

# THE BEAT

VOLUME XXII



DAVID GEFLEN SCHOOL OF MEDICINE AT UCLA  
JOURNAL OF ARTS & LITERATURE

DAVID GEFLEN SCHOOL  
OF MEDICINE

THE BEAT  
MMXX

# EDITOR'S NOTE

Dear Readers,

We are excited to share with you the 22nd annual edition of The Beat, the only arts and literature magazine of the David Geffen School of Medicine. The collection of work featured in this year's edition illuminates the many wonders and joys of life, as well as delving into the darkness that we often face not only as human beings, but as members of the healthcare community. We hope that you can appreciate the great talent that exists within the UCLA Health system and enjoy this year's rendition of The Beat!

Minji Kim  
Zoe Zhou

And The Beat goes on...

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## VITAL SIGNS AWARDS

### ART

LOOK UP - David Lee  
MEMENTO MORI - Ansley Unterberger

### LITERATURE

ECLIPSE - Kate Coursey  
FIRST DAY - Savannah Starr

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Special thanks to Mary Ann Triest and Aurora Reyes from the SAO for helping us continue the tradition of the BEAT.

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We welcome submissions from all faculty, staff, and students at the UCLA Health Sciences community at [medschool.ucla.edu/current-the-ucla-beat](http://medschool.ucla.edu/current-the-ucla-beat).

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# CONTENTS

*literature // art*

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Maeliss Gelas	4	Ghost	Kelley Chuang	34	Trust in Numbers
Adolfo Hernandez	5	Sigmoidal	Ioana Popescu	35	Beach in Winter 1
Angela Pham	6	In Memory of Hien Dang	Romie Angelich	36	Broken Stop Signs
Walter Jong	6	Morning Catch	Kevin Tong	37	The Fox's Fire
Austin Hoang	8	Ruby of the Sea	Arun Chakravorty	38	Soaring Alongside
Jose Negrete Manriquez	9	Barriers	Bianca Pittman	39	Until the sun rises in the West, I guess this is good-bye...
Jerry Loo	10	Lessons Learned from a Past Era: The Personal Touch of Medicine	Alis Balayan	39	Spread Your Wings
Michelle Guan	10	Bridging the past and present of Lucerne	Russell Johnson & Florencia Rojo	40	Just Another Day at the VA (Joint Art & Literature)
David Lee	12	Stella Starlight	Austin Hoang	42	405 River Traffic
Sarah Luery	13	The Moth	Neil Parker	43	Aurora
Bianca Pittman	14	Surround Sound Beach	Amy Gaultney	44	Holding Other People's Babies
Fitz Gerald Diala	15	Familiar Void	Neil Parker	45	Starry Night Bus
Consuela Nance	15	Gifted Hands/Healing Hands	Noah Kojima	46	Skeletons in the Desert
Nikhil Bellamkonda	16	Drifting	Tara Vijayan	47	Last Consult Note
Safiya Lahlaf	17	When Hands Shake	Jessica Poon	48	The Mind and the Monster
Rose Shan	18	Heart of Gold	Sydney Siegel	49	Tune In (Joint Art & Literature)
Melissa Burdette	19	Inner Monologue	Jill Narciso	50	The Confession
Jazlyn Chong	19	吸/洗	Shahram Yazdani	51	Winter Scene of a Woman at a Temple
Jessica Poon	20	Growing up	Jeff Cartier	52	Hummer in Flight
Melodyanne Cheng	21	And then, she Flew.	Hilda Zamora	53	The Contrast
Kate Coursey	22	Eclipse	Amy Carver	54	Whoops
David Lee	23	Look Up	Maeliss Gelas	55	Pug
Brian Dang	27	Starry Mornings	Emmanuel Aguilar-Posada	56	don't want no liver transplant
Savannah Starr	28	First Day	Steve Cramer	56	Looks
Amy Carver	29	Unzip	Ansley Unterberger	57	Memento Mori
Natalie Cherry	30	Little Ducks	Front Cover		Dunesday
	30	Defiance			By Carolina Mendiguren
Andrew MacQuarrie	31	Music Therapy			
Maeliss Gelas	32	Immaculate Misconceptions			
Ansley Unterberger	33	Yolk			

# *GHOST*

By MAELISS GELAS

When I had my first kiss it was up my skirt  
before Big Primo watched the Simpsons.  
Its colors made me nauseous,  
like the candy under our zippers-  
eating too much made us sick.

Mama was sobbing in the cocina the afternoon  
she learned about trick or treat.  
I sat in the sala and listened.  
Big Primo never came back to abuelas purple house.

I saw him on Christmas.

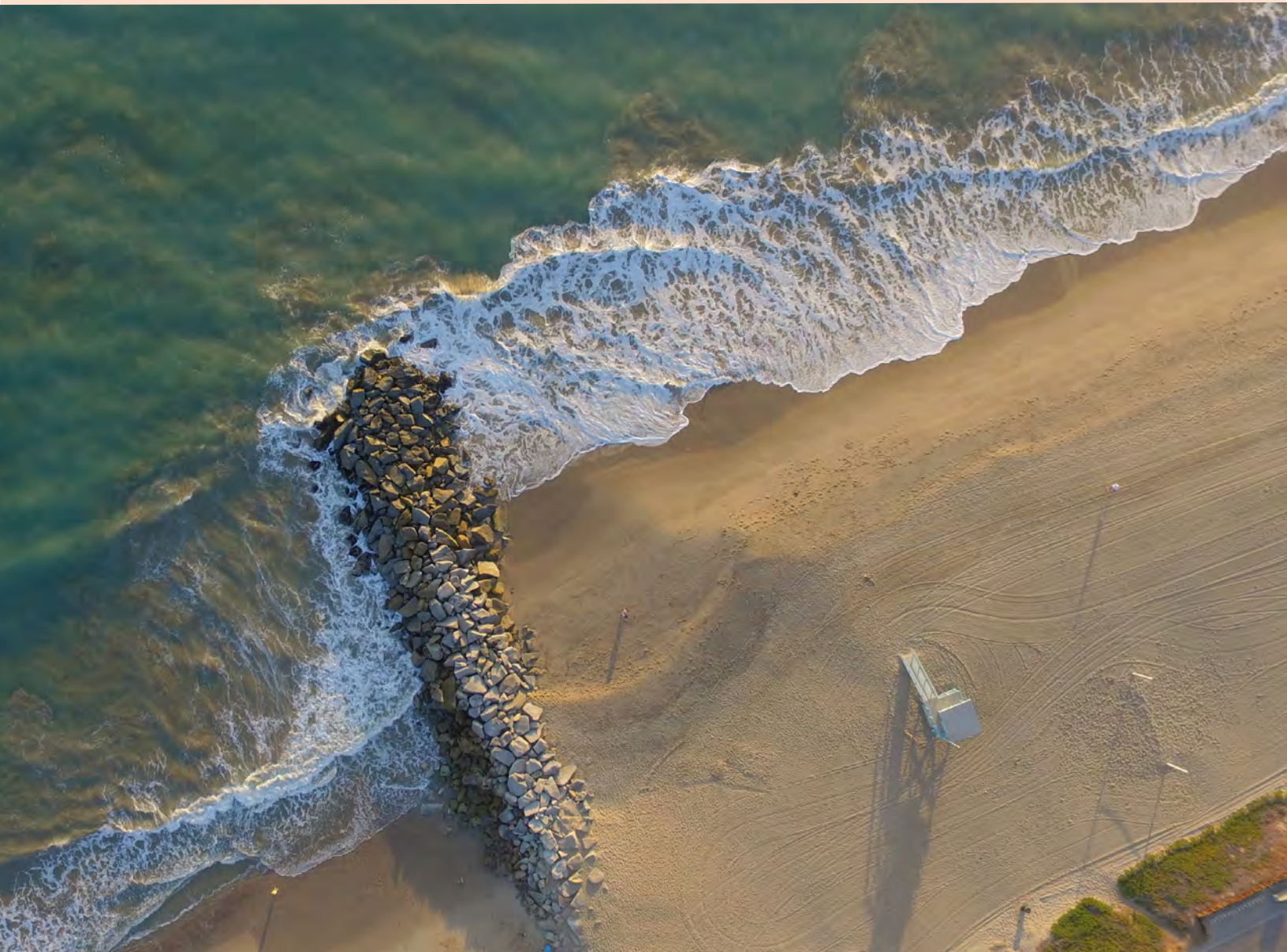
He is now twenty nine and has a pretty fiancé.  
We give each other besos at midnight  
and a “feliz navidad”.

I think about him touching me and my skin turns to scales.  
Bed bug, scratchy  
am i making you uncomfortable scales?

I look to find mama and she hugs him too,  
with stains in her teeth.  
When she holds me she is warm and wine.

And lately I draw,  
two lovers,  
naked  
and swallow the paper after.





# *SIGMOIDAL*

By ADOLFO HERNANDEZ

# IN MEMORY OF HIEN-DANG

By ANGELA PHAM

My grandma, like many grandmas in the world, was a woman of many talents. She was skilled at knitting and used to spend afternoons teaching me her art, though my crudely formed creations paled in comparison to the patterned winter hats and scarves she filled my closets with. She was a very adept painter, as evidenced by the gorgeous oil paintings of flower vases and fruit bowls that she proudly displayed on her walls. A majority of my childhood memories include spending nights with my extended family eating the many traditional Vietnamese dishes she would cook in her tiny kitchen. Her flan was one of the creamiest, most luxurious desserts I have ever had.

Countless golden childhood memories shattered the minute my grandma was diagnosed with rectal cancer. I never could have imagined seeing my dynamic, multifaceted grandma wither away in a hospital bed as she lay dying.

The harsh fluorescent lights illuminated my family and I as we sat in the waiting room at 3 AM, facing the team of hospitalists poised to deliver news that nobody is ever prepared to hear.

“We don’t know if she’s going to make it through the night.”

The doctor in charge was young but projected a sense of assuredness and calmness that necessarily washed over my family as we took in her heavy words. Simple acts, such as pausing for questions and laying a hand on my mom’s shoulder, helped reel us in during such a surreal moment.

My grandma miraculously survived the night, and surprisingly the two weeks after that. In that timeframe, we immersed ourselves in the world of the hospital and the dying process.

My grandma, the matriarch of the family, took her usual position at the head of the room; this time, not sitting at the head of the dinner table but rather trapped in her hospital bed as the rest of us were splayed out around her in various positions on the uncomfortable hospital chairs.

As I was growing up, I quickly surpassed my tiny 4’11” grandma in size. She shrunk as she grew older, and as a result of her small size she was frequently very cold; every time I saw her, she would proudly show me the four different layers of hand-knit sweaters she was wearing.

Now, in the hospital, as she lay contorted in her bed, she looked smaller than ever before, her small frame enclosed in a billowing hospital gown, and shivering violently despite wearing three layers of blankets. Wisps of gray hair swung

onto her face as she coughed violently every few minutes. The same hands that once folded the crunchy, golden brown egg rolls that adorned every family reunion dinner table now laid immobile by her sides, purple and swollen from multiple blood draws.



Once it was my turn to spend time with my grandma, I sat in the chair by her bedside and took one of her bruised hands gingerly in mine.

She turned to me, smiled, and in a weak, quiet voice, asked me the question that had never failed to escape her mouth as soon as I walked into her small apartment over the years.

“Have you eaten yet?”

Despite the somber mood in the room, this simple question

sent my family into uproarious laughter, as I reassured my grandma for the hundredth time that I was eating well and not hungry. Meanwhile, she herself was no longer eating. We took turns using a straw to run water and milk droplets into her mouth, as that was all she could tolerate.



## *MORNING CATCH*

By WALTER JONG

Every waking moment outside of work was spent in that small hospital room. We all clung onto the fear that she could pass at any moment, so we dutifully spent nights with her, grateful for the nurses who would drop by and drape warm blankets over us as we curled up in the recliner chairs we dragged into the room.

My grandma's face was frequently contorted in pain, but as she

became increasingly nonverbal, we lost insight into what she wanted or how she was truly feeling. The steady increase of her morphine dosage made her more lethargic and delirious. My family members argued with our nurse as to the correct dosage and course of action to take. At times, it seemed as though we valued being able to interact with my grandma over her comfort; we were simply terrified of losing her too soon, grasping onto the chance to talk to her and hear her stories before she passed away. Our nurse dutifully took the time to explain all the medical decisions that were made in great detail, despite the many other patients she had to attend to. Her ever-present humanism and kindness made these difficult days bearable.

During one of my grandma's last days, she was sleeping, as she now did the majority of the days, before suddenly becoming alert and exclaiming that she needed to use the bathroom. Just like how my grandma once rolled me over as an infant to tuck my diaper under me, I now helped roll my grandma onto her side so that the nurse could tuck the bedpan gingerly under her frail frame.

We waited in silence as she used the bedpan, when suddenly her eyes opened.

"My granddaughter is going to go to medical school," She turned her head to look at the nurse. I was dumbfounded. This was the most lucid she'd been all day. A few hours ago, she had yelled at me in irritation to leave the room because she did not recognize me. She now turned to face me.

In Vietnamese, she asked deftly, "Which school are you going to again?" My UCLA interview was scheduled a few days from then, which would turn out to be two days after her death.

"Oh right, Los Angeles. My granddaughter is going to be a doctor. I am so proud of her." With that, she closed her eyes and began snoring again.

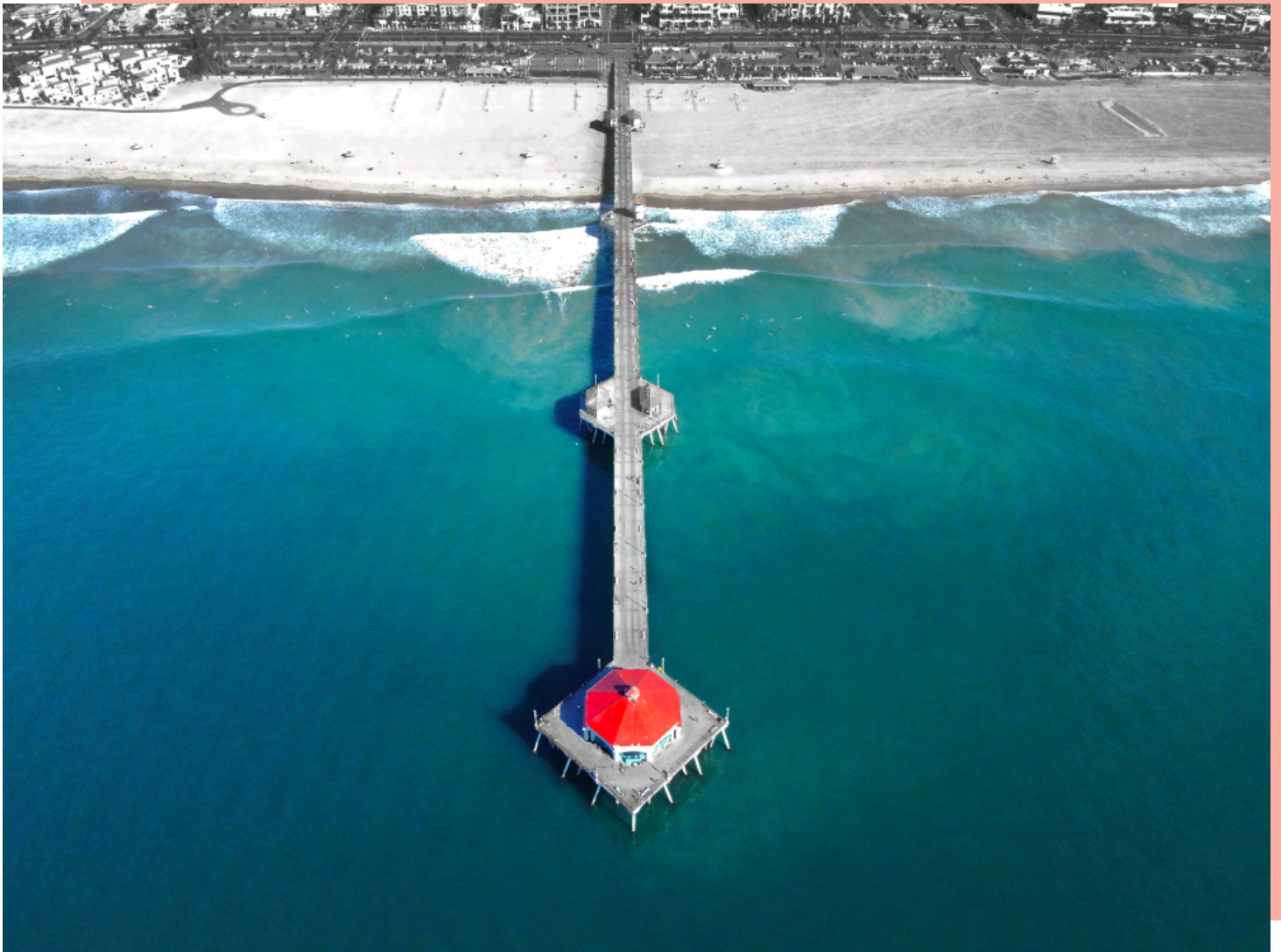
That was the last interaction I had with my grandma before she passed away a few nights later. Her words, though brief, resound in my head every now and then as I toil away in medical school. Experiencing her death, a process that lasted for several weeks, was an emotional journey, but also informed me of the skills I wish to possess as a future physician, namely learning how to interact with a family that is grieving and acknowledging that they are dealing with an exhausting, all-encompassing event.

But mostly, I just want to make my grandma proud.



# *RUBY OF THE SEA*

By AUSTIN HOANG



# BARRIERS

By JOSE NEGRETE MANRIQUEZ

It was the afternoon of my first day of clinical training in the hospital and I had 10 minutes to wolf down my cafeteria glazed chicken, brown rice, and veggies before rushing back up to meet with my team. I sat on a bench under a sycamore tree to eat, wearing my pressed and spotless, white coat, people-watching and thinking about how the day was going and how it might go later, carrying on the usual conversations in my head, as introverted me would often do, when I heard a soft voice say, “Oiga, perdon, no me puede ayudar por favor?” I looked up, startled, not having expected to be noticed as I sat eating my lunch. A small Latino man stood in front of me wringing his hands and looking at the ground, clearly embarrassed for startling me. He wore a dirty black cap with glasses pushed onto the brim, baggy jeans, and a long plain black t-shirt, the kind my mom used to buy me at the swap meet because they were cheap. He looked as if he hadn’t slept much, his eyes were red rimmed, and there were healed lesions and scars visible on his hands and arms among the faded tattoos and dried dirt, as if he had come from a job where he did manual labor. There was a sense of desperation in his voice as he introduced himself as Arturo, and then told me about his friend, Pedrito, who was waiting in the car.

Arturo had left work early to pick his friend up from dialysis and bring him here for an eye exam. Pedrito, Arturo’s friend, did not have a wheelchair although his leg had been recently amputated, the result of advanced diabetes. Arturo had asked at the front desk of the hospital if there was a wheelchair he could use to bring his friend inside, but he was redirected to the emergency department (ED). The ED receptionist told him there were no wheelchairs available and sent him to the second-floor eye clinic. The receptionist at the eye clinic told him that without an ID to leave in place of the wheelchair, he would be unable to borrow one. When he told them he didn’t have an ID card, they sent him on his way. I looked at my watch and tried to ignore my grumbling stomach. I told him I could help, stood up, tossed the remainder of my lunch in a garbage bin, and we walked together back into the hospital.

The security guard and front desk clerk looked at us, surprised to see us together, Arturo in his worn work clothes and me in my clean white coat. The clerk sent us to the ED to look for a wheelchair. There, the security guard gave a cursory glance into a dark closet and said, no, there was no chair available. We went to the second-floor eye clinic. I felt frustrated and wholly inadequate, and for a moment I pictured my chief resident demanding to know where I had been all this time. I didn’t want to be reprimanded in front of the attending and other residents. For a moment I thought about wishing the two men luck and saying good-bye. I felt that I had given it a good try. I let that thought go, though, as I realized they needed me, as incompetent and insecure as I felt on my first day in the hospital.

We walked together into the eye clinic, a small dark room crammed with patients coughing, leaning on canes, young people with eye patches who scanned us as we entered. I suppressed my nervousness and cleared my throat softly to get the receptionist’s attention, but she told me Arturo needed an ID to check out a wheelchair. She didn’t know of any type of temporary ID he could get, and I stepped back, disappointed at not having accomplished our mission.

Outside the clinic, Arturo told me nervously that he had an ID from Mexico, but that he was afraid to turn it over to them because he had a couple of unpaid traffic tickets and knew he should not be driving. A wave of sadness swept over me as I thought about him leaving work early, picking up his friend, driving him around the city to doctors’ appointments, and risking having his car taken away, being fined, or maybe even jailed, all to make sure that Pedrito would be able to see a doctor.

“Pedrito is lucky to have such a good friend,” was all I could think of to say.

I reassured him it was okay to turn over his ID, that they would return it once he returned the wheelchair, and he hesitantly parted with the card. We rolled a wheelchair out of a small closet and rushed back to the patient loading zone, where Pedrito had been waiting in the car in the heat of a late May L.A. afternoon, with no air conditioning, the window down.

“Ya regresamos, Pedrito, con la silla que el compa me ayudo a agarrar!”

“Que paso Güey, onde andabas,” Pedrito’s speech was slurred and he drowsily pulled himself to a sitting position and began to orient himself. Pedrito was a thin man, wearing a black Las Vegas hat, large dark glasses, a long-sleeved t-shirt. The right leg of his khaki pants was rolled up where his limb used to be. He groaned in pain as we helped him into the wheelchair. I pushed him in the wheelchair into the hospital and up to the second floor. Pedrito was lethargic and hunched in the wheelchair with little strength to look around. When we entered the clinic, he seemed to come to, and said softly but firmly, “Perate Güey, es que me quiero vomitar.” As he tried with all his strength to control the powerful and back-arching waves of nausea, I rushed a trash can to him and watched as he vomited a small amount of yellow and green, blood-tinged phlegm. I handed him a napkin to clean his mouth and we continued toward the clinic. I glanced at my watch and decided that Arturo could take it from there. I’d been gone from my team for about 1 hour. I said good-bye, wished them luck, and felt tears welling in my eyes as I watched them make their way down the hall to the eye clinic, so vulnerable, and hurried back to meet up with my team.

# *LESSONS LEARNED FROM A PAST ERA: THE PERSONAL TOUCH OF MEDICINE*

By JERRY LOO

Being a product of the technological age, I had never imagined that I would become so enchanted with the old fashioned ways and values of the previous generation. As a computer programmer in my free time and something of a “tech geek,” I do just about everything with gadgets and text communication. Imagine my surprise when I discovered that the clinic I would be working at had no less than three functional rotary phones. I didn’t really give it much thought until recently, but during all of these years I could never really shake the feeling that something was lost in all the convenience and efficiency that the Internet and technology provided. These past five weeks, I truly learned what it meant to impart the personal touch when practicing medicine.

The Michael Burton Clinic is in every sense of the word an anachronism in the modern medical world. The building itself in no way resembles a typical medical office; rather, it is a single story 1950s era home on the street corner of a quiet residential area. It certainly was not what I had expected as I drove past the vast, sprawling Kaiser Medical Center, the Children’s Hospital, and all of the affiliated medical offices on Sunset Boulevard. This clinic is a quaint little house, complete with a backyard, driveway, and patio. It is well-kept, with a bright yellow stucco exterior that fits right in with the rest of the homes lining the street. The only thing that delineates it from the rest of the houses is its glass front door and vintage block letter bulletin board with meticulously placed letters spelling out the clinic’s name and business hours.

As I walked in the front door, I found the interior of the clinic to be just as old fashioned as its exterior. It was like a



## *BRIDGING THE PAST AND PRESENT OF LUCERNE*

By MICHELLE GUAN

scene right out of a Norman Rockwell painting, with 50s-style American wallpaper, wood paneling on the walls, and more vintage block letter bulletin boards. “What a fascinating place,” I thought to myself, as I was deciding whether the unique décor was an intentionally quirky styling—given the artsy Los Feliz community it serves—or simply the result of not remodeling the interior. My attention quickly turned to the elderly gentleman sitting at the receptionist desk, and I introduced myself.

I should have known that Dr. Burton was going to be the person sitting right in front of me, masquerading as a receptionist while I foolishly asked where the good doctor was; it was going to be one of those days. Dr. Burton was in every essence the type of doctor that I would have expected to see on the Andy Griffith Show, from his neatly parted hairstyle right down to his perfectly pressed dress slacks. But most importantly, I soon learned that Dr. Burton matched the décor of his office with a warmth and courtesy to his patients that was reminiscent of an era long gone.

We saw patients for the entire morning, and Dr. Burton spent nearly 45 minutes with each patient. This is unheard of in our age of “revolving-door medicine,” when visits rarely last over 15 minutes. Even if the patient only wanted to follow up on some abnormal lab results, medical business was never the first issue to be discussed. Dr. Burton sat down and really got to know his patients, something that I have never seen in the hospital setting. His memory was impeccable, being familiar with their past visits and personal details, all without so much as a single glance at the office chart. And the patients knew Dr. Burton well too. He was the type of family doctor people probably invited over for dinner during Thanksgiving and Christmas. They were elated to see Dr. Burton and happy to share the latest news from home with him. But what I found most impressive was Dr. Burton’s respect for patient curiosity. Even if it appeared that the patient wasn’t particularly interested in the scientific aspect of the disease and would gladly have been compliant with just hearing the doctor’s recommendations, Dr. Burton was first and foremost an educator. With plain spoken language that everyone in the room could understand, Dr. Burton took the time and effort to explain why he was treating the disease the way he was, and what the medications actually did. He drew diagrams, explained the disease process, and described the mechanisms in the body which led to the physical manifestations seen in illness. Dr. Burton’s words were empowering, and I could see in the patients’ faces a sense of understanding and great appreciation for his efforts. And in the end, there was always time for friendly banter before seeing the patient off. I am sad to say I have never encountered a doctor, let alone a professional in any field, who dedicated as much time to his clients as Dr. Burton. Everything Dr. Burton did was very personalized and he rarely used email—most of his communication was either in person or over the telephone. This small gesture, which may be scoffed off as old fashioned or outdated, is precisely what is missing from most of the interaction we get in today’s hustle and bustle society. Human beings are at heart social creatures and there is a very valuable sense of bonding that is imparted when we engage people face to face or hear someone’s interested voice. Although technology has bridged gaps in distance and enabled us to do many things we previously could not, at times it compels us to move too quickly and abruptly, and we often neglect the most basic courtesies towards our fellow man.

As impressed as I was with Dr. Burton’s unique relationship with his patients, I did not grasp what this man truly meant to the community until the day’s final patient encounter. It was close to 5 o’clock when Dr. Burton told me we had one last patient to see. Mr. Nira was a 36-year old man who worked at the local Coffee Bean where Dr. Burton bought coffee for the entire office every morning. The previous day, Dr. Burton insisted that he come to the clinic for a physical checkup after learning that he was suffering from a terrible cough for two weeks, had a long history of Type 2 diabetes, and lacked health insurance. After a physical examination and chest x-ray, it was evident that Mr. Nira not only had poorly controlled blood sugar, but was also suffering from pneumonia. Knowing that he did not have insurance and earned a mere 10 dollars an hour at Coffee Bean, Dr. Burton went to the office medicine cabinet and brought out a giant jar of antibiotics. Dr. Burton explained that he kept a large stock of commonly used medications which he bought solely for the purpose of accommodating those who could not afford treatment. Together, we counted out a 10 day supply for Mr. Nira and gave it to him free of charge. This small gesture was enough to move Mr. Nira to tears, and is something that I will never forget for the rest of my medical career. I often wondered how Dr. Burton was able to run a sustainable practice while seeing patients for as long as 30 minutes and doing the things he did for the needy people he encountered in his daily life. I learned that Dr. Burton was quite wealthy and owned almost all the houses on the block. After 40 years of serving the community, the medical office he ran was more for his personal enjoyment and occupation rather than profit. The office was sustainable because of the loyal patient base Dr. Burton had, some of whom he had seen for over 40 years. Through word of mouth, Dr. Burton’s clinic is well known throughout Los Feliz as a place people can count on to receive medical care regardless of their insurance or financial status. Perhaps this is the real reason why the clinic has not altered its appearance in over 50 years—there is very little that needs to change.



*STELLA STARLIGHT*

By DAVID LEE

# *THE MOTH*

By SARAH LUERY

I will follow you  
Said the moth to the flame  
I fly more steadily when I am bathed in your light

I beg you dear moth  
You must keep your distance  
I will burn you if you come too close

Then burn me my flame  
Singe my wings beyond repair  
I'd rather have known your glow for an instant  
Than face an eternity of darkness alone.

# *SURROUND SOUND BEACH*

By BIANCA PITTMAN



# *FAMILIAR VOID*

By FITZ GERALD DIALA

Bathroom available only for paying customers  
Bus stop benches with dividing handles  
New zones off-limits to congregating and overnight stay

Three jobs, rent unpaid  
Fast food, no nutrition  
Sugars through the roof  
Stubbed toes  
Eyes see them not

Bus fare gone  
Tardiness  
Sacked  
To the elements exposed  
Welfare state check-in  
Stripped (of)fspring  
Unfit

Camp to camp  
Shower toilet war  
Stench staunchly lodged  
Sacked  
Scattered strangers foes  
Substance friends  
Community neglect



# *GIFTED HANDS/ HEALING HANDS*

By CONSUELA NANCE





# *DRIFTING*

By NIKHIL BELLAMKONDA

# WHEN HANDS SHAKE

By SAFIYA LAHLAF

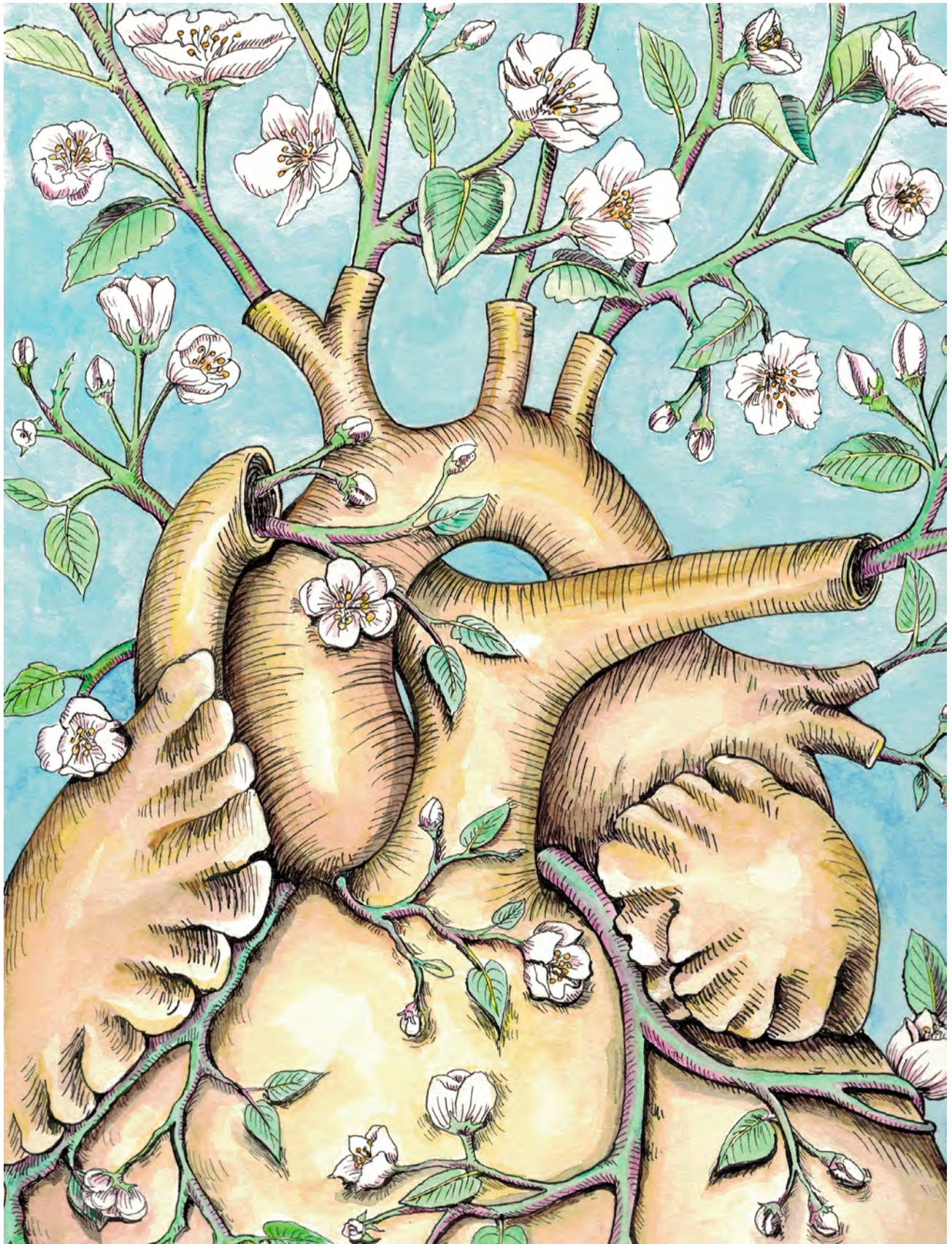


Our hands meet in introduction: slowly she repeats my name,  
Drawing out the syllables, her hand clutching mine a beat too long  
Before releasing me.

Perhaps a warning, belied by bright smile and sprightly laugh.  
His severe countenance is emphasized in comparison,  
Steely gaze and folded hands studiously avoiding mine.  
Is her warmth genuine, or a symptom of her condition:  
Tremor, stiffness, neglect for the etiquette of prejudice?

Protein deposits in her brain  
Like the stacks of dishes and layers of dust  
That would otherwise accumulate, but for her husband.  
He cleans as carefully as if it could restore memory.  
She wears dementia well, like a ditzy debutante,  
And now relies doubly on her charm,  
To compensate for the both of them.

When they look at each other, he finally thaws.  
“She’s still as beautiful as ever.”  
Only then can I see that he might once have been, too.



*HEART OF GOLD*  
By ROSE SHAN

# INNER MONOLOGUE

By MELISSA BURDETTE

Said My Heart to My Head:

Please forgive my size, amor; I knew not what I was doing.  
In the same moments I gave myself to open arms,  
I robbed you of room in me which you could call your own.

My Mind's Response:

No need to apologize; hindsight is 20/20.  
I thought I had no need for an organ I was not using.  
It was only as I got wiser and weathered, that I learned the value of cutting you into smaller portions,  
entrusting each sliver slowly over time instead of casting you off all at once in hopes you'd return  
unharmmed.

Now, all that's left of you are the damaged pieces marked "return to sender".  
I should have saved the receipts, being no repairman, no cardiologist.  
I just patch the heartiest bits together in order to make rent each month.

吸 / 洗

By JAZLYN CHONG



# *GROWING UP*

By JESSICA POON



# *And then, she Flew.*

By MELODYANNE CHENG



He swore- The World.

Words sweet, smile full  
Fresh cuts, time lulls.

He speaks- Remorse.

Voice rise, grip strong  
Face dark, all wrong.

His eyes glare- No.

Bones frail, voice small  
Dreams flayed, tears fall.

Her Fear- too much.

Hand hold, a Cage  
Walk soft, his rage.

Head down, tip toe

Panicked, don't show.  
His Rage! His Rage!

Her spirit breaks

Most days, she aches.  
She aches, she Aches.

On flesh, no show

Her soul, the toll.  
His Rage- her Cage!

He shaped- Her World.

He squeezed, she grew.  
And then, she Flew.

These days, she dreams.

That Life, no more.  
Heart new, unsure.

Flinch fast makes Shame.

Fear Stays, no room.  
Her strength, it blooms.

She has Survived.

Chin up, clench tight.  
Inside, her Might.

# ECLIPSE

By KATE COURSEY

## *The first eclipse*

It happened in the evening over the hills of the Arizona desert, bruised purple and gray by lengthening shadows. They'd run out here together, all the children of the town, their legs scraped and their cheeks still flushed from the day's heat. It was summer, and someone's older brother had heard about the eclipse, maybe on the news or in the local paper, so they'd all turned up to watch it happen. Stray dogs wandered through the sagebrush behind them, yipping at snakes, or streaking off to chase prairie dogs that poked their quivering noses out into the dusk.

She shook off her little sister at the edge of Hangman's Knob, a spur of stone that jutted from the desert floor and rose, up and up, striated with veins of terracotta red and dark umber. Sand stung her palms as she climbed the Knob, seeking out narrow cracks and handholds marbled with lichen. The other children's voices grew faint. She'd worn a skirt and didn't even care.

"Come down!" her little sister shrieked. "Mama says not to climb!"

She kept going. Minutes later she tucked herself into a crevice near the top of the Knob. From her vantage point she could see the whole of the valley, a patchwork of sandstone and gnarled, petrified trees. A faint breeze perfused with sage teased the fringe of her t-shirt.

Below, the children quieted. They waited.

It lasted a minute, or maybe five, she couldn't have said.

A veil passed slowly across the simmering disk of the sun until only a narrow band of gold remained, an ellipse so bright she saw it behind her closed eyelids for months after. The sky darkened. The air stilled. Even the constant hum of insects, the pitter-patter of lizards, the scuffling of tiny creatures burrowing in the earth—all fell silent.

It was the safest she'd ever felt, nestled at the heart of the eclipse. Into that stillness she whispered secrets—*I know where Tony and his friends drink vodka behind the middle school. I held Jeremy Hunt's hand at church last Sunday under the pew, when nobody was looking.*

And one last secret, bitter on her tongue: *Mama doesn't like me.*

## *Mama*

Her mama always wore lipstick, even around the house. It left sticky rings of red on their teacups that wouldn't come off. Mama kept a home so pristine it seemed almost the reflection of a home—a space untouched, windows scrubbed free of desert grime, cheap tin silverware always polished. Except the damn teacups.





# LOOK UP

By DAVID LEE

Mama smelled like lavender. They could barely afford food, let alone perfume, so she plucked sprigs of wild lavender from the fields beyond their house and crushed them in oil.

Mama's temper snapped and shifted as quickly as a desert storm. Her eyes could turn steely gray, her anger suffusing a room with the taste of metal.

*No climbing. Not trees, not rocks, not rooftops. I don't want to see you running, you'll ruin your shoes. Why don't you ever stay put? Your sister, she never makes trouble like you.*

Even during those rare moments when Mama held her close and sang soft nursery songs, or hymns, her arms were always stiff with tension. Afterward, Mama would go to the ing room and sit silently, a small gilt box nestled in her hands. The sisters wondered sometimes what was in the box, but it was wired shut and locked with a tiny silver key.

"I'll bet it's an heirloom," her little sister said once. "Cassie's mama has lots of heirlooms. Like gems and rings and stuff."

"Cassie's mama is rich."

"But it could be an heirloom."

She knew it wasn't an heirloom. She knew because Mama loved beautiful things. Beautiful things made Mama happy. But after Mama opened the box her face grew dark and folded in upon itself, and she sat staring into the distance, sometimes for hours, and not even the calls of her children could rouse her.

## *The meteor shower*

There were other eclipses, of course, but never another one in Arizona. Sometimes she looked them up on the school's sole computer. Total solar eclipse in Antarctica. Lunar eclipse in India, in Russia. Places she'd never dreamed of. The year a drought scorched the desert and sapped water from the yellowing sagebrush, she wished for another eclipse. The year she fell in love with a boy (not Jeremy Hunt, of course, the boy whose hand she'd held at church...a different boy, this one with dark tousled hair and eyes that reminded her of green sea glass), she wished for an eclipse. For a moment of stillness.

There was no eclipse in Arizona, but there was a meteor shower. It lasted four days. A few tourists even found their way to the town's single tavern, expensive binoculars clipped to their backpacks. She was working in the tavern, just in the evenings after the high school let out, and it was in the grungy tavern bathroom with its yellowed tiles and off-kilter toilet seat that she watched one line appear, then two, scored like tiny pink exclamation points on a two-dollar pregnancy test from the corner store.



In that bathroom she forgot how to breathe. Her world narrowed, the faint glimmers of possibility that had begun to grow in her mind snuffed out like candles. She'd seen it happen before to other girls, and invariably the results were the same—they stayed. They never left the run-down string of houses and trailers beyond the fire station. Some married, others went it alone, like Mama.

*Like Mama.*

“California,” her best friend, Ella, whispered during second period history the next day. “You can get one there without your mom’s permission.”

They drove that weekend, borrowing Ella’s brother’s truck. She didn’t tell the boy with the tousled hair and the eyes like green sea glass. She scraped together the cash she’d been saving (for what, she wasn’t quite sure yet...for a beat-up old car, maybe, something that would get her past the final sun-bleached petrol station at the edge of town, or maybe even community college), called in sick at the tavern, and bundled up in the passenger seat.

The truck guttered and chugged through the inky darkness. She pressed her forehead against the window as the glass slowly cooled. Swaths of stars robed the horizon, arching up through the mist of the Milky Way. Some blazed a trail of brilliance along the rim of the hills. Falling stars. Meteors. She cast her mind out into the sky, away from the suffocating physicality of her body.

A clinic in a strip mall, marked only by a subdued sign. Height: 5’5”. Weight: 125. “Your blood pressure’s low,” the nurse remarked. “Do you have someone to drive you home? You’ll be a little groggy.”

“Yes,” she said, “yes.”

“Try to relax. It will help with the pain.”

She traced cracks in the ceiling panels overhead. The smell of antiseptic stung her nostrils. Hands—poking, prying, lifting her gown, placing her feet in stirrups, *scoot down the table, please*. Clammy skin, gloves slicked with some type of cold gel. She’d eaten a sandwich for lunch and regretted it now, the acid burn of Dijon mustard scalding the back of her throat.

*You really should try to relax.*

She left sore and bleeding and raw. When they passed the next-door laundromat, she did not look at her reflection in the window. Instead she watched the rise and fall of her feet over the concrete, pock-marked with dried gum, and felt herself crushed beneath the weight of humiliation and burning relief.

When she arrived home the following evening, Mama was sitting outside in the old rocking chair on the front porch. An untouched plate of tinned ravioli sat beside her, gathering flies.

“And where have you been?” Mama asked, her voice soft and oddly parched. A strand of hair had slipped from the bun she wore whenever she cleaned.

“I told you, I spent the weekend with Ella.”

She couldn’t look at Mama. Instead she gazed past the house, past the crumbling brick chimney, toward the hazy horizon just beginning to blush with sunset. Her stomach hurt. Mama stood, clenching the slanted porch rail.

“Don’t you lie to me.”

“I’m not.”

But Mama knew, and she knew Mama knew, and it didn’t matter how.

“How could you?” Mama said in a strangled whisper. “How could you do such a thing? When you...when they...”

She opened her mouth, but her voice had deserted her.

“You are not my daughter.” Mama’s entire body was trembling. “I do not want you in this house. Leave tonight, and don’t come back.”

### *The second eclipse, and third*

There are eclipse chasers—those who track the discordant cycles of the sun and moon, ready to slip out of their lives and travel to see the next eclipse. She learned about eclipse chasers during the first semester of her nursing course at the community college in Flagstaff, shortly after getting her GED.

“Crazy, isn’t it?” her roommate said. “People go all over just to see something that only lasts thirty seconds.”

She didn't think it was crazy. Each month she put aside a little more money. Mama tried to call every so often; she sent the calls to voicemail and deleted the messages. After graduation, before starting her first shift at the local hospital, she drove two days to watch an eclipse in Tennessee. A few years later, when she was accepted into the university's Nurse Practitioner program, she made the trek up to Wyoming for a lunar eclipse.

There, in the hallowed silence of the mountains, tender wildflowers curling around her ankles, she released herself.

*I am never speaking to my mother again, and I don't care.*

### *Shifting*

It was her younger sister who told her about Mama's breast cancer. Her younger sister who never left the Arizona desert, who still brought Mama fresh blackberry cobbler every Sunday after church, bouncing granddaughter in tow.

"You should come," she said. "I think she wants to see you."

"You think?"

"Please come. For me."

During the drive, a stream of '80s music on the radio gradually gave way to static, then silence. Her fingers drummed against the steering wheel. The hospital was 50 miles or so from the town where she'd grown up, shaded by a towering cliff of red rock.

"You came."

Mama's eyes, as tumultuous as ever, darted up and down, taking in her scuffed converse sneakers and travel-worn sweatshirt as she stepped into the hospital room. Even here, Mama hadn't forsaken her lipstick.

She eased into the bedside chair, hands clasped so tightly they trembled. "How are you feeling?"

"Oh, it's nothing, really. Just a tad bit of nausea. The surgery went well—they think they got it all. They said I can go home tomorrow."

"You look tired."

Mama gave a barking laugh. "I raised the two of you. It takes more than a spot of cancer to tire me."

"Didn't realize we were as exhausting as cancer."

"You had your moments." Mama's smile slipped. "Your sister shows me your Facebook posts. You've traveled a lot of places."

She didn't respond. She didn't know what to say. The gulf of the past six years was full and verdant with new memories, with long nights at the library, with climbs to remote peaks, with a puppy she'd adopted just last year. First time eating sushi, first time on a plane. Mama didn't fit into any of these spaces.

"You're thinner," Mama remarked. "And your skin's very dry. You should try the moisturizer your sister uses, it's very good. Are you seeing anybody? A man?"

She looked up then, locking gazes with her mother, the words bristling something wary and mistrustful within her.

"Why do you want to know?"

"I just...I only wondered."

More silence.

"How long are you staying?" Mama asked.

"Just the weekend. I have to get back to work."

"I was thinking...your sister says you're interested in astrology."

"Astronomy."

"Aren't they the same?"

"No."

"Oh. Well, I used the search on my phone—I got a smart phone, you know, your sister insisted—and I saw there's a full moon on Saturday night. And I thought maybe, we could see it together. We could drive someplace. I'll be right as rain by tomorrow, I expect. I can even walk a little."

*A full moon occurs every 29.5 days, she thought. It's nothing special. It's not like an eclipse. You don't get to share this with me.*

She said, "Okay."

*A full moon*

They didn't speak during the drive. She tried to tune the radio, to drown out the silence, but it was no good; there was no reception this far out in the desert. Her headlights swept across waves of undulating rock. Mama had worn heels—small ones, granted, but heels nonetheless—as if to add to the absurdity of an already-absurd venture. Once or twice Mama tried to make conversation, but the night swallowed her words.

Angel's Hill overlooked the valley and the distant mesas, irregular rock formations gilded silver in the moonlight. She'd come here often as a teenager, with Ella, with the tousle-haired boy, and now it seemed like something from a dream, something so far in her past she felt she was sinking into it. She cut the headlights. Mama eased out of the car, gripping the window ledge for support.

No city lights, no rumble of highways, no airplanes blinking across the horizon. The smell of the desert expanded her lungs. She felt the slightest breeze would lift her off her feet.

"It's beautiful."

Mama's head was tilted back, a spatter of stars reflected in her eyes. It took a full five seconds for her to realize that there were tears on Mama's cheeks. She'd never seen Mama cry. "Crying is not something we do in this house," Mama used to say. "Leave your tears outside."

She studied her mother's face, wondering at the play of longing and pain that rippled across her features. It was the same expression Mama used to wear when she looked at her little gilt box, but sharper, more raw, and it struck her suddenly how little she knew of the woman who'd raised her. How many layers of life and years must be submerged beneath the surface.

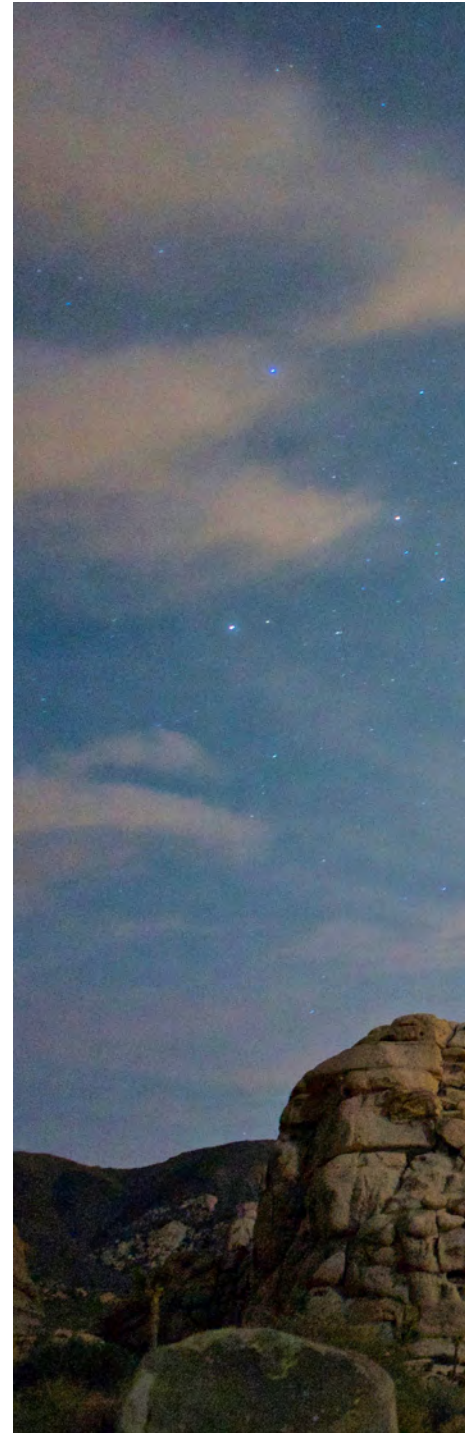
"Ariel."

Mama spoke her name softly, almost a whisper. Mama had never said her name like that before. Their gazes met, and there was a storm of a different kind behind Mama's eyes, a bright intensity to rival the moon overhead.

*Ariel.*

Her name, spoken into the stillness of an endless desert sky, like a secret, or an offering.

It was nothing, and enough, and everything. She closed her eyes and let the moonlight thread between thin layers of clothing, let it sink, cool as rain, into her skin.





# *STARRY MORNINGS*

By BRIAN DANG

# *FIRST DAY*

By SAVANNAH STARR

Do they know?  
Can they see it?  
It must be written  
In Big Bold Letters  
On my shirt  
Across my forehead  
She pulled a fast one  
No private education  
No legacy to follow  
No way she is supposed to be here  
Maybe they can see that

Do they see the trailer in my eyes?  
The rusted panels,  
The ten family members, the four kids in the twin bed?  
Can they smell the thirty years worth of cigarettes?  
What about that creepy dude down the way,  
Always on the prowl?  
The dealers on their resident perches?

Do they see the ice cream truck seeped in my skin?  
My home after the big orange sign on the door  
Do they see the showers in gas station bathrooms?  
Dad stealing cups, trying to keep us fed?  
Can they see us parked at Santa Monica beach,  
Keeping the lights on during dark days?

Maybe not that  
So long ago  
But maybe my dumbass brother  
In jail for dumbass crimes  
A cog in the poverty machine.

Do they see it? Do they?  
My dirty little secret is  
I must not belong  
I must be the only one who doesn't  
Only those with pretty little families  
In pretty big houses are allowed.  
This is THEIR destiny.

Right?



*UNZIP*  
By AMY CARVER

*LITTLE  
DUCKS*

By NATALIE CHERRY



*DEFIANCE*

By NATALIE CHERRY

# MUSIC THERAPY

By ANDREW MACQUARRIE

They play music here when babies are born. “Twinkle, Twinkle, Little Star,” or “Hush, Little Baby,” or “Rock-a-bye Baby”—they change the song every few months, but it’s always a lullaby that proclaims another new life has entered this world. Labor and Delivery is on a different floor in a different wing of the hospital, another world entirely from the pediatrics ward. Even so, Monica smiles when she hears those lullabies playing overhead. They’re happy songs. They’re meant to be celebrated. For Monica, if nothing else, it’s a reason to pause in the middle of a busy shift and reflect.

She hums along to “Frère Jacques” as she draws back the morphine and can’t help but wonder if she was working when they played the lullaby for Miguel. She must have been. His chart says he’s 56 hours old, which means he was born on... Thursday. Right after change of shift. She’d probably heard it playing on her way out of the hospital. She’d probably smiled and felt that familiar joy of new life, not realizing there was so much more to the story.

Miguel’s entire family is in the room—his mom and dad, his two older sisters, more aunts and uncles and cousins and grandparents than Monica can keep track of. They smile at her when she opens the door. They seem to be holding it together so well. Better than she ever could. Not that Monica is fragile. She’s worked on this floor for nearly a decade. She just started a chemo infusion across the hall on the two-year-old with recurrent rhabdomyosarcoma and a life expectancy that seems to shrink by the day. She’s usually pretty good at separating the sadness and focusing on the job. But Miguel is different.

“How are you guys doing?” she whispers even though it’s the middle of the day and they’re all awake.

The family nods. They smile wearily. “Good,” someone says.

Monica sits on the edge of the bed. She looks at Miguel. He’s sleeping in his mother’s tired arms. It seems like a peaceful sleep, but there’s no way to know for sure. He’s not a normal looking baby. The deformities are stark, his face molded in a way that seems almost inhuman. But there’s a sweetness to him that Monica is not quite sure how to describe.

“Hey, Miguel,” she whispers again, cupping her hand over the crown of his head. He can’t hear her. His eyes are closed, but even if they were open he wouldn’t see her. His existence is a dark, silent nothing. But she talks to him anyway as she checks his respirations and feels for his pulse, then hums “Frère Jacques” again as she gives him his morphine.

“Thank you,” Miguel’s mom says. Some of his family echo the same.

Monica can’t bring herself to say “you’re welcome,” so instead she reminds them to call if they need anything and promises to check back in an hour.

It’s a heartbreaking story. She didn’t know she was pregnant. She was breastfeeding Miguel’s older sister and didn’t know she could be. By the time they found out it was too late to do anything. They knew before he was born that he wasn’t going to live any sort of meaningful life. Instead of a crib, they bought him a coffin—the day before coming into the hospital to meet him. But that’s not what makes Monica cry.

Most medical charts are bland variations of the same general story, but Miguel’s reads like a nightmare: severe hydrocephalus... complete AV canal defect... neurologically devastated... incompatible with life. The images and scans tell an entire gut-wrenching story of their own. But none of that is what makes Monica cry either.

It’s the note from the Palliative Medicine doctor, the specialist called in to make sure Miguel is comfortable and his family at ease. It was his note that recommended morphine every four hours and intranasal versed as needed. His was the first to use the term “comfort care.” It was his idea to stop the blood pressure checks and needle sticks and any other intervention that might add any undue suffering to what little time Miguel had left in this world. And then, at the end of his note, he suggested music therapy.

That’s what hit her like the weight of an entire career in a single, concentrated dose. Music for Miguel. This sweet little boy who couldn’t see or hear, who didn’t have any clue he was alive and soon wouldn’t be. The idea of someone sitting in the room with Miguel and his family and playing the harp to close out his short little life... for some reason that just broke her.

“Frère Jacques” plays three times on Monica’s shift with Miguel. Each time she struggles even more to find the joy in it she once did. She tries to focus on her work—administering meds, documenting urine output, calming worried parents. It’s hardly uplifting, but it keeps her distracted. When she walks past Miguel’s room and hears that harp, though, she has to dip into the break room to pull herself together.

It’s quiet when he passes. The chaplain opens the door and nods at Monica. She feels her heart sink, but then sets that aside.

There’s a stillness in the room. Miguel’s mom is holding his lifeless body. His dad is in the corner trying to hold back his tears. The harp is still in the room, but no one is there to play it.

Monica checks his pulse. She looks for breathing. He’s gone. His life is over almost as soon as it started.

Monica feels the tears filling her eyes and hopes that somehow, somewhere, Miguel is listening to the music he never got a chance to hear.



# *IMMACULATE MISCONCEPTIONS*

By MAELISS GELAS

Mamama, abuelita mia. You woman of God, self contained image of piety. Ceaselessly bent on knee, thinned out to produce bone, hollow bones with brittle teeth. You don't eat much, though fruit grows to feed the hungry. One day you just lost an appetite. Then you disappeared underneath floorboards, the ones that supported your heavy prayers, praying for milk again. You named the dead baby Gabriel, puro angelito. Did you think God put the devil inside you that one night in order to save all of us damned? Every morning you light a candle (un belito). You swear the rising smoke looks like a fleshless hand reaching to make contact with you, the holiness of this church, for freedom of the sin that called it into existence, if only to kill it before it could be born. You think about la Virgen, Maria, just like you. It had to all have been part of God's plan, and so you think about how much you have in common. Except scripture didn't have the words for the agony you felt between your legs or the grief of carrying a dead thing inside your stomach for who knows how long. One day you just lost your appetite when once you ate for two.





# *YOLK*

By ANSLEY UNTERBERGER

# TRUST IN NUMBERS

By KELLEY CHUANG

As an internist, much of my clinical management hinges on the interpretation of numbers. Vital signs, lab values, changes from baseline. It is so ingrained in us that one glance at a lactate allows us to gauge the severity of our patient's illness and reflexively conjure the next steps. We have an irresistible urge to seek the abnormality and fix it.

When these numbers are associated with a loved one, this urge becomes an obsession. During my final year of residency, I received a message from my aunt. My father, who had relocated back to Taiwan, had been hospitalized at a local community hospital for what seemed like uncomplicated acute pancreatitis. Things were progressing routinely from what I could glean from hurried phone calls. He was being hydrated, placed on bowel rest, and was improving. On his third day in the hospital, I received word from my aunt that he had suddenly deteriorated, requiring intubation and admission to the intensive care unit. Her text message included a photo of a scribbled note in English from his physician: "Ranson score 8, 100% mortality."

Between my relatives and I is a strong language barrier; they mostly speak the Taiwanese dialect, and I comprehend household Taiwanese while my spoken Mandarin is rudimentary at best. My emotional phone conversation with my aunt in broken Mandarin was disorienting. But this number I understood immediately. I clung to the idea that the Ranson score is considered outdated due to its over-estimation of mortality. I wondered why his physician did not use a newer severity scoring system. I did what many of us do when faced with the unthinkable: I buried myself in the science because I feared I would lose all control, faced with the inevitability of that number. Most of all, I wanted more information, but the hospital did not have an interpreter service for international phone calls.

As physicians, when we calculate mortality scores, we are often confirming what we instinctively know. We are resigned that all we can do is make the landing a bit smoother for our falling patients. It is a much different feeling to see a mortality score assigned to your parent and pray there is a mistake.

After I arrived and had him transferred to the

nearest academic hospital in Taiwan, we found that he did not have a routine case of acute pancreatitis. As a child, he had had a Billroth II gastric resection for unclear reasons, and now had a rare but highly fatal complication called afferent loop syndrome. His bowel had perforated, and without surgery, he had gone on to develop abdominal compartment syndrome. His kidneys failed and he needed temporary hemodialysis. Over the course of the next three months, he required seven abdominal surgeries and was left with an open abdomen for two of those months. In surreal moments I would think about the sheer number of complications that would follow his "one-liner" when his doctors gave verbal handoff to one another.

Through this all, my sister and I frantically pieced together pieces of information we gathered each day. She, with her near-fluency in Mandarin, acted as my interpreter. My lack of fluency led me to interpret the only language I understood: his daily labs. It was not lost on me that in these protracted moments of crisis, I took refuge in the methodical information gathering I routinely did each day as a resident. My father's hemoglobin dropped precipitously despite daily transfusions due to refractory bleeding from anastomotic failure. His numbers looked worse every day. I asked about hospice. I was heartbroken with little hope that he would survive. Even if he did, I thought only of the chronic debilitation and the lost quality of life that I saw in my own patients. Yet his surgeon informed me it was too early for hospice—there was a small but significant chance he would survive.

Somehow, my father survived. He would need many months of rehabilitation to fully recover. We were relieved but guarded in our optimism, because crisis is no stranger to my family. Prior to this, my father was the primary caregiver for my mother, who had end stage Parkinson's disease. She had declined rapidly and become completely dependent on my father. While my father recuperated, we moved our mother back to the U.S. and placed her in a community nursing home near my sister in Boston. My sister and I had requested extended leaves from our jobs to care for our parents, but once my father started recovering, we both needed to get back to

work. One morning, days before my father was to be released from the hospital, I was pre-rounding in the resident workroom when my sister called. My mother was obtunded after a fall and being evaluated in the emergency department. My sister sent me a photo of her cardiac monitor and most recent arterial blood gas: pH of 7.0, PaCO<sub>2</sub> greater than 100 mmHg. In one glance at my mother's blood gas, I knew she would die that day.

But as with my father's case, I hoped that the numbers did not tell the full picture. In desperation, we asked the physician caring for her to try a period of bilevel positive airway pressure. It was ultimately ineffective. I reassured my sister that taking off the mask was in our mother's best interest, and she

passed away peacefully.

A few years later, I look back and wonder how much weight we should place on our patients' abnormal numbers. During my father's catastrophic illness and my mother's death too soon after, some numbers gave me solace while others made me despair. On teaching rounds, we repeat the mantra to treat the patient, not the number. Very often the number can be meaningless. Yet a number can confirm the sinking suspicion that our patient is dying or give hope when recovery is in sight. We look to numbers hoping to find confirmation, but in the end, all they offer is guidance as we help our patients navigate through illness. Now more than ever, I know that the practice of medicine is not an algorithm.

## *BEACH IN WINTER 1*

By IOANA POPESCU



# *BROKEN STOP SIGNS*

By ROMIE ANGELICH

An open mind finds more open doors.

Bigotry and racism are redundant chores

Passed on from pathetic parents who tell their offspring

Not to bother exploring souls whose mortal coils

Son mismo que their own.

Those with foreign languages and skin color are to be given the respect of

A Four-Way Stop Sign intersection in West Los Angeles.

Horns blaring. Tempers flaring,

No tiempo ver y oler las flores growing on the well groomed median.

Literally, they are taught to Not Stop and to Not Smell and Not See the flowers.

Accidents are bound to happen when intersections of souls treat Stop Signs sin respeto.





*THE FOX'S FIRE*

By KEVIN TONG

# *SOARING ALONGSIDE*

By ARUN CHAKRAVORTY



# *UNTIL THE SUN RISES IN THE WEST, I GUESS THIS IS GOODBYE...*

By BIANCA PITTMAN

I stayed up all night, eyes  
welling, swelling, over -  
spelling while typing and

spacing back,  
typing then back -

writing, packing, pasting then extracting

- space  
where words would be frozen

in a fancy card, for you to think of  
us  
from time to time (or  
not.)

I missed you already, that  
deep grey-green sparkle  
catching me off-guard most  
occasions, was  
even warmer now. Your

features somehow softer, embrace  
somehow stronger. This day,

in dreams,  
was always cloaked in black, but  
just like that, you  
- even  
on the worst day of my life -  
somehow made me smile.

## *SPREAD YOUR WINGS*

By ALIS BALAYAN





# *JUST ANOTHER DAY AT THE VA*

By RUSSELL JOHNSON and FLORENCIA ROJO

Characteristically late, the tires on my dilapidated Pontiac Grand Am screech violently as I veer right through the wrought iron gates protecting the Veterans Affairs (VA) Hospital. It's 7:29 AM on a Friday morning and internal medicine morning report starts in one minute. The main VA entrance, to my left, is occupied by a murder of leather vest wearing Vietnam Veterans dragging off cigarettes in the crisp, fall, mountain air. Several sit in motorized carts, oxygen tanks to boot: a not so uncommon explosion waiting to happen. Turning right again into the ramp that leads down to the staff parking lot, I pass a sign that warns 'No RV or Camper Van Parking'. Only at the VA would one find a dedicated recreational vehicle parking lot.

I sprint past the Vietnam Veterans and through the glass doors leading to the hospital's main lobby. Ahead are veterans of all ages milling about on an assortment of wheelchairs, motorized carts, or resting quietly on the fold-down seats of their walkers. Intergenerational conversations take place amongst the veteran's seated in the lobby chairs. There's no way to quantify the number of American flags displayed on each veteran's outfit, or the number of tattoos on their weathered skin.

After morning report it's a scramble to find an unoccupied computer in the Blue Clinic team room, the VA's primary care internal medicine clinic. I manage to secure a computer but fumble with my ID badge while attempting to remove it from its bulletproof casing. The badge is so heavy that it broke the strings of my previous carabineer. And it wasn't easy to acquire. I was fingerprinted, background checked, then subjected to a painful bureaucracy-laden process that required five return visits to the Minneapolis VA, the Salt Lake City VA, and double that number of phone calls to various service desks around the country before they conceded the badge. Carefully, I insert the card

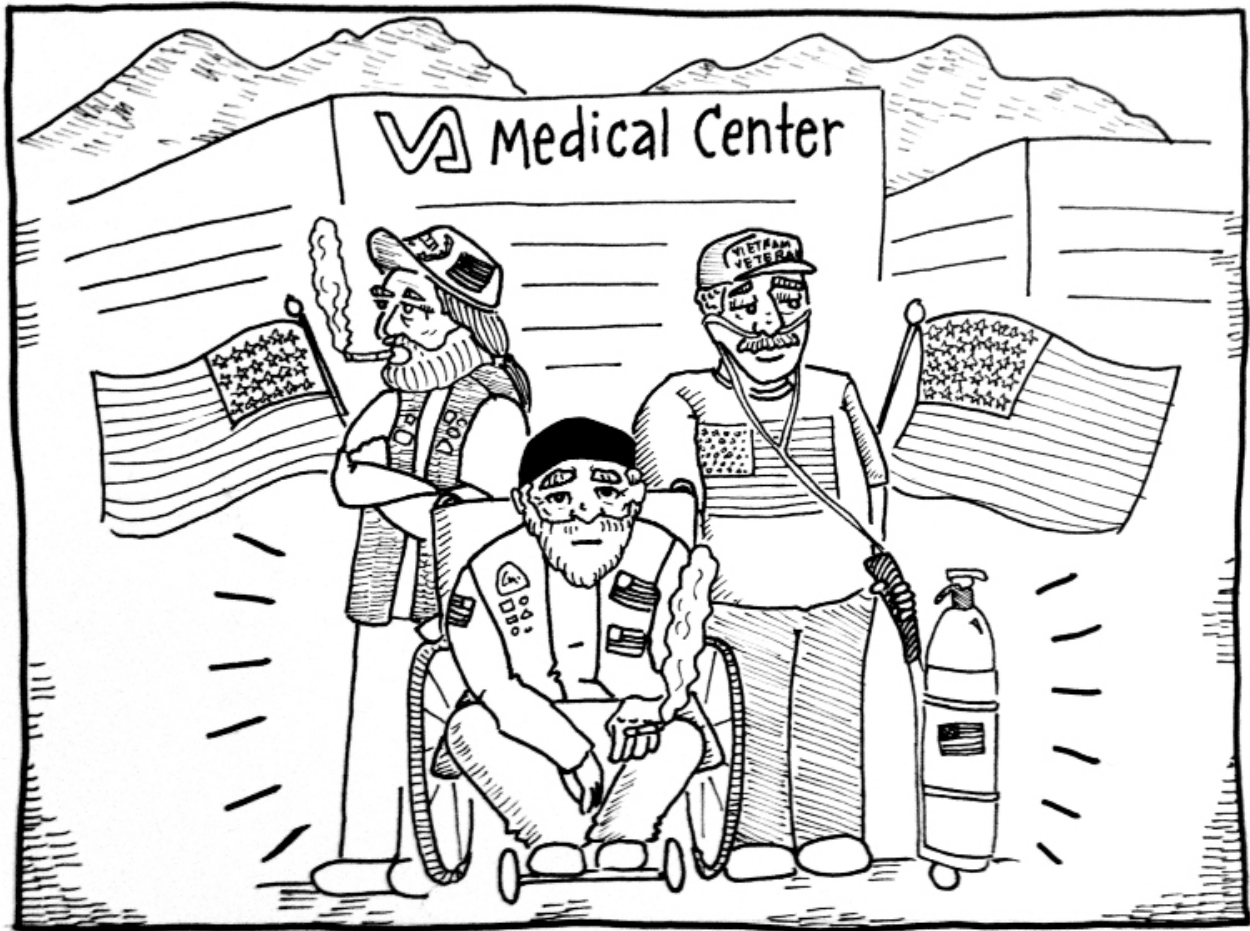
bearing my security clearance into a special slot on the keyboard, fully expecting an explosion.

There is no explosion. Just more obstacles to accessing the electronic health record. Five minutes after punching my password into the computer, the Windows desktop loads. Ten minutes after I've sat down, the electronic medical record is up and operational. In the interim I've I drank my coffee, chatted with my co-residents, and even used the restroom. Ready to finally access the first patient's medical record, I punch in the first letter of their last name followed by the last four digits of their social security number, and then hit enter. The vet's entire life history is revealed to me.

My stomach turns as I browse the chart. Captain Veteran's medications measure in the double digits and he has a past medical history that's even longer. The previous visit's note is more of a thesis than a clinic note. *How in God's earth am I going to get through this visit in 15 minutes?* I remind myself that this is the VA, not a private clinic, so I've got time. I scribble down some notes about his problems and current medications.

Entering the room, America's pride and joy is seated on the exam table, often with a smile on his or her face. Whatever trepidation I had while reading about the veteran's multiple chronic medical issues dissipates the moment I set foot in the exam room. With rare exception, these men and women are some of the most appreciative and respectful patients a physician could ask for. What follows, usually a thirty minute to hour-long conversation that sometimes has nothing to do with their medical problems, is an utter privilege for me. The very reason I chose to go into Internal Medicine.

There's the WWII vet who tells me about his four beach landings in the South Pacific, 'They just



dropped those doors and people all around me started getting blown to pieces. I just kept my head down and somehow survived.' He had watched the first Japanese plane fly into Pearl Harbor from an army base before surviving those beach landings. There's the Korean War Vet who describes the foul taste of Korean geese while recounting how he and his unit cooked up goose stew on a particularly cold winter night on the Korean Peninsula. There's the Vietnam Vet the size of a grizzly bear wearing a 'PTSD SURVIVOR' hat who jumps out of his seat when I open the door to the exam room. During our visit it becomes apparent he is more of a teddy bear than a grizzly bear.

They all have stories that deserve much more than a rushed clinic visit and they get just that at the Blue Clinic. Certainly the VA has its inefficiencies, but the care we delivered in the Blue Clinic and the inpatient wards during residency was outstanding. I have yet to see better care coordination and wrap around services for patients in great need. Coming from a long line

of service, I am proud to have played a part in this comprehensive care.

The Vietnam Vets standing outside the entrance to the hospital earlier are long gone by the time I finish my notes and leave the Blue Clinic. Occupying their place is a cadre of WWII vets sitting in a circle of wheelchairs next to the flag, reminders of both my grandfathers' service fighting in Normandy and the South Pacific in the war I have read so much about.

A forty-foot-long RV with an attached trailer towing an SUV sits idling next to my car in the distant most parking lot when I arrive. A ten-foot American flag is proudly displayed inside the RV's middle window. The owner, an elderly appearing vet with an impressive belly, is performing stretches in front of the RV wearing oversized, antiquated headphones. He pauses from his exercise to wave at me. I wave back then lower myself into my Pontiac, a wide grin spread across my face. It was just another day at the VA.

# 405 RIVER TRAFFIC

By AUSTIN HOANG



*AURORA*  
By NEIL PARKER



# *HOLDING OTHER PEOPLE'S BABIES*

By AMY GAULTNEY

As we sat on the well-worn resident room couch, my usually buoyant co-resident fought back tears. She was working in the neonatal intensive care unit (NICU), a perennially difficult place, and had just weathered another patient death. “I was in and out of her room all day trying to control her pain” she said in tumbling speech, “and after she died, her parents asked me if I wanted to hold her. I really didn’t want to, but I couldn’t say no, so I did. After all of that, I was so wrung out, and I knew I would have to keep going. I just couldn’t hold a dead baby too.” She held it together for them, she went on, but felt deeply shaken afterwards.

Although infants often died in the NICU, her story brought an unexpected lump to my throat. In that moment, I realized how often physicians are brief witnesses to the most difficult moments in the lives of others and then have to march past these tragedies without processing them. We often never find the time to go back and make sense of what we witness, and the repressed secondary trauma rarely stays neatly in its box.

During my intern year, I took care of a little boy in the NICU who had fought for his life fiercely through innumerable bedside surgeries. In the week before his death, I had the sense that things were not going well. Newbie to the medical hierarchy that I was, I struggled to ask my superiors if we really expected him to get better; based on my limited understanding, his prognosis was grim from the outset. His parents’ had an unwavering faith that our famous hospital would produce a miracle. Their staunch belief wasn’t enough to suppress my increasing doubts, in medicine and myself, as his condition worsened.

On the day of his death, the attending physician finally asked me if I thought things “had gone on long enough.” It was all I could do keep my voice steady. The train of intensive care medicine had pushed me far past the point of “enough.” The baby’s skin was leaking from intravenous fluids and his mouth seemed fixed in a silent scream.

Later that morning, I sat cross legged on a family conference room floor and led the conversation about taking the little boy off of the ventilator that was keeping him alive. The parents tearfully agreed. After they had some time to hold him, he was baptized by one of our wonderful chaplains. Unsure of what to do

during the baptismal ceremony, I waited needlessly outside his room in case my limited services were needed. Finally, we took out his breathing tube. After he passed, I wanted to scream at the world to stop for just a bit in honor of his brief life. I took a short break, but orders, notes and other sick babies beckoned, so I did my best to neatly box up my feelings and keep moving.

Two years passed, and I found out I was welcoming a son of my own. During the pregnancy, I alternated between crippling anxiety and active amnesia, trying to erase the NICU from memory. I desperately prayed my son would be healthy. When he arrived in all his chubby glory, I breathed a sigh of relief. We had delivered at the hospital where I worked, and I was relieved to have avoided the NICU and the pain that lingered there.

Shortly after my maternity leave ended, however, I again confronted the limits of medicine and my own emotional bandwidth. I was working the ED when a toddler rolled into the resuscitation bay pulseless. I ran over with a crowd of other residents to see what was needed, but it was quickly clear there were more than enough hands. My heart sank as she remained unresponsive in spite of our best efforts. Feeling the tug of a full waiting room, I rushed back to the main department and churned through UTIs, sutures, rashes and intermittently angry parents all while trying to scrub the image of the unfortunate child from my mind. I made it through with suspended tears in my eyes and signed out late, as usual, to a harried oncoming colleague.

As I drove home at 2AM, my bones ached from being pulled in too many directions. I realized I had once again missed bedtime and left my long suffering husband a single parent. My thoughts turned again to that tiny baby in the NICU and the toddler in the ED, both smaller than the many machines we unleashed to keep them alive, and wistfully compared them to my chubby little boy. Why hadn’t their places been reversed?

I finally arrived home to a sleeping baby and snoring husband. With tears in my eyes finally welling up for the patients I’d lost, I scooped up my beautiful Isaac and listened to him breathe as the cicadas sang. At last, for just a moment, the world stopped.



*STARRY NIGHT BUS*

By NEIL PARKER

# *SKELETONS IN THE DESERT*

By NOAH KOJIMA





# *LAST CONSULT NOTE*

By TARA VIJAYAN

Where, beyond the blue  
And yellow highlighted text,  
Is space for heartbreak?



# *THE MIND AND THE MONSTER*

By JESSICA POON



# TUNE IN

By SYDNEY SIEGEL



When working with life-threatening illness,  
We open up our ears,  
To the heartaches of a deadly diagnosis,  
Joining hands with patients as they face their greatest fears.

But we also are invited into magnificent memoirs,  
And vivid playbacks of hypnotizing life pleasures,  
Gazing at glistening stars, inhaling the fragrance of the first spring flower,  
And basking in the music of a bird's heavenly hymn have been a few stated measures.

If you listen closely enough,  
You will find beneath each patient's words lies an original song,  
An ensemble of layered sequences, notice the notes that have cresendoaded,  
And those that have maintained the same volume all along.

Do they emanate the melancholy of the blues, the tenderness of a lullaby,  
the nostalgia of folk, the fist-clenching chaos of rock 'n' roll,  
Are their drums beating with disheartenment, harps stringing with hope,  
saxophones shrieking with soul?

Major to minor chords, the pitch of lament within love,  
Melodic beauty can be found in a mournful tune,  
The human experience is a broad musical scale,  
Clinician and patient sing together in this universal chorus - a ballad to which no one is immune.

Adding each song to my most treasured playlist,  
I browse through with the utmost awe and appreciation,  
Reflecting upon their lyrics,  
Contemplating how they will harmonize with my tones and those of future musical generations.

Listen deeply,  
And you can hear a symphony of songbirds in all of those we treat,  
My ears remain open,  
Stethoscope to the turntable of narratives, a jukebox of endless eclectic life beats.

# *THE CONFESSION*

By JILL NARCISO

Honey, dearest,  
I must confess  
Today I wanted more  
Than a simple kiss.  
I dropped you off early,  
So I could stand in line.  
While your love is free,  
I paid for mine.  
I watched my new Love get dressed,  
Told new Love to hurry.  
The longer Love took,  
My vision got blurry.  
And when Love appeared  
I pressed my lips on Love's lid.  
I tasted Love's sweetness  
And grinned like a little kid.  
Love makes my heart flutter  
And warm all around  
As long as Love's there  
My world's upside down.  
I hope you understand  
I can't help it, you see  
I cheat on you constantly  
With a matcha green tea.

# *WINTER SCENE OF A WOMAN AT A TEMPLE*

By SHAHRAM YAZDANI





# *HUMMER IN FLIGHT*

By JEFF CARTIER

# *THE CONTRAST*

By HILDA ZAMORA

the bird in its cage thinking about flying  
the cloud fearing of disappearing  
And flower petals holding on to dear life

the lingering smell of cigarette smoke  
The dry milk under the baby's chin  
And the cat who passed away 3 days ago

hear the candle being lit at the local church for a loved one  
The change in her hand as she begs with her son on her lap  
Feel your heartbeat pumping at the rate of fear

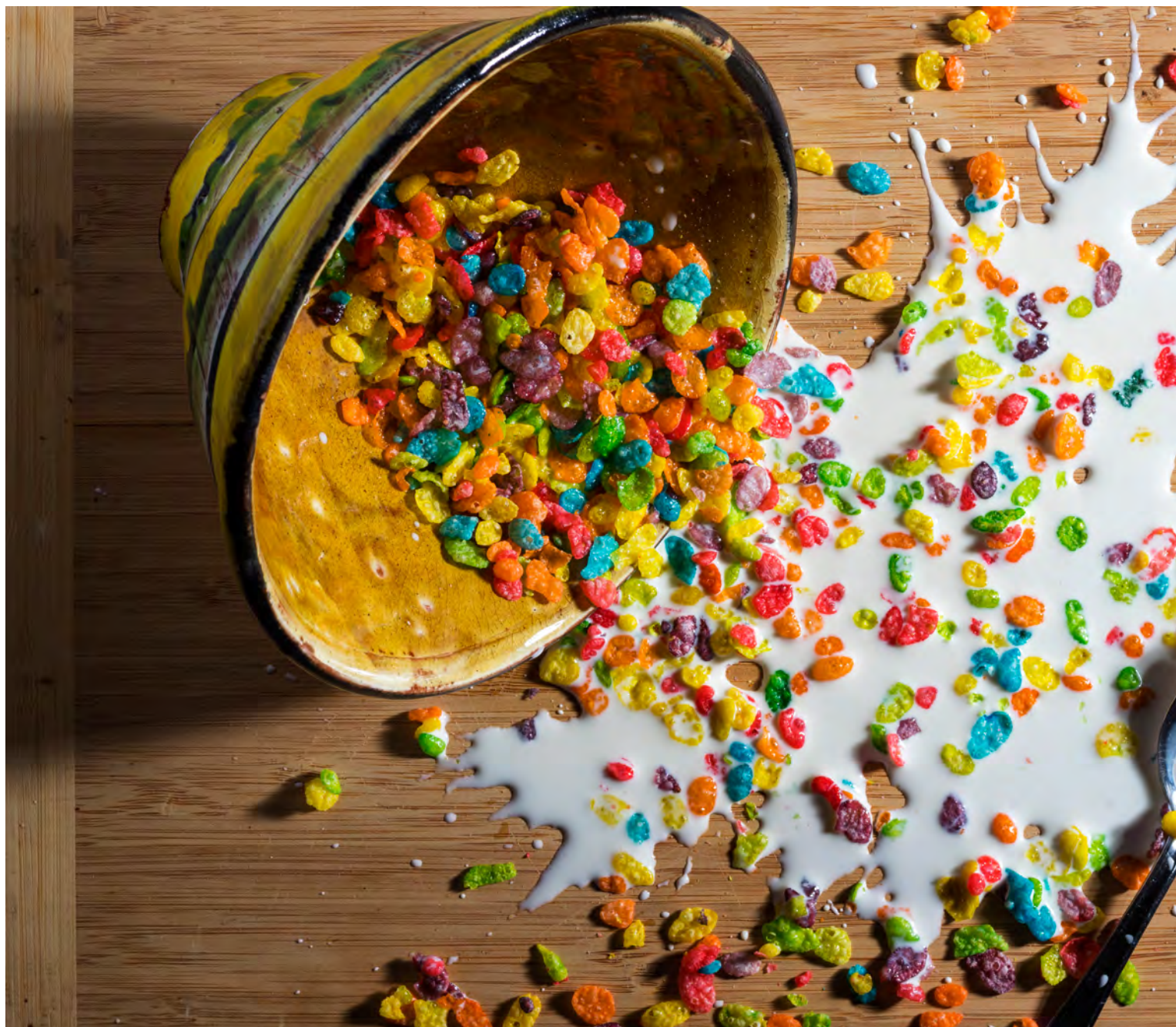
touch the scar where it hurt as a child  
embrace the touch of her cold cheek of emptiness

to enjoy the delicious sweetness life has to offer



# WHOOOPS

By AMY CARVER





# *PUG*

By MAELISS GELAS

You aberration of assembly line production,  
like a thumb jutting out in a can of tuna.  
Inbred degenerate no better than a  
hemophilic monarch.  
You phenotypic freak show  
filling my flesh with geese.

They endear you with the epithet  
of a syrup coated breakfast.  
Because the creases of your inelastic tissue  
mimic folds of batter poured on griddle.  
But when the Angel of Death came  
after baking had finished,  
it left you for unleavened bread.

Privy to your own congenital blow,  
your eyes bulge with the silent anxiety  
Munch saw on a boardwalk.  
Some manic asthmatic hunting oxygen,  
in vain with butterfly nets on  
your tongue turning  
the color of setting sunlight.



# *don't want no liver transplant*

By EMMANUEL AGUILAR-POSADA

Life is for  
the dying

and *Lord*,  
have I *lived*.

## ***LOOKS***

By STEVE CRAMER

In the photo that for decades was taped up above her bureau  
She looks a bit to her left, focused on something of interest, and has a cheerful  
My guess is calculated  
Half of a smile  
A wooden building is seen over one shoulder and is that a corn field over the other  
She looks sharp  
People tend to sink or swim during wartime  
And so while her man my grandfather is overseas  
She is  
Poised, chin up hair combed dress ironed gloves folded over her pocketbook  
This strength I got to see it when  
Last year she soaked up 6 rounds of chemo and then asked  
Where should we go for vacation next fall?



# *MEMENTO MORI*

By ANSLEY UNTERBERGER

# BIOGRAPHIES

## LITERATURE

**Kate Coursey** is a first-year medical student at the David Geffen School of Medicine. She grew up in Salt Lake City, Utah, where she spent her days writing fairy stories, sketching portraits, and immersing herself in books of all genres. Along with practicing medicine, she hopes to someday write and publish children's novels.

**Andrew MacQuarrie** is a writer, an Air Force veteran, and a Family Medicine resident. Originally from Nova Scotia, he now spends most of his waking hours in the hospital. His work has been published in *The Montreal Review*, *The Write Launch*, *Lit Rally*, *Military Experience & the Arts*, *On The Premises*, and *Pennsylvania English*.

**Savannah Starr** is an MS1 from Ventura, CA. This piece is about coming to medical school from a low socioeconomic background and those intrusive fears that I don't belong. Any med students reading this, we all belong!

**Safiya Lahlaf** is from Massachusetts, where she attended Northeastern University. She is currently a third-year medical student at DGSOM.

**Kelley Chuang** is a hospitalist and clinician educator at the West LA VA. She was a UCLA internal medicine resident and chief resident. She enjoys hiking and tending to her plants.

**Amy Gaultney** is currently a fellow in pediatric rheumatology at UCLA who recently completed her pediatrics residency.

**Maeliss Gelas** graduated from NYU in 2018, double-majoring in biology and creative writing. My work explores subjects which range from family trauma to the inbreeding of pets. I strive for a balance of sentiment and clinical detachment.

**Sydney Siegel** is a psycho-oncology fellow at the Simms/Mann - UCLA Center for Integrative Oncology where she provides psychosocial support to patients and families facing the many unique stressors that accompany a cancer diagnosis. Sydney is also founder of Art Rx, a collaboration between USC's Keck School of Medicine and Suzanne Dworak-Peck School of Social Work.

**Jerry Loo** is a Pediatric Radiologist at Ronald Reagan UCLA Medical Center. In his free time, he enjoys piano, wood-carving, writing, and rolling around on the floor eating cheetos.

**Steve Cramer** -As physicians, we get a front row view of the most triumphant aspects of humanity.

**Angela Pham** grew up in Virginia, and attended University of Virginia. She is currently a first-year medical student at DGSOM. In her free time, she enjoys exploring the food scene in LA, cooking, bullet journaling, attempting to play ukelele, and most of all, writing.

**Hilda Zamora** was born and raised in LA. She loves writing as a hobby see creativeness equals expansion.

**Jose Negrete Manriquez** is a third-year medical student in the Drew/PRIME program at UCLA.

**Bianca Pittman** recently relocated from Dallas, TX to join UCLA Health and the Department of Radiology as a business development liaison. She is a self-taught photo enthusiast and has been writing creatively since the age of 15. She looks forward to exploring all of Los Angeles and helping to increase patient access to radiology services in new locations.

**Melissa June Burdette** is an accomplished poet and speaker from southern Louisiana. She has been a part of UCLA's ISS CareConnect Team since 2013. Melissa June is a Distinguished Toastmaster (DTM), and she currently holds the position for Area B1 Director in Los Angeles' Toastmasters Division 1. She is also currently Club President for the historic Club 141 in Toastmasters.

**Sarah Luery** has a bachelor's degree in print journalism and a master's degree in Sociology. Her writing can be found in a number of journalistic, academic and scientific publications, including: *People & Things* magazine, *Social Sciences*, and *Amp&rsand*. She wrote the book and lyrics for an original new musical, *MONOTONY*, which she is currently developing for podcast.

**Russell Johnson**, MD is a Clinical Instructor of Medicine at UCLA. He practices internal medicine, pediatrics, and HIV primary care medicine at UCLA in multiple outpatient locations.

**Florencia Rojo**, PhD is an Assistant Professor in the Department of Sociology at Colorado College. The story and drawing are part of a yet to be published zine about Dr. Johnson's journey through residency. This particular story describes Dr. Johnson's inspirational experience delivering primary care to veterans during residency.

**Tara Vijayan** is a co-chair of Block 6, an infectious disease doctor, daughter, wife and mom. She can be followed on twitter @tara\_vijayan.

**Fitz Gerald Iheanyichukwu Diala** is a physician-scientist in training. Family, close friends, mentorship, observing, humanity, thinking, and photography are just few of the joys in his life.

**Romie Angelich** is an administrative assistant in UCLA's Medical Specialties suites. When not on hold or filling in a form, she occasionally writes.

**Melodyanne Cheng** is a first-year medical student at UCLA who enjoys reflecting about the intersection of the human spirit and medicine through literature and art. Community health advocate by day, dancer by night.

**Jill Narciso** is a boss for many people, but she has been the assistant to one dog, Gizzelle, for the past 12 years. While she loves the smell of coffee, her days are fueled by lots and lots of tea.

**Emmanuel Aguilar-Posada** is a 28 yo latinx goof and medical student with eclectic interests and a thirst for beauty, knowledge, and justice. He is currently completing his MPH in epidemiology at UCLA through the PRIME program. "don't want no liver transplant" is from the perspectives of two patients he cared for while on his 3rd year inpatient medicine clerkship.

# ART

**Neil Parker**-There is life after being a Dean. Dr Parker has continued his teaching and love of photography with more time to see distant lands.

**Ansley Unterberger**-I harbor two paradoxical passions: art and medicine. From an early age, I used art as a creative and emotional outlet. Currently, I do art with hospital patients to not only provide them with their own creative outlet, but also give them a reprieve from the stressors of hospital life.

**Walter Jong** has been a physical therapist for UCLA for 5 years. A rare native Angeleno learning about photography whenever I can. ig: walt.jong

**Natalie Cherry** is currently an SRA II in the Dept. of Neurosurgery performing research with depth electrode patients. Born in South Africa, she transplanted to the USA in 2012 for University and earned a Degree in Neuroscience from Boston University. Now she paints and woodworks on the side, and is pursuing a career in neuro-engineering.

**Jaslyn Chong** is from California and she has been here almost her whole life.

**Rose Shan** is a fourth year medical student at DGSOM going into internal medicine. She enjoys reflecting on her experiences through watercolors, ink, gouache, and digital painting. This is her fifth year submitting to The UCLA Beat.

**Jessica Poon** is a fourth year medical student at DGSOM UCLA.

**David Lee** has a passion for nightscape astrophotography.

**Carolina Mendiguren** was born and raised in Queens, NY. She likes to create otherworldly scenes from the photos I take. You can find her work on Instagram, @jelloet.

**Nikhil Bellamkonda** grew up in the Bay Area, and went to UC Davis for his undergraduate degree. He is a third year medical student at UCLA.

**Ioana Popescu** is a clinician and health services researcher with a passion for visual arts and photography. As a photographer I am interested in the interplay between landscape and human emotions, and the healing powers of the lens.

**Adolfo Hernandez** the third of four children to his parents who immigrated from Mexico in search for a better life. Born and raised in the San Fernando Valley, CA, he grew up surrounded by the urbanized natural world. He enjoys photography as a pass time, but not as much as he enjoys standing in front of a fan on a hot summer day in Los Angeles.

**Consuela Nance** is a natural artist by heart and she finds that her work heals her mind and spirit, her spirit also leads her to take a close look at her patients to determine how she may also assist in their healing.

**Shahram Yazdani** is a pediatrician at UCLA children's health center with interest in rare and complex diseases, and pediatric environmental health.

**Alis Balayan** - While growing up, my artistic journey sprung from a desire to express my emotions, to find an outlet for my passion. During my undergraduate years studying Biochemistry, art became an integral part of my life as it began to facilitate a scientific curiosity, an intrigue in medicine, fueled by passion for providing care for patients. The arts and sciences became so intertwined that I developed fascination for science-related artwork.

**Noah Kojima** is a resident in Internal Medicine at UCLA Health. He enjoys taking photographs and traveling.

**Amy Carver** is an aspiring writer and photographer. She's an administrative assistant for Dr. Michael Teitell in the Department of Pathology. She also produces a scripted podcast called THE HOST, which features dozens of writers and actors, some of whom work in the Teitell lab. Find it at <https://thehostpod.com>

**Arun Chakravorty** is a second year med student part of the UCLA-Caltech MSTP program. In his free time he loves to sing, play piano, and take nature photos.

**Austin Hoang** is a proud UCLA alumni, who is now working in academic research at the Division of Geriatrics. Austin aspires to transition from working at the David Geffen School of Medicine to studying there for a medical degree. On his free time, Austin enjoys going on road trips and taking photos via drone.

**Michelle Guan**- Having trekked across 12 different countries and counting, Michelle is an avid explorer and enjoys using photography to capture the beauty, cuisines, and cultures found all over the world. Michelle Guan graduated from UCLA in 2018 and is currently a medical student at the UCLA David Geffen School of Medicine (go Bruins!).

**Kevin Tong** is an avid traveler with an interest in astro and aerial photography. An amateur photographer for 20 years, starting out with a Minolta 35mm film SLR and now using a Canon DSLR and DJI drones.

**Brian Norman Dang** is a medical student at UCLA. He studied marine biology and evolutionary medicine during his undergraduate years. His favorite fruit is durian.

**Jeff Cartier**- When i am off I am an amateur photographer. I love to take pictures of birds and wildlife.