to bandage your open wounds
Or house the displaced people; my people,
Whom we have left behind
In pursuit of falsified happiness,
Living selfishly,
Unyieldingly,
Resentful and forgetful.
Our past still haunts us.
We consistently shun the darkness,
Harboring self-disgust,
Running from sunlight, we worship the clouds
Unwilling to stimulate melanin for fear that an overproduction will
Demoralize or associate with the African Darkness
The same darkness that birthed us
And still loves us
Even when we do not love ourselves.
I can still hear the cries of her labor pains.
Was it all in vain?
She cries at night for her lost children,
Wondering why they have gone astray
Ashamed.

Don't Ask

BY: BENJAMIN M KAPLAN MD MPH

Do not ask me if I know her age.
Do not ask me if I've read that page.
Do not ask me about the most common pathway.
Do not ask me because I really cannot say.
Ask me only about me,
I am a person, you will see
with hopes and dreams and love abound,
a human as a doctor you have found.

Ocean Swell

BY: BENJAMIN M KAPLAN
MD MPH

Oceans swell
the blinds are closed.
Doctors all around me.
The time is spent,
no turning back,
what will my father say?
Chin-up, head-high,
tomorrow's another day.
One life, One love,
not defined by One day.
Continue on, Overcome.
It's the failure that makes the man
of the physician you see before you.

Night Memories

BY: CAROL WARREN

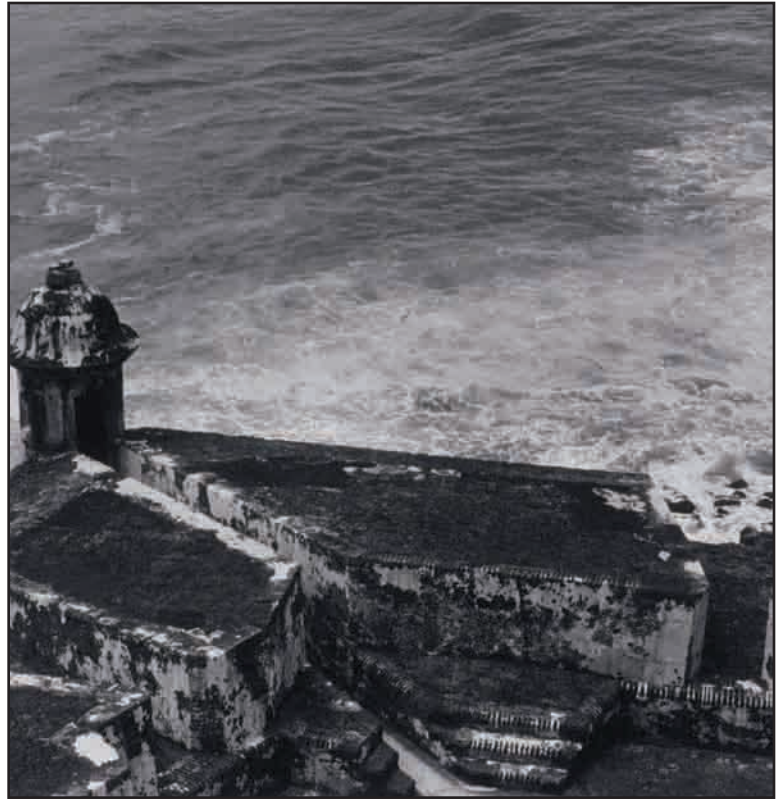
While away the hours
Spending time like rain.
Colliding pictures rushing
Will not come again.

Until you look at nothing
And see a painted sky.
Purple of the shadows
Once again will die.

Crouched upon life's doorstep
You find it closed tonight.
Do not look for comfort
With the dying of the light.

Sunset opens windows;
Night comes creeping in.
Never curse the darkness;
Wear it like a skin.

Let the memories clamor;
Let them rip and tear.
They can not pierce the armor,
Black armor that you wear.



EN MI VIEJO SAN JUAN
- JILL GRAYSON

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Magical Rebirth

BY: JOSÉ E RODRÍGUEZ MD

Did you ever see the *Harry Potter* movie with the exploding bird? The phoenix? Sometimes I think that is what is happening in medicine: we get to that point where we explode, and then from the ashes a magical rebirth occurs. To some extent, no matter where you are on healthcare reform, you are bound to feel like an explosion has occurred, and we hope a magical rebirth is about to happen.

I am relatively new to Tallahassee. I was recruited from Albert Einstein College of Medicine to come and teach at the “nation’s newest medical school.” It was an exciting opportunity, and part of what enticed me to come was my clinical assignment: Neighborhood Health Service.

NHS and I are a natural fit. I did my residency at a Federally Qualified Health Center in the Bronx, and took my first clinical job at Jacobi Medical Center—the public hospital system of New York City. There we saw everyone, and more than 50% of my patients were uninsured. When I heard of NHS, I was thrilled that I would be able to continue my work serving the poorest of all Americans. In a way, I feel that this is exactly what I was meant to do—and I am thrilled to work there.

In 2009 I was invited to be the medical director of NHS. I never expected or sought such an honor; NHS needed TLC (Trust, Loyalty, and most importantly Commitment). FSU College of Medicine was generous and agreed to allow me to be medical director half time, and teach the other half. NHS was equally generous, and allowed me to teach half the time.

Working with the underserved has its challenges. Difficult social problems plague virtually all of them. It seems that when poverty strikes, economic difficulties are only the beginnings of the problems. In my first months, I had a few housekeeping things to do, and a lot of learning. I learned about the history of NHS, which really was amazing. It started in the basement of a church, taking care of the same people we do now, about once a week, but practice was limited to hypertension and diabetes. Today, NHS generates over 12,000 encounters a year, and still 94% of our clients are uninsured with virtually 100% living at 200% of the poverty

line or below. I learned of the sacrifices of the great leaders that came before: Dr. Jernigan, Dr. Mathews, Dr. Sumlar, Dr. Baker, Dr. Sampson, Inzalea McGlockton, Patrick Wiggins and others. Their vision has kept NHS alive and true to our mission. I witnessed altruism and selflessness in action as Dr. Bivens, Dr. Smith, and Dr. Drake gave time every month for decades, trying to make a difference for our patients. Our colleagues in optometry at CHP have also been volunteering for decades providing eye care, as well as glaucoma care to myriads of our patients. Dr. Kessler and Dr. Tucker have also served for many years, helping our patients to get the orthopedic help that they needed. Dr. Chuckawala and Dr. Sara gave countless hours of psychiatric care to our patients. Their examples have moved me and have motivated me to find better ways to serve. They have also taught me, for, without exception, they were willing to share their expertise with me, so that I could provide better care, and work as best as I could so that they would not require specialty services. There are also hundreds of volunteers who work with our patients throughout the WeCare network. Without them, the work of the volunteers and employees could not be complete. As I grow into this position, I have learned that WeCare is a miracle; a precious resource that must be protected. Our NHS staff, current providers and our volunteers have done an outstanding job in helping to protect that resource, making sure that we did not overwhelm the system. After all, an overwhelmed system is like the phoenix—it too will explode.

A few months ago we were headed for the explosion. After decades of meaningful service, our Dermatologist (Dr. Bivens) and our Cardiologist (Dr. Smith) were no longer able to continue at NHS. When I learned how much they had given, how long they had been with us, and how committed they were decades into their retirement, I was speechless. How could NHS ever show its gratitude, or the gratitude of the thousands whom they served? I didn’t have a clue how, but one thing was certain, I needed to honor their work by continuing it.

After consultation with my colleagues at the FSU College of Medicine, I began to ask for help. Initially, it was just to get someone to honor Dr. Bivens work. Dr. Earl Stoddard, con-



ACCOMPLISHMENT
- KARINA WALKER

nected me with Dr. Armand Cogna. He connected me with Dr. David Pascoe, who is now volunteering once a month. Most of the doctors, if not all, at Dermatology Associates are also volunteering at NHS. Thank you, friends, for helping NHS honor Ben's work.

Dr. Orson Smith will be leaving at the end of 2010. He not only worked hard to keep a cardiology practice going at NHS, but he has mentored and inspired me in asking others to help. He directed me towards Dr. Frank Gredler, who, along with Southern Medical Group, is working out the details in order to continue Dr. Smith's practice at NHS. They will be starting later in the year.

It is interesting how a bad economy affects a job like mine. Because so many of our neighbors are out of work, and out of insurance, they come to NHS. We welcome them into our family and are happy to serve them. It has increased demand for our services greatly. And we have worked to meet that demand. One of the demands that has gone up quickly is that for eye care. Our colleagues at CHP optometry rose to the challenge and doubled the patients that they saw, and brought more help. Dr. Marissa Adamson has also joined our Optometry team, and we are grateful for their help. We are in conversation with many others, and we welcome them into our family. We hope that serving our patients gives meaning and the other rewards that come from service.

Dr. Andrew Wong, a friend and gifted orthopedic surgeon has also agreed to help with the increased demand at NHS. He, along with Dr. Kessler, will be meeting many of the orthopedic needs of our patients. My recruitment conversation with Andy was memorable. When I shared our dilemma with him, he said, "I can definitely help out with that!" His enthusiasm has carried NHS a long way.

The employees and staff of NHS are touched by the generosity of our colleagues in the medical community of Tallahassee. It is awkward to ask for help, especially when everyone is very busy trying to make ends meet and serve their patients. I have no idea how they find the time, but without exception, everyone with whom I have met with has been enthusiastic about volunteering. The truth is that NHS would love to be able to pay our volunteers, and perhaps the affordable care act will provide that for NHS. Until that time, NHS and our patients will be in your debt. I hope that as others sign on, they can have a similar experience to Armand Cogna, when he came to our clinic recently. He said, "It was very gratifying to see patients there. It reminded me of why I wanted to go to med school." I hope that all can find inspiration at NHS. And, maybe, they can also experience a "magical rebirth."

Christmas Carol

BY: CAROL WARREN

Once upon a time. That's how all stories, even true ones, should start.

Once upon a time there was a preacher man who had a beautiful wife. He loved his wife very much and she loved him as much as he loved her. After several years of marriage, although they were very happy together, they wanted to complete their family with a child, a child to love and care for. They wanted to share the riches of their lives, their capacity to love, their compassion for the world, and their love of God. They prayed diligently for a baby. But no baby came. Although no baby came, they were faithful to God and continued to do his work. They continued to pray for a child, if not one of their own, then one who needed them. For them, giving to a child was important even if it was not theirs biologically. God knew their need and waited until the time was right. In His infinite wisdom all things work together for good. There would be a child who needed them as much as they needed a child.

In a world where some children are not wanted it is a miracle for a homeless child to be matched with loving parents. Adoption is a blessing to both the parent and the child. There can be nothing more precious than to be wanted. It gives a child a sense of security deeper than any other, a sense of self that comes from knowing its parents made plans and chose to accept it into their family. It proves their need for a child.

After several years of waiting they contacted an adoption agency. They said they would like to adopt a little girl that was fostered with a lady from their church. The agency explained that it was rather unusual to request a specific child. They were told they would be put on a list and informed when their application had been approved; paper work must

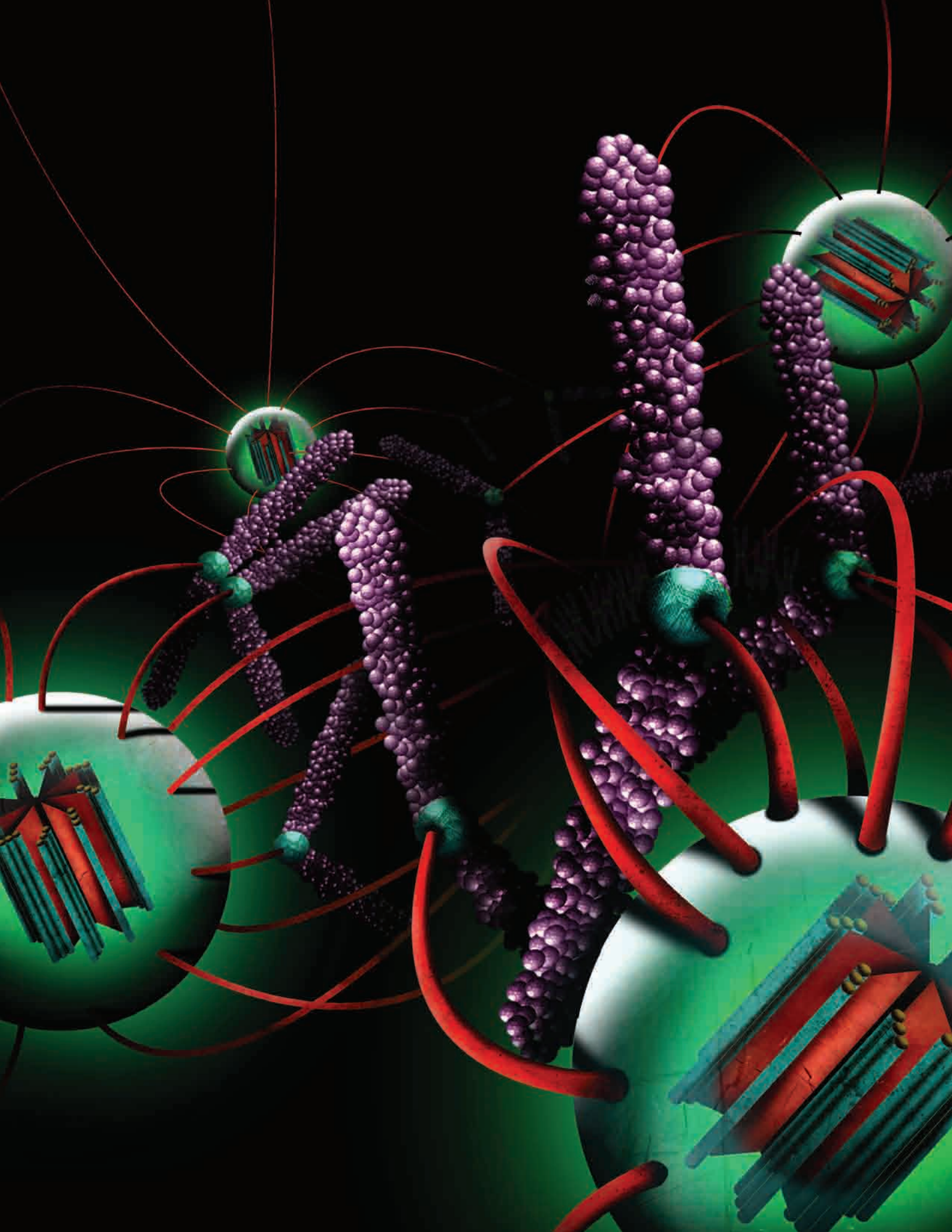
be filled out, forms signed, backgrounds checked and more. Time passed. They waited and prayed. More time passed. Finally the agency approved their application. Still they waited. Late in December the call came. There was a baby available, did they want it? They asked if it was the little girl they had requested. The agency told them it was a baby that needed a home and if they really wanted a baby it would not matter. They prayed and asked God if this was the baby they were supposed to have.

THEY PRAYED DILIGENTLY FOR A BABY. BUT NO BABY CAME.

On December 22, 1950 they brought home a baby girl just 11 months old. She was the baby they had seen and wanted. Their hearts were full of joy as Christmas music filled the air. Because of the season and the joy filling their hearts they named her Carol, meaning a song of joy. Because they prayed and God answered; they gave her a second name, Faith, because she was a product of their faith.

They believed God had given them the ultimate Christmas present. They were wrong. I was that child and God did not give them a present, he gave me one. He gave me the most loving and kind parents in the world. Thank you, God, for looking down on the world and seeing the need of one small child and filling it without being asked.

How great is a God who sees our needs before we recognize them.



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Submission Guidelines:

The following submissions will be considered for acceptance:

1. Forms of Literary Expression (Fiction or Non-Fiction) such as Narrative, Essay, or Poetry: Submissions should be less than 3000 words and should center on the human condition. Topics may include, but are not limited to: medicine, illness, healing, aging, pain, emotion, etc. Special consideration will be given to pieces that tell stories of inspiration.
2. Artwork or Photography: All artwork and photography should be submitted in digital format (JPEG). Scanned images should have a resolution of at least 300 dpi. Art/Photography entries should seek to inspire the viewer.
3. Music: Currently we are only able to publish lyrics, but in the future we will be publishing original compositions on our website. Submissions should be in digital audio format, preferably mp3 files.

To Submit to HEAL:

All submissions should be emailed to the editor at HEAL@med.fsu.edu. The subject line should read. HEAL SUBMISSION.

*Please help support **Heal** project*

The mission of the FSU College of Medicine is to educate and develop exemplary physicians who practice patient-centered health care, discover and advance knowledge, and are responsive to community needs, especially through service to elder, rural, minority, and underserved populations.

To fulfill this mission, we live, practice and teach the skills and attitudes needed to meet the challenges of healthcare and medicine for Florida. This is embodied in the practice of “humanistic medicine” which is important in preparing new physicians to practice medicine with a patient-oriented perspective.

We need the support of our friends and benefactors to advance the studies and teaching necessary to make our curricula appropriate for the needs of Florida’s patient population. The “HEAL” project is a living example of the “patient-physician relationship” through arts and literature. We ask that you consider making financial support to this vital program a part of your “patient-physician relationship”. Your gift for the HEAL project through the “Humanism Fund” - #7243” will make a difference.

For additional information please call either Wayne Munson, Assistant Dean for Development @ 850-644-4389 or wayne.munson@med.fsu.edu , or Ryan Little, Senior Director for Development at 850-644-3353 or ryan.little@med.fsu.edu . Thank you.

Heal

HUMANISM EVOLVING THROUGH ARTS AND LITERATURE