

PROGRESS NOTES

The Federal Healthcare
Student Literary Review



Volume 1 - Spring 2016

PROGRESS NOTES

The Federal Healthcare Student Literary Review

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Guidelines for Submission

- Artist Requirements: Currently enrolled in a school of medicine, nursing, dentistry, physical therapy, or other healthcare science as a federal healthcare student
- Writers may submit up to three unpublished works
- Visual artists may submit up to three unpublished individual images or a single thematically-linked collection of images (more details in table below)
- All submissions must include a short biographical paragraph (no more than 150 words) and a signed copy of Progress Notes Copyright Notice (available on request)
- If a submission reasonably identifies an individual, it should be accompanied by a consent for publication executed by the individual described or pictured.
- All submissions should be sent to progressnotesjournal@gmail.com
- The deadline for submissions is December 1 of each year.

Technical Requirements for Submissions

Submission Type	Format	Requirements
Reflective Writing	.DOC/.DOCX	No longer than 1500 words
Fiction	.DOC/.DOCX	No longer than 2000 words
Poetry	.DOC/.DOCX	No longer than 1000 words
Visual Art*	.JPG/.PDF	300ppi; Minimum 6"x10"

** Visual artists may submit individual works or a selection of up to 10 thematically-linked pieces. Please include with your image(s) a short statement (no more than 500 words) describing your art, its meaning to you, and a reflection on your selections (if multiple and thematically-linked)*

Letter from the Editor

In the fall of 2012, shortly after my arrival at the Uniformed Services University, two first-year medical students knocked on my office door. One was Brian Andrew, a motorcycle-riding outdoor enthusiast who was an Ensign in the Navy, three years removed from his undergraduate work at Stanford. The other was Colin Smith, a lifelong Bostonian whose dedication to his native New England was matched only by his belief in the importance of social justice, something that had led him to accept a commission as Ensign in the Public Health Service. Their fellowship began during anatomy class where they were assigned to the same group, and over the course of several lessons, talked about their love of, and respect for, the arts and its impact in the healthcare arena. Now, they were at my door, sent to me with the support of Dr. John McManigle, then Deputy Dean of the F. Edward Hébert School of Medicine.

Our discussion focused on finding ways to foster an environment in which the artistic talents of the healthcare community could be shared. This led to the creation of the Apollo Society (www.apollosociety.org), a quarterly open-mic forum in which visual and performing arts are shared, and ultimately to the creation of this literary review, something Brian and Colin had envisioned from the outset and about which Second Lieutenant Donovan Reed shared their passion. For my part, having the fortune to work with these three gentlemen, as well as the rest of our outstanding editorial, design, and advisory staff, has been as enlightening as it has been inspirational, and it is something I will always treasure.

The arts have always had a place in the healthcare arena, but in the past decade, we have learned more about the importance of this relationship. Exposure to the arts has been demonstrated to enhance empathy, improve one's sense of well-being, and decrease performance anxiety. Perhaps most importantly, engaging with the arts reminds us of our own humanity, and in so doing, reminds us of the humanity of others. This awareness is the critical element needed for the foundation upon which excellent healthcare rests—an environment of mutual respect in which we fully engage with one another. With this in mind, it is our hope that this first volume of *Progress Notes*, comprised of works from federal healthcare students pursuing degrees in a wide array of healthcare professions and at schools across the country, provides you with a portal to meaningfully engage with the arts, and to explore the human element of healthcare.

Very respectfully,

Adam K. Saperstein
Editor-in-Chief

Progress Notes Mission

To nurture and celebrate the finest art of federal healthcare students, foster empathy and professional development by encouraging reflection on the human condition, and cultivate a sense of community among federal healthcare students.

Progress Notes is designed and produced in fulfillment of the scholarship requirements of the Uniformed Services University F. Edward Hebert School of Medicine Capstone Program, part of the new Molecules to Military Medicine Curriculum.

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a record of events written by healthcare professionals to document a patient's care; a forum open to all members of the healthcare team to discuss findings, interpretations, and plans for future care

**Dedicated to our colleagues who devote
their lives to healing and service**



Two Oaths

by Donovan Reed; acrylic on paper-mâché

Two Oaths

Donovan Reed

A student, Lieutenant,
In a field growing vaster;
My journey just begun.

A soldier, a doctor,
A servant to two masters;
But a master of none.



Untitled

by Samuel Bergin

Ode to the Boards

Austin LaBanc

For all that can be said of those trying times,
When we strive to do our best,
Are these few words . . .

I need some rest.

Bedside Rounds

Colin Smith

It was my fourth day rounding with the pediatrics team, and I was already feeling more comfortable with the routine of bedside rounds: introduce the patient, give an interval history, include subjective and objective findings, finish with assessment and plan, then open the floor for questions. The case was a relatively uncomplicated pyelonephritis I had admitted the night before and I felt confident I could impress the pediatrics attending with my competence and empathy.

The team shuffled into the room and formed a half-circle around the patient - a pale, sallow-looking ten-year-old boy who was sitting up in bed in front of an unfinished Lego set. His parents sat in a pair of large, leather chairs next to his bed.

With a nod from my attending, I launched into my well-rehearsed presentation.

"This is a ten-year-old male with a history of grade II vesicoureteral reflux admitted last night for treatment of pyelonephritis..."

I hadn't finished my first sentence before being cut short by the patient's mother.

"Wait, what is pyelonephritis?" she asked. "What are you talking about? I have no idea what that is."

I stumbled over my next few words. Did I hear her correctly? I looked around the room for some help.

I expected the boy's father to chime in and save me. "Wait 'til he's done, honey," he might have said, but he never did.

My attending could have added that this was "just a formality for teaching purposes, but we will fill you in in a minute or two." But he just stood there quietly as I could feel the silence filling the room.

"I'm sorry, ma'am," I said quickly. "Pyelonephritis means an infection of the kidney."

For the next five minutes, I struggled to translate each line of my presentation from medical jargon to English, frequently glancing toward my senior resident and attending to gauge their approval of my many obvious oversimplifications of the patient's pathology. This was more challenging than I expected. I recall using the phrase "it's just a marker of inflammation" repeatedly while explaining his lab findings.

After discussing the plan of care with the family and wishing the boy luck completing his Lego set, I trailed behind the team as they

filed out of the room and down the hall to the next patient's bedside. As I exited the room, the attending turned my way and gave me a firm handshake and knowing smile. Perhaps his way, I imagined, of welcoming me to the club.

I returned an insincere grin and a brief, nervous chuckle. I felt like a failure for the first time since beginning third-year clerkships only a few months ago. I cast blame on everyone but myself. I was angry with the patient's mother for launching what felt like an ambush, angry at my team for the lack of backup, and angry at my entire medical education for failing to prepare me for this unexpected confrontation.

Over time, I realized that I was the one to blame. I had perfected my presentation, but forgotten entirely about my patient. It is only in the wake of this experience that I have come to realize how frequently, as a medical student, I perform almost exclusively to impress. It is now with gratitude that I tell the story of one patient's mother who grilled me in front of my team. I have a feeling that my attending may have learned a similar lesson many years ago.

Hours

Anonymous

For hours I studied,
Put in the time,
Pored over texts,
Thought I'd be fine.
Then entered the room,
Finally seeing,
I'd unlearned how to,
Engage human beings.

I Swear I Studied

Max Becks

“This quiz is five questions, 10 minutes long. You may begin now, good luck.”

Those words are spoken in a subtle Russian accent, followed by a rustle of paper, followed by silence. I haven’t even flipped my quiz over yet; I take one last deep breath. Eyes closed, I think about how much I don’t know. What the hell quiz am I taking again? Immunology? Biochemistry? It doesn’t matter, I am going to just take it one question at a time....one at a time...

My hands move towards the paper. Why I am shaking already? I flip over the quiz. Okay, question one.

1. Which of the following immune responses is characterized by the release of IL-1?

Okay, cool! I am taking immunology! I recognize these words! Now, the answer should just jump out and, with pleading eyes, beg me to pick it. Of course, with my luck, that doesn’t happen. What the hell are these answer choices?

A) Monocytes

Well that’s just the stupidest answer I have ever heard. No way will I pick that one, good try professor.

B) Macrophage

Ha! Same thing as A. You can’t fool me. C and D are just as wrong as A and B, the answer must be E. Wait, there is no option E? How is this even possible? I can feel my face

reddening. I suck in as much air as possible, and blow it out. Maybe the next question will be easier.

Strange. It appears nothing I studied is on this quiz. Now I am full-blown sweating. My pencil is shaking. I notice I haven’t written my name on the quiz. Okay, I’ll just do that. That I can handle. Pencil to paper, snap goes my point. That’s okay: I’ve got a backup in my backpack. Wait, no more pencils, but I have a fine tipped blue marker. Adapt and overcome I guess.

The girl in scrubs next to me is getting up. She is walking towards the professor. Maybe she will point out a mistake in a question! Nope, she is done with the quiz and is exiting the building. She and the professor just shared a little laugh together. I hope she gets hit by a car on her walk home.

I revisit question one. The answer choices have been marinating in my brain. This time one will tap me on the shoulder and demand I pick it. All of the options are so enticing. Each answer is a unique scoop of ice cream as glorious as the next. One has sprinkles, one has mints, and the other is a brownie boat with extra whip cream and cherries. Oh my god, I am starving. How can I focus without an ice cream cone? My stomach is doing a dance routine within my abdomen. With each beat, the blonde hair on the girl sitting in front of me looks more and more like vanilla.

My animalistic cravings intensify as a pack of prairie dogs get up and start toward the door. I need to regroup! I can do this. I am smart. I studied. I feel my body take control of my lungs. Each breath is new life, each breath is the firing of a new neuron. The shaking

has subsided. I can do this. I grip my marker firmly, confidently, and go back to the first question.

EEEEEEEEK!!!!

Bastard next to me is playing with the hinge in his chair. EEEK!!!! I am going to stare at him until his head pops off and rolls lifelessly on the floor. EEEK!!!! The entirety of the class is gracefully working through the wail of an elephant being clubbed to death. EEEK!!!! I am going to shank this man in the hallway after this quiz with a bacteria-infested pencil.

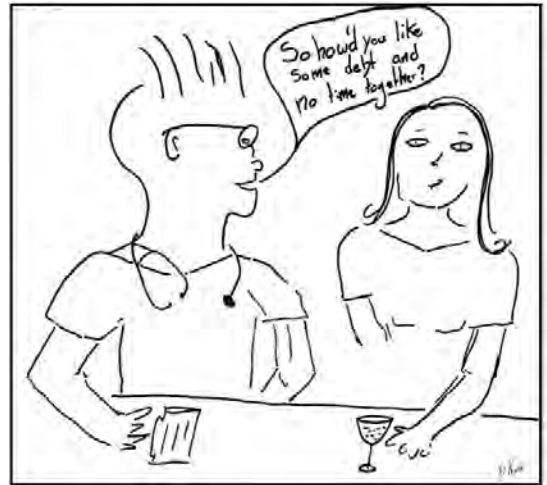
“One minute left.”

Those words are spoken in the harsh Russian accent of Ivan Drago. I have completed zero questions. I have not even written my name on this quiz. Come on, I can do this. Marker in hand, God give me strength. Deep breaths, just like in mom’s yoga class.

Suddenly, I have a moment of epiphany. Statistically, my best shot is C for every question. Five questions, four answers each. I have a twenty-five percent chance of getting it right if I guess. That’s pretty good! Doing the math in my head, it seems like I have a fifty percent chance to get a one-hundred percent on this quiz. I can’t fail! C all the way down baby!!!!

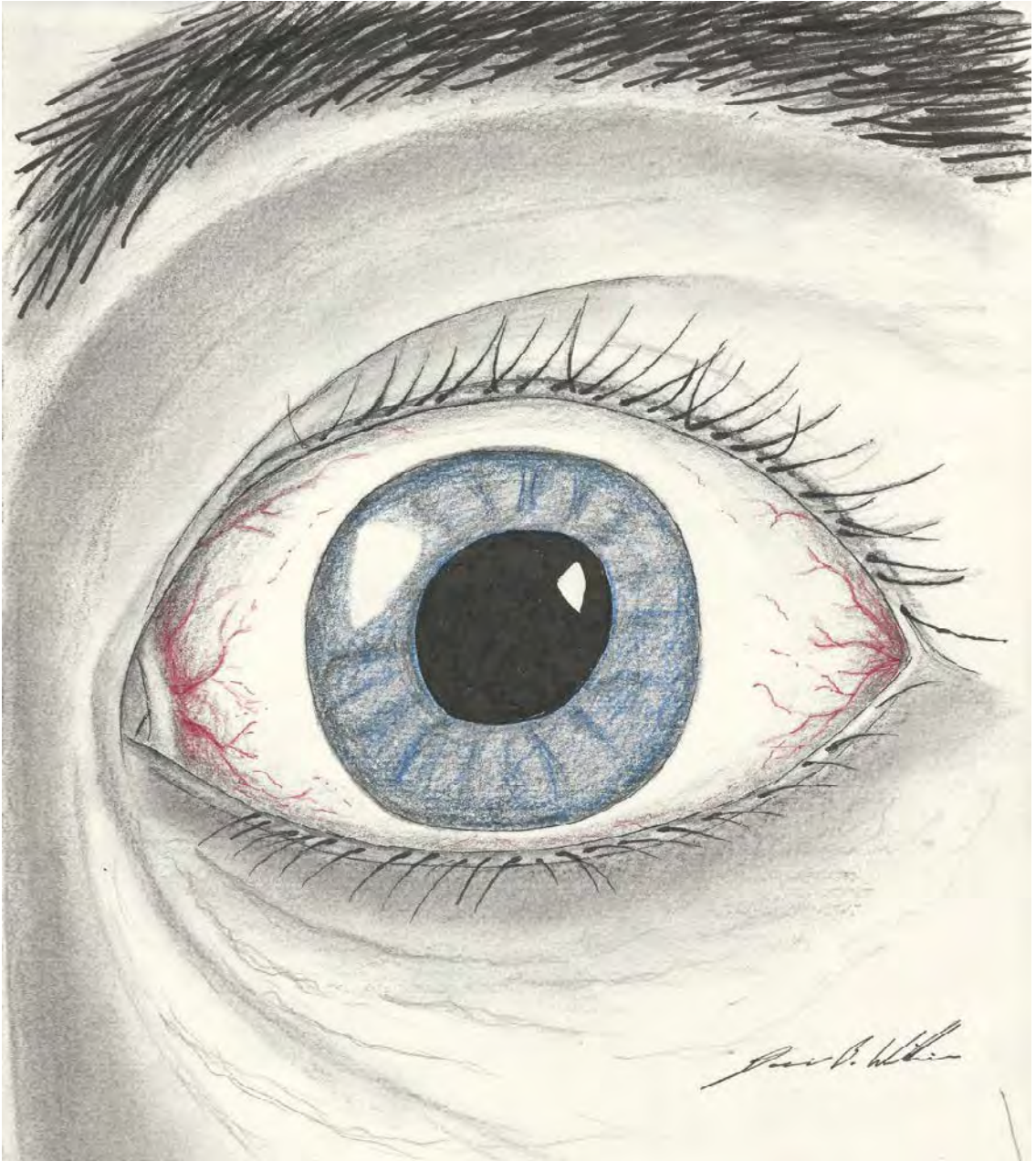
“Time, pencils down.”

The Russian voice no longer sounds like Rocky Balboa’s arch nemesis, but instead like a spectacle-wearing grandpa. I stand, accomplished, with a fully completed quiz. I am Hercules; my classmates - mere mortals. I stride over to my test proctor, and hand him my quiz. His green spiderweb eyes look at my blue marker writing as he murmurs under his breath, “Enjoy your ice cream.”



Pick-Up Artist

by Brent Nosé; pen and ink



An Eye on You

by David Williams; colored pencil

To the Bubble Monster

Jonathan Jacesko

Who are you, cruel Fiend, and why do you torment me,
You view-obscuring scourge of gonioscopy?

Sometimes you are alone and sometimes you bring friends,
Little baby bubble monsters crowding my gonio lens.

You seem everywhere at once, albeit ephemeral,
In my mirrors Angular, Equatorial, and especially Peripheral.

As I'm about to declare, "No iris processes noted,"
Suddenly you appear as the cornea is uncoated.

By the poisonous stew in which you toil and fester,
And with each turn and twist drain life from my semester.

Return from whence you came, to where you brewed so mean,
To your bubbling Boston cauldron of cellulose and saline.

They say you're meant for "conditioning" but you're only worsening mine,
Along with my chance to pass this practical on time.

So tell your friends who want bubbles, "Go see Jon--he's got 'em,"
'Cause I ain't got no Boston Solution but I got a major Boston Problem.

Waiting for the Cry

Matthew Nelson

Halfway through my first year of medical school, I sat in a circle with three classmates and a professor. We had volunteered to participate in a course called “Healer’s Art.” The topic for the afternoon was loss, and I was fortunate to have a faculty facilitator who had an incredible ability to create a space in which emotional experiences I had long since buried came to the surface. Following the two-hour abreaction, he handed us each an envelope with a blank blue sheet of paper inside. He asked us to write down our thoughts about birth or death, seal the envelope, and open it when we either lost our first patient or witnessed our first childbirth on clinical rotations. The sun was starting to set and I was ready to go, so I scribbled a few words on the paper in black ink, shoved it in the envelope, and licked it closed.

That date came sooner than I expected. On the first day of my obstetrics and gynecology rotation, one of the chief residents snuck up on me and said, “Want to see a C-section?” She described the patient to me as we walked to the operating room. She was in her early forties, morbidly obese, and had tried several times in the past to have children without success. She succeeded in becoming pregnant through in vitro fertilization. Now, she was in labor with a non-reassuring fetal heart rate tracing, prompting the decision for a surgical delivery. I scrubbed into the case, watched as the surgical team worked their way down to the uterus and thought to myself, I’ve heard C-sections are brutal, but this looks pretty routine. At that point, the chief resident and

the attending put down their instruments and worked out their plan.

There was a collective sigh in the room as the chief resident picked up the scalpel. Then... cut, cut, cut, RIP. There was fluid everywhere spraying my glasses, facemask, and surgical gown. All of a sudden, there was a baby, blue and motionless in the surgical field. Terror flooded over me. I had no idea what to expect, but it seemed obvious that this baby was not doing well. The chief resident told me to hand the baby to the pediatricians, who were waiting nearby. I scooped up the baby as delicately as I could and placed him onto the awaiting white towel. I turned back to the surgical field, but continued to worry whether the little boy I just held in my hands would survive. I watched as the pediatrics team huddled around the warmer working in tandem to dry, warm, suction, and stimulate the baby to no avail. I stared, mouth agape, as they began positive pressure ventilation, hoping to see signs of life in this innocent child, a feeling that must have been 100-fold greater in his mother, who was asking why she hadn’t heard a cry. All of the medical personnel in the room stayed calm as someone said reassuringly, “He’s just having some trouble waking up.” A few seconds later, a soft cry came from the corner of the room.

When I returned home, I searched for the letter, secreted away in the back of my desk drawer. I opened the envelope and read my own words, written in bold, black ink: “This is just the beginning.”

A New Experience

Whay Cheng

I have seen one done
The Doctor said, “Go Ahead”
My first baby boy

The Line

Sandra Salzman

As a parent, I am all too familiar with the challenges of safely guiding young children through the necessary errands of grocery shopping, car repairs, and doctor visits. I can appreciate the frustration that can be provoked by a child's lack of "listen and do" behavior. When I realize that my three-year old son has disappeared as I read labels on pasta sauce jars, I feel panic, quickly followed by frustration once I realize that he has rushed off to the candy section despite my telling him to stay beside the cart. I may get ahold of an arm, instead of a hand, to keep him close, and safe, in the store.

When I see others in such a situation, I find it difficult to appreciate the context. Is the child not listening? Is the parent a "hard-handed" disciplinarian? Am I seeing abuse? Could the adult be a kidnapper? When I perceive silent cries for help in the eyes of a child being dragged along by an adult, I find myself in a quandary; I know that any interpretation of the scene is based on my own assumptions. There is so much I do not know: What has already transpired? What is their relationship? What may happen if I do not intervene?

My charcoal drawing was inspired by an experience observing such a situation. Standing in a mall, I watched as an adult yanked the pants off an elementary school boy and spanked him several times while



dragging him by the arm through the mall. As I watched, frozen in my tracks, another mother, stroller in hand, stopped and asked what was going on. She verified that the child knew the adult and that he felt safe. It was a bold move, but what did it accomplish? Did that interruption from a stranger help stop the anger that prompted the spanking or make it worse? What will happen later when the child is no longer in a public place?

This is the question: where should I draw the line? How can I be part of the village that raises the child and assists a struggling parent without overstepping my bounds as a stranger?

Charcoal on canvas

An Ode to Used Books

Brian Andrew

A November blizzard had blanketed the streets of New York City. Clad in a pair of creaky snowshoes, I trek down 2nd Avenue with only the mammoth snowplows for company. As I cross 7th Street, I stop and remove Gabriel Garcia Marquez's masterpiece, *One Hundred Years of Solitude*, from my backpack and toss it into the air. It flies upwards, past the green awning of a Chinese grocer and the snow-covered streetlights, higher into the icy wind roaring off the East River, until it floats through an open window on the 4th floor of a redbrick building. The book flies by Ben's head, missing his right ear by a few centimeters, and sails into Lauren's outstretched hand.

Lauren places the book down onto the coffee table and stares at Ben in red-eyed fury.

"Six weeks ago I guess," Ben says. "Obviously, I would have never wanted you to find out like this."

From the beige carpet of their apartment, little water droplets rise into the air and roll up Lauren's cheeks to nestle into small pools in the corners of her eyes.

Lauren backs into the hall closet and waits for Jackie to return to the apartment. Her apartment. The first apartment that Lauren had shared with a boyfriend. The apartment that used to be her escape from the city. Through the cracks in the closet door, Lauren watches as Ben and Jackie make love on her

living room sofa. Her large blue eyes remove more water droplets from the floor.

Six months earlier, the book is stacked among other novels on a bookcase in the corner of the living room. Just *My Imagination* by The Temptations purrs out of Ben's record player as Ben and Lauren happily remove paintings from the walls, sheets from their bed, and appliances from the kitchen. They wrap everything in bubble wrap and place the items in moving boxes, which they seal with masking tape. Their apartment slowly fills with brown cardboard boxes and naked furniture.

One Hundred Years of Solitude is the last item remaining on the bookcase. Ben picks it up and holds it out to Lauren. She smiles.

"This is the first novel we bought together, the first novel we read together, and it will be the first book in our new apartment," Ben says.

Ben places the novel in a moving box labeled "Books", closes the leaves of the cardboard box, and seals their books inside with tape. The apartment is free of clutter and smells of fresh paint.

A year ago, Ben and Lauren laugh as they enter Shakespeare and Co., a used bookstore on 6th Street, with their copy of *One Hundred Years of Solitude*. They return a receipt to the distracted twenty-something girl sitting behind the counter and she hands them a

Continued on page 22...

five-dollar bill. They walk down the stairs into the crypt of the bookstore where the air is stuffy and the ceilings low, and they seek out a bookcase labeled "Classics". Ben holds *One Hundred Years of Solitude* so that Lauren can see it in the dim light.

"I've never read it," Lauren says. "But if you liked it, I'm sure I will too. Let's read it together."

"This is my favorite book," Ben says. "I read it for the first time in my college Spanish lit course. It reminds me that even if you can't reverse time, the past is always with us."

Ben wedges the book in between a copy of Kurt Vonnegut's *Cat's Cradle* and Jane Austen's *Pride and Prejudice*. Together, holding hands, Ben and Lauren walk back

upstairs and leave the bookstore.

The novel had many more owners, who each removed a small imprint on the book: notes in the margin, coffee stains on the cover, bent page corners. After several decades, the book was sent to a factory where it was taken apart. Giant vats of ink removed the words from its pages and the pictures from its cover. The pages were unbleached and uncut and rolled into a giant log that was shipped on a truck deep into the ancient forests where it was reconnected to its stump and allowed to slowly shrink in the light of the sun and the moon back into the Earth until all that remained was a seed.



Mountain Home

by Peri Loftis; acrylic on canvas



Electric Beach

by Samuel Bergin

Progress: A Reversible Poem

Matthew Nelson

shining life into the room
the sunlight burns red on the horizon
 rising as
 my weary body is already
 giving up
he is my patient and I am not
 prepared for this moment
my years spent learning have me
 doubting my life decision
 never will I be
worthy to help the suffering
 I will try to be
 his doctor today
 I am
 failing him
 his body is
 fading quickly and
 the light is
absent in his eyes I feel
 a fear of death

Conflict

Brianna Lindberg

Outpatient internal medicine was my final clinical clerkship and I was loving it. I had established a good working relationship with my attending and had begun to feel more confident in my role as a (monitored) primary provider. One seemingly innocuous morning, I was enjoying the usual random jackpot of primary care appointments when I was asked to see a walk-in.

“He’s a senior NCO,” said the attending, using the acronym for non-commissioned officer, “And this was the only time he could come in. He’s having some shoulder pain. Would you be willing to see him?”

“Of course!” I responded.

After briefly reviewing the patient’s medical history, I walked into the small exam room. We exchanged pleasantries and he described his shoulder pain. It seemed like this would be a pretty straightforward encounter.

In the transition between discussing his chief complaint and performing the physical exam, he asked me about medical school and what specialty I planned to pursue. No stranger to this question, I answered with my usual enthusiasm, telling him that I wanted to become a family medicine physician. I was not prepared for his response.

“You know, you shouldn’t let the fact that you’re a woman stop you from becoming a surgeon.”

Excuse me?!

I’m pretty accustomed to the questions commonly asked of young, female, future physicians. I have been asked about my marital status and how my career choice might impact my currently nonexistent children more than I care to recall. Over time, I’ve chosen to attribute these microaggressions to others’ beliefs in outdated gender roles. I’ve also learned to accept that many of these comments, especially when made by patients, stem from a desire for personal connection in uncomfortable situations.

This man’s comment, however, left me irate. In that moment, I wanted to express, using the type of colorful language I imagine was common in the early days of the Navy, exactly how offended I was. Instead, I proceeded to the physical examination and did my best to stay focused.

Wash hands—*check*.

Listen to heart and lungs—*check*.

Do required shoulder examination—*check*.

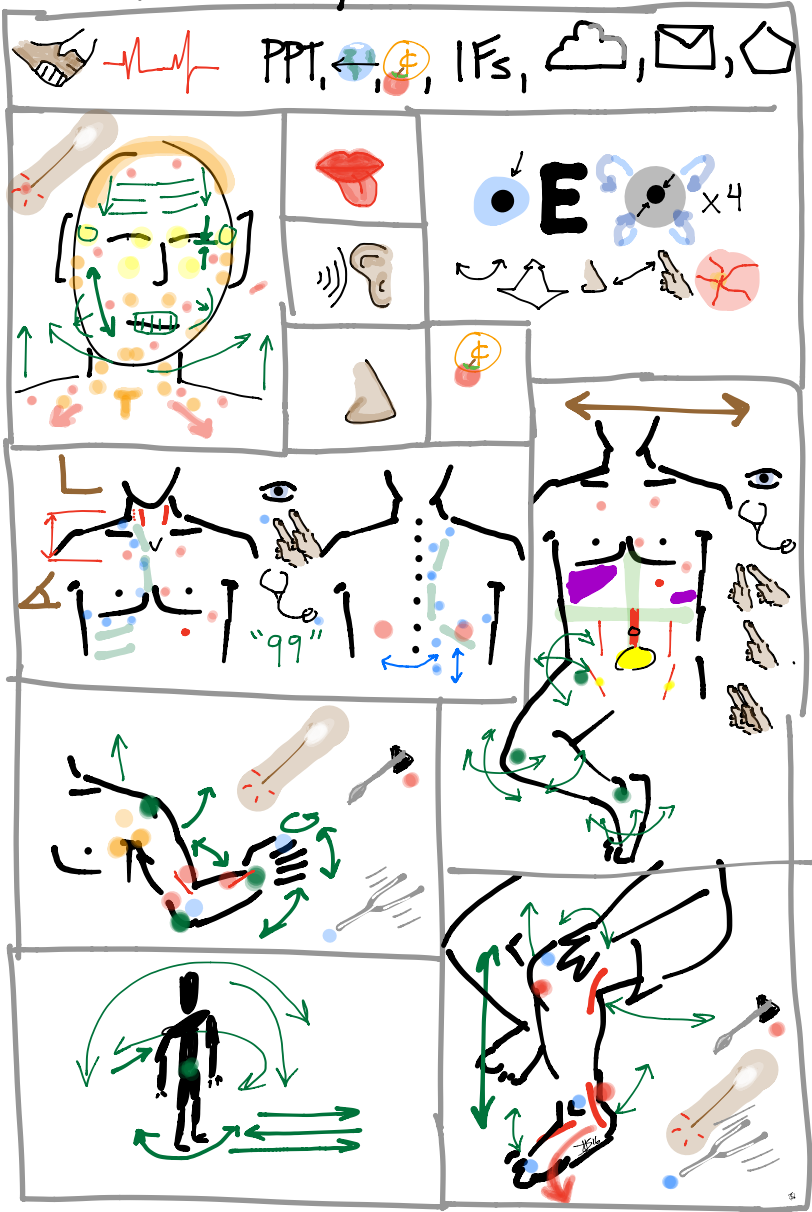
Tell patient I am leaving the room to speak with the attending and we will both return in a few minutes with a plan to address his shoulder pain—*check*.

Leave the room—*check*.

I found my attending, discussed the patient, hinted at my fury, and politely refused to speak with the patient when we returned to

Continued on page 28...

The Physical Exam



The Physical Exam

by Dan Hart; computer-generated graphics

the room, fearing that I had lost my capacity to pleasantly, or even professionally, interact with him.

I neither recall if I made the correct diagnosis, nor if I communicated my clinical reasoning to my attending, nor if I demonstrated even a shred of professionalism in that situation. What I do know is that in that moment, I didn't care. His words injured my ego and in turn, I neither cared about him, nor his injured shoulder.

Time passed, and as I calmed down, I was able to discuss my feelings and the situation with several trusted mentors. I realized that it was quite possible that the patient's comments had nothing to do with me, but were instead a reflection of his discomfort with the power differential in the room. Here he was, a senior male NCO, possibly scared that his shoulder pain represented a serious and potentially career-threatening malady, being evaluated by a female who was young enough to be his

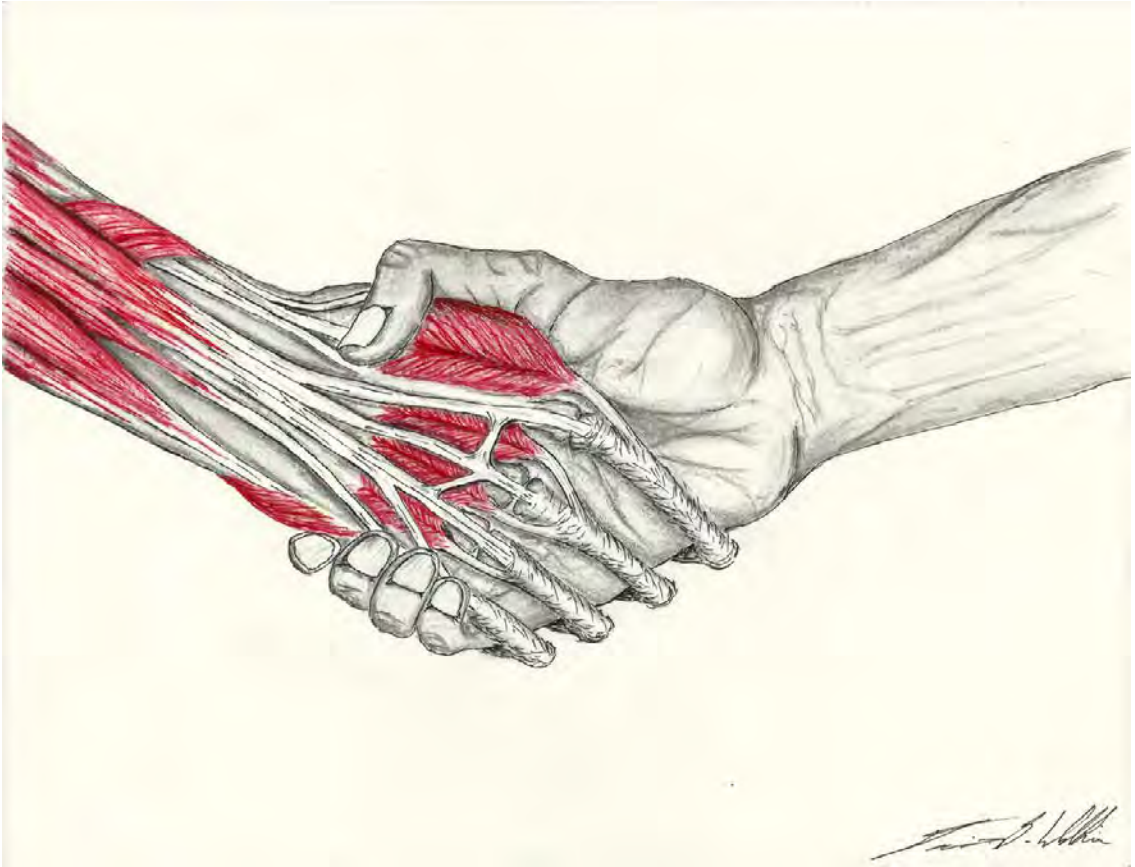
daughter. I'd sensed his discomfort during the appointment, but lost sight of it when I succumbed to my anger. His comment was inappropriate, but so was my response.

Since this encounter, I have worked hard to identify my emotional reactions during patient encounters. I need to recognize these reactions as red flags for underlying issues that need to be addressed. If I cannot immediately recognize these reactions for what they are, I can always step out of the exam room to collect my thoughts or to discuss my feelings with another provider. Only with a clear head can I adequately identify my patients' needs, address their concerns, and attend to their care.

Lafita

David Barry

The black sign with the painted letters
Hung upon the tarnished wall
Surrounded by charred brick and rebar
Bent by blasts the day before
The ashes fresh, the men were sweeping
Glass and blood into the street
Hoses scattered broken pieces
Mourners honored the deceased



A Firm Handshake

by David Williams; pen and ink

Exposure

David Barry

Quivering hands with sweaty palms
And rapidly shaking feet
Synchronize to details being
Shared for the first time

Behind the weary eyelid curtain
Horrors long avoided peek
Surprised that they were summoned
To the stage of present tense

Observers join the spectacle
Engrossed with words and deeds
Removed from the experience
But sharing the distress

Climactic actions reap emotion
In their seats, voyeurs struggle
The denouement of process
Steadies nerves before the scene repeats

The Nights of Youth

Brian Andrew

The art gallery was packed. Guests with little cocktails flittered among the canvases, creating a buzzing murmur that told the gallery owner the night was going well. He relaxed and returned his attention to the elderly lady shimmering in sequins and baubles. She was going on about a Robert Motherwell print that he had recently acquired. He could tell the sale was weeks away, and his fake smile made his face ache.

"Margaret, would you care for a refill?" he asked. "I see that your flute is empty."

He placed the empty glass down on a waiter's expectant tray and picked up two glasses of champagne at the bar. As he began to turn back to the Motherwell-admirer, he saw a beautiful young woman through a break in the crowd. She stood alone in front of a painting. Her conservative black dress hugged her curves and her long dark hair fell out of a loose bun like water overflowing from a fountain. He stopped mid-spin and proceeded in her direction.

"What do you think of the painting?" he asked.

The young woman did not avert her eyes from the canvas. "It reminds me of death," she said. "I see the slow inescapable pull of mortality."

He handed her the flute of champagne. "Did you come here alone?" he asked.

"Yes, I'm alone," she said.

"Would you like to go out with me on Saturday night?"

"I'm burying my mother on Saturday."

"I'm sorry to hear that. How about Friday then?"

She glanced at him and quickly returned her gaze to the painting.

"Alright."

The lounge felt like an aquarium. A dim light from behind the bar shone through liquor bottles and cast the booths in shades of burgundy and lavender. She was already there when he arrived, sitting in a corner booth with a Jack and coke.

"Have you been waiting long?" he asked.

"This is my first drink," she said, lifting her tumbler and knocking the ice against its sides.

He waved down the waitress and ordered a Manhattan. He turned back to his date.

"So what do you do?" he asked.

"Let's not do that," she said. "Let's not do the D.C. thing where you ask me where I work, where I grew up, how many siblings I have. Let's talk about something real. Let's have an actual conversation."

"Alright. What do you want to talk about?"

"I don't know. I've been thinking about death a lot lately."

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Mindful

by Sara Wilson; acrylic on canvas

"Well that seems natural with your Mom's funeral tomorrow. How did she pass away?"

"Skin cancer. It spread from a mole beneath her butt to her brain and she died. She got sick on Saturday, went to the hospital on Sunday, and died on Tuesday."

"I'm so sorry to hear that. I didn't realize she passed away so recently."

"We're Jewish. We bury our loved ones as soon as they're dead. We don't believe in the afterlife, at least not the Christian version with heaven and hell and cherubs on clouds. Someone dies, you bury them as soon as possible, put stones on their grave, and move on."

The waitress brought the Manhattan. He took a sip, enjoying the coolness of the glass as it met his lips.

"I'm surprised you came to the art gallery on Wednesday."

"I was planning on going so I went. I didn't have anything else to do that night."

They both sipped their drinks and looked around the lounge. It was roughly half full of buzzing men and women on dates. At the bar, boys with dark bushy beards drank microbrews out of cans. A stuffed coyote head was mounted on the far wall. Its open mouth displayed razor sharp teeth.

"Do you want to get out of here?" he asked.

The park was empty, except for a homeless man asleep on a bench. They leaned against a stone wall overlooking the fountains. In the distance, the Washington Monument stood like a sentinel in the night. The moon hung low in the sky.

"This is my favorite place in the city," she said. "In the daytime, it's full of people reading and playing. But now it's still."

He put his arm around her waist and leaned in for a kiss. She returned the kiss but gently pushed him away after a few seconds. She reached into the cleavage of her dress and pulled out a small joint.

"Do you smoke?" she asked.

They stood silently for several minutes, passing the joint back and forth. She walked over to a statue of a man on horseback pointing into the distance.

"This statue is sad," she said, as she patted the leg of the man on the horse. "He wants something out there but he can't move. He's stuck."

He chuckled.

"What do you think he wants?" he asked.

She did not return his smile. "Isn't it obvious?"

She went over to him and kissed his cheek.

"I better get going," she said. "The funeral starts at ten tomorrow morning."

She tossed the burnt roach into the fountain, and walked down the steps leading back into the city.

He stood by the stone wall for several minutes, listening to the faint hum of the U Street bars. If he hustled, he could make last call. His night was still young.

Progress Notes



Joy

by Sara Mathews; charcoal on paper



OR in Black and White

Originally published in thirdspace (October 26, 2015)

by Benjamin Custer

See the Blue?

Whay Cheng

Don't touch the blue stuff
Make sure you are self-aware
All I see is blue.



The Burning Bush

by Erica Kao; acrylic on canvas

A Healer's Journey

Whitney Shirley

There is a place in this world where the shadow people live. It is hidden in the darkness with the monsters and the other horrors of the world. It is a place of nothingness, a peculiar blackness that is particularly difficult for the human eye to see. Humans have continually wandered into its depths not knowing how they came to be there. Their terror beckons the shadow people, guides of the shadowlands.

I am a healer working precariously close to the border between light and dark, intercepting and healing humans escaping from the shadowland. We see the deadened horror in their eyes and the wounds inflicted upon their bodies by hidden things. It's an exhausting vocation, difficult and demanding, but it's the work we choose, relishing in the rewards of our craft. We see many calling out from the edges, and our hearts break for their human pain. A few daring healers have drawn closer to the edge than required to pull a human back into the light. After all, we are healers; the darkness shouldn't affect us, should it?

One day, I saw a human I knew, one I had grown very fond of. She was calling out in incredible agony, lost in the nothingness of shadows, yet so very close to the edge. I wanted to reach into the darkness to pull her back. She was only one step away, what harm could come of that? I still recall how the

light dazzled my eyes when I reached into the shadowland.

Darkness engulfed me and I lost all sense of direction. I could no longer see my human. I couldn't see anything. Blackness pressed in on my eyes, on my ears, on every tactile sense. There was nothing. No light, no warmth—even thoughts grew cold and distant. An anesthetic fog surrounded me, infusing itself into the marrow of my bones. Coherent thought escaped me as I lay paralyzed in the black nothingness. Then the voices began to call out: voices of doubt, failure, and incompetence. My hidden fears, previously kept at bay by the light, were given full voice here. My inability to resist the whispers terrified me as I drowned in nothingness. Curled into a tight ball, I searched for a single word, some concrete truth of my own. There was only fog.

Then he came. I could barely make him out against the blackness, lined in the faintest memory of light. Shadow Man's sheer size bespoke an aura of strength and he moved with unspeakable confidence. It struck me how much he resembled my former self. As he spoke, the fog seemed to lift from my mind. He helped me stand and I became acutely aware of my surroundings. I had unknowingly fallen very deep into the shadows. The land of light seemed impossibly far away.

He helped me begin my long and arduous

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journey, my body weak with the looming threat of darkness. The further we travelled, the steeper the road became. I began to stumble in my fatigue. I needed breaks but was afraid to stop for fear of being overwhelmed. Watching me falter, Shadow Man's exacting discipline revealed itself. He demanded speed and perfection as we travelled. He expected nothing less than my all at every moment. I gave it. I desperately wanted to get back to the light, back to the place without this painful terror. The closer we got to the light the harsher Shadow Man's standards became until his anger made every nerve in my body stretch taut. Tension vibrated through me as we approached the border. Convulsing from the pressure of it and unable to breathe, I fell.

My mind was caving in, collapsing under the inexpressible weight of expectation. I was shutting down, yet every nerve was alive with pain. I basked in the cool numbness of the darkness. It was my only relief from Shadow Man's electric gaze.

I closed my eyes in a vain attempt to shut him out. To shut it all out. Go away, go away, I begged. Tears cascaded down my face. They carved rivers through the darkness, barricading my nerves against the pain and numbness. Breathe, I thought; just breathe. In, out. In, out. And there was my heart. Lub-Dub, Lub-Dub. In. Out. Lub-Dub. In. Out. And on it went, slowly, painstakingly drowning out all sound, all pain. Here was the truth I had been looking for. Air and blood, I was still alive.

I cracked open my eyes to see the light so tantalizingly close. I moved forward inch by inch, dragging myself by my fingertips, nails bent back and bleeding. Everything in me was

begging for relief until, at long last, bright, beautiful light enfolded me in its warmth.

As I crawled into the land of the living, the mocking voices disappeared and my pain faded. There was a soothing murmur, a fellow healer carrying my wasted body away from the horrors. She was strong and capable and assured me that everything would be all right. She met my gaze and shock overwhelmed me as I saw the reflection of my own face. With the horrors of the darkness still lurking in my eyes, she did not recognize that we were one and the same. She still believed that she was the healer and I was her patient to be healed. I felt a sardonic smile play across my lips thinking that my attempt to heal others had broken me.

I want to tell her my secret, the original secret of our trade. Forged deep in the healer's history, it is a truth that the most ancient of our kind refused to acknowledge and one that has been forgotten over the years: Healers are humans, too.

I want to speak, but Shadow Man holds my tongue.



Interlaken

by Samuel Bergin

Steinway

Joshua Hamilton

There's this place downtown—a dive bar, I guess you'd call it—where they keep this ratty old piano out on the street for anyone to play. It's not much to look at, but it must have really been something once. How the hell this place got ahold of a Steinway baby grand is beyond me. But the shape it's in now, it would make any professional cry.

The finish is chipped and peeling away, and what's left is grayed out from sun damage. And I doubt anybody's tuned the thing since the Roosevelt Administration. It's the kind of piano you'd expect to see in one of those carnival spook houses. Given the part of town we're in, I'm surprised the keys haven't been stolen. I guess most people don't realize they're ivory. As yellow as they are, I doubt anyone would want them anyway.

Friday and Saturday nights, the Steinway mostly just sits outside alone. Occasionally some genius will stumble up and bang out the first four notes of Beethoven's Fifth, but the thing is so out of key you wouldn't recognize it if not for the artful vocal accompaniment of da-da-da-dumb. I saw some college kid try to work his way into a girl's pants by playing Heart and Soul into the ground. The sad thing is how impressed people will act.

You really want to go there on a Monday. Stop by after work for a drink, and if you're lucky, you just might get to see the Steinway's

true master. You'll know him when you see him; he's this scrawny guy in sweats. He smells like hell, too. But when he walks up to that baby grand, the entire place goes silent.

You half-expect the owner to come out and shoo him away. Instead, she turns off whatever garbage is on the radio. The regulars all know it's time to shut up and let him play. And when I say play, I mean he plays. Somehow he brings that wretched old Steinway back from the dead. The way he plays, you'd never know it was out of tune. You close your eyes and—if it weren't for the occasional traffic—you'd think you were in Carnegie Hall.

And then you look back up. You look back up and there's this homeless guy batting away at the keys. Hole in his sweatpants, slightly cock-eyed. He's the kind of guy you'd expect to have ringworm. A sight so dissonant from the sounds he produces.

Chopin was ugly, too. Greatest pianist in the world was a sickly little guy who died of tuberculosis. And the thing about Chopin was he didn't like to play in the grand opera halls for the counts and the duchesses. Chopin played at the salons. These were the dive bars of the nineteenth century. Just little rooms in Paris where he could unleash his art on anyone willing to listen.

I've been there.

Go to this bar, see this bum, and his music

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Vietnam Veterans' Memorial Bridge, Nashville

by Evan Baines

is like nothing you've ever heard. You could call it neoclassical, but that's probably unfair. Chopin is alive and he's premiering nocturnes in a key that can only be produced on a rotting old Steinway. He plays and there's nothing else. Thirty minutes, an hour, and there's nothing in this world but you and the sound. When he finally stops the entire city stands still, and you can hear the smallest things.

Last time I saw him was Tuesday night. He had already started when I walked up, and I was feeling a little guilty so I pulled a fifty out of my wallet and set it in front of him. He never has a hat or a jar or anything like that, so I just left it on the piano. Soon as I sit down a breeze sweeps it off the piano and down the street. I wanted to run after it, but this guy just kept playing. He had never even noticed.

I don't get it. It's not like he's too focused on his sheets, because he doesn't have sheets. It's all coming from somewhere upstairs. I asked the owner about it. She said he just kind of wandered up one day a few years back and started pecking at the keys. She was about to kick him out, but he had this look on his face like a lost kid so she couldn't bring herself to do it. Especially not once he started getting good.

It almost sounds like a scam, some long con. But I don't think she's lying. He probably brings in a little extra business, but nobody really advertises it. I think people realize that if the news caught on, it would ruin him. There's something about his music, it's not meant to be mechanized like the stuff you listen to online. I don't think Chopin ever wanted to be on YouTube.

The only way to understand is to go listen. His music is going to die with him, and that's probably the way it's meant to be. But it keeps me up at night. I see myself walking up one day and the owner explaining to everyone that the police found him dead in a ditch or worse. And the silence on the streets will be overwhelming. It will make you wonder if you'll ever hear again.

Roll the Marble

Whay Cheng

It is a dark room
Follow the bone, nice and smooth
Impression: Normal.



The Last First Day

by James Winters II

Learning by Living

Taylor Byrne

This summer, I was admitted into the Maine Veterans' Home with a diagnosis of stroke and aspiration pneumonia. I was confined to a wheelchair, ate only pureed foods, and found myself dependent upon the staff for bathing, toileting, and movement. To say that this was a humbling experience would be the understatement of the year.

In reality, I am a healthy 27-year-old Second Lieutenant in the United States Army and a third-year medical student at the University of New England College of Osteopathic Medicine (UNECOM). My "admission" was part of UNECOM's Learning by Living Project, designed to afford medical students the opportunity to live the life of a nursing home resident for approximately two weeks—24/7—complete with a diagnosis and correlating treatments.

The first few days were the most intense. I entered the home wheelchair-bound, with a diagnosis of a stroke causing right-sided hemiplegia. I could not do anything independently. Formerly routine activities, such as getting out of bed to use the bathroom, were now incredibly frustrating. The most humbling experience came on my second night, when, per standard procedures of care, I was bathed in a shower chair, completely naked, by a certified nursing assistant. It was by far the most helpless I have ever felt.

I realized how important my autonomy was to my identity. While my showering and toileting experiences were anxiety-provoking and uncomfortable; my reliance on others for this daily needs was far more uncomfortable. In those moments, I truly appreciated the subtle courtesies. When a nurse pulled the curtain to shield me from peering eyes or explained what an exam entailed, it helped put me at ease and made me feel more human.

A few days after my notional stroke I began to regain my strength, and with it some of my independence. I was now able to transfer from bed to wheelchair on my own. Prior to my admission, I would have perceived this to be an insignificant improvement, but in the moment, it gave me a deep sense of pride.

By the fifth day, I grew more comfortable being cared for by others and was able to focus my energy on connecting with my fellow residents. Some were disheartened, most were happy and active, jumping at opportunities to enrich their lives. We engaged in exercises in the morning, played poker at noon, and relaxed over a game of bingo at night. I befriended a soldier who met General Patton when recovering from his injuries in the Korean War; a pilot who served as a prisoner of war for over a year after being shot down over Poland; and a Tuskegee airman.

I found that the more I learned about the

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residents' personal narratives, the more I cared about them. I no longer looked at them as fellow patients or defined them by their limitations or diseases. They were my friends with their own lives, loved ones, and passions. As our bonds strengthened, I became more concerned about their long-term health and well-being. How would they fare after my program came to an end? I tried to promote healthy habits, like encouraging them to exercise and to participate in daily activities. Some residents were harder to convince than others, but I remained persistent.

My last day in the nursing home was the most emotional. I stood up from my wheelchair, a bit wobbly at first, and walked on my own for the first time in two weeks. The sense of freedom was incredible. I looked forward to life outside of the home, but this feeling was dampened by the sadness of leaving my new friends.

Shortly thereafter, I returned to school and began my third-year clerkships. Each time I treated an elderly patient, I found myself thinking about my friends at the Maine Veterans' Home. One night, I was in the ER treating an elderly woman with hemoptysis. I could sense her anxiety. All she wanted was to go home, but her daughter explained the need for her to stay in the hospital in order to make sure there wasn't a bleed.

"Fine, but can I at least have a blanket and some ice chips?" she said, looking at me.

"Mom this is a medical student," said her daughter. "But we can ask the nurse when he comes back."

"Of course, I'll grab a warm blanket and ice for you," I quickly said.

When I returned, I placed the blanket over her and handed her the cup of ice. She smiled and thanked me.

"It was my pleasure," I said. "We are sending you upstairs to a bed now. Please try to get some rest and I will see you tomorrow."

I returned the next day to find that her name was not on our patient list. I was shocked to learn that she did not make it through the night. Her death made me sad, but I took some solace knowing I was able to provide her some succor in the hours before she passed.

Do You Prefer

Amanda Schmidt

Do you prefer...

Exploring the human body
With instruments in hand
Finding broken parts
And reassembling the man?

Or do you prefer...

Gathering up the pieces
Making the image appear
To treat the young and old
Throughout all of their years?

Or do you prefer...

Deciphering the psyche
That is impaired or troubled
Counseling the mind
To manage all life's struggles?

What a decision you have
As you plan for your career
So many options to choose from
Pick whatever you prefer

For in the end you will see
We all have just one goal
The health of every patient
Is our ultimate role.



The True AMEDD Corps

by Jun Elegino; acrylic on canvas

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Brian & Colin, Managing Editors

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