

# UCLA BEAT



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Journal of Art and Literature



**The Music of Nature's Spiral**  
by Ulrich Batzdorf, MD

# editors' note

*"The only way for us to help ourselves is to help others  
and listen to each others' stories."*

*- Elie Wiesel*

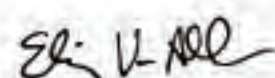
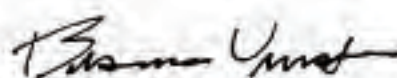
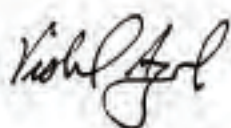
As medical students, we are constantly reminded of those facets of medicine not represented by algorithms or differentials, not taught in lecture halls, and learned only through experience. Much is written and taught concerning this so-called "art of medicine." Less often discussed by those who study and work in the hospital setting are the medicinal qualities of art.

Every year, the UCLA Beat urges us to remember the healing and ennobling elements of art. Whether a catharsis for physical or spiritual pain, an antidote for moral apathy, or simply a mode of introspection, art lends form to the otherwise inexpressible. As is evidenced by the Wiesel quotation and the Holocaust suffering that inspired it, art may offer up one person's experience to others in an almost sacramental form. It is the only authentic expression of certain kinds of torment, speaking volumes where physical signs and lab results only whisper. Attending to this art seems to be part of the responsibility of any physician.

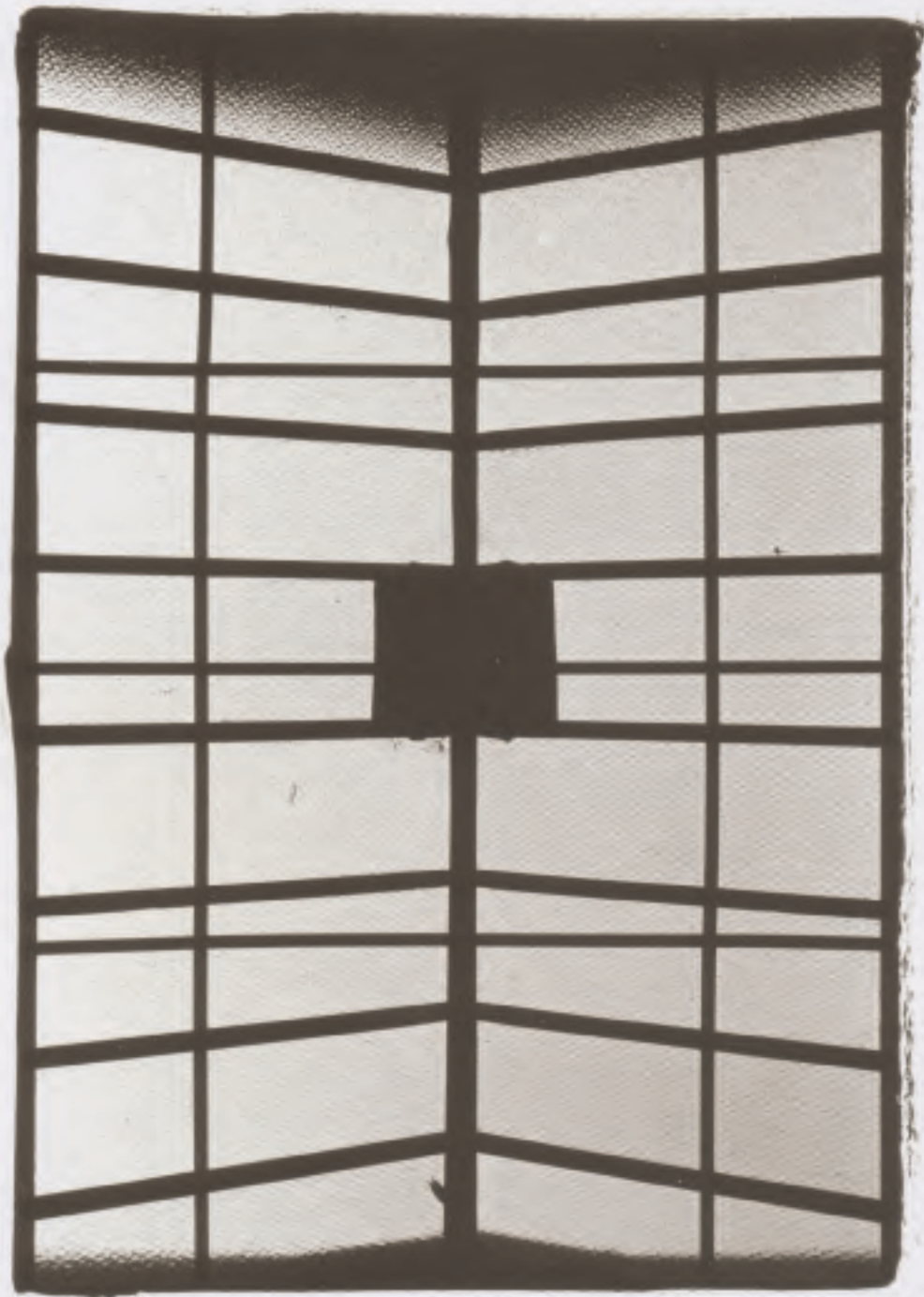
The link between art and medicine may be drawn even more closely than this. Much inspiration for art pulls, consciously or not, from the artist's state of health and mind. This edition illustrates that sickness and health continue to serve as catalysts for the artistic imagination. Whether portraying a professor facing an impending diagnosis of cancer, a daughter struggling with the care of her elderly mother, or a son rehearsing the imminent death of his father, the short stories collected in these pages center on issues of health and well-being. The desire for healing permeates the ink and photography featured herein, which captures life at its hopeful beginning and at the fraying of its final strand. Poems, too, grapple with illness by depicting the darkened psychological corridor of Alzheimer's disease and the suffocated gasp of severe pneumonia.

The influence of medicine on the humanities goes further still. Interviews with Dr. Gary Schiller and Rev. Sandra Yarlott explore how historical realities and religious concerns affect the practice of medicine, and demonstrate that medicine has shaped the course of historical and religious developments.

Not all of the works in this edition are explicitly concerned with issues in medicine. But in an academic hospital setting dominated by the art and science of medicine, we think it is worthwhile to pause and appreciate the healing qualities of art, along with the rich connections between the medical profession and artistic life. We hope you enjoy the seventh edition of the UCLA Beat, and we encourage you to listen to the stories embedded in the artwork, photography, poetry, and fiction that follow.







Resting Line  
by Lori Graybill

# UCLA BEAT contents

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## Introduction

Editor's Note Vishal K. Agarwal, Brandon Unruh, & Eliezer Van Allen 1

## Fiction

The Carl From Ipanema Julianne Pollard 8  
The beginning of a book I might want to read Bahram Razani 17  
The Night Visitor Susannah Cobb 24  
What we bought on Christmas Eve on 149th St. Alisa Rivera 32  
The Idealist Rafi Lefkowitz 44  
Childhood Josh Kayman 53

## Interviews

Dr. Gary Schiller Eliezer Van Allen 36  
Rev. Sandra Yarlott Josh Kayman 40

## Poetry

Apple Blossoms Kari Pope 4  
Nude Photograph Jane van Dis, MD 6  
Ear Job Rand La Belle 13  
the reunion Gary Daniel 14  
when you die the trees will not be pruned Nels G. Christanson 16  
A Parable for a Cold Heart Jeffrey Fischer 19  
arms of twinkling gods Brandon Unruh 21  
Song for the Night After Christmas Alice Clagett 26  
Tomorrow is Another Day Norile M. Deigan 28  
Pneumonia Jane van Dis, MD 42  
Villanelle on a Long Dying Mary Kattus 43  
Dead Space Beau S 49

## Artwork

Handle With Care Bryan J. Correa front cover  
The Music of Nature's Spiral Ulrich Batzdorf, MD inside front cover  
Red Horse Michelle A. Moeck 5  
Composition in Orange, #1 M. Anthony Verity, MD, PhD 6  
Blue Vase with Yellow Square M. Anthony Verity, MD, PhD 7  
Mood Donna Reyhal 11  
The Ugly Duckling - The Rejection Robin Angelides 22  
The Ugly Duckling - The Transformation Robin Angelides 23  
Without a Home Nami Eghbalchi 45  
St. Sebastian Kay Song inside back cover

## Photography

Resting Line Lori Graybill 2  
Mexican Clothespins Josette K. Jaramillo 9  
Composition #4 Natasha Haykinson 12  
The Three Realms Armand J. Fulco, PhD 15  
At Equilibrium Willie Su 16  
Beyond Reach Armand J. Fulco, PhD 20  
Alone Kaini Koo 25  
Dia de Sant Joan, Barcelona Aron Bruhn 27  
Virginia, Between Two Worlds Armand J. Fulco, PhD 29  
Shennong Stream, China Zhuang T. Fang, MD, MSPH 30  
Iris Alice Clagett 31  
Slowly Fading Away Dorwin Birt, PhD 34  
Sunset on LP of Peter, Paul, and Mary Dorwin Birt, PhD 35  
Scream II Joe Pierre, MD 42  
West Bay Melissa Gie 43  
Everyday Life Branislav Unkovic 47  
The Shipwreck Sonia Dhaliwal, MD 48  
Bowling Kyoko Kimura 49  
Untitled Sevan V. Stepanian 50  
moonlit journey Michael C. Chen 51  
The Bottle Michael Durando 52  
Cruisin' in Maravatio, Michoacan, Mexico Amy R. Sverdlin 55

## Contributors



# Apple Blossoms

I wore my favorite sweatshirt, that day in the waiting room.  
Grandma had given it to me. Black, with puff-paint  
buttons in rubbery blue, lipstick pink, mustard yellow.  
Grandma had given me a pin, a plastic button, to match.  
It was puce:  
the color the iodine would dye my already yellowish skin  
when I woke from the surgery with monkey-legs  
and you would carry me into the house.

I sat on your knee in the waiting room.  
You knew why I was here. I was sad,  
so you said, Try to think of something funny.  
I gazed at the sickly torrent of buttons, giggled  
as I remembered the doll's finger I always found  
in Grandma's box of sewing notions, a joke  
until I remembered Michael,  
Michael who swam without legs in the pool at preschool.  
A marvel. I knew why I was here.

The nurse came in and gave me a shot under my tongue  
of some medicine that tasted like metal. A gag  
turned to another giggle as I remembered  
the taste of the tuna sushi that I made one day in preschool.  
You laughed at this. I laughed with you. We  
laughed and laughed and gradually we  
lapsed into silence.  
I sat on your knee and you fell to  
tracing the buttons across my back, each fresh circle  
a zero adding wealth to my worth to you.

I knew why I was here  
They wheeled me in. The mask went on. I cried.  
You were out there, waiting, remembering.  
I writhed, choked, turned over and buried my wet face in the pillow.  
"It smells like apple blossoms," said the nurse, the twinkle in her voice  
dulled to a gleam by the gas.

I fought and fought until I felt  
your hand, soothing buttons. Your fingers  
became the branches of an apple tree.  
I climbed into it and slept.

*by* Kari Pope



Red Horse  
by Michelle A. Moeck

# Nude Photograph

She has broke beautifully,  
Blood drained to bright blue  
And each shadow seems to collect her.  
I notice the impossible place  
Of her chin, the inviolate look,

Her bulbous stomach, ripe as an onion,  
Waits to be fed - has expectations  
Of blessing. Her thighs  
And arms are as strong  
As the current of our laughter -  
A stripped bird, maybe angel.



**Composition in Orange. #1**  
by M. Anthony Venty, MD, PhD





Blue Vase with Yellow Square  
by M. Anthony Verity, MD, PhD

I wish I were her sometimes,  
Failing the stare from the crowd -  
The mute lines of a photograph.  
Where her leg has broken and ended  
Someone had faith -

Someone wanted to see  
Through that immunized silence.

*by Jane van Dis, MD*

*Inspired by  
Hans Bellmer Doll, 1934*

# The Girl Panema

by Julianne Pollard

It happened again. It's been happening a lot recently, but so far no one has really caught on. There I was standing in front of my thermodynamics mid-afternoon class and my train of thought had deserted me. While trying to gather my wits, the student I had secretly dubbed "Punk Boy" asked a question.

"Uh, could you explain what you meant by adiabatic?" His voice was loud and unexpected in the deafening silence of the lecture hall.

My body turned in his direction, but it was impossible not to stare at the multiple piercings on his face. He had those god-awful looking earrings that resembled hollowed out bolts in his ears of various sizes. Didn't Africans wear the same things in their ears in *National Geographic*?

Before it was possible to muster a half-hearted response to his question, she spoke up.

"I think that Professor Sampson explained earlier that adiabatic refers to the absence of heat, isn't that right Professor?"

She looked at me expectantly with those large brown eyes of hers. It took all of my willpower to force my eyes up from her chest to her face. My recovery was slow and stilted.

"Uh, yes and now class, it's time for me to return last week's midterm. Those of you that have a note on the top of your booklet should schedule a meeting to see me this afternoon."

I began calling out names and passing the test booklets back to the students. Despite all of my earlier blunders, there was one thing my feeble mind hadn't forgotten to do last evening. As the students opened their booklets to see their scores, my eyes focused in on her face. I

knew just how she would respond, and like clockwork she sprung up and approached me after the other students left the room.

"Professor, I don't understand, I thought I did well on this exam. Could you explain to me what I did wrong?"

"I'm sorry, but it appears you will have to schedule a meeting with me this afternoon at your soonest convenience. Is 4:30 PM fine?"

"I have another class, but I guess I could leave early..."

It was obvious that she had more to say, but 4:30 worked perfectly into my schedule and, sensing that if I kept talking she may pick up on my charade, I left. As I neared my office on the third floor, my smile finally broke out. I hadn't ever been this happy. My whole life had been a series of unremarkable failures. And now, in my old age, my doctor was telling me that my time here was about up.

Last Wednesday, at the behest of my nagging wife, I went to the doctor's office for an annual check up. She had watched Oprah or some other hormonally driven show and discovered the urgent need for complete physicals, including colonoscopies. Of course, I was belligerent, but the sound of her voice, constantly asking the same thing, drove me out of the house and into my doctor's office. At first, everything seemed to have gone well, but before he allowed me to put my clothes back on, he sighed. Something in my nether region shrunk when he made that noise.

"Hmm, Major Sampson, it appears that we might have a problem."

I laughed when he said "we." He really meant "me," but was trying to cajole me into believing that he was just as affected by this situation as I was.





**Mexican Clothespins**  
by Josette K. Jaramillo

"We're going to have to recheck the results of your prostate exam and I should be able to tell you next Wednesday what the results are."

I cut to the chase. "Exactly what are you trying to tell me? Don't beat around the bush, son. If you want to say I've got cancer..."

He blinked, then regained his composure in an attempt to calm down a man over twice his age.

"Hold up, Major."

"Stop calling me Major! I've told you ever since I started coming to this clinic to call me Hal, Professor, or anything else!" I silently wished he would experience my fate in thirty years. My legs closed tightly as if to hold

onto the prostate that had turned on me.

Dr. Michaels kept explaining that he had not diagnosed me with cancer yet, but I ignored him, dressed myself, then stormed out to the parking lot.

One would assume that anyone would have been proud of having served in the military and receiving the rank of Major as well as a Purple Heart. Too bad I have to live with the truth of how I actually received all of this.

Just like most of my peers who were too poor to get out of the draft, back during the Vietnam War I had served my country. One night, I slipped away from my company to relieve myself in peace. Just after I had found an optimal spot behind some brush, a twig snapped. I lost control of myself, dropped my weapon, and heard the



gunfire. The exquisite pain, the wetness on my pants and the squeal of surprise from a Vietnamese youngster who had been hiding in a bush next to me are all I really recall from my tour of duty in Vietnam. I'll never forget those eyes, they were pleading eyes. It's amazing how my commanding officer turned this episode into an awesome tale of heroism.

My whole life has since been caving in on me, but I dug my own grave this morning before my mid-afternoon class by doing something I had always wanted to do.

I was in the faculty restroom in front of a urinal when Rogers came in. I hated Rogers and he knew it. Ever since Schuler, the associate dean, introduced us at a conference, I had a strong distaste for the guy.

"Hal, have you met your new department head, Dr. Rogers?"

Rogers smiled broadly and put out his hand.

It seemed to me that he had too many teeth. There was something condescending about that smile. I just looked at his obsidian colored hand and prayed silently that Schuler didn't notice my sleight. He didn't, and moved on with Rogers to another faculty member, but not before my eyes caught the look in Rogers' face. He knew what I was about. In response I gave him a look my father had used many times back when I was a kid helping him in our country store in Alabama, whenever the young black boys would stop by to buy a Coke.

Rogers now chose a latrine three away from mine and addressed me by my proper title.

"Dr. Sampson, some of your students have been complaining about your lack of focus in class. Perhaps we should set up a meeting."

I answered him with that expression that my father would have used.

Rogers expected this and just looked at me as if he were bored. He then cleared his throat and zipped up his pants.

Thinking the interrogation was over, I stepped over to the sinks where he was washing his hands. I laughed to myself while watching him lather his hands twice each

time before he rinsed them. He was insanely meticulous and that's the only reason Schuler had stood behind him and made him department head.

After seeing me rinse my hands without lathering with soap, Rogers gave me a disgusted look. Something in me snapped. How dare he look down on me?

I turned on my heels and got in his face. Rogers threw up his hands and asked me what was wrong. With my voice raised loudly, I said something I had been holding in for months.

"You listen to me, you affirmative action." I took a pause and then said the word that had been riding my lips ever since our introduction.

He went pale. I swore I saw pain in those eyes of his, black as night. My work was done. Not wanting him to see the fear in my eyes I marched out of the restroom leaving him with angry thoughts.

After reaching my office, I checked my messages. As expected, there was one from Rogers' secretary. An urgent faculty meeting had just been scheduled and my attendance was mandatory. The meeting was to be held at 5 PM. The other message was from my wife. I deleted her message without listening to it in its entirety. My doctor had yet to call.

While placing a neatly typed letter in an envelope and sealing it, my secretary buzzed me.

"Dr. Sampson, you have a visitor from your thermo class." For the second time today, a broad smile broke out across my face.

"Send her in," I said, voice full of vigor. I felt alive, electric, and, most importantly, potent.

My door opened and the girl came in with my secretary trailing behind. I waved my secretary away, but she had something to tell me.

"Dr. Sampson, your doctor is on line one and he says he has some urgent news for you..."

I cut her off. "Tell him I'm busy. I'll call him later this evening."



Nancy sensed my belligerence and quietly closed the door behind her. My visitor looked around my office and situated herself in a seat across from my desk. Her eyes were wide and unsure, but she somehow found the nerve to speak under my gaze.

"You have a really huge office."

"Thanks, it is nice, isn't it? But probably not as nice as where you're from. Could you tell me where that is?"

Her eyes brightened as she rattled off some long name and said it was in Brazil.

I silently pulled the cord from my phone jack under my desk and placed my sealed letter of resignation on the pile of outgoing mail.

I then stood up and sat on my desk close to her. Her cheap perfume assaulted my nostrils. Something in her eyes gave me a flashback. All of a sudden it was like looking into the eyes of that little Vietnamese boy all those years ago. This time, I wouldn't be embarrassed.

"Brazil? I've heard lots of nice things about the place."

I moved in closer still and gently touched her arm, letting my hand linger there. Her pulse quickened, then she sunk back deeper into the chair, but neglected to remove my hand from her forearm.

My pulse accelerated and caught up with hers. "Tell me, have you ever heard of the song about the girl from Ipanema?" **B**



Mood  
by Donna Roybal



**Composition #4**  
*by* Natasha Haykinson



# ear Job

he found me crying  
hiding in my closet  
i had been beat up again  
6 or 7 boys at school  
had been snapping my ears  
& rubbing my head  
i got angry  
started hitting & kicking  
they just laughed  
& beat me silly  
no fun being the smallest guy in class  
no fun having the biggest ears in school  
no fun having my hair so short  
no fun being me  
what happened this time  
he asked  
taking me in his arms  
i started sobbing again  
it's my ears  
i cried  
couldn't i get them fixed  
i had no idea how much an ear job would cost  
he worked hard laying hardwood floors in new tract homes  
needed 2 work Saturdays just make ends meet  
he said  
if that's what you really want  
i guess i could figure out a way 2 get it done  
there is always Sundays  
but i will tell you this...  
almost nobody is perfect  
& everybody hates the ones who are perfect...  
if we get your ears fixed people might not like you  
because then  
you would be perfect  
in my senior year of high school  
he came into my room  
& said  
i've been talking 2 dr. moss  
he thinks we can get my medical insurance 2 pay 4 an ear job...  
if you still want it  
all those years  
neither of us had said anything about my ears  
& he was still trying 2 figure out how 2 get it done  
i didn't need new ears  
i had my father

by Rand La Belle

# the reunion

The reunion was more of body than soul  
Hugs and kisses, the obligatory "been far too long"  
But eyes were bright nonetheless  
An opportunity to share stories already known to all  
These are the things life is made of

Hardly a mention of the missing few  
Not that their absence was without note  
Names listed under an ominous heading  
"Classmates Remembered" was all it said  
With hearts highlighting the border  
These are the things memories are made of

Their spirits occasionally crept through the room  
The ghosts of young men with bright dreams  
Like all lost lives they continue  
Seemingly choosing the most inopportune times to haunt  
These are the things death is made of

How sad we forget the manner of demise  
Swept away by misguided loyalty  
Bound to concepts no longer true  
Protecting nothing but a political machine  
Each shredded in gore and bled without mercy  
These are the things war is made of

*by Gary Daniels*



The Three Realms  
by Armand J. Fulco, PhD



## when you die the trees will not be pruned

in the plaza before the building  
you often stood facing the trees

people came and went  
you did not notice  
as calculations of beauty grew in your head

you sent gardeners with ladders  
to labor among branches and leaves  
to cut, thin and round the crowns  
into delicate perfection

today I walked by those trees  
noticed their uneven growth  
remembered you

*by Nels G. Christianson*



*At Equilibrium*  
*by Willie Siu*

# The beginning of a book

## I might want to read

Sitting comfortably on my couch, sipping on a cool three-ice-cubes glass of Diet Coke and listening to

some soft instrumental music, I heard the news of my father's death. Bubbles pleasingly burst around a small piece of ice upon which I delicately chewed at an easy-going pace. Why the couch, why the Diet Coke, and why the soft instrumental music playing in the background? I thought it would be nice to hear of my father's death while sipping on an ice-cold Diet Coke, sitting on my couch, and listening to some soft instrumental music. That's why I was there, doing those things. I'd been rehearsing this moment for awhile, so I'd always kept my refrigerator stocked with at least one can of Diet Coke and had the disc ready to go in my CD player, just for such an event.

In a sense, my father was already quite dead before I heard of his death. In fact, he had been dead for a few days. So, in fact, I had hardly predicted his actual death. But if we recall our lessons from relativity, an event really shouldn't be thought to have happened until the news of that event gets to where it gets. So although I'd predicted hearing the news of my father's death in plenty of time to prepare myself to hear it, by principles of relativity my father didn't die for me until I actually heard the news of his death from my mother.

I became unofficially aware of his death in enough time to fix myself a nice Diet Coke, put in a nice music disc, and get comfortable on my couch so that when I did have to officially hear of the death, I would be quite relaxed. And let me tell you, it made a world of difference because while I was sitting there, unofficially aware of my father's death, I didn't have to be officially acting as if he had died, I was able to prepare myself, and interestingly, while I was sitting there, unofficially quite in-the-know of my father's death, I really wasn't thinking too much about him, but just thinking about how I was going to react to his death and what I was going to tell

by Bahram Razani

my mother when she officially gave me the news.

And while I was sitting there chewing on my ice, I was quite pleased with myself for having practiced and rehearsed this moment of my father's death so many times in the past, because now I had a plan, and the plan was going well. Things were going quite smoothly.

My father died a traditional over-the-phone-Persian-style death, narrated by my mother in a forced-calm voice which grew increasingly tremulous as the climax of the tale - namely, the death - approached, second by second. The story began with the establishment of the audience's health and wellness: "How are you son? Good? Things are going well I hope." Followed by my prompt, "and how are things going there?" it entered into a monologue of my father's quite efficient 2-minute-and-14-second deterioration. When did I become cognizant of my father's unofficial death? I had been waiting for it ever since he himself told me that such things happen. Since this realization of mortality, I had been waiting for the following: "Well actually your father..." And then I knew. "Actually, he's a bit sick... *how sick?*... a cold really... *ah, is he okay?*... well, not quite... *what do you mean?*... it's getting worse... *worse how?*... he's really coughing a lot... *ah, I see*... well, actually we had to take him to the hospital... *the hospital?*... yes, he's still there actually... *when did you take him there?*... yesterday..."

I won't continue relaying the conversation because you can fill in the rest how ever you like. It was a script, read by my mother and I like second-rate actors, each knowing the ending of a play which we had long known we would have to perform. We read on to the official death of my father, at which point an official tear was welling up in my eyes and my carefully uncontrolled voice let loose a stream of muffled improvisations. The tremulousness in my mother's voice disappeared, infused with strength and composed, spreading philosophical tran-



quility over me like smooth peanut butter.

The key to anything is simply preparation, and I had been rehearsing this moment for years. And now when it was all over, when the opening/closing night all-wrapped-into-one was complete, I stood up from the couch, completed a bow, and immediately fell back into the cushions, not crying but thinking. I had been anticipating this moment for so long that I had forgotten he still lived while I rehearsed. I had wrapped myself so tightly in the thought of his death, hoping to soften the inevitable blow, that I had hardly talked with him for over a decade. He hadn't died one Diet Coke and one instrumental music track ago: the man died years ago when I began getting ready for it. And at that point, my mind ducked the weight of guilt and remorse and began to concoct a method of avoiding such sentiments forever.

If my father had been dead long before his death had officially occurred in my mind, then there was no reason my mind could not resurrect him after death. Perhaps I could pretend he was alive and healthy, speak of him in the present tense to my mother, call him up and leave messages on his voice mail.

No, what I would do was the following. After the exchange of peanut butter between my mother and I, she explained to me that my father actually died in his car in a parking lot, far from our house, his head on the steering wheel. He had left the house to go out for a night drive, leaving a half-opened article on the bed beside a half-eaten sandwich, and was found later that night without his belt tightened around his belly. Things get stranger: my father had not driven at night in half a decade because of his vision; he always reads articles and finishes sandwiches to completion; and I have never seen him without his belt in public. What was my father doing, driving and dying in this way? Investigating these matters would be my project, my resurrection mission, my air-tight plot to evade the remorse and guilt of a decade.

Shall I ruin the story for you? I shall, because I want to reduce the guilt and remorse in this world, and I am quite familiar with these feelings in my brethren who skip to the back of books to peruse their endings. Enough guilt! Enough remorse! I will tell you now: my father was on

his way to a strip mall containing a grocery store and a music store, a coupon for Diet Coke in his pocket. Was he going to buy some Diet Coke and some instrumental music? Had he, like me, been unofficially informed of his death before it officially occurred? Did he, too, wish to experience his death on a couch, listening to the smooth and easy sounds of flutes accompany the prickly sensation of ice-cold Diet Coke flowing down his throat? Quite simply, yes.

But I promise that, although I've handed the ending at the beginning, the stuff in between is not half-bad. There are some exciting parts, some interesting dialogue, and, if you're of age, some sultry (but tasteful) scenes. What more can I do to entice you to read on, now that I've already given you the ending? Can I promise insightful themes, metaphors, existential epiphanies? No, because all that has been done. There is no more to do! If you are looking for a postmodern view on the position of man, trapped in a world awash with power structures, look elsewhere. If you are looking for philosophical poetry revealing man as a being judged unfairly for actions that result entirely from externally-imposed contingencies, I assure you that moral luck may be found further down along the library stacks. Perhaps you seek a uniquely Persian-American perspective on our society, a problematization of the second-generation experience of Iranians in America? I instead refer you to QZ1435-B34-1998.

Am I enamoured of Mark Twain? Is the preceding merely my attempt to pass along his disclaimers on meaning? Perhaps, although my book is not only about nothing as Mr. Twain would have us believe is the case with his. There is just one thing that this book is about, and it might have something to do with cooking. I want this book to be filling, so that you'll be satisfied at the end, you'll rub your belly and say, "Now, that was pretty good." Maybe you'll go into a book-coma and not want to read anything for a little while afterwards. Maybe you'll go for a run to work this book off. That's what I want, and what better way to accomplish that than to dedicate this book to, yes, you may have already guessed it: stew. Yes, stew - with potatoes and carrots, chicken and celery, onions and radishes, oil and salt. Confused? Good, read on. The best meals are those you haven't ever tasted before, so let's begin with peeling the potatoes. **B**



# A Parable for a Cold Heart

Folds of musk and dust and recollection  
Can hide a face but not a feeling.  
The sudden clarity behind my breath  
Has sent my trusted fables reeling,  
Those tales that I had held so close  
Lie broken, a barren truth revealing:

It does not take a huge effort  
To fall under the influence of things you hate.  
It does not take a huge effort to  
Ignore the things you love.

A parable teeming with honest men  
Neglects the virtues of cold heart stealing.

*by Jeffrey Fischer*



Beyond Reach  
by Armand J. Fulco, PhD



## arms of twinkling gods

Tonight between disparate dreams,  
incantation and memory,  
there is a fluid line.

Near the old place of strength,  
there is indecision under the dock.  
I mull it over,

conscious of limit:  
Who will love the frail lines that  
join this heart, this head, these deeds?

Overground the old fathers scour all the myths  
for secret news of one countervailed tide,  
one old crow swept underfoot.

Kenotic love, greatest figure in these,  
rides there in the woeful red knight's trudge,  
presses rings of power into tiny palms;

turns to meet the shadow ranging  
up and down the hill, skulking in the street,  
breathes loud upon the loneliest wood.

This is the stuff of green and gold,  
conquest of the mystified heart that  
names not the love it knows in dream

- or calls that love by a thousand names,  
sleeps beside a thousand brides.  
In dream I feel out every joint.

Speak, memory, of silvery tales  
- those ships bound for the Grey!  
They once birthed nobler thoughts:

the wound runs deeper than the world,  
bread and wine deeper still,  
but old, old, old.

Old is no good for the bohemian heart,  
so Mind lays longing to rest,  
great spinning wheel in a vault.

Still: in nocturne cloak yet do some steal aboveground,  
give ear to ancient storied wind  
blotted down on fraying leaves.

Down here falls the sadness  
of summer twilight as heroes live and die  
and live, yet blows fall against iron mail

for I reject their wares  
- or another time may not:  
may long to slip past the western shore,

peer out from the widowed  
heart of man, never lost,  
not yet changed.

But since there are walls,  
high, thick, and overhead,  
and coils of sleep all around,

Spirit evergreen

You come find me  
in the pale sea of dreams,  
those arms of twinkling gods.

*by Brandon Unruh*





The Ugly Duckling - The Rejection  
by Robin Angelides



The Ugly Duckling - The Transformation  
by Robin Angelides



# THE NIGHT

## visitor

by Susannah Cobb

Bahman worked the evening shift at the 7-Eleven on the corner of San Vicente and Hauser in the mini-mall with the Baskin-Robbins for the past nine years. It was the part of San Vicente that shoots diagonally from La Cienega to La Brea and beyond. It used to have mostly cheap but large two-story apartment houses, but the neighborhood was changing. There was a new condo complex on the corner of Curson, and the gun shop in the mini-mall on Fairfax had just become a pizza place.

He adjusted the red collar on his green and white smock and began rewriting the Lotto sign. The jackpot was up to \$22 million. He was feeling lucky tonight, but Lotto was for hopeless men. Bahman had plans for his luck.

11:05 PM. Myrna would be here soon. Bahman knew her name was Myrna Vasquez. He'd read it on her hospital badge. She worked at Midway Medical Center three blocks down. And every night at 11:15 she stopped off for a pack of Marlboro Lights on her way home. When did she have time to smoke all those cigarettes? She couldn't smoke at work. Were they for a husband at home? She didn't wear a wedding ring. Bahman would ask her out tonight.

A tall thin man with maroon hair stooped to spill the contents of his arms out onto the counter. Bahman totaled the goods.

"Thirty-two dollars and forty cents."

"How much?" said the thin man dressed in black, as the chain around his waist rattled.

Bahman repeated the amount.

"For this shit?" They stared at the Häagen-Dazs, the Pecan Sandies, the 7-Up, the Ruffles, the Doritos, the Pepto-Bismol. Bahman would cook Myrna lamb curry and couscous.

"How much without the Pecan Sandies?"

"Twenty-eight dollars and forty cents."

"Fuck."

Bahman looked at the clock. He wanted the man to leave. It was almost 11:15. He wanted to be alone with Myrna.

"How much without the Häagen-Dazs?" The man was shivering in his torn black T-shirt with the gold mask.

"Twenty-three," said Bahman.

"I'll just owe you three dollars. I'm good for it."

"Nineteen thirty without the Doritos," said Bahman.

"Fuck you. Keep your shit." The man shoved the chips, the ice cream, the soda, and the cookies towards Bahman. "I don't need this shit. I'll take my business to Ralph's." He stalked out.

Bahman put the goods back on the shelf. He pulled out a copy of *The Recycler* and began to flip through the car section. He would need a Camry, not a truck. To take Myrna home. He wouldn't want her driving alone at night.

11:15 PM. The door opened. He stood up tall and closed *The Recycler*. Myrna smiled at him. She was dressed in pressed lavender pajamas that looked like expensive department store sheets. If he could only rub his cheek against a panel of that soft cotton.

The fluorescent light above his register sputtered off and then back on again.

Bahman put a pack of Marlboro Lights on the counter.

"One day I'm going to ask for something different, you know," said Myrna. A dark strand had come loose from the rubber band that tied back her hair.

"You're a nurse?"

"A medical assistant. And I know I shouldn't smoke."

Bahman shrugged and smiled. In America, things were different. Women smoked. And if she didn't, he would never have met her. Quick.

"My name is Bahman," he said as he carefully placed the bills in her small hand.

"Bahman?"

"Yes. Bahman."

"Well, good night, Bahman." She did not look him in the eye.

Good night, Myrna, my love, he called silently after her. She was a modest woman. That was good. They would take things slowly. He had nothing but time.

Bahman went out from behind the counter and watched from the plate glass window as she got into her blue Honda Civic, with the dent on the left front corner, and pulled away. He thought he saw the ember of a lit cigarette in her right hand as it rested on the wheel, but he couldn't be sure.

Bahman returned to the counter, reached up, and took down one of the white boxes. He unwrapped the strip of cellophane and pulled back the lid. He leaned over and smelled the tobacco. He took another deep draft. He took a pack of matches from the box next to the register and went outside.

He removed one cigarette and tucked the white box in his belt. He held the filter between his parched lips, wishing they were softer. He lit a match. It flared blue and sputtered out. He lit another. A yellow flame warmed his fingers. He brought it to the tobacco pulp and inhaled. **B**



Alone  
by Kevin Koo



# Song for the Night after Christmas

Night rings like a bell upon the sleeping fields.

As the bare branch of the black oak  
beseeches an opalescent sky,  
just so tender, dark, and dear,  
Love lays siege to this startled heart.

Light! Let there be light!  
Promise me warm days dancing into summer,  
laughter in a haystack,  
youth renewed,  
and thoughtless moments,  
dreaming time not spent, or earned, or passed -  
one golden moment,  
time turned upside down -  
Hope beyond reason, beyond doubt -  
Oh, let us taste  
Love's sweet eternal song.

*by Alice Clagett*



Dia de Sant Joan, Barcelona  
*by Aron Bruhn*



# TOMORROW

## IS ANOTHER DAY

Just in case I'm a Fool enough  
To think I may feel better  
I'm mocked by the mail  
With Your Name on a letter

Just in case I'm brave enough  
To face the world with a smile  
Someone will ask me where you are,  
They haven't seen you in a while

Just in case I haven't  
Felt quite enough Sorrow  
I get to wake With Heartbreak  
On my Every Tomorrow

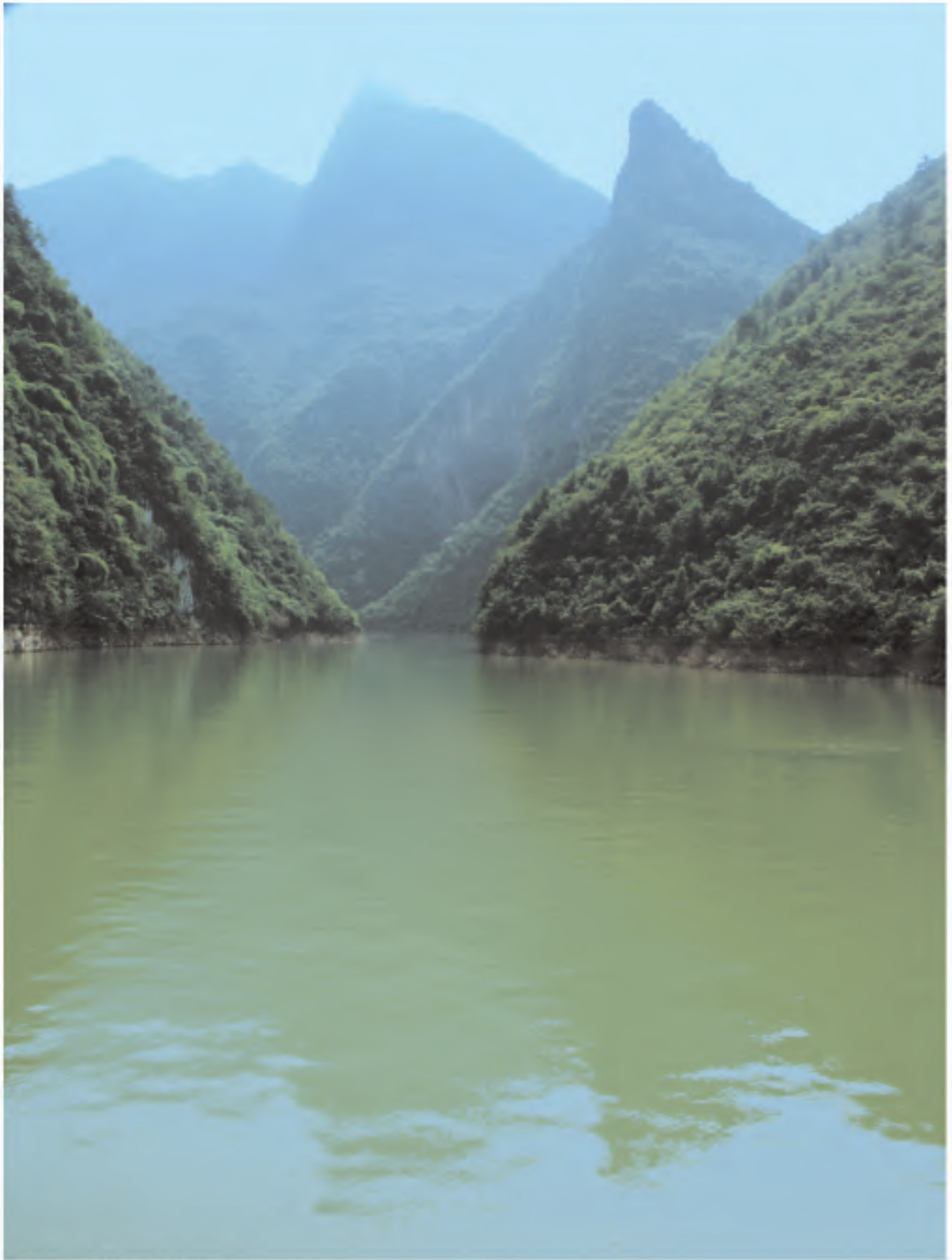
"No one knows what Tomorrow may bring"  
This, I know, is True  
But I also know what Tomorrow won't bring  
And that, My Love, is You

*by* Noelle M. Deigan

Virginia, Between Two Worlds  
*by* Armand J. Fulco, PhD  
(*opposite page*)







**Shennong Stream, China**  
by Zhuang T. Fang, MD, MSPH



Iris  
by Alice Clagett



# What we bought on Christmas Eve on 149th St.

by Alisa Rivera

## *Carnicería dos Hermanos*

Un pernil, a big one, pork shoulder with a small bone so that we got as much meat as possible for the money. She made me dig deep in the refrigerator case for it, because her hands couldn't take the cold anymore. Just standing on the damp, sawdust-covered floor hurt her bones, so I hurried and dug into the pile with both hands, breathing in the smell of cold blood, and held each one close to her face - had to, since the diabetes has her half-blind - until she saw the perfect one for Christmas dinner.

## *Taino Joyería*

A gold charm, with real diamonds (okay, just chips, but chips from real diamonds), on a tiny chain that looked as if it was a piece of thread unraveled from a queen's gown. Abuela began paying for it in January, a few dollars set aside from Social Security every month, and here it was, ready for my sister Tata's neck. I wanted to touch it, but Abuela only trusted me with meat. Instead, she had Doña Hernandez dangle the charm in front of our noses, then carefully coil the chain into the small, grey velvet box. That box was almost as wonderful as the gold.

## *Tip Top, the best place to shop!*

A white blouse, black skirt, black patent leather heels - all for me. An outfit for a lady. The outfits I rejected: the red dress with the cutout shoulders, the flared baby blue pants with the sheer paisley blouse, the fuchsia ruffled dress. I had to shuffle out of my jeans, Timberlands and sweat-shirt to try everything on. The clothes were all picked out by a salesgirl with waist-length orange hair. Except for her roots, which were black.

## *Cuchifritos de La Playa*

Relleno de papa, doughy mashed potato stuffed with ground beef and deep fried. Alcapurnia, mashed plantains stuffed with pork and deep fried. Bacalaito, salted cod fish dipped in batter and deep fried. I belched afterwards, into my glove so Abuela wouldn't yell at me - a deep, hot belch that left me sleepy.

### *Super Savings \$.99 Store*

A plastic tablecloth with a picture of the Three Kings on it. A string of lights to replace the ones in the window that burned out after three days. A doll with curly black hair, a long white dress, and angel wings, to put on top of the tree. A cut glass candy dish, an extra present to give in case unexpected people stopped by on Christmas Eve. Three plastic race cars, in case the unexpected people brought their kids. Agua de azahar, to give to Titi if she had un ataque de nervios. Total cost: \$14.92 plus tax.

### *IRT Station, Number 2 and 5 trains*

A MetroCard for Abuela to use on the bus, which I went into the station to get for her since she was too stiff to walk down the stairs. That meant I had to leave her alone on the street. I descended into the ground and peered back at her over my shoulder. She had on her blue coat, beige shoes, stockings - because she is a lady - and a sheer blue scarf over her white curls. I bought the card as fast as I could and sprinted back up. It didn't take me more than two minutes. I looked down when I handed her the card so she couldn't see the tears in my eyes.

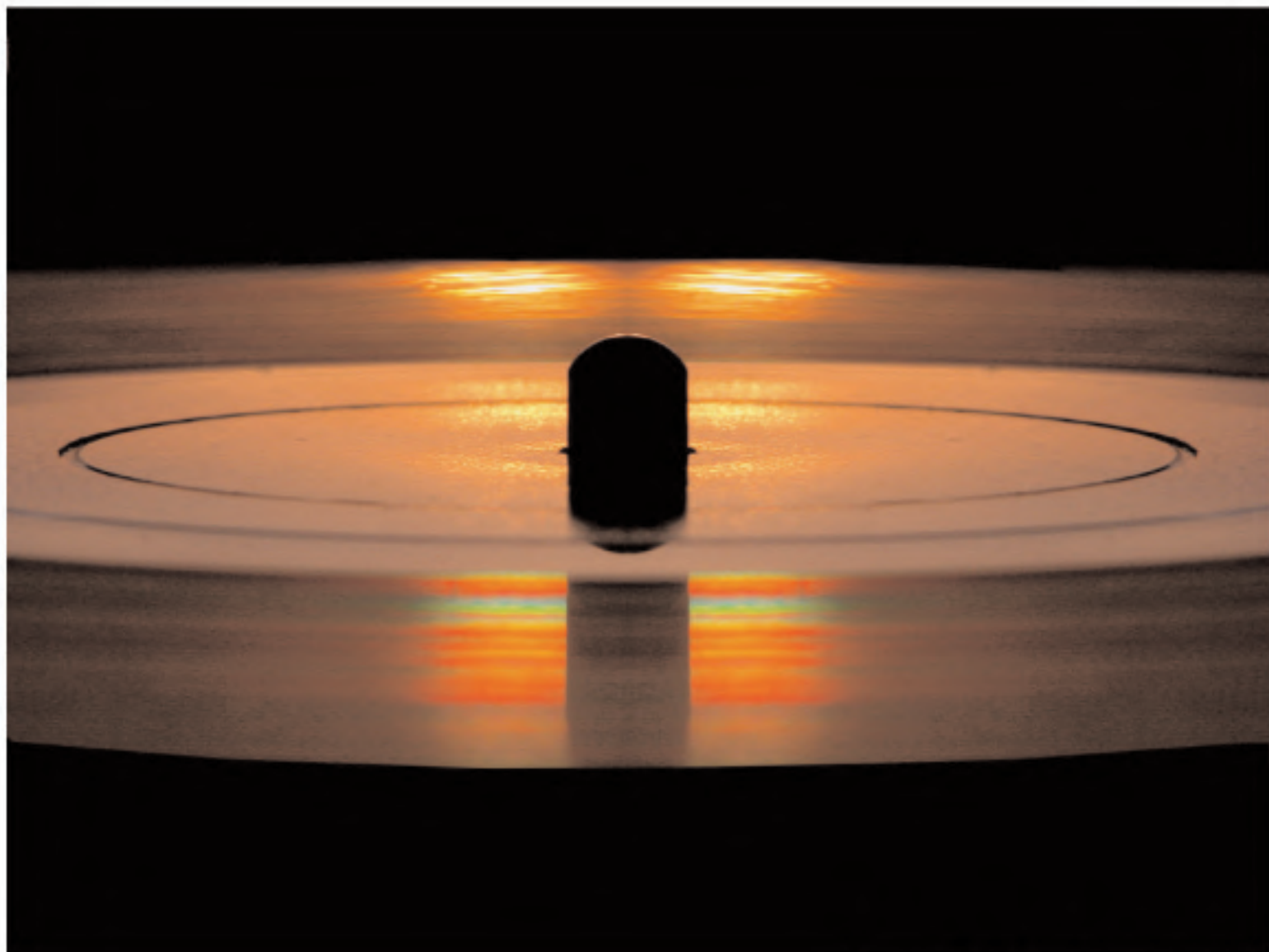
### *Saint Ann's Roman Catholic Church*

A candle, since we weren't going to midnight mass and Abuela wanted Jesus to know we were thinking of him. She made me go to the rectory and ask the priest to give the candle an extra blessing. I didn't tell her that he rolled his eyes when he heard what I was asking for. I just handed her the candle and she lit it with a long taper, the flame shuddering wildly because of her shaking hand. I stood quietly behind her as she began the Lord's prayer: "Padre nuestro, que estás en el cielo..." When she was done, I took her arm and we walked home. **B**





Slowly Fading Away  
by Dorwin Birt, PhD



Sunset on LP of Peter, Paul, and Mary  
*by Dorwin Birt, PhD*



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# History, religion, and the profession of medicine: An interview with Dr. Gary Schiller



Gary Schiller, M.D., F.A.C.P., is a Professor of Medicine in the Division of Hematology/Oncology, and the Medical Director of the Hemapheresis Unit at the UCLA School of Medicine. A native of Los Angeles, Dr. Schiller is a well-published investigator in acute and chronic leukemia, multiple myeloma, and other hematologic malignancies, as well as in stem cell and bone marrow transplantation. He is Chairman of the Los Angeles Museum of the Holocaust. He has been a Member of the National Advisory Group for the Institute for Jewish Medical Ethics, and has lectured on the history of medicine as it relates to the Holocaust.

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**THE BEAT:** How did you become interested in the history of medicine?

**GARY SCHILLER:** I am interested in history, and I guess it's a natural outgrowth for somebody who is interested in history and has this vocational career of medicine. I'm not really an expert in any given area of medical history and I don't read all aspects of medical history, but I am interested in how things are discovered and how things change.

**TB:** But you have a specific interest in the history of medicine and how it relates to ideology?

**GS:** I don't know if I would say that. For fifteen years I have been active with Second Generation Los Angeles, which is the largest organization of sons and daughters of Holocaust survivors - probably the largest in the world - and I eventually became president of that organization 10 years ago. One day, somebody asked me to give a lecture on the history of medicine in the Third Reich. I really didn't want to do it because I figured I needed another task like I needed a hole in the head. But then I started reading a little bit...a lot of the literature was very topical in the 1990s. There was a great article in 1990 that reviewed the Dachau cold water immersion experiments in the *New England Journal of Medicine* [NEJM]. It followed 41 years after a landmark article in the NEJM about Nazi medicine by a guy named Leo Alexander. The 1990 article opened up a whole area exploring the impact of established medical institutions on the Nazi eugenics and euthanasia programs. Now, I'm not an original investigator, so unlike some other people I don't like to write, publish, or speak on an area I don't do primary investigation in. I've done some writing on this topic for the popular press, but I always put forward



the caveat that I have not done primary research in the area. I feel that is also important when giving lectures in medicine; you have to be careful when you give a talk outside your area of expertise where you've made scholarly contributions. You have to be careful that somebody doesn't assume you to be more of an expert than you might really be. There's a difference between a teacher and a scholar, let's say. But I've done a lot of reading on the topic and I try to keep up on what is new out there. I try to keep informed because I think there is an evolving body of literature (first in German, but now in the English language) showing that medical specialists and physicians contributed a lot, in a negative way, of course, in eugenics and in the euthanasia program in Nazi Germany.

TB: Could you give some examples?

CS: Although eugenics was more of a scientific or pseudo-scientific discipline that developed in the late 19th century, it required physician help and assistance to be put into state policy. That was because of the rapid acceptance by the medical establishment that criminal behavior, psychiatric illness, and adverse medical conditions were entirely heritable. When the medical establishment took to this, it not only became acceptable, it became scientific and medical dogma. And it was very hard to find anybody who would challenge the concept that aspects of personality and behavior were entirely inherited.

TB: Could you describe how that concept leads to eugenics?

CS: If you believe that in a germ cell are the seeds of disease, illness, and criminal behavior, then you have no choice but to believe in methods to alleviate those ills in society. And the natural thing that came to mind historically included mandatory sterilization, breeding programs, euthanasia, and extermination. That is the natural progression as it occurred in Nazi Germany. In other places the artificial wedge on the slippery slope was placed in different positions that didn't go all the way to extermination. But it was justifiable in some states in this country: to sterilize people against their will or to prevent breeding among those considered undesirable - to isolate them. Quarantine them.

TB: Why was a wedge placed on the slippery slope in some societies and not in others?

CS: Some have said it is because of the organization of medicine. Medicine is not very well organized, at least not in this country, and if it's not well-organized in a vertical structure, then it's more difficult for physicians and medical scientists to establish social policy from the front positions. Today if the American Medical Association [AMA] makes a social policy recommendation, even a noble social policy recommendation, it can't really say that it speaks for all physicians because not all American physicians join the AMA. So we don't have a very well-integrated and organized medical system. In Germany there was a very organized medical system that was vertical, by which I mean a person at the top speaks, and the troops follow. Now, decades later, in professional societies there's a healthy disrespect of leadership. Maybe a nicer way to say it is that there is a healthy skepticism with respect to who's in charge, who

makes policy statements, and why policy statements are made, so there is a lot more interaction and discussion than there once was. And there is also more scientific rigor and scientific skepticism that make us question doctrines such as eugenics.

TB: What are the broader implications of Nazi eugenics for medical ethics?

CS: In clinical research the world is entirely different. There was a time when it was entirely acceptable to subject an individual against his will, or more likely without his knowledge, to experimentation for the sake of research with the promise of better patient care in the future. After the Nazi medical experiments came to light in the Nuremberg trials, this exploitation became impossible. Over the last sixty years there has been a slow and progressive change in the way research has been conducted, and there are global standards that harmonize regulatory codes among different countries to ensure that subject safety is preserved. Now some of us may argue that more than subject safety is being analyzed by investigational review boards, and that they may be making arguments on scientific merit that go beyond their mandate. But with respect to patient safety, that is clearly an outgrowth of what happened with Nazi medicine.

"When the medical establishment took to [eugenics], it not only became acceptable, it became scientific and medical dogma."

TB: Given the involvement of physicians with Nazi medicine, can medicine as a profession maintain any claim to inherent moral goodness?

CS: I think that there is an answer to that. I remember sitting in my parents' family room when we had a visitor named Yehuda Bauer, who was a friend of my father's. They grew up together in Prague, and when the Nazis came, my dad's family stayed and Bauer and his family moved to Palestine. He is today the foremost Holocaust historian in the world and he had come to Los Angeles to give a lecture. He challenged me to think about why I was going into medicine, given its rather unsavory history. I was very idealistic, I was probably a medical student at the time, and I tried to portray medicine as a historically noble profession, but this was before many physicians or students had become well-versed in the history of Nazi medicine. He, of course, was a scholar and historian, so he spent the rest of the evening enlightening me as to what 'evil' doctors had done. Again, I was very naïve and attempted to resist. Now I wouldn't resist but would accept that medicine was so besmirched in that period that even people who are not educated about the Holocaust, which now is a lot of people, have an inherent wariness about medicine and medical science. And of course there were many abuses in this country as well that had nothing to do with the practices of the Third Reich, but nevertheless reinforced public skepticism about the nobility of the call of medicine.



TB: Do you see anything like what happened in Nazi Germany happening today?

CS: No, there's nothing like that and I hope that could not happen again. I hope that people are well-informed about the history of medicine during that time, but I guess it's always possible. When we conduct clinical research, we have inherent conflicts of interest that need to be recognized. We have conflicts of interest because our remuneration is heavily dependent on enrollment in clinical trials. Our staff pay is entirely dependent on enrollment in clinical trials. Our egos, in terms of our research careers, are heavily

invested in a lot of aspects of my background, culture, religion, and ethnicity, and that continues to be my avocation. It obviously informs my practice because I bring everything that I learn and study to my day-to-day professional activity.

TB: Could you give an example?

CS: Sure. The way that we approach life-and-death situations. The institution of potentially lifesaving therapy. My response to various ethical dilemmas in medicine, such as life support and euthanasia, is particularly heavily informed by my understanding of Jewish ethics.

"I view with a healthy skepticism the whole concept of beneficence, because what one person considers a good act, another person would clearly think is not a good act."

dependent on enrollment and participation in clinical trials. I think one can justify many things for personal gain, so you have to always be wary of that. We all have a tremendous ability to justify ourselves at the expense of our patients. I don't know how we are going to inform patients about prospective conflicts of interest, but investigational review boards think that they can. I don't think they can.

TB: But you don't see anything akin to Nazi Germany medical involvement happening now?

CS: I see nothing like that in the West. Now, as for what goes on in dictatorships where professional organizations and professions in general are co-opted to support the totalitarian regime — anything can happen.

TB: Let's switch gears a bit. Judaism and religion in general play a big role in your life, both privately and in your profession. Could you speak about how this affects you as a doctor?

CS: I was quite invested in my heritage before I became a physician or even thought about becoming a physician, so that came naturally to me. I am very inter-

TB: Could you be a little more specific?

CS: Ah, you really want to nail me. Well, I sort of view ethical problems from a deontological perspective, by which I mean there are certain principles that are God-given and not subject to alternative utilitarian principles, according to which you analyze an ethical principle on the basis of maximizing the good for the most number of people. So if you believe that there are certain principles that are God-given, then how you prioritize those principles may heavily depend on your background. In this country, secular-ethics worships autonomy. So if somebody comes to you and says I want you to help me commit suicide, then you can justify the act on the basis of the person's autonomous decision and your interests in benevolence and beneficence, administering that which the patient perceives as good. But if you come from my perspective you could never do that because sanctity-of-life would trump autonomy. I wouldn't worship the American secular value of autonomy as the primary principle, and I also view with a healthy degree of skepticism the whole concept of beneficence, because what one person considers a good act, another person would clearly think is not a good act. That is about as specific as it gets. I also am

spiritual. I am not a pure scientist by a long shot, and rather than having a healthy degree of skepticism about a Deity, I have a healthy degree of skepticism about viewing everything as a dispassionate scientific chain of events. So I guess I'm very spiritual and I think things come from the other world.

TB: Do you see any conflicts between that perspective and your work as a scientist?

CS: Not really, because my research is not global. It is not trying to explain how the world began or the origin of life or anything like that. My research is entirely clinical investigation into new therapeutics in hematologic malignancies, so it is very focused and narrow, like you're supposed to be in academics. There are not any global theological aspects to it.

TB: What kind of response do you get from patients if you or they bring up religion?

CS: Well, most patients who are really sick are suddenly very spiritual. There are no atheists in a foxhole, as they said in the First World War. So for those patients it works very well. Now for those who are not spiritual, we stay away from the subject.

TB: Did your religion, or any other part of your background, play a role in you becoming an oncologist?

CS: Oh, I'm sure that's true. Certainly my background had a lot to do with why I became a doctor, although my parents did not tell me to become a doctor. I became a doctor, I'm sure, because medicine was portrayed as an honorable profession that gave you a degree of social stature, but was transportable in case you needed to move. My grandfather was an attorney in Prague, and although the family was safe in Switzerland, he called them back after Chamberlain and Hitler signed the Munich agreement. Almost all of his family was exterminated except my father, who was a kid at the time. So becoming a lawyer was definitely out, as was any career that would have anchored me to any particular place. I don't know if that really answers your question. Now, regarding oncology and



why I went into it, sometimes I wonder if that was a mistake, but I'm not sure how to answer that.

**TB:** Earlier this year at the introductory meeting of the medical school's Oncology Interest Group, you told medical students that your choice of specialty involved the realization that choosing to be an oncologist would require you to become a certain kind of person. Could you elaborate on the nature of this choice? What are the specific qualities you imagined taking on as an oncologist that you judged worthy of developing in yourself?

**CS:** Did I say something as vague as that? I guess when I try to do that, I'm speaking more like a lawyer than a doctor. Anyways, I don't think the choice to become an oncologist had to do with, at least on the surface, my religious or ethnic background. I think it had to do with the psychological need to be a Don Quixote - a hero in situations where others would not dare enter. And that, I am beginning to realize, is something unattainable. The motivation to be loved for something that other people don't want to do may not be the healthiest motivation in the world. I think there are at least two types of people that go into oncology. There are those that go into it for the sake of the research because they think it is scientifically interesting and, as we used to joke, it can only improve. There is so much basic and clinical innovation available, and I think that's a motivator for some people. Others go into it because they see the medical profession as one in which you take care of patients with daunting illness, and sometimes you win and sometimes you lose. Many of us continue to see in oncology some of the basic and primitive things that physicians have dealt with throughout history. Until the antibiotic era, every physician knew what I'm talking about, however vague I'm describing it - making a diagnosis and confronting the limited tools available to handle the problem. Many people, not all in medicine, find this very disquieting. They want to make a diagnosis and then institute a generally productive therapy. And who can blame them? But that's a very different take on medicine that views it as therapy-driven. On the more historical and old-fashioned view, medicine is



diagnosis-driven, support-driven, and not therapy-driven per se. It's very difficult when we are teaching interns, because their first impulse is always to inquire about what to do in a certain situation, not about how to evaluate a situation and come to a diagnosis, even if the diagnosis is something for which you have no therapy.

**TB:** How do you deal with situations where there is no treatment you can give a patient?

**CS:** There's always something to do for the patient, even though that might sound like a cliché. You always can give them a little of your self, your support. You can always palliate, you can always provide comfort. I admit it gets harder. When I identified less with the patients, I was better at it. As I get older and I understand the real global catastrophe of some of these illnesses, it's just not as easy for me to be successful when I can't administer a pill or an IV push.

**TB:** It's obvious that the Holocaust has affected you personally and professionally. Do you see yourself as being able to change the perception of the medical field,

given your previous comments about how its reputation was so damaged by the actions of Nazi doctors and others?

**CS:** I think that what you get from that kind of background and heritage is the requirement to do something meaningful and to make a difference in all aspects of your work. Sometimes if you come from a background where you are very interested in this kind of a catastrophic tragedy, it might motivate the behavior necessary to contribute something. It might not motivate you to be chronically depressed, but it might motivate you to be chronically productive. **B**

*Interview by Eliezer Van Allen  
Photography by Vishal K. Agarwal*

#### Additional readings:

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# Spirituality and the art of asking:

## An interview with Reverend Sandra Yarlott

Rev. Sandra Yarlott, M.Div., is the director of the Spiritual Care Department at UCLA Medical Center and oversees the Clinical Pastoral Education Program. As an experienced chaplain, one might expect her to provide some answers to life's difficult questions. But Reverend Yarlott's most important insights come when she poses the question and asks you to come up with your own answers. After training at Stanford, she served as the director of Chaplaincy Services at Alta Bates Medical Center in Berkeley, arriving at UCLA in 2000.



**THE BEAT** What do chaplains do at UCLA Medical Center?

**SANDRA YARLOTT** When I was working at Stanford, ICU nurses did a study where they asked patients what was important to them while they were in the ICU. First, patients wanted access to the best medical care. Second, they wanted to be able to see their loved ones whenever they wanted. And do you know what the third most important thing was? They wanted to have a sense of hope. That was a finding that they had not anticipated and did not know what to do with in the study.

That is the dimension that chaplains pay attention to. If a patient has lost a leg, are they hoping that somebody will still love them without their leg? Are they hoping for a total recovery? Are they hoping just to find some level of acceptance, because they will not recover? We are the ones who have that conversation with them, because hope does not necessarily mean hoping that they will magically be put back together and walk out of here whole, though for some that might be the hope. Other people know they are not going to recover. They have a terminal illness, and

they still hope for something. A patient who already knows they are going to die might hope for the opportunity to talk to their brother or their sister, with whom they haven't spoken in ten years. If we find out that that is their hope, we say to them, "How could that happen? Are you willing to take some risks and try to contact them to see if they would be open to that?" We've actually watched that happen—watched that brother or that sister who they haven't talked to for ten years fly across the country in a plane and walk into that room. That's a huge reconciling moment. It contributes to their peacefulness in death.

I tell chaplains to get over themselves. We don't take hope into that room. Hope is already there. We just help the patient discover it, articulate it, and see how they can embrace it.

Chaplains also play an important role for the people who want to ask deeper questions. For them, the hospitalization becomes like a time-out. Things are not happening as usual. They're not going to the office, not going home to their children, and in that time away from the usual

people often ask themselves, "Am I living in the way I want to live? What do I value? What has meaning? How do I put my energy and time in the place I want it to go?" Chaplains facilitate that kind of conversation. If a patient says they want their life to look different, we try to get them to think through, concretely, how they might make that happen. In all the years I have done this, when I get to the bedside of a dying person, they have never said to me, "I wish I had spent more time working." I have heard over and over again, "I wish I had spent more time with my spouse, my family, my children, my grandchildren."

**TB** What role do chaplains play in making ethical decisions?

**SY** Ethical dilemmas often arise in the ICU. We have all kinds of machines going, and families are trying to decide, "If I withdraw those machines, am I killing my loved one? If I keep those machines on, am I causing more suffering than they need?" We try to come alongside the family members, not to give them answers but to talk with them about the patient. How did they live? What were their values? Did they ever talk about what they would have



wanted in a situation like this? Often family members will be in conflict about what each wants, and so we try to put the focus on the patient. When families stay conflicted, we all suffer, and we all suffer longer. We also try to help people see that it is the disease that is killing the patient, and that they have some decisions to make about what kind of treatments they want to continue or not continue. We try to help them make that distinction.

TB: How do you see the chaplains in the Clinical Pastoral Education Program grow or change?

SY: There are different dimensions. When we first started to train chaplains, we thought we needed to train them in what they needed to know. Then it became what they needed to say, then what they needed to do. Finally, we realized that the most important thing was to train them in who they needed to be. Now that is where we start—*who are you and how do you bring the most of who you are to this work?*

When we start with who we are, we must look at the unhealed places in ourselves. If we haven't done our own grief work—haven't gone down, found the really painful places, and done some of that healing—then we will divert the conversation when the patient shows us pain or grief. All that stuff going on inside ourselves can become a barrier to relating to the patient in that moment, because we'll be projecting all of it on to them.

Whatever your issue is, that is the exact issue that you're going to get called to deal with in a patient. We see it over and over again. If you haven't dealt with the death of your father, then you'll have five calls where you're with patients who are dealing with the death of their father. That is the mystery of it.

TB: When you teach the chaplains to do something, what do you teach them to do?

SY: It's not a cookie-cutter kind of thing. It's unique to every family. I remember once I got called in because a couple had lost their baby during labor and delivery. After nine months of healthy pregnancy, the baby died at birth. The couple is grieving the loss of this baby, and I come in and hear their sorrow about the hopes and dreams they had.

I ask them, "What else is important to you right now?"

They say, "We're not sure how we're going to tell our five-year-old daughter that she is not going to have a baby brother. She's at home waiting, thinking that we're bringing her a baby brother."

We talk about how they might like to tell her, but they still aren't sure, and so I say, "You know, children who are five years old are very concrete. How will she really know her baby brother died?"

"Well," they tell me, "maybe we ought to bring her up to the hospital to show her her baby brother and show her that he didn't live."

"Do you think she's mature enough to do that?" I ask.

They say, "Yeah, we think she is."

"Maybe we could just have each of you do a blessing for the baby," I suggest. I am trying to help them make some meaning and sacredness out of this really awful time. "If you wanted to bring her, I could just facilitate each of you offering a blessing for the baby."

So Dad goes home and gets his five-year-old daughter. She walks into the room, walks over to her mom who is holding the baby, and her parents tell her that the baby has died. I call her by name and I say, "Your parents were thinking that maybe each of you would just offer a blessing to your brother who has died."

She says, "Chaplain? What's a blessing?"

I say, "A blessing is something you want to say to somebody from your heart."

She just says, "Oh, okay." She walks right up to that little baby, puts her head right next to his and says, "I'm sorry I'm not going to get to know you." That was her blessing.

*"When we start with who we are, we must look at the unhealed places in ourselves."*

TB: What is it like to be involved in something like that?

SY: To have these conversations at the bedside and walk alongside people in the crises of their lives is holy work. I see this as walking on holy ground. In the midst of the worst thing that you can imagine, we try to find some way of being more deeply connected, and realize how sacred that is.

There are hundreds of stories. Once an intern called me because a mother in labor was upset and crying, and it was impeding the labor process. The intern had talked to the mother and discerned that she wanted to be married when her baby was born, but the father of the baby was in prison. So I worked with the social worker to find the prison where the dad was, and I talked to the chaplain at the prison. Could he get released to come to the hospital? We couldn't do a legal marriage service, but we could do a service before God. The prison chaplain talked to the dad, and he said he would love for this to happen. Lo and behold, the prison guards, with Dad in chains, walked into this delivery room. Mom was just crying. She couldn't believe that he had come. So I performed a marriage ceremony with Dad in chains, Mom in labor, and the heartbeat of the baby coming through on the fetal monitor. After that, the woman could just surrender to the process and give birth to her baby. And that is what we do. ■

*Interview by Josh Kayman  
Photography by Vishal K. Agarwal*



# Pneumonia

Your breaths are what we count  
In the bluish branching of the lungs.  
It is winter in your chest and in the freeze

Within my unwarmed hands.  
Last night the tides came in your chest.  
Those with stethoscopes pressed

Against your skin, like holy missives,  
And heard the crackled sound of birds,  
In swoops behind your ribs.

When they said you were drowning,  
I thought, liars of them all. When they pronounced  
The whiteness won, I thought:

Give me your swollen mouth,  
Let me suck the danger from out  
Your flogged wings.

The hum of machines speaks now,  
As I thread by my hand in yours,  
Exhale, and pray the lattice in my breath

Will bring you surface.

by Jane van Dis, MD



Scream II  
by Joe Pierre, MD

## Villanelle On A Long Dying

He left me, yes. Long before he died  
Lost in mists bred of an eroding brain,  
Yet we wandered over hills side by side.

First words were lost, that he had used with pride,  
Then songs for which he once knew each refrain.  
He left me, yes, long before he died.

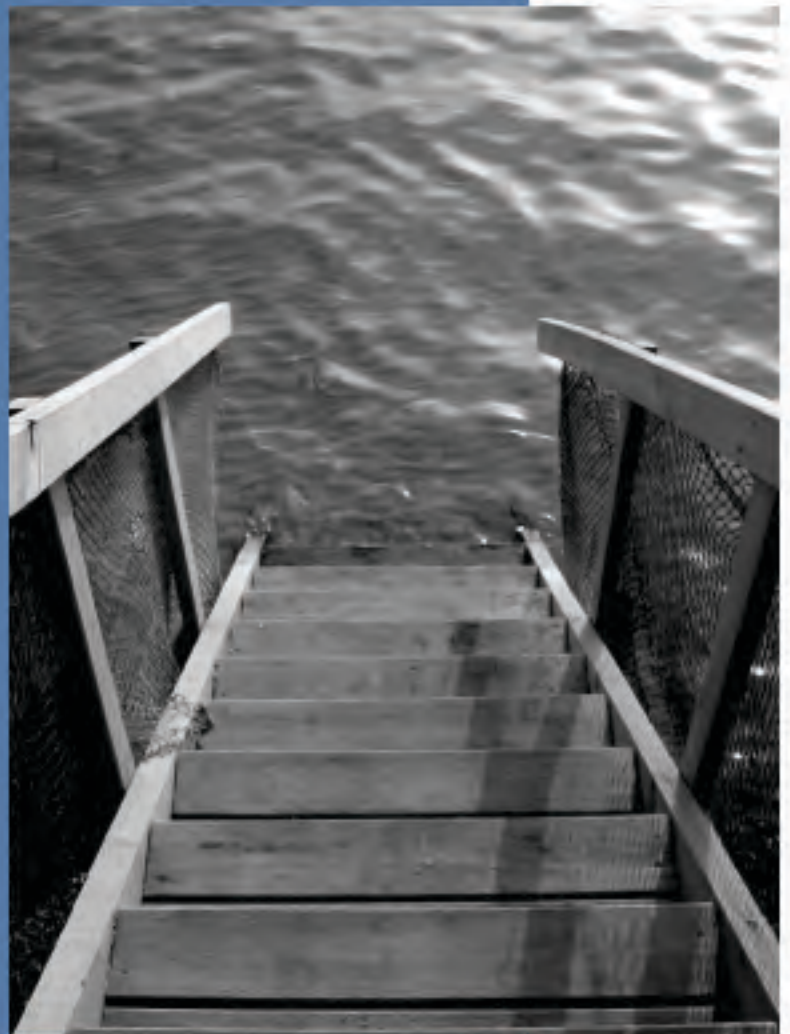
I watched the laughter in his eyes subside,  
And watchful anger reveal his inner pain  
No passion left, yet I must abide.

Before my eyes his wondrous self had died,  
And only a hollow shell of him remained.  
He left me, yes, long before he died.

Still I walked with him, matched his stride  
The memory of our love fixed in my brain,  
Not willing to let go, though hard I tried.

Now the whole man finally has died  
In quiet sleep and without any pain.  
He left me, yes, long before he died,  
Yet still warm memories of our love remain.

*by Mary Kattus*



*West Bay  
by Melissa Cee*



# THE IDEALIST

by Rafi Lefkowitz

"Did you want to chat?" she said to me, a little surprised.

"Yes," I answered. To prove it, I decided to get things started. "My name's Rafi."

"Rafael, like the angel?" she asked with a smile.

"Yes," I smiled back.

"Or like the artist," she said.

"Or like the ninja turtle," I countered. Oh. She looked back at me with an inquisitive look. "It was a cartoon." She laughed.

Well, back to the artist. We discussed contemporary versus classical dance, music, and art, and somehow the conversation felt completely normal. Strange, considering that this was the very first time we spoke. I had wanted to talk with her since I first noticed her, I passed her on my way home every Friday night. She was always sitting on the curb of the sidewalk, two small duffle bags in front of her, wearing a long skirt and hooded coat. Usually, her face was buried between her knees. When I saw her the first time, months ago, she was sitting upright and we made eye contact. She looked young and well kempt, though slight wrinkles betrayed middle age. For some reason I was insanely curious about why she was there.

"Are you an artist?" I asked her.

"Yes." When pressed regarding her medium, she explained how the separation of art into different mediums is artificial, and that the essence of art is in the artist's surrendering to his inner self and expressing it faithfully. Like Picasso, Picasso, she informed me,

pressed leftover fish bones into clay. "If you don't mind me asking, what is it that you study?"

"I study medicine, here at the med-school," I said, gesturing in the direction of the hospital. She asked what I thought about alternative medicine. "I think it's really interesting, especially considering much of modern medicine draws from it, historically speaking." I was referring to the early development of pharmaceuticals, but she wanted to talk about acupuncture. Naturally, we bounded into a conversation about the preferential use of western medicine from a social, economic, and historical perspective. And then we got into healthcare. The state of the nation's healthcare system is a topic I never feel adequately informed to discuss. But everyone loves to talk about it. It even came up in my UCLA interview. Luckily, though, tonight was my night - my new friend mentioned that she used to work for a big healthcare company.

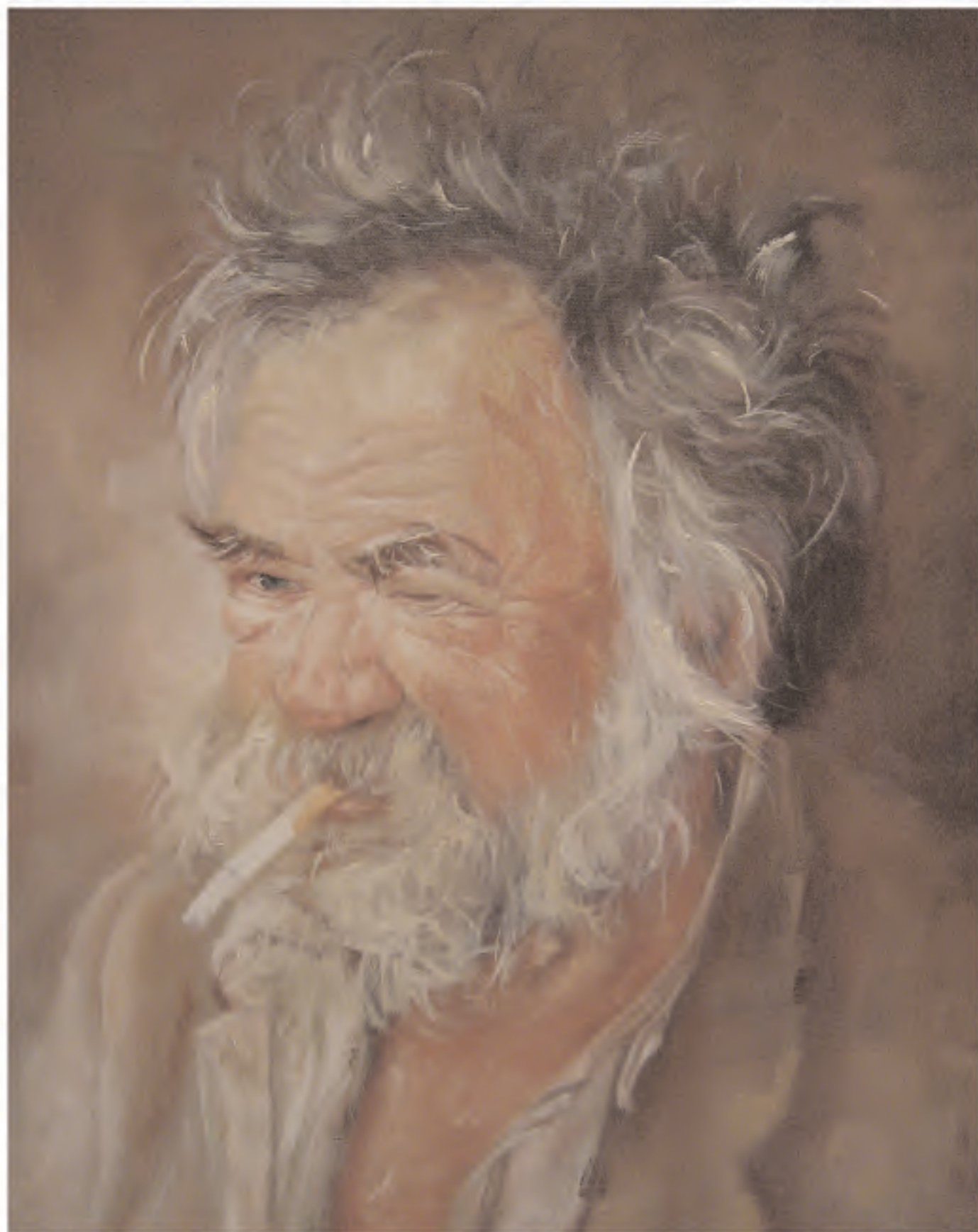
Letting my curiosity get the better of me, I decided that this was my chance to find out what brought her to this spot, sitting, head-between-her-knees, on the sidewalk curb. So, in an open-ended form that would make my Doctoring tutors gush with pride, I asked, "When did you stop working in healthcare?"

"Whoa," she said, "I don't want to get into that."

Damn. Drop it - just drop it. I knew I had to be sensitive to the fact that she might be homeless. But I wasn't sure - maybe she was only homeless on Fridays.

My history-taking technique hadn't been entirely bad. To start the conversation, I had waited patiently for her to notice me sitting next to her, and let her address me first. I also let her do most of the talking, calling on my

*continued on page 46*



Without a Home  
by Navid Eghbalieh



active listening skills. It was easy to listen to her, she had a sweet voice and wide blue eyes, and spoke patiently. Her shrouded face was modestly attractive. She fascinated me.

"I'm an idealist," she confessed, "and look where that got me."

Eventually, she changed the topic from healthcare to another I felt completely inadequate to discuss.

"Do you have a particular area of medicine you want to focus on?"

I said no, I wasn't exactly sure. I continued with the usual "This is my first year, and there's three and a half more to go. I'll figure it out." She wouldn't take that for an answer. "Oh please. Everybody has an idea of what they want to be from when they are a child. Something happens, and you just know." Her conviction struck a chord in me. So I called upon more current inspiration, in the form of Dr. Wright.

Dr. Wright can sleep well at night. This is because Dr. Wright saves 2 million kids per year in Southeast Asia. Sitting next to me in the back of the lecture hall, he told me this personally in Block One during a case study review. One of his colleagues discussed the mechanism of water transport into the intestinal lumen. Eventually, the question was asked of the class, "What constitutes oral rehydration therapy: Gatorade, Rehydralyte, or Coca-Cola?"

We chose Gatorade, which was not as wrong as Coca-Cola, but not as right as Rehydralyte. I turned to Dr. Wright and asked if it was really true. He explained that Rehydralyte therapy is a cheap method of preventing cholera-associated death, particularly important in Southeast Asia. The technology for Rehydralyte therapy is largely a result of his laboratory research. On account of this research and his work with the World Health Organization, he can honestly say he saves 2 million kids a year from dying of cholera.

"I sleep well at night," he said with a knowing wink. And he should.

I'm wandering the streets of Westwood. If I want to sleep well at night, I should do something to save as many lives as possible. So I told my new friend, "I think maybe I'll specialize in treating a particular disease, one that affects lots of people, so I have the potential to help as many people as I can."

I hate saying things like that for two reasons. One, it sounds ridiculous. Two, it's really far out of my reach. I don't have the means to make that idea come true, and I won't for a long time. In the heart, oxygen supply/demand mismatch leads to heart attack. In the lungs, ventilation/perfusion mismatch leads to pulmonary disease. In the mind, idealism/action mismatch leads to:

I mentioned another specialty of interest, surgery. I explained how important it is to sew someone's arm back on after a bad motorcycle accident, or carefully place a skin graft over a painful burn. But the real truth is what I said at first - I can't say now where my focus will be, and my preferences are changing all the time. I think I just shouldn't have to answer the question.

She suggested I read a book, *Molecules of Emotion*.

"Who wrote it?" I asked. She told me it was by Candace Pert, the scientist who discovered the opiate receptor. After some interesting discussion about the nature of emotion and consciousness, I felt tired.

"I think I have to go," I said, starting to stand up. "But I didn't catch your name." She told me her name, and she shook my hand.

"Nice to meet you - and don't forget about the book."

"Nice to meet you too. See you around."

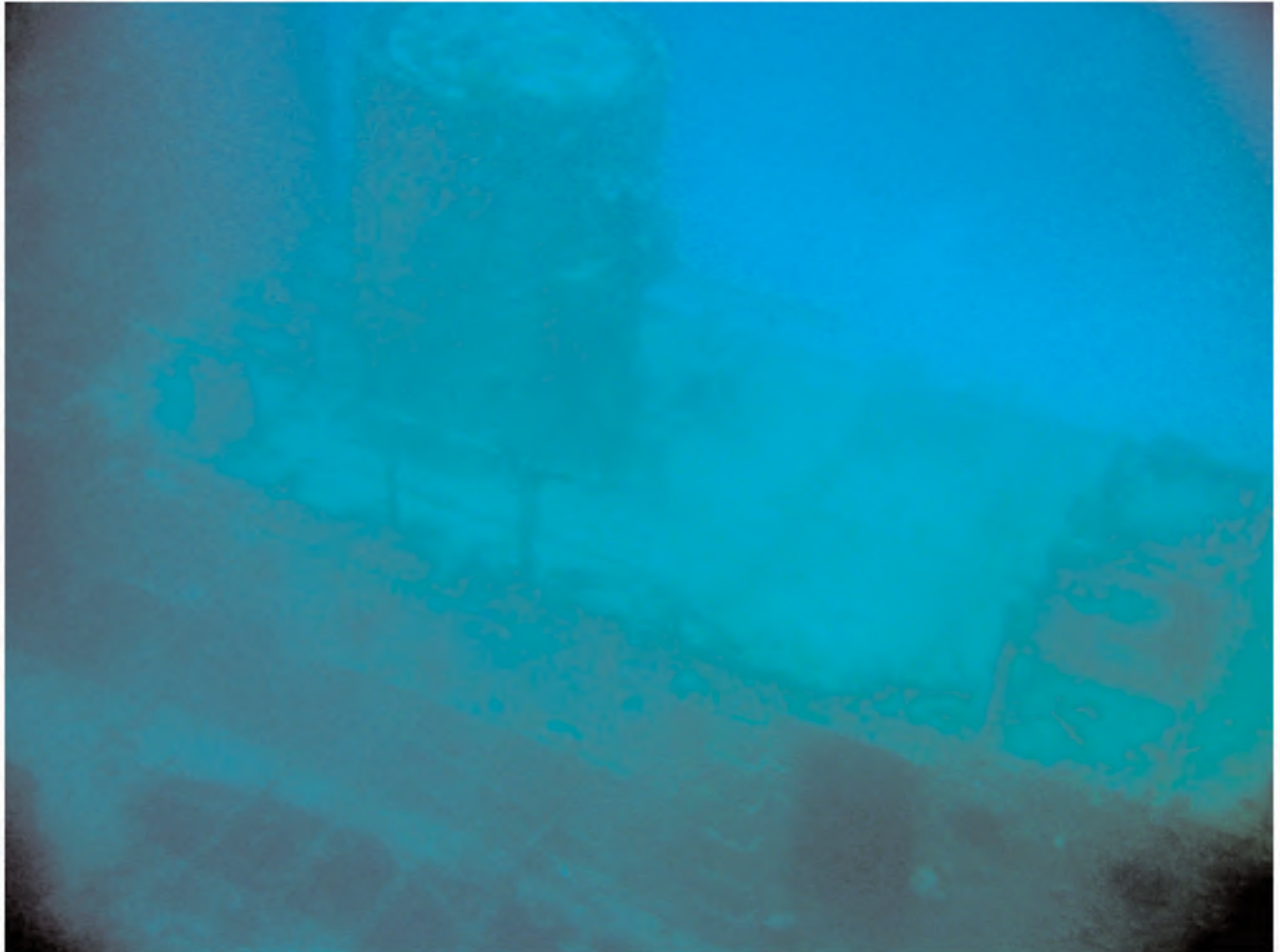
Walking home, I considered her advice on idealism. Everyone with fresh ideas can be influential, but not everyone has the capacity to be a leader. As she had said, Van Cogh wasn't a leader, but he was influential in his own way from the sidelines.

Or the curbside. ■



Everyday Life  
*by* Branislav Unkovic





**The Shipwreck**  
*by Sonia Dhaliwal, MD*



Bowling  
*by* Kyoko Kimura

## DEAD SPACE

Out from the shipwreck  
Came a vision of darkness:  
The cruel emergence.

*by* Beav S.





**Untitled**  
*by Sevan V. Stepanian*



moonlit journey  
by Michael C. Chen





The Bottle  
by Michael Durando

# Childhood

by Josh Korman

I.

Melissa stood in front of the bathroom mirror, stuck out her tongue, and admired the bubbles of spit that appeared on its tip. She had washed her breakfast down with a glass of milk, and her mucous was still thick. For a moment, she considered drooling on the dress she was wearing, and ruining it so that she wouldn't have to go to the wedding. She decided that drooling would do no good, and her tongue snapped back into her mouth.

Melissa had a quick tongue. Possibly one of the quickest. She stuck it out again.

"Come on honey!" her mother yelled to her from the kitchen downstairs. "We need to get going soon!"

Her tongue was a miracle, frankly. No matter how hard she pressed her lips together, her tongue, slimy and strong, would always win out. It emerged, not triumphant, simply curious. She watched it swivel around with a personality she had never noticed before. Its wriggle was a little worm-like, but it was clearly much too intelligent and much too agile to be any old worm.

When she flexed it, the edges curled down, and it looked most like a creature with its own somber face. A tide pool creature.

"Melissa, have you brushed your teeth yet? Let's get going!" her mother yelled, now coming up the stairs.

Melissa loved a good tide pool. The year before, the whole second grade class had learned everything there was to know about tide pools. Melissa was especially fond of sea urchins, not only because they were purple, but also because she owned a sea urchin shell. They were pretty hard to find, but not too hard.

Mrs. Berger appeared at the door. "Look mom, my tongue!" Melissa cried, and stuck it out.

"Sweetie, we don't have time for this. We need to go. Now brush your teeth and come on."

II.

I told Fritz last week that a watched pot never boils. He stopped watching the pot, looked at me, whispered the words inside his mouth, and ran outside. This afternoon I put another pot of water on to boil and left the kitchen. When I came back to check on the water, Fritz was already there, watching it. He's so intent, he didn't hear me come in. I have a truly extraordinary son; he is squeezing his penis, clearly needing to pee, and yet he won't leave the pot of water. At seven years old, I believe it's time he learned to make the decision himself, and so I resist the urge to send him to the bathroom. But I can't watch either. From the doorway, I can see that the microwave door is open, light on, and a hot pocket wrapper is sitting on the counter next to the stove. He must have come into the kitchen for a snack, and found the pot sitting over a burner. Usually there's nothing to see, because I cover the pot, but Fritz put the lid in the sink. Boy does he need to pee.

His head is small, but quite a bit higher than the stove top now, and he can look right into the pot. From the stress of his situation, he's swaying and his ears have turned red. He smells salty, and his hair sticks in wet clumps behind his ears. He is still wearing his school clothes. The grass stained his pants today, not just at his knees, but at his butt too.

I want to tell him to go to the bathroom, that I'll watch the pot while he's gone, but I've told him a million times not to hold it if he needs to go. He has to make that decision himself now. Let the pot be, little man. A watched pot boils, but it's just not worth watching. Come on, pot. Boil. **B**



# Contributors

**Vishal K. Agarwal, MSII**, known for his sunny disposition and effervescent smile, would like to thank all the little people that have helped him reach the metaphorical mountaintop that he has climbed for so long. "It's cold and lonely at the top."

**Robin Angelides, RN**, has worked for UCLA Medical Center for nearly two decades. Although she is a full time nurse, she has always found the time to pursue her passion in art. Currently, she is working on illustrating and writing children's books and hopes to one day be published.

**Ulrich Batzdorf, MD**, is a professor of neurosurgery and has been on the UCLA faculty since 1966. He is a summer vacation sketcher and pasteller and began painting abstracts and abstract landscapes six years ago.

**Dorwin Birt, PhD**, was born long ago in a far away place. Since that time, he became a Programmer/Analyst and Computing Support Coordinator in the UCLA Mental Retardation Research Center. He and his wife Cindy are the human guardians of two domestic cats.

**Aron Bruhn, MSII**, grew up in northern California. He enjoys traveling, photography, and cooking.

**Michael C. Chen, MSII**, dreams of one day jumping out of helicopters to rescue injured mountain climbers. His greatest life accomplishment to date has been going 30 days without a shower while living on a glacier in Alaska.

**Nels G. Christianson** has worked at UCLA Medical Center for thirty years. His current position is patient coordinator in International Relations. He recently coordinated a cardiothoracic medical mission for Healing the Children Foundation to Guayaquil, Ecuador. He handles all pediatric referrals from Healing the Children to UCLA's recently created Two Marias International Children's Fund.

**Alice Clagett** works as an Administrative Assistant at UCLA. She enjoys the collegial atmosphere, the diversity of ethnic and cultural backgrounds, and the beauty of the campus. For fun, Alice loves hiking in the Santa Monica Mountains, photog-

raphy, writing poetry, and heart-centered meditation. As quoted, "Maybe we'll meet on a mountain trail one of these days!"

**Bryan J. Correa, MSI**, graduated from UC Santa Barbara with a major in Psychology and a minor in Music. Bryan gained an interest in artwork during his childhood and continues to produce pieces when time permits. His sketch is a pencil rendering of an Anne Geddes photograph, which he made as a gift to his older sister, an aspiring neonatologist at the time.

**Susannah Cobb** works in the UCLA Oncology Center as a clinic facilitator. This is her first published piece.

**Gary Daniels** is a psychiatric nurse practitioner. While leading a poetry group on one of the inpatient adolescent units at UCLA, he found the opportunity to use poetry as a way to process some of his thoughts about things going on in the world and in his own life. Aside from in the group and with family, this marks the first time he has ever shared his work openly.

**Sonia Dhaliwal, MD**, graduated from UCLA School of Medicine in 2001, and is now a PGY4 resident in Radiology at UCLA. Photography is one of her favorite hobbies, particularly landscape photography. The photo of the shipwreck was taken with a Canon digital camera, with an underwater housing, one of her favorite toys.

**Noelle M. Deigan** was born and raised in Pittsburgh, Pennsylvania and has lived here in Southern California for the past 10 years. She first came to UCLA Medical Center as a traveling nurse in the ICU's and is presently working in Interventional Radiology. As quoted, "I hope you enjoy my poems!"

**Jane van Dis, MD**, is a second year resident in Obstetrics & Gynecology. She graduated from Reed College, is newly married, and looks forward to having a house with a dog and a garden and some kids squealing with laughter in the back yard.

**Michael Durando** graduated from UCLA in 2002, and has been working as a Lab

Support Manager for the last two years. Starting this fall, he will be studying at Minnesota State for his Masters degree in Industrial Organizational Psychology. All he can say is, "brrrrrr!"

**Navid Eghbali** immigrated to America in 1987. His painting, completed over the course of one year, grew from a glance to a friendship - from a blank white canvas to a detailed life in oil and brushstrokes.

**Zhuang T. Fang, MD, MSPH**, completed his fellowship in anesthesiology in 2000, and became a faculty member at the School of Medicine. He enjoys taking photographs of his family's favorite vacation spots.

**Jeffrey Fischer** lives in Venice, California. He enjoys the ocean, arguing with friends, large burritos, and cheap beer.

**Armand J. Fulco, PhD**, currently Professor Emeritus in the Department of Biological Chemistry, UCLA School of Medicine, entered UCLA as a freshman in 1950, served in the U.S. Army 1952-54, earned a BS in Chemistry, UCLA, 1957, a Ph.D. in Physiological Chemistry, UCLA SOM, 1960, was a Post Doctoral Fellow, UCLA Lipid Laboratories, 1960-61, a NIH Research Fellow in Biochemistry, Harvard U, 1961-63, and a faculty member, UCLA SOM, 1963 to date. His favorite hobby is B&W photography.

**Melissa Gee, MSII**, is a Whittier native and attended CSUE. She anticipates the day she no longer has to deal with the traffic in LA, even though the shopping and restaurants are the best. Melissa also eagerly awaits her next extended vacation.

**Lori Graybill** is the Program Director for the Phlebotomy Education Program through the UCLA Center for Prehospital Care. She is currently finishing her nursing degree and searching for just the right light.

**Natasha Haykinson** works in the Department of Biological Chemistry. Her passion for photography manifested in 2002, when she first started taking pictures. She is interested in objects that, when taken out of their everyday context, may become abstract paintings.



**Josefette K. Jaramillo** is a 2005 UCLA graduate with a degree in Anthropology & Asian American Studies. She lives in Burbank with her husband, Mario, who shares her love of travel, food and education.

**Mary Kattus** wrote this poem in honor of her husband, Dr. Albert Kattus, who passed away from Alzheimer's disease:

**Josh Kayman, MSII**, has lived in Berkeley, Jerusalem, New Haven, and Piedmont, CA. He likes soggy weather, navel oranges, and Mama Bear.

**Kevin Koo, MSI**, is from Seattle, WA. He took this photograph while strolling along the Santa Monica Pier and caught this couple listening to a guitar player.

**Rand La Belle** lives in Santa Monica with the love of his life, his wife, Marisa. As quoted, "I love, I work, I write, I play music. LIFE IS GREAT!"

**Rafi Lefkowitz, MSI**, grew up in Baltimore, MD. Completing a bachelor's degree at the University of Maryland, he now joins the cohort of UCLA first year medical students.

**Michelle A. Moeck** works in the Department of Urology as the Senior Medical Illustrator.

**Joe Pierre, MD**, is an assistant professor in the Department of Psychiatry. Hobbies include lawn maintenance, karaokeing lesser-known Pearl Jam tunes, and "kufungisisa."

**Antonio M. Pessegueiro, MSII**, is a 24 y.o. male with a two-year history of medical schoolitis. During this time he notes waxing and waning periods of fatigue that improve on the weekends and at the end of final exams. He denies being an SOB, but notes episodes of blurred vision and lightheadedness when professors ask him overly complicated questions. He does not smoke and drinks occasionally, he may consider drinking more heavily once clinical rotations begin.

**Julianne Pollard** is a third year Biomedical Physics graduate student. She enjoys writing short stories whenever she can steal time in between running experiments in her lab.

**Kari Pope** holds a BA in creative writing from the University of Redlands. She currently works at the National Arts and Disability Center, organizing a network of artists with disabilities throughout California.

**Bahram Razani, MSI**, was born in Shiraz, Iran, and grew up in Albuquerque, NM, later studying Biochemistry and Philosophy in Texas and England. He is currently enjoying a refreshing Diet Coke as he writes this. Incidentally, his father is quite alive and healthy.

**Alisa Rivera** grew up in the Bronx, New York. She has been living in Los Angeles for three years but still hasn't adjusted to seeing palm trees growing outside her bedroom window.

**Donna Roybal, MSII**, is a former high-tech manager and ski instructor who decided to atone for her greed during the internet boom by becoming a physician. She hopes to have a successful plastic surgery practice someday.

**Beav S.** represents a conglomerate of creative thinkers in the second year class.

**Willie Siu, MSII**, picked up the hobby of black and white photography during his undergraduate years. When possible, he wanders around Southern California for opportunities.

**Sevan V. Stepanian, MSII**, was too modest to submit an autobiographical sketch.

**Amy R. Swerdlin, MSII**, loves outdoor adventures, photography, traveling and running the campus loop with friends. She aspires to laugh more and procrastinate less.

**Branislav Unkovic** was born in Novi Sad, Serbia. He currently works at the Biomedical Cyclotron, in the Department of Pharmacology. Branislav lives in Los Angeles, and enjoys traveling around the world.

**Brandon Unruh, MSII**, was born at a young age. Shortly thereafter, he completed a cloth-laden diorama on existential agency. He is currently writing and illustrating "Philos-o-phun," a series of philosophy primers for small children. "Dualism? More like Don't-alism!"

**Eliezer Van Allen, MSII**, is lonely and frantically looking for a nice Jewish girl. Apparently, being Chief Editor of a medical school literary magazine doesn't carry much weight with the ladies. Eli would like to emphasize that he is tall, and with severe squinting, he has been known to resemble Matthew Perry. "Call me."

**M. Anthony Verity, MD, PhD**, is Professor Emeritus of Pathology and Neuropathology, having served the UCLA community for 45 years. A native of the U.K., his work draws upon the styles of Mondrian, Tapies, Nicholson, Hepworth, and Motherwell, incorporating themes from the Orient, Still life, Versailles, and free-form abstract figures.



Cruisin' in Maravatio, Michoacan, Mexico  
by Amy R. Swerdlin



## thanks

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to Dr. Neil Paige and Dr. Tom Alloggiamento for their generous sponsorship of the Vital Signs Prize for Literature and Arts.

and to all of the staff, faculty, and students who contributed their work.

## congratulations

to the winners of

### The Vital Signs Prize for Literature and Arts:

#### Art

Bryan J. Correa,  
"Handle With Care"

#### Photography

first: Michael C. Chen,  
"moonlit journey"

second: Aron Bruhn,  
"Dia de Sant Joan"

#### Writing

Brandon Unruh,  
"arms of twinkling gods"

and a special thank you to our judges for their ongoing support and participation:

Dr. Neil Paige,  
Dr. Thomas Alloggiamento,  
and Dr. Robert Collins

We welcome submissions from all faculty, staff, students, and visitors of the UCLA Health Sciences community. Written submissions should be sent as Word files via email attachment to [uclabeat@gmail.com](mailto:uclabeat@gmail.com). Art and photography should be scanned at 700 dpi, saved as tiff files, and submitted via email ([uclabeat@gmail.com](mailto:uclabeat@gmail.com)) or CD to the Office of Student Affairs/12-59 CHS/Box 951720/Los Angeles, CA 90095-1720. Unscanned artwork and photos may also be submitted to the Office of Student Affairs. Please include a brief paragraph about the author/artist with all submissions. Anonymous pieces will not be accepted. All medical student submissions to the UCLA Beat are eligible for the Vital Signs Prize for Art & Literature, which includes a cash prize. Entries must be received by November 15, 2005. For further details and instructions, please visit our website: [www.medstudent.ucla.edu/uclabeat](http://www.medstudent.ucla.edu/uclabeat).



St. Sebastian  
by Kay Song