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The Brown Journal of Medical Humanities

Spring 2025

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Foreword

“I’ve learned that people will forget what you said, people will forget what you did, but people will never forget **how you made them feel.”**

— Maya Angelou

We, the members of the Executive Board, are excited and proud to present the third issue of the Brown Journal of Medical Humanities. This year, we have appreciated an increased interest in our editorial and design teams, found new ways to engage members throughout the publication timeline, and restructured our team to improve our design process. We hope you will enjoy the fruits of these efforts throughout this third issue. It has been an honor to continue the mission of our founding members: to underline the many ways in which medicine is a creative act, provoked by the uncertainty, ambiguity, and complexity at the heart of any clinical decision-making that fully engages the human condition in its many dimensions. The field of medical humanities — broadly defined as the interdisciplinary, humanistic, and cultural study of illness, healthcare, and the body — is more important now than ever. We maintain that human expression through writing and visual art grounds us during the increasingly complex times we find ourselves navigating.

We are exceedingly grateful to the students, medical trainees, doctors, authors, and artists from various institutions who contributed to this issue for sharing their stories and talents with us and our readership. To our dedicated editors and designers, we thank you for your essential work towards this publication. The Brown Journal of Medical Humanities is published with the generous support of the Cogut Institute for the Humanities. We are incredibly grateful for their partnership, which has been essential to the success of our journal. We would also like to thank the individuals at Brown University and the Rhode Island School of Design who serve on our Advisory Board, providing critical feedback on the editorial process and sage insight across their many areas of expertise. It has been an incredible privilege to work with such talented individuals and to bring this issue to you, our readers, without whom we would not be able to continue to bring the Brown Journal of Medical Humanities to life.



With gratitude,
Byron Butaney, Adeline Allen, Amrik Eadara, and Mina Cho
The 2024-25 BJMH Executive Board

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Death Dance

by Natasha Kuklis

Yesterday, you knew your life... your hobbies, your routines, your dreams.
Today, that changed in an instant.

A diagnosis that arrived (uninvited and unannounced)
alters how you experience reality.

Suddenly, you're a *patient*... what an odd new descriptor to add to your repertoire of sister, mother, teacher, friend.

A *patient* in a sterile hospital bed with fluorescent lights so bright a headache is inevitable, eating something mushy and lukewarm.

A *patient* with monitors beeping, down the hall from you, over the intercom, and even next to you

(no, you don't even have the privacy of your own room).

A *patient* whose story is lost in piles of charts with no cure.

But wait! I'm not *feeling* patient!

Not but yesterday, I was a woman with a dog,
building a house for my kids,
cooking up a storm in my kitchen,
taking photography trips up North.

This is NOT what I asked for!
I'm not ready to relinquish that.

Doctors whirl in and out of my room like a revolving door in New York City.
Positive, positive, positive... (not in the good way)
Thoughts of denial race through my mind

This can't be happening

I'm too young for this

Why me?

Why now???

When all else seems stripped away, the last thing I hold onto is my humanity — and I'll clutch onto it with all my might.

No one can take this away from me!

Except, as that revolving door continues to swirl, pre-occupied doctors who seem too rushed to even take a seat begin to dance.

They dance around the punchline like ballerinas,

Pointing their toes at euphemisms

(What *drain* are we circling??)

Performing a tour jeté with each glimpse of hope

I know there is no hope.

Watching that dance every morning at rounds, I start to lose little pieces of my humanity.
Is this dance the last thing that I'll know?
At least I used to like ballet.

A new visitor came to see me today... the first new face in a while... I don't know how long... I don't even know what day it is today.
They must be in palliative care... or a chaplain... I didn't catch their title.

They entered my room with a warm smile
brushed the dust off the chair next to my bed
and took a seat.

How has this been for you? How have you been coping?
What are your fears or worries?
Goals or priorities?

For the first time in a while, I didn't dance.
I spoke.

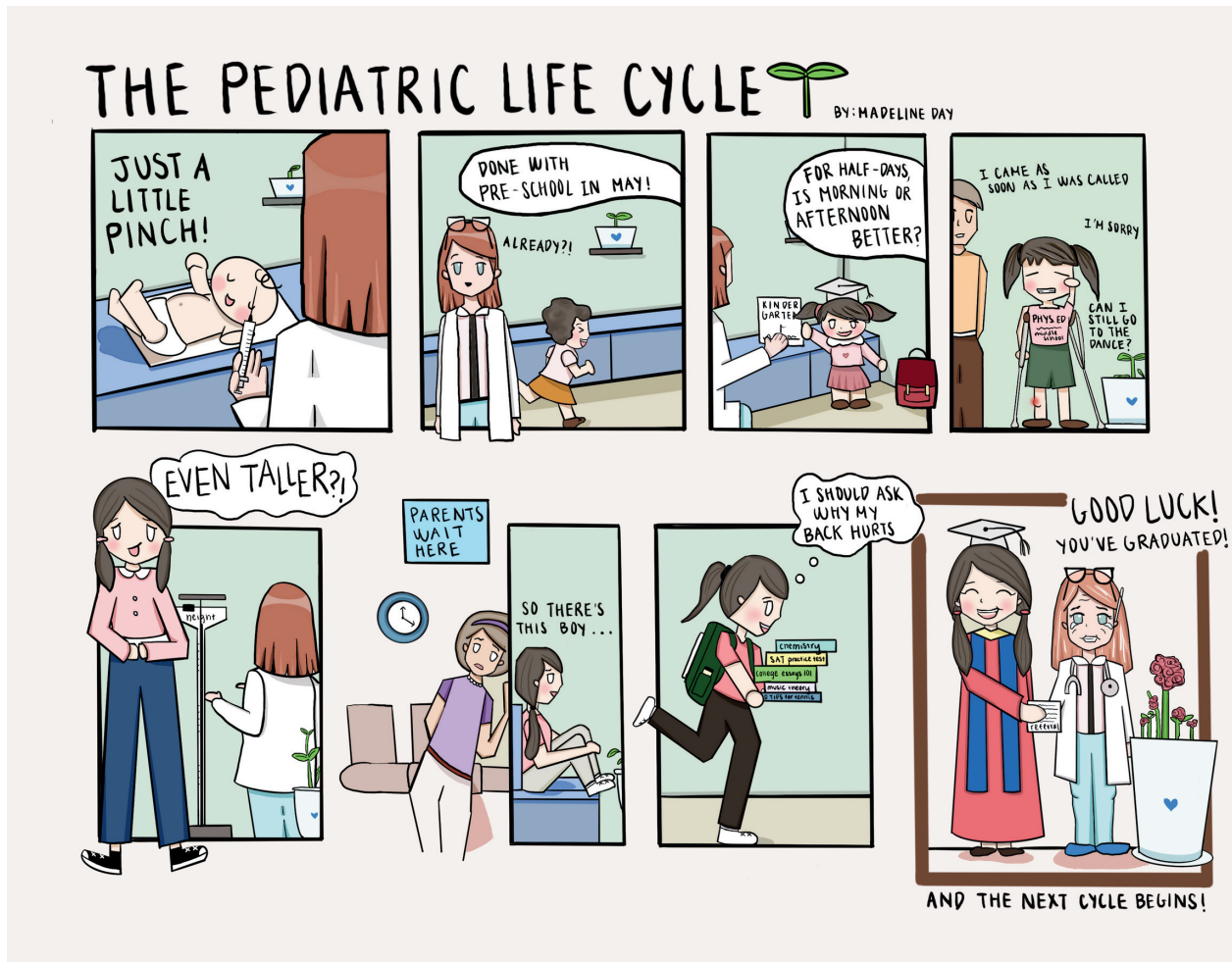
I spoke about my anxieties of leaving my family,
questions about after-death,
my favorite restaurant on Main Street,
my dog,
my hope to make it to my son's wedding.

And also for the first time in a while, they listened.

There is nothing biological to fix —
It's too late for that.
But one other broken component felt mended —
My humanity.

The Pediatric Life Cycle

by Madeline Day



Dysrhythmia

by Mary Casey Diana

Okan plowed the Copenhagen taxi through the wet snow. It would have been okay with any other child, but disruptions in little Olaf's routine ruined the day for everyone. The child would cry all day if Okan were late for his 8:00 a.m. pick-up.

"Get over," he honked at a gray Peugeot and let loose a stream of juicy curse words from the Anatolian village he had left twenty-six years earlier. It was still dark. "Come on."

He shoved in his favorite Turkish CD and reached into the glove compartment for his comb. Silence.

"Hell," he snapped, "no music!" How, "Allah," was he supposed to stand the day? His son must fix the player before dinner; it had to work. Music kept Okan alive.

Traditional Turku music, performed on the zurna, the sipsi, the zither, and the lyrical keening voices echoed his longing for home. The aching made him feel that he existed, that he was still a Turk. Once upon a time, he had walked the golden land, where the powdered sugar snow only fell in the mountains. There, he married and owned a house and a herd of goats, but circumstances forced him to leave when the number of his children increased and the food to feed them diminished. He gazed into the rear-view mirror and combed his white hair. "Tsk, tsk," he murmured, "you're a grandfather; come on, for Allah's sake." His wife, Fatma, laughingly suggested that he color his hair red like the Prophet, but Okan believed it wasn't right to pretend to be devout. *Oh well*, he sighed, returning the comb; *I can dream*. Yes, he would dream of Olga, little Olaf's mother. The kids these days called it a crush. Her eyes were lapis lazuli, her hair a golden waterfall. If he were devout, these yearnings would be a sin. In the dark with Fatma, when he imagined Olga, he wasn't devout.

The snow stuck in the crevices of Copenhagen's red-tiled roofs. Again, he reached out to the CD player without thinking, "Hell." Everything was dead and white and soft. There was no real home anymore, only memory and music. He never

played music when he had customers. The lyrics he sang by himself guided him through the gray world of the frozen people who would never accept him.

But with young Olaf, it was different. Olaf, golden-haired like his mother, was seven years old and attended the school for special children near Stroget Street. At first, Olga or Andre, Olaf's father, used to ride every morning with Olaf in his cab, but in time and with increased trust, Okan drove the child himself. He shared his music and life with the boy, his little pal.

The snow struck the buildings sideways. The oncoming headlights blinded him. He turned the squealing wipers on high. "Come on," he ordered the traffic light.

He hoped Olga, and not Andre, would be waiting. Whenever he saw Olga, his heart stopped fluttering and settled back into its youthful rhythm, and he felt strong again like a bull. He could have easily picked her up and carried her away, but away to where? There was only nowhere. But he wasn't jealous of Andre. He admired the young immigration lawyer who adored his wife and loved his son.

Occasionally, in the afternoon after school when they asked him in for a beer, Andre would gaze at Okan, gazing at Olga, and understand that Okan admired his wife. It was something all men understood. But Okan wondered, if his hair hadn't fallen and his mustache hadn't turned white, whether Andre would have allowed him anywhere near his wife and child. Okan would only accept the offer of beer if Andre were at home. Olga was as pure to him as the white crocus; he would never endanger her reputation, not that Danes cared about such trivial things. They would laugh at him at the very idea. He wished he could talk with an Imam, like his friend Mohammad, but how could a holy man understand the depths of desire?

"Yes." A green light, relief, and Olga standing holding Olaf's hand.

Okan jumped out as usual and splashed around in the slush to open the door. "Good morning, young Olaf," he said, his standard morning greeting.

Olaf was nonverbal; he had never spoken to his parents, but after a week of riding alone with Okan, he cheerily uttered, "Thank you, Okan. Have a good day," before Okan dropped the boy into the care of the playground monitor.

"Good morning, Okan," Olga replied. "He's in a good mood this morning. I fed him without any trouble."

Olga had swirled her hair into a circular braid. He only spoke once she addressed him.

"Good morning, Mrs. Jensen." His heart pounded in his ears. He always felt his heart these days, except while driving and listening to his music. When he was still, though, it felt like a bird fluttering in the cage that was his chest. Nighttime was the worst, when the bird broke through his chest and flew his soul over the snow to the rose-scented golden hills of Anatolia. Fatma worried, "Okan, you must see a doctor."

"It's really coming down," Olga remarked matter-of-factly.

He never allowed his eyes to wander below her neck, but he noticed she was wearing a new red coat. He felt like a teenager; he shook his head and scolded himself. But she was so lovely.

On the day Olaf first spoke, Okan informed the child's incredulous parents in their home.

"Young Olaf," he said, opening their front door, "say goodbye to me; look, I'm leaving," but the little boy only gazed through blank blue eyes. Again and again, Okan tried. The following morning, both parents rode with Olaf to school in Okan's cab. Okan sat him in the same place and, as usual, turned on his music, and when they arrived, the boy once more chirped, "Goodbye, Okan, have a good day." The parents, hopeful and happy, cried all the way home. They had never heard their son speak. But, after weeks of shared morning cab rides, the boy still said only goodbye to Okan, wished him a good day, and nothing more.

Today, shortly after he drove away, while Okan gazed at Olga receding in the mirror, the boy in the back began to whip his sturdy body back and forth.

"What, whatever is it?"

Enraged, Olaf kicked his legs against the back of the seat.

The beat of Okan's heart increased rapidly. He placed his hand on it as if to calm it. If he could only return home, his heart would heal; if he

could dwell again in the mountainous valley of his youth and walk his goats home from the lavender fields, he would be okay.

The boy screamed.

Okan was a skilled driver who kept passenger disruptions from interrupting his focus. He had to remain calm. He examined the orange tips of his fingernails on the steering wheel. Fatma was after him to stop smoking, but he had smoked since he was a youth of twelve. It was a simple pleasure, and why shouldn't he? It was a small enough thing. "Young Olaf, what is it, dear child, Olaf, what is the problem?"

Pulling over would make him late for school and upset the child even more.

He would let the boy cry out his frustration.

Fatma told him he moaned in his sleep.

Sometimes, he woke, his eyes leaking for no reason, to gaze up at the blue Turkish eye above the bed that Fatma had placed there for protection against the evil eye.

Once more, from habit, he reached for the CD. "Hell!" He opened the window and inhaled. The tide was out. He was forced to gulp the reek of the fishmongers' stalls. Behind him, Olaf continued to wail.

His wife told him daily that it was time to go home. The children were raised — a lawyer, an engineer, and a wife — with their own busy lives.

"We'll visit," they insisted. "Our kids will come for the summers. Nona's house is waiting; we will send money. For what are you freezing here in the snow?"

"Precisely," Okan whispered, looking over his shoulder at Olaf, screaming, "What indeed?"

But something inexplicable weighed him down, something he had to puzzle out and complete before he could go. So, day after freezing day, he burrowed into the cold. Why? For what reason did he stay? One morning, after finding a dead seagull on an ice-crusting beach, he knelt on the cold sand and wept.

Now, the child was jabbing, pointing spasmodically at the front of the car with his chin. A sheen of sweat gleamed on his forehead. He drooled on his uniform shirt.

The snow was intensifying. "Quiet down, my son, quiet down, all will be well."

He was still a mile from the school. What was their parting going to be like, he wondered fearfully. What was the youngster thinking? Was

his mind filled with fog? Did everything go round and round? How could he blow the fog out through his ears?

“Easy, dear Olaf, we’ll be at school soon.”

At night, he would dream of a white seabird, descending from black clouds to pluck him out of the snow and fly him above the ice-covered mountains where his heart could steady itself amidst the sunny hills of home — finally free from icy looks, snide remarks and 5:00 a.m. cold risings. “Allah, Allah,” he declared, flattening his lips, “you are turning me into a lunatic.”

Unexpectedly, Olaf’s shuddering sobs reminded him of his children when they were distraught and couldn’t stop crying, how he stilled their trembling and lulled them into sleep with the Anatolian lullaby, *Dandini* — as old as the ages.

Okan tilted his head back and began to sing in a robust baritone voice.

Dandini, Dandini, danadan,

A moon is born from a mother’s womb.

After a while, after he had repeated the verses a few times, he looked in the rear-view mirror to find Olaf whimpering in exhaustion. He continued his song and drummed the steering wheel in accompaniment.

God has not withheld anything from him.

May God protect him from the evil eye.

When he looked back, the child, who had never looked directly at him or anyone, gazed steadily into his eyes and said, “Sing it again, Okan.”

The breathless wearing away of his heart subsided. When he inhaled, his lips involuntarily smiled. As the sun rose blindingly over the red-tiled buildings, he turned his taxi around and phoned his wife. “We are going home.” Then he phoned Olaf’s parents.

Olga and Andre were waiting fearfully when Okan arrived at their home with their son.

“Young Olaf,” he exclaimed to the pale parents, “dear child,” and waved a traditional Turkish music CD in the air, “Come on, come on, we will show them.”

Andre inserted the disk, and instantly, the music of the zurna, the sipsi, and the zither rose magnanimously and filled the room. Through tear-filled eyes, Okan gazed at Olga, pale and cautious.

When the song ended, the child smiled at his astonished parents and said, “Please, Daddy, play it again.”

Divided

by Penelope Dang

We all wish that he had never caught that illness,
But I wish that I had caught that plane.

He died in a foreign land, a place of alien tongues
and unfamiliar customs, far from the familiarity of home.
Surrounded by sterile walls.
Surrounded by faces of strangers — kind yet distant.
His final breaths were drawn in solitude,
and his unshared last moments
echo like a harrowing refrain.

In the distance, measured not just in miles
but in missed goodbyes, I lost the chance
to hold his hand, to whisper love and comfort
as he slipped away. His absence
a void that no flight can bridge, no words can fill.
In dreams, I see him strolling
through fields of lavender: the sky a brilliant blue,
free from the confines of monitors and hospital beds,
free from the constraints of time and place.

I wake to the ache of loss,
the weight of his departure heavy in my heart,
a sorrow spanning continents yet inches on a map,
an unspoken farewell.

Midnight in the ICU with Tom Clancy

by Elise Stanley

Machines hum and beep, filling the otherwise silent and sterile ICU with what should be comforting background noise. But as visiting hours end, uncertainty begins to clamp its cold fingers around my heart. During the bright, sunlit hours, the reassuring comfort of my partner's presence has been constant; he is my rock. As he now prepares to depart, every sense is heightened. He packs up his belongings, stands at the end of the bed, and says goodnight, promising to return in the morning. But as he steps outside the unit, the stark reality of my isolation sets in. I'm left alone. He walks away, and I watch his movements through the glass that reflects the hall outside my room. I'm acutely aware of the impending midnight hour in this desolate and eerie place.

The clock's ticking echoes in the room, a reminder of the frightening hours ahead and that time is running out. I watch, and I wait. This is a stealth game, and I must rise to the challenge.

I find my eyes drawn to the ceiling. There, I stare at fluorescent lights littered with the disintegrating bodies of flies lured by the irresistible glow, but ultimately unable to escape their prison. They randomly dot the plastic panes, a malevolent sign. I must watch for secret messages like this that will help illuminate my mission.

Inspecting the white curtains behind the chair in the room, I see it: a subtle pattern woven into the fabric, incorporating evil-looking faces and leering eyes in the design. It's an obvious psychological ploy, a mind trick meant to weaken me. I look away and back again. The faces and eyes are still there. The pattern is interrupted only by the folds in the curtains as they are gathered along the beaded track. Pulled aside, they expose me to the entire window panel of an outward-facing wall.

I turn my attention to the perfectly coiffed nurses gliding past the glass window, deliberately avoiding my watchful eyes. They are precise in their movement yet don't do anything. They look straight ahead and go around the nurses' station in a never-ending parade. It's too obvious, almost laughable — like something out of a spy thriller. It's ludicrous but somehow horrible. What lies beneath those ironed scrubs?

A cart has been parked outside the window all day, and sterile steel tools — scalpels, needles, and surgical forceps — stick out dangerously. Small socks cover what appear to be skeletal heads on each corner. There's something deliberate about the cart's placement. I don't like it. It's not very subtle.

With all my senses on high alert, I quickly exhaust myself and become drowsy. My eyes become heavy and close.

I race away from an assassin, stumble off of a cliff, and free-fall. Startled by this dream, I'm jolted fully awake from the edge of sleep. I am exhausted but simultaneously alert to the life-or-death ramifications of allowing myself to sleep. Hypervigilance is required.

My memory is fuzzy, and I feel groggy. I have either been hit over the head or drugged because my memory is usually clear and focused, but now I can't think. I spend some time on visualization and rapid information processing techniques, which I am an expert in, but... nothing.

I have been stripped down, restrained, and gagged. I look to the right of my bed, and my gaze pauses on a second tray of medical instruments lined up with obsessive precision on a sterile steel cart; the thought of torture makes me shudder inwardly, and I avert my eyes. Suddenly, it dawns on me that my smartphone is also on the table; I glance back to confirm. Well, at least that! The innate strategist in me takes over. A smartphone will be helpful in what lies ahead. I need every tool I can find, and now I can rely on two: the smartphone and my mind. Of course, I am also highly trained in martial arts, hand-to-hand combat, and other self-defense tactics, but this is a rather tricky situation to maneuver in. Not only am I rendered voiceless by a ventilator, but IV lines, catheters, and a feeding tube seriously restrict my movement. I've fought through worse

and defeated seemingly hopeless odds. I just need to stay sharp and focused.

Why am I here? What's going on? Although not as straightforward as I'd like this mission to be, a hospital is the perfect cover for some type of highly illegal activity. Who would suspect a thing? But what is that activity? Organ harvesting? Unlikely with seriously ill people. An illicit trade? Too messy. I'm here to uncover whatever it is: to catch the enemy and beat them at their own game.

I adjust my head imperceptibly on the bed I'm strapped to and take in more of the room. A corner window fronts an office. The shade slats are barely cracked so that I can be observed. I stare, and my stomach clenches; I feel eyes looking at me through those slats. The figure behind the blind stands very still, but I am not fooled; I know someone is there. My eyes are slits as I gaze back at the eyes fixed on me. Two can play this game.

I don't move for some time, and when I perceive that the eyes are gone and that I am again alone, I consider each attachment to my body; how much will it take to untether myself? It's easy to imagine sliding off the bed free from this bondage and creeping slowly along the floor and into the hall.

Pulling the IV lines out won't take much; I can do the catheters, but the feeding tube is more interesting. The thing that concerns me most is the intubation stuck down my throat. I keep picturing yanking it halfway out and then getting it stuck and not being able to breathe. That thought is slowing me down. I'm unsure of the length of the tube or the process of getting it out. Had they ever covered that in training? I don't think so.

Now I'm startled awake for the second time tonight; Nurse R. has entered the room. He doesn't turn on the lights but rather stands examining me, and I watch him through my lashes. He evaluates, and I lie frozen. He then turns, moves some things around on the sink, and climbs onto the counter without a sound. I'm unnerved. What can he do from that height? I try to prepare my body for an attack and slightly adjust my head to observe his actions. He stands on the counter, his back to me, removing the aluminum clock from the wall. Whatever he does now is concealed from my view.

My mind races. The clock has been ten minutes slow since I got here. Now I can see that it's an

hour and ten minutes behind. Why? They must be trying to buy time, using it as a weapon — my heart thuds. A lot can happen in an hour. I take a calculated risk and slowly reach for the phone on the metal cart, but as I turn it on, the brightly lit screen shines in the blackened room, and Nurse R. stops to look at me. With feigned nonchalance, I place the screen against my chest to darken the room again, avoiding eye contact to maintain the appearance of innocence. Rookie mistake! Of course, a lit cellphone will attract attention in a dark hospital room.

Nurse R. climbs off the counter and approaches me in a cold, threatening manner. He pauses and asks, "Can I charge your phone?" too casually.

Not on your life are you going to get your hands on this phone. I shake my head. "No."

He moves away and empties my catheter while still observing me closely. He thinks I know something.

I wait until he's gone, and after staring long and hard to verify that no one is in the shutter behind the window, I am free to use the phone. I am startled to realize that the clock is now two hours and ten minutes behind my phone. I document this critical development in a text to myself.

It is late, and I doze again, only to be awakened by a man in a white lab coat standing beside me. He looks menacing. Fear courses through my veins. I can't see a name badge. Only the silver clip that holds it peeks out of his pocket. I am crafty — survival of the fittest — and with my body bound, it's all about the mind. I implore him with my eyes and raise my head to encourage him to come closer. He leans in and, like lightning, I grab his badge. His eyes register several levels of surprise. Aha! Only a first name. I tap, tap, tap on his badge, which quickly devolves into jab, jab, jabbing, with some force. He steps back somewhat awkwardly. Some opponent he is! I am not impressed.

With all my strength, I lift an arm to grab the telephone attached to the side of the bed and dial the only number I know. My partner answers, and I tap into the receiver so that he knows it's me.

I then text him, 'I'm in trouble. Please verify the identity of the suspicious person who has entered my room.'

I hold the phone out to the stranger. He hesitates, and I jab. He gets the message and tells my partner that he is Dr. L. I am satisfied and

allow him to continue this pseudo-examination, which is hastily completed, much to my satisfaction. I am agitated and afraid. I keep my partner on the line for another hour. Time is running out, and I need answers. I need him to act. I try to convey the level of danger I feel I'm in through text, but he doesn't act. He doesn't come. He calls the nurse's station. Poor thinking on his part, this will call attention to us — to me!

I consider this action. He hasn't come or called the authorities; instead, he's called the conspirators who hover at the nurse's station. Horror overcomes me as I realize he's compromised or has always worked for the other side. I cannot sleep. Betrayed, I am in the greatest danger of my life.

He comes at eight sharp, though the clock shows five-fifty. I'm surprised they've let him in. He looks tired, but I don't care. He notices I'm awake and, after sitting in the chair for some time, he says,

"I've talked with the nurse this morning about what happened last night. She says that you have ICU delirium." He says this very softly and hesitantly — gently, even. He's not sure how I'm going to take it.

I feel like laughing maniacally. After a long pause, I turn on an act, nod to his words, and smile.

He's relieved. He smiles, chuckles, and says, "I'm so glad you understand. I've been so worried about you."

I continue to laugh with him — mine a silent, long, and bitter laugh — his out loud.

After a while, I close my eyes, my heart cold and my veins filled with hatred and betrayal. I feign sleep. I must plan. I look at him slyly through my lashes as he settles into the chair.

My partner has turned on me.

Morning Rounds

by Sheema Kalbasi

Today I tread these hallowed, clinical corridors,
the tiles slick with echoes of lost confessions,
where phantoms flit —
a wraith, an uninvited sigh,
like smoke rising to a bleak, uncaring sky.
I stand vigil by the bed,
a phantom among the flesh,
waiting for Him,
that quiet harbinger, inescapable.
Light dims,
wings folding like weary hands
in the evening's grasp;
an angel coils within my shivering frame,
traversing the murky river of shadows,
that unspoken path we dare not name —
the promised land,
a gilded mirage we chase beneath the sun's deceitful glow.
Inside, my heart cries —
a lamb caught in despair's miasma,
each sterile breath a dirge.
I feel my skin,
chilled, a witness to this unfolding loss —
this white coat, a gossamer shroud,
clinging like faith amidst the creeping doubt,
uninvited.
The chamber exhales, heavy with secrets —
lessons swallowed whole,
audacious proclamations fading to whispers,
dissolving in the twilight's final breath,
a sun casting no warmth.
Death sprawls here like an old friend,
its finger beckoning like a siren
forever out of reach.
Melancholy, an enveloping fog, thickens
as I drift through these desolate halls,
tears welling like a reluctant tide.
This is not the first goodbye.



by Soyū Hong

The Hospital Room

by Sheema Kalbasi

When my father slipped away,
the air thickened with unvoiced farewells.
His breath: an unspent currency,
dissolved into sterile whispers,
a life distilled in dim light.
Doctors hovered, murmuring what ifs,
the unharvested fruits of potential
dangling like promises in bloom.
If he had been a child again —
if fate had stitched him from Denmark to America —
he might still be breathing,
his laughter echoing through the halls,
his heart a steady drum against the chill of absence.
People conflate grief with the cost of salvation:
each heartbeat tallied in an endless ledger —
life bartered for stolen moments,
measured by the weight of silence.
If he had lived in America,
in this land of medical dreams,
of promises unfurling like petals,
his voice might not be just a specter calling me
to slopes where we laughed together in the snow.
He could have witnessed the blossoming
of grandchildren, his essence
tangled in the weeds of longing.
The room where my father took his leave
stood watch over the one where my mother fell,
twenty years of absence swallowed whole,
her agony framed in morphine's haze —
each breath a fragile testament to her cancer,
time slipping through the thick fog of suffering,
her final moments unmeasured, unmarked,
a wraith escaping the clutches of care,
leaving only echoes of what could have been.
Here, in this land of excess,
I adore America, for it cradles the sick,
offering hope amid relentless struggles.

Dr. Cordeliette Mentis

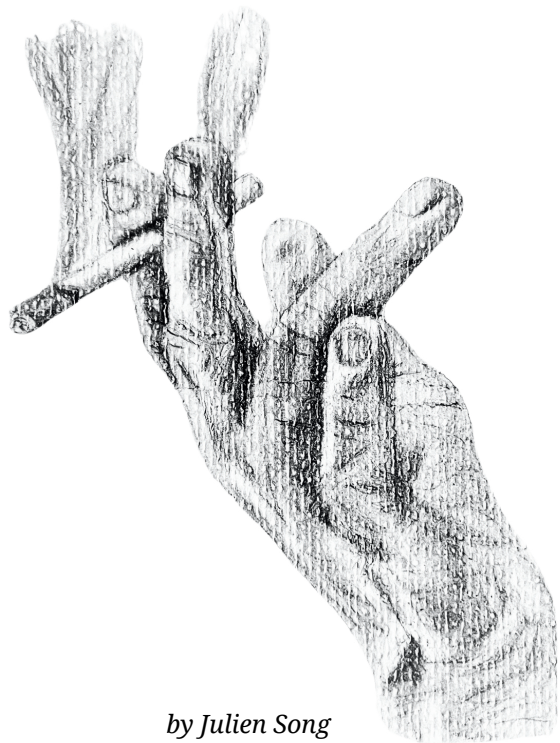
by Lauren Lee



Senior Smoke Break

by Penelope Dang

In the courtyard, every noon, a ritual begins —
wheelchairs and walkers parade into the sun.
Their trembling hands yearningly reach for the packs,
eyes flickering alive at the touch of the lighter.
I am the flame's keeper, igniting
brief, stolen joy, watching smoke
spiral into air, like whispers of their former freedom.
Each drag a rebellion, a tethered escape
from sterile rooms and oppressive quiet.
Their frail figures sigh in relief,
breathing in this poisonous gift;
a paradox that I struggle to reconcile.
Their breaths grow raspy, coughs more frequent,
yet in these moments, they reclaim their pasts.
Stories are shared in the haze
while laughter mingles with smoke.
I stand by, conflicted, a guardian of their fleeting pleasures,
complicit in the slow march of their decline.
The smoke lingers in the air, an invisible chain
linking us in a dance of care and destruction,
each puff a reminder of the delicate balance
between life's cruel kindness and its cruel mercy.



by Julien Song

Metamorphosis

by Matteo & Charlotte Sredzinski

Dedicated to our father

Comfortably settled in, staring out a tiny oval window, I watched the final suitcases being loaded into the cargo area. On the armrest, my fingers tapped along to the melodic beat blaring through my headphones, drowning out the hum of voices and the clattering of suitcases being thrown into the compartments above my head. I fell into my normal rhythm of travel, and right before closing my eyes, I texted my sister: 'I am about to take off. You get home safe? Also, did dad get back from his bike ride?' A couple of minutes later, a slight buzz from my phone: 'Yes, I got home safe. Dad has not come home, and Mom's location says she's at the emergency room. She isn't picking up the phone. Matteo, I'm scared.' The tapping of my fingers became frantic and irregular as the music from my headphones was replaced by the ring of my phone calling my mom. No response. "Flight attendants: please take your seats for take-off." As the pilot's words floated slowly to my ears, I found myself acutely aware of the mechanical whine of the plane, the flight attendant sitting in front of me preparing for takeoff, and the slow roll of the plane towards the runway. Fuck, the call went to voicemail again. Time slowed, the engines roared, and the plane began to pick up speed. Finally, my mom answered the phone. "Yes, Matteo, I am at the hospital. Your dad's been in an accident and is currently in surgery. All you can do is pray. I love..." The call cut.

Big, fluffy clouds floated overhead in the blue sky, and the wind ruffled through my hair. I closed my eyes, settling in on the chaise and trying to force my mind from my upcoming soccer game. Even though it was a beautiful day – the best one in so long – I had no desire to play. I just wanted to stay outside, napping in the bright sun. I couldn't help but idly hope the game would be canceled for some reason: a flooded field or a stomach bug passing around the other team, perhaps. I set a timer for 15 minutes, resigned to the fact that I would have to get ready to go soon. Once my time was up, I walked back into the house and looked down to see a text from my brother: 'Did dad make it home yet?' I looked out the window to see that my mom's car was still gone – she had gone looking for our dad since he was late coming home from his bike ride, assuming he had a flat tire (something that had happened before). I looked down at my phone again to track my mom's location... and saw that she was at the hospital. I immediately called her, listening to the phone ring and ring. After my third try, she finally picked up.

I am now thousands of feet above the ground, traveling hundreds of miles per hour away from my family. As the plane sliced through fluffy clouds scattered throughout the baby-blue sky, I sank into a suffocating darkness. Tears streamed down my face. I could taste the salt on my lips. My hands tightened around the armrests, and I squeezed my eyes shut. However, instead of darkness, vivid images of my father's bloody, mangled body sprawled out on the operating table filled my vision. I squeezed my eyes shut tighter in an effort to save myself from this nightmare, only to find myself at a funeral, now as the man of the house. My eyes flashed open; I had to escape. I frantically looked around, searching for a way out, but all I found was a concerned look from the elderly couple sitting next to me. For the first time in my life, I felt truly and utterly alone. I had nobody. No wife to contact anyone and no means of immediately traveling home. What completely shattered me was knowing that, while the strongest man I knew was fighting for his life in the operating room, nobody was protecting my mom and younger sister... they needed my presence, but I was nowhere to be found.

I leaned my back against the door and hugged my knees, staring at the bathroom floor. I gasped for breath, tears streaming down my face. This couldn't be happening. It wasn't real, it wasn't real, it wasn't real. And to think, just this morning, my thoughts had been consumed with something as trivial as a soccer game. My hands were shaking, I didn't know what to do. My grandmother prayed in the kitchen while my grandfather walked around aimlessly in the backyard. I just wanted my parents. I wanted my mom and dad to hug me. I wanted my dad to be OK.

Harsh lights flickered in the cabin, signaling for passengers to begin to disembark. I wandered aimlessly through the airport, aware only of the echo of my footsteps and the quiet snoring of sleeping travelers. Instead of feeling alone when I reached my hotel room, I felt nothing at all. I eventually walked downstairs in a daze, flashing a grin at the hostess and pretending that it was normal for a 19-year-old with red, puffy eyes to be eating alone at 10:30 p.m. in an airport hotel... I had to wear a convincing mask. Once seated, my gaze wandered to laughing families, smiling couples, a drunk man hitting on the bartender, and then down to my trembling hands. Once back in my room, I curled up in a ball and watched as rivulets of rain cascaded down the window, wondering if the sky was reminding me of my dad's favorite weather or mourning the likely loss of him. Three hours later, I woke up for my flight home.

That night, as I laid in bed, I felt useless. Something monumental was happening, and I couldn't do anything. I was helpless. Even so, I was grateful that my grandparents were there. That my uncle was able to be in town. The future was unknown. Who knew what might happen when I went to sleep? To be safe, I stayed up, periodically checking my phone to see if I had any missed calls or texts from my mom. The next day, I got up to see him with my brother. On the way to the hospital, I stared out the window, watching the long stretch of highway fly by. My phone was filled with supportive texts from friends and family, words that I had no idea how to respond to. I listened to my brother hum softly with the music, the whole time wondering if I was brave enough to face my father.

The automatic doors slid open, exposing me to the suffocating smell of antiseptic and the unnatural glow of fluorescent lights. My sister trailed a step behind me as we navigated the hospital's complex maze. We eventually found the waiting room, and, the next thing I knew, I was following my mom to go see my father. We entered a room and there, the strongest man I knew, my role model, was shrouded in a web of tubes and medical equipment. I caught my breath as if it were enough to break the delicate threads of survival surrounding my father. The ventilator's steady pulse filled my ears, forcing my eyes to the mechanical rise and fall of his chest. My eyes darted to a tube sticking out of his chest, and I watched as a red stream of life traversed its way into a collection bag beside the bed. Walking closer, I noticed what looked like a piece of saran wrap covering the opening of a long incision along his abdomen. His ginger hair now seemed dull in contrast to the bruises and dried blood that caked his face. Finally, I pulled my gaze from my father's broken body and composed myself so that my mom and sister would not have to worry about me. Walking out of the room, I wondered if this was the last time I would ever tell my dad 'I love you'.

I sat in the waiting room, nervously wringing my hands. I decided not to go see my father – I couldn't bear to associate him with this sterile, cold hospital. I stared at the door, waiting for my brother to emerge. I felt that helpless feeling wash over me once again; I felt worthless. I didn't know how to make the situation better, nor how to focus on the positives. I heard the door open, and my brother came out with an empty expression. As soon as he saw my face, though, he offered a reassuring smile, and I felt myself relax. I realized that the people who surrounded me would get me through this impossible situation. As we drove away, I saw the hospital in the rearview mirror and felt a calming sense that everything was going to be OK.

On March 30th, 2024, at 9:31 a.m., our father was struck by a car going 45 miles per hour while cycling. Witnesses described the driver speeding by and saw our father fly ten feet in the air and land 20 feet from the impact. He was rushed to the hospital as a 'John Doe,' which was why it took so long for our mom to locate him. 12 broken ribs, 2 weeks in the hospital, 6 brain bleeds, and 5 surgeries later, our dad was able to return home on April 26th. In the face of all of this, our father is alive today. So, do you believe in miracles? **We do.**



by Yujin Kim

Afterword

We would like to deeply thank everyone who was a part of our father's journey of healing: those who called 911, the paramedics, the trauma surgery team, the amazing nurses, all of those involved in outpatient therapy, friends and family, and, especially, our mother. Mom, you were and continue to be a beacon of positivity and light, radiating hope and love. You are such an inspiration, and we love you so much!

Through Her Eyes: A Mother's Silent Battle With Cancer

by Omofolarin Debellotte

Rose was her family's anchor — a mother of three, a wife, and a small business owner. She had always been the strong one, the steady figure everyone could rely on. With nine siblings, Rose's life had always been full; caring for others came naturally, and taking time for herself felt impossible. Every day, she juggled the needs of her children, the demands of her business, and the countless responsibilities woven into her family's routine. Between work, the kids, and day-to-day life, Rose barely had time to think of herself.

It started as fatigue that settled deep in her bones, the kind she could brush off as a symptom of her busy schedule. She was no stranger to exhaustion — long days packed with commitments, late nights when sleep barely sufficed, and early mornings that arrived far too quickly. She told herself it was expected, just the weight of her life catching up with her. But then, the fatigue deepened, and new symptoms began to surface.

The aches started slowly, a dull, persistent pain that radiated across her shoulder and chest. The discomfort would flare up by evening, lingering like a quiet warning. She rationalized it as muscle strain, the result of lifting boxes at her business, or maybe just the toll of a full life. But the symptoms didn't stop there. Soon, Rose was waking in the middle of the night, her body drenched in sweat, her hands clammy and trembling. It was more than discomfort — it was an intense, bone-deep chill that left her shivering beneath damp sheets, her heart racing in the darkness. Still, she pushed the thoughts away, telling herself it was just age, stress, or another hurdle to overcome. She'd already endured so much — surely, she could handle this, too.

One morning, her fingers brushed over a pebble lodged beneath her breast, firm and unfamiliar. A flash of fear surged through her, but she quickly

brushed it aside. Surely, it was nothing—maybe a temporary swelling. But as days passed, the pebble didn't go away. Instead, it grew harder, more pronounced, a silent reminder of something she didn't want to face. Fear whispered that this was no ordinary change, but she pushed it back. “No, not me,” she murmured. Cancer was a stranger, an intruder that happened to others, people she didn't know. She'd only seen it on TV or in health campaigns, detached from her reality. Cancer didn't happen to women like her. No one in her family had ever been diagnosed with it; the idea felt surreal, like a distant nightmare.

Yet, she noticed her breast's skin taking on a rough texture, puckering like tiny ridges stretching across her once-smooth skin. At times, her breast would feel swollen, the skin uncomfortably hot to the touch, almost as if it were inflamed. She forced herself to ignore the shadowy thoughts that whispered doubts in the quiet moments. As she reminded herself often, she was too occupied to obsess over a few minor changes. Her family and business needed her, while her community, husband, and siblings all relied on her fortitude.

One morning, as she was getting ready for the day, she caught sight of herself in the mirror. This time, the changes were undeniable — the lump had grown larger, and her breast looked unrecognizable to her. When she saw bright red drops spotting her bra, a visceral panic washed over her, a wave of dread she couldn't ignore. The quiet terror she'd buried for so long now screamed for attention.

Even so, Rose hesitated to seek help. She told herself it was nothing, that the discomfort would pass, that she didn't have time to sit in a waiting room for hours only to be told what she already suspected — that she was fine.

She knew what seeking medical care in her community meant. The hospital walls bore the weight of time, their paint chipped and stained from years of neglect. The waiting rooms overflowed with patients, some slumped against the walls, others fanning themselves against the stagnant heat, knowing they could wait hours before seeing a doctor. The scent of antiseptic barely masked the underlying smells of sweat and sickness.

At the pharmacy counter, a mother clutched a crumpled prescription, pleading with the pharmacist who could only shake his head. “We don’t have it,” he muttered, already moving on to the next person in line. Inside the exam rooms, doctors worked with what little they had — stethoscopes held together with tape, syringes rationed as if they were gold, monitors that blinked erratically or not at all.

This was why Rose hesitated. In her community, seeking help wasn’t just a matter of scheduling an appointment, but a battle against scarcity, where patients and physicians alike braced themselves for the realities of a system stretched too thin.

A few weeks later, she finally mustered the courage to see a doctor.

What a waste of time, she thought as she left the office, the physician’s words still echoing in her mind. He had listened, nodding thoughtfully, then offered an easy reassurance — likely just an infection, nothing more. A round of antibiotics and some rest, and she’d be fine.

She wanted to believe him. She needed to. Maybe this was just a scare, a moment of unnecessary panic that she’d soon put behind her. But as the days passed, the gnawing unease refused to fade. Whether it was her anxiety or the lump itself pressing harder against her thoughts, she couldn’t tell.

Months passed, and yet the symptoms persisted. The lump grew, firm and unyielding beneath her skin, like something taking root inside her. The fatigue settled deep in her bones, pressing down on her like an invisible weight, slowing her movements, and clouding her thoughts. She tried to ignore it, to push through the exhaustion and carry on with the life that demanded so much of her. There were children to care for, a business to run, and family and community commitments she couldn’t abandon. But no matter how hard she tried to stay present, her mind kept circling back to the quiet, insistent changes in her body.

It was as if she was carrying something within her, a presence growing in silence, unseen yet undeniable. Like a child in the womb, it developed over time, changing her from the inside out. But this was no new life. It was something else entirely — something she hadn’t asked for, something she feared. It was waiting, just as she was, for the moment when it would finally be acknowledged.

A few months later, while visiting family in the United States, Rose decided that she could no longer ignore her intuition; she scheduled an appointment with a doctor. Just for peace of mind. When she described her symptoms, she saw the doctor’s eyes glimmer with concern. They ordered a mammogram, and as Rose lay on the cold table, her heart pounded, each click of the machine feeling like a countdown.

When the results returned, the doctor’s words hit her like bricks — heavy, undeniable. “It’s cancer,” the doctor said, her tone gentle but firm. Rose’s lungs hollowed out, and her world dimmed around her. The quiet terror that had whispered in her mind had been right all along. Her children flashed before her eyes and brought with them thoughts of the futures she might miss, the spaces in their lives where she should be. Cancer was no longer a distant threat; it was a stranger that was here, inside her, feeding on her cells, her strength, her world.

The months that followed were filled with appointments, treatments, and procedures, each one a grim reminder of the silent enemy lurking within her. Every morning, she awoke with her hand pressed against her chest as if trying to halt the tumor’s growth, its claim over her body. Time distorted, bending under the weight of her fear. Weeks felt like years, and each day stretched painfully into months as she waited for her surgery.

Rose struggled to remember everything she wanted to ask her doctor. Her questions seemed to slip away each time she entered the sterile office. So, she asked her daughter to accompany her to the appointments. Her daughter had a way of grounding her when her thoughts threatened to spiral. They would sit together in the waiting room, hands clasped in each other’s as they went over a list of carefully prepared questions. Rose hated that she was forcing her daughter to carry this weight; she never meant to share this burden. But her daughter’s presence was a lifeline. She wasn’t facing this alone.

Her doctor was more than a physician — she became Rose’s advocate, a source of comfort amidst the chaos. She took the time to learn the names of Rose’s children, asking about them with genuine warmth. Her act of remembering details gave Rose strength. She asked Rose about her fears, hopes, and the milestones she wanted to

witness. Whenever possible, the doctor scheduled treatments around important events, ensuring Rose could attend the moments that made her life worth fighting for. Slowly, Rose came to see that her doctor saw her as more than a diagnosis. Rose was a woman, a mother, an entrepreneur, a person with a life beyond scans and charts.

The months leading to her surgery passed slowly, days stretching like years in torturous silence. She held onto the belief that the surgery would be the end of it, that life would go back to normal.

The day of her surgery was one she both anticipated and dreaded. As she lay in the hospital bed, her heart pounded, and she prayed that this procedure would free her from the shadow growing within her. When she awoke, the surgery was deemed successful, and a wave of relief washed over her. But as she looked down at the scar etched across her skin, a profound loss hit her. She was alive, but she was no longer the woman she had once been. Her body had been marked, forever altered, and she struggled to reconcile this new self with the woman she'd known.

The following months hesitantly returned a fragile sense of normalcy. But the fear never left. Each check-up sent a jolt of dread through her, her heart racing as she awaited the doctor's verdict. Even when her tests came back clear, she couldn't shake the feeling that the cancer could return, lurking silently, waiting to claim her again.

Despite her best efforts to push the fear away, each new ache, each unfamiliar sensation in her body, set her mind spiraling. She lay awake in the quiet hours of the night, the weight of her fear pressing down, as heavy as the cancer itself. She promised herself she'd live without regret, making each day count. But the fear lingered, a quiet, persistent reminder that nothing was ever certain.

Then, one day, her doctor called. Rose's heart raced as she answered, a thousand fears bubbling up, twisting her stomach into knots. Her doctor's voice was careful and soft, but Rose could hear the weight behind her words. The air around her stilled, her mind racing, her breath catching in her throat. She knew what this meant before her doctor even said a word.

The cancer was back.

Black Women, Pink Ribbons: Representation and Care to Fight Racial Disparities in Breast Cancer

by Breanna Villarreal

My mother once confided in me how much she dreaded her yearly mammogram. It was not only because it took time out of her busy schedule or because waiting in the doctor's office felt like a chore, but also because the exam experience was uncomfortable and scary. Her history with doctors who seemed to have little compassion or understanding of her life experiences and the anxiety surrounding cancer made the visit decidedly unpleasant. Shortly after, she switched to Black healthcare providers who better understood her perspective. For many Black women in her position, however, this option doesn't exist. They may live in areas where it is impossible to find doctors who understand their experiences, let alone look like them. Others have serious negative experiences with the healthcare system that turn them away forever, which can have dire consequences on their treatment plans. Former MTV video jockey and social activist Ananda Lewis, for example, refused treatment for her diagnosis of breast cancer, allowing it to spread without remedy (Shultz).

I witnessed how this collective fear of the healthcare system impacted clinical outcomes first-hand during my time at the Brown University Community Health Informatics Data (CHID) Lab. The CHID Lab broadly researches data and technology to advance health equity for Black communities in Providence and the United States. Since November 2023, I have been researching the rate of breast cancer deaths in Black women, their causes, and potential solutions. The disproportionately high rate of breast cancer deaths can be partially attributed to later diagnoses — often due to the fact that Black

women are less frequently screened for breast cancer.

In February and March of 2024, I helped conduct a series of interviews with healthcare professionals in Providence on structural racism in the healthcare system today. In one interview, Dr. Patricia Risica, Associate Professor of Behavioral and Social Sciences and Director of Undergraduate Studies for the Brown School of Public Health, described conducting a focus group of women of color about their experiences with breast cancer screening and treatment. She shared that some women in the group saw breast cancer as “a white woman's disease” due to the messaging around the Susan G. Komen organization (Risica). The historical lack of representation of Black women in media leads many women to delay screenings, contributing to significantly later detection and higher mortality rates.

Additionally, Black women are disproportionately low-income, making up over 22% of women in poverty but only about 12% of women in the U.S. Many simply do not have the time to get screened as often as they should or might like to (Bleiweis, Boesch, & Gaines). This can be attributed in part to the fact that Black women, especially those who are low-income or need to work more to support their families, are often expected to place the needs of the household above their own: “[they] find it hard to find time to do something like get[ting] cancer screened... prioritizing themselves is not something that they often do because they have other responsibilities” (Risica).

Moreover, in popular culture, history, and experiences from my work at the lab, there are countless examples of Black people being exploited or mistreated in healthcare. Dr. Risica shared how many women described “terrible stories of how they were treated in the clinics that are right here in Providence” (Risica). She went on to say, “This isn't history. This is happening now. And this is treated in such a way that they don't ever want to go back again” (Risica). When Black women are ignored or dismissed at a first appointment, they are naturally more hesitant to return, leading once again to late diagnoses and increased mortality rates. Although medical schools have been working to improve cultural competency teachings, systemic issues persist.

These issues of representation are not only present in human interactions. In my work, I have learned a significant amount about AI, its biases, and the ways it increasingly interacts with medicine. For example, a 2019 study published in *Science* found that diagnostic AI was much less likely to recommend follow-up care for Black patients than white patients, even if they were just as sick or sicker (Chakradhar). Additionally, a more recent study at MIT found that AI models used in healthcare could accurately predict a patient's race from their X-rays, but the better they were at predicting race, the more they enforced "fairness gaps," where diagnoses became less accurate for certain demographic groups, increasingly being unable to accurately diagnose women and people of color (Yang et al.).

There is great potential for the humanities, however, to create more representation and dialogue about breast cancer among Black women and other women of color. Take Black feminist poet and writer Audre Lorde's work, for instance. In 1977, at 43 years old, Audre Lorde was diagnosed with breast cancer. In 1978, she underwent a modified radical mastectomy to treat it. Six months later, she reflected on her emotional state in her journal, which she later published in a collection of entries and essays titled *The Cancer Journals*: she described feeling "despair sweep across [her] consciousness like luna winds across a barren moonscape" (Lorde, 11). In the introduction to the book, Lorde acknowledges her place amongst the many women with breast cancer dealing with the diagnosis and its accompanying loneliness. They either choose to follow "the path of prosthesis, of silence and invisibility" or to create strength and change from their illness (Lorde, 10). Unfortunately, six years after her initial diagnosis, Audre Lorde found out that her cancer had returned, and she passed away at 58 years old (National Museum of African American History & Culture).

Audre Lorde's story is tragic and offers us a new, invaluable way to understand the experiences of breast cancer patients, but the circumstances are not unique: Black women have a five percent lower incidence rate of breast cancer than white women, yet a 38% higher mortality rate (Breast Cancer Research Foundation). Further examination reveals that there is not a single cause, which also means that a combination of efforts targeting each of multiple causes must be made.

As Lorde wrote in *The Cancer Journals*, "there

are so many silences to be broken" (Lorde, 23). The community of women who have been diagnosed with breast cancer, as well as culture at large, faces pressure to conform with what is socially acceptable. This, combined with simple fear and shame, pushes many women into a state of silence where they do not discuss their experiences. Lorde emphasizes that "your silence will not protect you," just as her own silence had not protected her (Lorde, 20). Only through writing and speaking out about her experiences was she able to come to terms with her new reality, as well as warn others about the reality of breast cancer and the importance of being screened, especially for Black women. While this is not an exhaustive list of reforms nor next steps, it is an attempt to begin breaking some of those silences.

Ultimately, the issues surrounding Black health do not stem from a single injustice, but the culmination of many factors, including a culture of mistreatment, shame, silence, and reasonable fear and distrust from patients. However, it is not all negative. There's been incredible development in healthcare, from the innovations of Black doctors to efforts aimed at remedying the unfair treatment of patients within the medical field through cultural competency, improved data, vigilant regulatory bodies, and more (Williams & Rucker). To address the mortality disparity in Black breast cancer patients, we as a society must take a multifaceted approach. There must be a reframing of rhetoric and messaging surrounding the disease, as well as further representation of and encouragement for Black women to be screened. It is equally important that when Black women get screened, there is an effort to improve patient care, making them feel comfortable, heard, and understood so that they are encouraged to undergo regular screening. The healthcare field as a whole, including AI diagnostic models, must reform the way Black patients, particularly Black women, are viewed, treated, and diagnosed.

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Healing Hands?

by Samir Saeed

Under the sterile stars and hospital hums, I do the work I was born to do.

The infinity between my younger self
and where I stand now is a distant memory.
Once the vanguard defending those entrusted to us,
Soothed by the steady beeps that drift gently into the hall.
I move efficiently from room to room,
Checking and double-checking,
Observing and intervening,

It is a system that saves.
But

there is always the unexpected.

The melodic beeping gives way to a piercing tone — a nightmare —
A sick taunt questioning my abilities.
What happened? What did I miss?

Everything freezes for an instance.
A sterile chill swirls around me, moving its hands up my back.
It crosses my shoulders, slides down my arms, and wraps its cold fingers around my own.
It grasps my skull,

Squeezing harder and harder,

Shocking me into action.

As I push the heel of my palm into his chest over and over, I feel the chill wrap itself around me once more.

LIVE.

The chill becomes a gale of sterile air,
And that word echoes again

LIVE.

The wind grows faster — a squall tugging at my clothes.
It becomes louder,

LIVE.

The gusts tear past me
This torrent rips at my body, my skin, my face.
It repeats over and over —

LIVE.

Live.

live

live

Kintsugi

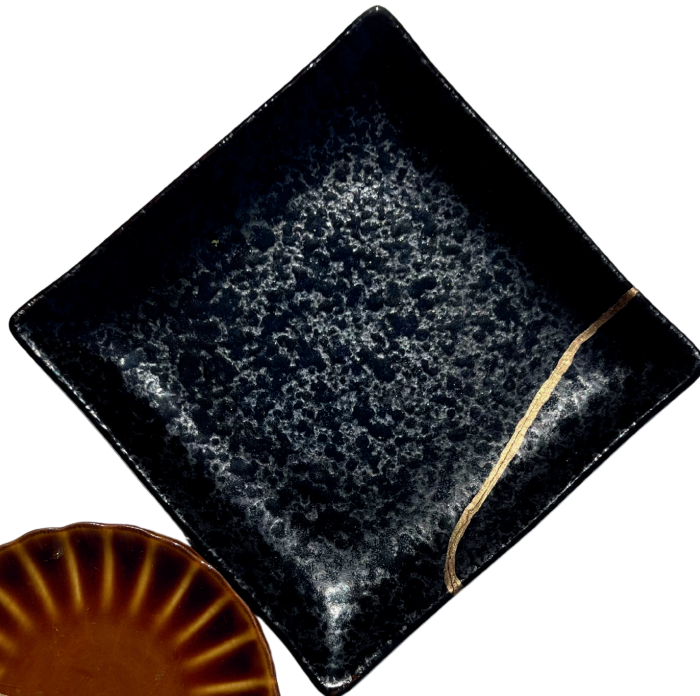
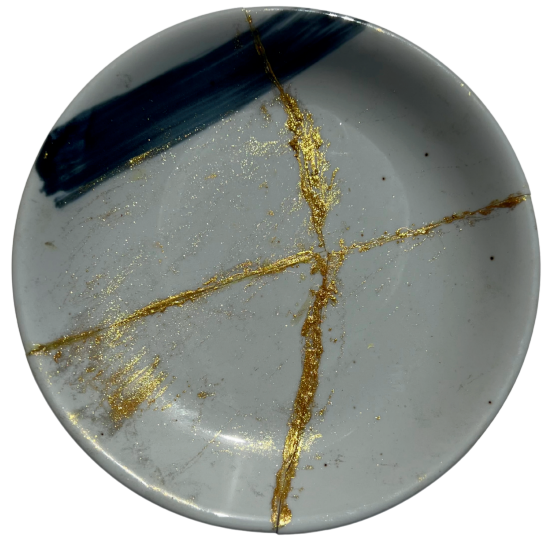
by Ethan Rhee



My work uses the Japanese art of *kintsugi* to repair broken ceramics. It started with a dish that I accidentally broke; I wanted to find a sustainable way to repair it instead of abandoning it. I used sandpaper and putty to smooth and fill in the sharp edges and gaps. Fragments were glued together and the broken lines were highlighted with gold paint or gold powder. The newly created piece embraces all of its imperfections as celebrated parts of history of the piece.

Each dish has its own unique path to repair, its own potential for beauty. Similarly, we each carry a unique set of fragments that have been shaped by our journey.

Through my *kintsugi* community, I've come across rich and diverse stories of healing: a newlywed couple that repaired a *kintsugi* piece together in couples' therapy, a grandfather finding healing after a brain injury, and a person processing their anxiety and finding ways to embrace life's imperfections. These are the voices of healing that *kintsugi* has connected me to.



An Unusual Adventure

by Dr. Robert Meringolo

When I was between my second and third year of medical school, my housemate and I were discussing how we might spend our summer vacation time. It so happened that one of my colleagues, who was a year ahead of us in school, had just come back from Haiti. He stated he had the most exciting experience of his medical career in a clinic in northern Haiti, which had no medical doctor but was staffed by Canadian nuns and nurses. The next year, several other medical students went to Haiti to work in that same clinic, returning with wonderful experiences to share and nothing but praise for the unique medical education they received. My housemate suggested that we go.

By this time, interest in the program had grown to the point where other medical students had set up a committee to evaluate the students who wished to go to Haiti. My housemate, who was very high in academic standing, was quickly selected to go. Thankfully, the selection committee recognized how well my housemate and I got along and agreed that we should go as a pair.

After immunizations were received, we booked and boarded a red-eye flight. We were outfitted in our Madras jackets and khaki slacks. The plane first landed in Puerto Rico and then continued to Haiti in the morning. After we got there, we went to board a bus to bring us to our destination. The bus was completely full, but my housemates were able to get on, leaving me standing in the street. The driver left the bus, walked several yards, and found a piece of wood. He wedged the wood between his seat and the window and said, "Doctor, please have a seat". The level of respect he showed demonstrated just how grateful everyone around me was to have medical help. Climbing onto the cramped bus with my arms mostly out the window, I braced myself for the 10-12 hour journey ahead of us.

We were off to Limbé, Haiti. At that time, it was the rainy season, and there were large puddles in the unpaved road. A young boy on top of the bus would come down and go into the puddle to direct the driver as to whether he would need to circumnavigate it or if he could risk driving over it. Every 10 miles or so, the bus was boarded by

the Tonton Macoute, armed secret police, who evaluated our papers. Only if they were satisfied would they let us continue our trip. Ultimately, we made the trip in about 10 hours, and we were to start at the clinic the next morning.

Our patients' problems ranged from minor cuts and bruises to serious illnesses. We saw a case of tetanus in a patient who had fallen on a machete and packed the wound with mud and a young boy with a serious fracture. We had never set a fracture and had no X-ray equipment, but we did the best we could.

After several days, we were told that the nuns at the clinic had a biennial retreat to another village. As usual, on our trip to the other village, the secret police boarded our bus to check our papers. We became used to this routine, beginning to relax and not fearing they would give us any problems.

After being in Haiti for one week, we realized our skills were inadequate to safely treat our patients. We told the nurses that we wanted to return to the United States since we felt very uncomfortable in our caregiver roles. The next morning, we boarded the bus that would travel south to Port-au-Prince. Again, the secret police boarded the bus to check our papers. It seemed to me that we were fairly lucky; the trip was only about eight hours back to Port-au-Prince.

However, in Port-au-Prince, we were once again confronted by the secret police. They asked to see our papers and our travel permits. We did not have the travel permits they now asked for; in fact, they were never issued to us! The officer who boarded the bus gave directions. At the time, we believed we were protected by the nun accompanying us on the bus back to the airport. To our surprise, however, the bus was now directed to go to the prison.

Once at the prison, we were demanded to exit the bus without the nun. They also forbade us from bringing our luggage (though they did eventually return it to us). Even after being told to stay out of the prison, the nun insisted on defending us. She was our only advocate; in fact, she did the talking for the three of us. She explained to the officers that we had developed tuberculosis and were trying to return to the

States to seek medical treatment. We believed then that we were out of danger. The officer behind the desk made a phone call and, suddenly, about ten guards came rushing downstairs. The officer unlocked a cabinet, and they all proceeded to point their rifles at us from within the cell. At this point, I started to cough as if I really did have tuberculosis. Finally, the nun's efforts convinced them, and we did not have to remain in prison. Since it was a Friday night, the officer said we had to go to court on Monday and that we would be under house arrest until then. They would allow us to go to a hotel. I thought that was a good outcome; however, the nun explained to us that their plan was to find us and take us to prison in the middle of the night. We, therefore, spent the next night in an orphanage at the convent.

The next morning, we went straight to the American Embassy. All American embassies are protected by the U.S. Marines. I had never been happier to see a Marine in my life! We explained what had happened, and he said he had to call someone in from the ambassadorial staff. A woman came in and listened to our story. She asked us what they had confiscated, and we were not sure what she meant. So she verified that we had our passports and tourist cards. "Then, as far as anyone knows, you are just a tourist in Port-au-Prince, and you have not traveled up north where a travel permit is required." She then gave us the instructions: "Take a night flight. Go by the back roads to the airport and give me the names of your next of kin."

We spent the day — not in house arrest but with the nun — exploring Port-au-Prince. That night, we were taken by back roads to the airport. The nun again took charge and did all the talking on our behalf. She literally grabbed an airport attendant by the tie and said, "These are my friends, and they are leaving." He stamped our passports, and we waited for the plane. We thankfully flew to safety in Puerto Rico and spent the next 2-3 days recuperating there. Surprisingly, people there had heard about our stories. We did not know how that had happened, but people were buying us drinks and wanting to hear everything that had gone on. Eventually, we were able to fly back to the United States.

On the way back, my colleague said to me, "Do you know what scared me most about that place?" I thought for a second and threw out the obvious possibilities. "The guns pointed at us?" "No," he said almost instantly. "The fact that we almost went to prison?" He again said, "No." I gave up.

"What scared you most about that place?" I eagerly asked." He said, "If I got sick, you'd be the only one there to take care of me."



*In Memory of Dr. Robert Meringolo
1944 - 2024*

An Everlasting Garland

by Rita Basuray

In late 2014, my dear friend's husband passed away. Her relatives, living far away in India, had only one request in their grief — a garland of fresh white flowers to accompany him on his final journey, according to Hindu custom. Familiar with this tradition, I carefully crafted a garland of fragrant white blooms. My friend, unaware that I could make flower garlands, was deeply moved and truly appreciated my efforts.

Years later, in mid-2020, fate struck another cruel blow. My friend's only son passed away in another city. She and her daughter rushed to be with him. At the time, COVID-19 was rampant, and as an elderly person unable to get vaccinated, I couldn't travel to console her in person. Nor could I create another garland from afar. When she returned, I was overcome with guilt, grief, and an urgent need to comfort her.



In a frenzy, I painted this garland of white flowers — to honor her and her son. When I gave her the painting, she was touched. As a mother, she couldn't place a real garland on her son's photograph. To this day, this painting remains beneath his picture.

The Importance of Culturally Conscious Care in Addressing Disparities in South Asian American Healthcare

by Aasiyah Aziz

Introduction

According to the 2020 United States Census, the Asian American population has grown from 3.5 million in 1980 to approximately 23 million in 2022. Today, Asian Americans comprise roughly 7% of the nation's population (Budiman & Ruiz, 3). This paper will refer to anyone of Asian heritage residing in the U.S. as "Asian American" regardless of their immigration status.

Asian Americans are often underrepresented in health literature; psychological and physical health research has been historically restricted to European Americans (Perera & Chang, 3). While increased efforts are being made to understand discrepancies in health outcomes and access for African American, Hispanic, and Latino American populations, Asian Americans remain neglected. Major journals of health for African Americans and Latino Americans have existed since the late 1970s, but the first journal for Asian American health was only established in 2009 (Perera & Chang, 3).

Evolving Models of Health

Traditional views of healthcare have focused primarily on the biomedical sciences model, in which health is understood as the absence of disease (Seligman & Csikszentmihalyi, 5). However, this model does not account for the full range of complexities and experiences that impact psychological and physical health (Green, 2). The sociocultural norms resulting from race, gender, and religion are largely overlooked by this model but are essential for understanding individuals' health and health-related beliefs (Green, 3).

In contrast, the biopsychosocial model suggests viewing health through a psychological, biomedical, and sociocultural lens and focuses on the interconnectedness of these aspects. This

model emphasizes the importance of both the cognitive and sociocultural aspects of the human experience, while still acknowledging the biomedical aspect (Perera & Chang, 2). Given this research, it is important to consider not only the biomedical and socioeconomic factors but also the sociocultural barriers when providing care, specifically cultural norms that impact the health-related beliefs and decisions of South Asians.

South Asian Cultural Stigma and Healthcare Clashes

A common theme in research on the South Asian community is the strong stigma around discussing illnesses, especially those affecting women. In many South Asian communities, myths that cancer "germs" can be spread through physical contact or sharing personal items persist, which results in social isolation due to fear of spreading or contracting the disease. This also exposes a woman's whole family to the risk of being ostracized by their community, which makes women more likely to hide their diagnoses (Bedi & Devins, 41).

Another common trend in studies is that doctors' advice and health recommendations often clash with or ignore cultural beliefs and practices. For example, doctors' dietary advice often overlooks patients' cultural practices or religious beliefs; as a result, patients less likely to follow guidance. (Vakil et al., 289-290). For example, doctors often enforce the elimination of foods that are an essential part of the traditional South Asian diet, which many patients find unacceptable — they think that their doctors do not recognize the nutritional value (Vakil et al., 289) or social and cultural relevance of their food as an important way to maintain a sense of identity (Kandula et al., S18). Similarly, dietary advice should consider South Asian practices, such as fasting during Ramadan, as they holds significant meaning for patients (Kandula et al., 19).

Accounts from South Asian individuals show that dissatisfaction with their treatment stems from numerous factors including culturally insensitive advice, language barriers, brief consultations, inapproachable demeanor, and being ignored by doctors (Vakil et al., 290). When viewed through the 3C model of healthcare delivery, each of these issues can be attributed to an insufficient understanding of patients' culture and beliefs.

The 3C Model of Healthcare: Communication, Confidence, and Continuity of Care

A systematic review of reported challenges in healthcare delivery to migrants and refugees found that they could be categorized as issues of communication, continuity of care, or confidence. The first aspect of the model, communication, is required for establishing the patient-doctor relationship and for exchanging information accurately and efficiently. When a provider and patient do not speak the same language, there may be miscommunication or a lack of understanding of the patient's symptoms and treatment plan. Cultural differences are the main factors that contribute to these language barriers. For example, a study conducted on South Asians found that many ended up receiving lower-quality advice from someone who speaks their language than higher-quality advice from someone they would have difficulty communicating with (Vakil et al., 288).

Family-assisted translation or interpreters are frequently used when a patient and doctor do not speak the same language. Family-assisted translation has been associated with miscommunication, withholding of information, and even decisions being made without the patient's consent due to the patient's lack of understanding (Vakil et al., 291). In addition, family-assisted translation is usually sub-optimal when compared to a professional interpreter because it is often difficult to translate medical jargon into a different language.

The second C in the 3C model represents confidence in providers. Many elements impact patient confidence in the patient-doctor relationship, including respectful treatment. Respectful treatment comes through understanding and acknowledging a patient's cultural, religious, and ethnic beliefs, and working to integrate that knowledge into the healthcare plan without shaming the patient. Providers must avoid shaming or stereotyping patients for their cultural beliefs, as it can lead to feelings of alienation that might cause patients to resist treatment or disregard the doctor's advice (Vakil et al., 282).

The third C of the model refers to continuity of care. For the patient, this would be a "continuous caring relationship" with the provider, which includes attending follow-up visits and adhering to medical advice. For providers, this would be the "seamless service" that they provide for their patients (Gulliford, 248). Inherently, it relates to

the patient's satisfaction with the interpersonal aspects and the coordination of care and is influenced by factors including education, ease of access to health facilities, and collaboration to ensure minimal loss of healthcare information over time (Brandenberger et al., 3). South Asian cultural beliefs play a significant role in decision-making when it comes to health.

Relevance of the 3C Model

Whether it is weighing the importance of a doctor's appointment, hesitating to get screened for cancer due to social stigmas, or overestimating their health, these beliefs have the potential to hinder one's ability to receive proper care. The 3C model identifies major challenges to providing healthcare to immigrant communities; it also describes the complex and delicate balance that exists between the three Cs themselves (Brandenberger, et al. 8). By understanding the challenges that patients face and being able to connect these challenges to the South Asian identity, we can better understand the differences that exist in healthcare for this population.

This research was made possible by the Hunter College AANAPISI Project's Undergraduate Research Assistants Program under the guidance of Professor Dorian Onifer.

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Life Cycle

by Sohana Raisa



Life Cycle was created to depict the inevitable and endless struggles of womanhood. A woman is shown being suffocated and restrained by an umbilical cord — representing the seemingly endless expectations a woman must face from the beginning of life until death. This piece emphasizes how, historically, women have had their personal worth and character disregarded, instead reduced to their reproductive and sexual capabilities — often deemed worthless when unable to provide their male counterparts with such.

Variations in Misery

by Dr. Zhaohui Su

Unwell
Ailing
Queasy
Squirming uncontrollably in the spiraling of a
tried and tired body
Screaming quietly across variations in misery

In decidedly desperate need
Of contingency plans
A, B, C
If there are any

Must weather this storm
Of tragedy and travesty
Must survive this storm
For today, tomorrow, and sanity

Broke
Baffled
Gloomy
Stuttering tensely in the spiraling of mad money
Stumbling here and there across variations in
misery

In decidedly desperate need
For contingency plans
A, B, C
If there are any

Must weather this storm
Of tragedy and travesty
Must survive this storm
For today, tomorrow, and sanity

Saddened
Downtrodden
Melancholy
Sighing plainly and secretly in the spiraling of injury
Surrendering here and there across variations in
misery

In decidedly desperate need
For contingency plans
A, B, C
If there are any

Must weather this storm
Of tragedy and travesty
Must survive this storm
For today, tomorrow, and sanity

Must weather this storm
Of tragedy and travesty
Must survive this storm
For love, hope, and humanity

This, too, shall pass
I, too, can survive

This, too, will pass
I, too, can thrive

A Medical Melody

by Vishal K R

From the first day,
We embarked on a journey
Perhaps different from others,
For we deal with human life.
Their fear, joy, family all in our hands...
A sense of responsibility arises,
For which one takes an oath to fulfill,
Even if it is an anchor to our dreams

Times have changed within the last few years,
From dissecting a cadaver to operating on a living human body,

From classroom teaching to bedside demonstration,
From a reduction in circadian rhythm to a messed-up routine.

Yet when the call occurs, one springs into action,
The source of energy,
The joy one gets after delivering a live baby,
Erasing all the hunger pangs we carry around.

Our life expectancy may be short, chaos and cholesterol our companions,
Yet we serve till our last breath,
Life given to prolong others
When the divine intervenes, calling for eternal rest,
Even the grave becomes a pilgrim's site.
Continuing to touch lives even after death...



by Angela Nie

Creative Recoveries

by Kenny Daici



Art by Lauren Kaneira

Drawn from my experience as a creative arts therapy intern, this choose-your-own-adventure story provides customizable recovery trajectories for one embarking on an inpatient course of treatment. Each segment of the story is drawn from real patients I have observed and spoken with, each with different conditions and symptom severities. Their names are limited to their first initial for privacy reasons. Of course, recovery can take anywhere from weeks to months, and this series of vignettes is not meant to suggest that just a few rounds of art or music therapy can magically cure the effects of strokes, traumatic brain injuries, or similar neurological conditions. Instead, this story allows you to catch a glimpse of what care looks like outside of the stereotypical modes of treatment and how it can accelerate recovery.

Voice in One Night

by Kehinde Temitayo Soetan

“None of our bodies shall leave the earth without us.”
You slowly whispered those words
the night we built our first altar in your room.
That night, the room felt small.
It held the weight of your words.

Outside, the street blossomed into gray.
Rain fell, drumming on the roof.
Cold hugged the air, stiff and unchanging.
The street seemed to fold into a shadow.

Your voice trembled.
Groans echoed,
touching everything in your room.

That night, I knew you lost something.
Perhaps your mind
or a fusion of your mind and body.
Something I could give back to you.

Instead, I stood there,
and you said, SLOWLY. AGAIN.
“May our bodies not leave the earth without us.”



by Sohana Raisa

Passed Regrets

by Hilary Nguyen

In one of the stars, I shall be living. In one of the stars, I shall be laughing.

Those simple words choke the young woman hovering to my left. Huh, that's new. Not the crying — I am often visited by mourning loved ones whose ringing sobs wrack their soft, mortal bodies, and my semi-immortal diorite one. But, more specifically, her face; I swear I haven't seen her before. I would hedge an arbitrary guess that she's 19, though it's hard to tell when I've been around for so many decades — with large, boxy, mocha sunglasses resting on the tip of her tanned nose. From a cursory side-eye (the only way I, carved into my position permanently, can see her), I notice the glint of her amber reading glasses sitting underneath the sunglass shield, much like how her brown hair shields the sides of her face. She wants to see but not be seen, although I don't think she notices me looming over her. She is evidently aware that death is always looming, judging from the way her inconspicuous black car is parked just steps away from my columbarium, ready for escape — or denial. With her floral pink blouse, she blends in with the roses, tulips, and lilies I see laid delicately at the cremation niches I preside over and the graves beyond my open-air San Diego home.

Welcome to Via Libre Memorial, and welcome to Legacy Plaza, I announce.

"I didn't bring any flowers," the young woman's voice floats up from my feet, "because I saw that your obituary says to donate to the National Kidney Foundation instead. I'm starting to wish I did, if only to replace these." Since Maribeth's niche is right under me, built into my base, I can't see her flowers, but each of the other occupied niches on the inner and outer walls of the columbarium sports a vase with varying degrees of wilting blossoms. "I'm not sure if you remember me, but... I'm Hilary Nguyen. I was in your 5th-grade class from 2015 to 2016. You brought the violin I had rented over to my house because I'd left it in your classroom on the last day of school." Her hands

twitch as if to touch Maribeth's golden epitaph, but she hesitates. Unlike violin strings, the raised words would not sing a melody when touched.

Hilary sinks to the ground, folding her legs under herself the way I've seen young children sit before. "You took our class to get frozen yogurt at the end of school that year." She pauses, racking her brain for shared memories to rehash, refusing to let the conversation die down. Her eyes crinkle into crescents as she reanimates herself. "Oh, and Haeun Gang, remember her? She was in the same class, and her parents babysat me for a few weeks at the beginning of 6th-grade. You took us to get froyo then, too, even though you didn't have to. Her family moved to San Jose sometime in middle school, and she changed her name to Amelia. She's at UC Riverside. I follow her on Instagram, and she posts a lot about being a sorority sister now. I don't know what she's majoring in, though. I sometimes still use her Korean name by accident."

This story tumbles out of Hilary like she's making up for lost time, as if sharing what they both didn't know about a mutual friend would make Maribeth stay a little longer. It's weird, though — the way people freeze at whatever age you last knew them. Is this how Hilary felt about Maribeth: forever 62 and forever her teacher? How much, if at all, did they know each other outside of that student-teacher context? How many chapters of each other's lives were they not a part of?

"The park we passed through to get to Yogurt Paradise; I organized a class reunion potluck at the end of 10th and 12th grade in that same park. Man, people are hard to gather." From the way her shoulders turn in towards each other, I can see her exhaustion and fear — perhaps from feeling responsible for corralling people who are ready to move on. Maybe they're not honoring their journey together, or maybe Hilary is stuck in the past. "I hope you don't mind that I invited my boyfriend to those. You don't know him because he went to a different elementary school. He's now at UCSD for computer science, and I'm at Brown as a biochemistry major! This year, we were finally so close to qualifying for March Madness. I'm not sure how it works. I only know it's about basketball because you wrote to me about it once. I think we lost by a point in the last

few seconds, even though we were ahead by five.” She laughs softly, something pitiful and mournful. Oh, how quickly everything can be taken away. “I wish you had told me you went to Cornell. I wish I had asked.” You never register how much you don’t know about someone until they’re gone, and it’s too late. Then, your mind wanders to them, insatiably thirsty for details you had not thought to ask about before.

But late and never mean the same thing to the dead.

“I’m sorry, Ms. Fujioka.” For what? I imagine Maribeth replying. “I should’ve told you all of this in the letters I sent you.” She quiets and fumbles with the gold chain on her purse. “I used to always push things off. It took me two months to respond to your last letter, but the day after I sent it, I found out that you...”

I am suddenly very aware of the bird cupped in my forever-raised hands, the weight of guilt Hilary carries. “Landon Tietsort told me. He probably heard it from his mom since you two worked together.” Her head turns to the left — to the west, the same direction I hold my bird out towards, the direction of the sun setting, of an ending — and she looks into the distance, as if she can see the faraway past better from there.

Hilary clears her throat, and I clear my thoughts. “Your mom wrote me back. I should’ve brought her letter with me. She found mine in your mail when she was cleaning your place.” She fidgets with her fingernails, picking at the skin there. “I should’ve written her back, too.” She sighs. “I’m getting sick of wishing. At some point, I just have to do it, right?” Her nose wrinkles. “That’s kinda funny, considering my shoes.” She points to her shoes, a white pair with a swooping seafoam green checkmark, and her voice takes on a hint of the brightness that had erupted across her face earlier. “You would have laughed if you were here. You asked Oliver Markov if he wanted a kiss that one time while holding out a bag of Hershey’s Kisses for the class. He was being so cheeky, so I’m definitely glad you stunned him.”

Chuckling, Hilary retrieves a tarot deck from her purse. “I’ve always wanted to learn tarot,” she holds it out. “I went to Barnes and Noble and bought a book for it, and another on astrology, too.” She hums softly. “I think I fell in love with the stars during our field trip to the observatory. Orion’s a cliché, but he’s my favorite constellation.” She stretches a beat of silence taut

until a car pulls up, gravel crunching under its tires. Glancing down at the cards, she murmurs, “I hear it’s better an imperfect now than a perfect never.”

The bird feels lighter... like acceptance, forgiveness, and freedom.

A door slam and footsteps alert us to a woman approaching. She stops at a niche on the outer wall of my columbarium. Hilary turns from her spot at my base, and we spot a bouquet of yellow in the newcomer’s hand. The air stills for a moment before snuffles escape both women.

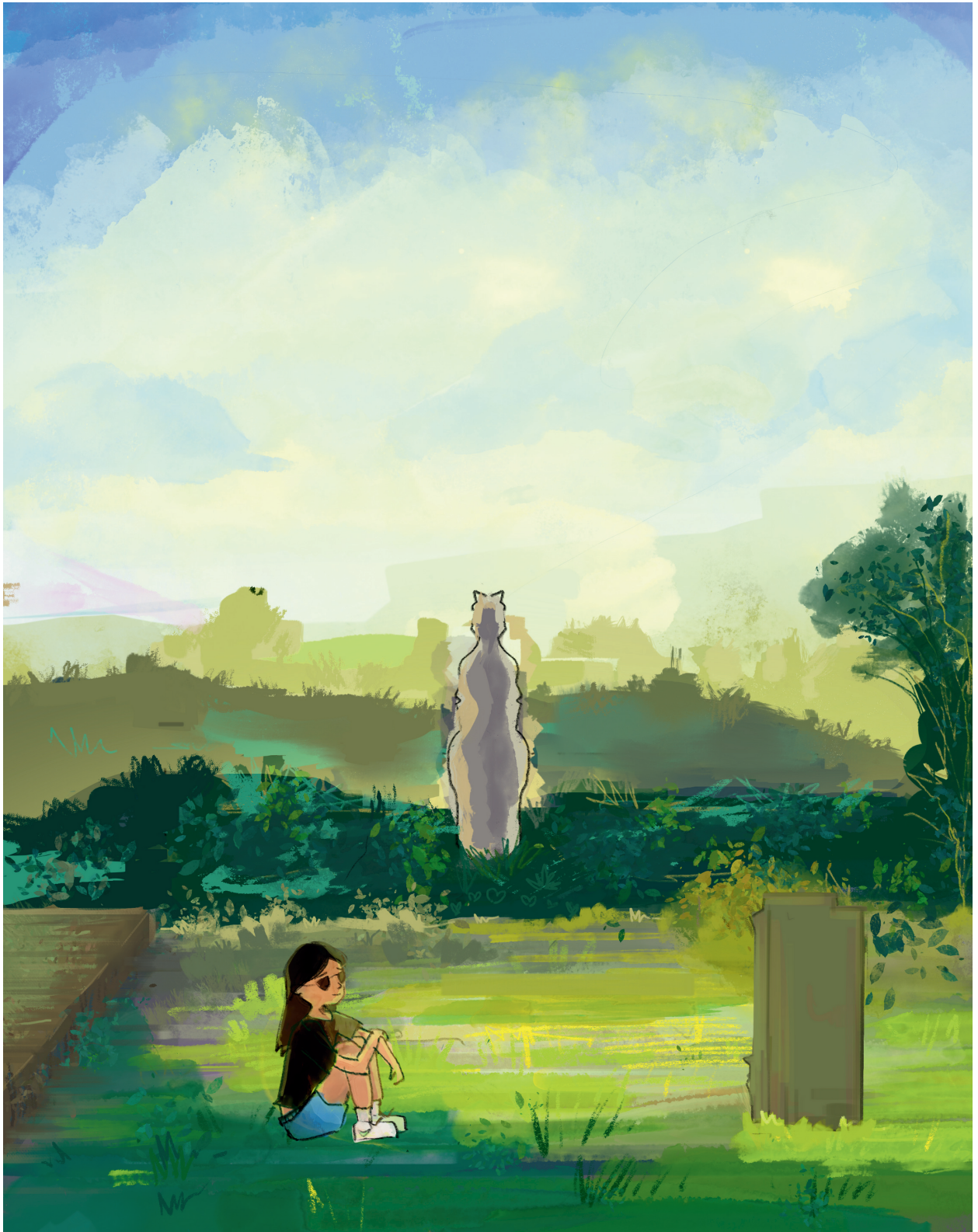
“That’s why I decided to visit you now,” Hilary whispers, turning back. I hear cards scratching against the ground. She bends down to grab them: Death, the Chariot, and the Wheel of Fortune, all upright to her. Then, she pockets all her cards. “I still have a long bucket list, but you would be proud of my discipline and dedication.”

Death, the Chariot, and the Wheel of Fortune. Endings, transformations, and transitions, embraced with intention and forethought, foster acceptance of the inevitable cycles of the universe and appreciation of transient beauty.

Find a reason to keep going amidst everything that happens to and around you.

I watch her wipe away stray tears. She knows now — how short life is. Too short to wait for perfect moments. Too many people mourn their lives years before their bodies come to rest with me. It would be a shame for her to join me and Maribeth with the same sorrows.

Hilary looks at the other visitor again and stands up. “I’m leaving September 1st.” Her voice catches. That was the day Maribeth passed. “I might not be back for winter break, but I’ll come back for you as soon as I can. And I’ll stop on the side of the road to get you some wildflowers.” She bows her head. When she lifts her head, her eyes fall on my gray ones. She blinks, once, twice, then slides her gaze back to Maribeth. “Let’s laugh together in Betelgeuse, okay?”



by Albert Dong

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