



PROGRESS NOTES

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PROGRESS NOTES

The Federal Healthcare Student Literary Review

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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.

The opinions herein are those of the contributors, and not necessarily those of Uniformed Services University or the Department of Defense.

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.

progress note / prăgres nōt / *noun*

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



Cover Image

Flexion

Timothy Wright



Back Cover Image

E Pluribus Unum

Tanner Carlock

Letter from the Editor

The 2018 Editorial Team is proud to present this year's edition of Progress Notes.

Now into its third year of production, this annual publication has become a tradition - allowing military healthcare students to demonstrate their passion for the arts. We see an increasing need for the arts and art therapies, in a world where PTSD, TBI, and burnout are becoming ever more prevalent amongst our service members. Artistic self-expression is unlike any other treatment in healthcare; it allows us to process significant events in our lives and has the potential to shape our very being. The arts have been shown to enhance the recovery of patients, and these benefits are desperately needed amongst our fellow healthcare professionals.

Progress Notes advocates for the use of artistic expression in the healing process – for our heroic patients in and out of uniform and the military healthcare students who care for them.

Very respectfully,

Progress Notes Editorial Team

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Ode to a Ward Rounds One Mid-Clerkship's Morning

Stephen Renwick Brown

Task me not with somber study while the sun is bright,
Much I'd rather read the books in rainstorms or at night.

Better yet to learn at work, experience my guide.
Still, my options there remain to study or to hide.

One attending more than most filled me with trepidation.
Shortest word I ever heard him say: horripilation.

Pre-round, lecture, then with every minute until eight,
Frantically I'd scour every page on Uptodate.

Silently that frigid face would hear my morning plan.
Vainly would I hope to hear approval from that man.

Following my daily speech he glanced in my direction,
That day as a compliment he gave no correction.

If med schools wish to advertize the slogan should be this:
"Waste your youth in learning every single fact there is!"



The Coming Squall

Sally Higgins

Lament

Nancy L. Hagood

Bouncing along in the bed of the truck, my spine cringed with every jolt in the hurricane washed-out road. The sun was sinking lower, casting a majestic glow across the mountainous landscape. After a long day in a remote mountain village, it was time to head home to the clinic – back to basecamp. As a young medical student among a team of experienced doctors, I was assigned to the back of the truck. I did not mind though, as it allowed me to take in not only the sights, but also the sounds and the smells, of a country that was so different from my own.

Then the rain came. Water flowed down the mountain like a growing river racing us to the bottom. I huddled against the cab of the truck, which provided little relief. In a country that has suffered decades of deforestation, there are only two kinds of days – dusty and muddy. This was quickly becoming a muddy one.

Finally, we reached the bottom of the mountain – halfway home. We drove for a few minutes before coming to a standstill. When you introduce hurricanes, earthquakes, political unrest, and social turmoil to the poorest country in the western hemisphere, anything can happen at any moment. There was no rhyme or reason to the traffic, but cars were moving in the opposite direction, so I assumed that we too would start moving soon. My nostrils filled with the smell of melting plastic as piles of trash casually burned on the

side of the road. Across the street a group of locals were playing dominoes on a wooden table, savoring the last bit of daylight. Only a third of the population has electricity, and they mostly live in the wealthy neighborhoods, far away from where we were.

A tap-tap passed by – an open-back pick-up truck that serves as a local taxi and is so named because passengers tap on the side of the truck whenever they want on or off. As the overcrowded tap-tap drove past me in the dusk, it swerved to avoid a hole in the road, and a young woman was thrown off the back. She landed on her side, lying in the wet road just a few feet from where I was. I immediately turned to look for oncoming traffic. An SUV was barreling down the road. My mind started racing. They must see her, I thought. Surely they are about to slow down. They're not slowing down. Why aren't they slowing down?! How can they not see her?! I jumped to my feet and threw my arms in the air and yelled. It was too late. I was too late. I watched the next few seconds of time unfold in what felt like hours. The SUV slammed on the brakes. The tires skidded over the young woman. The SUV screeched to a halt with her body lying between the front and back tires. I heard her shriek. I watched her body convulse and then lie limp.

My fellow passengers were facing forward, enclosed in the security of the cab of the truck. They had seen nothing and heard nothing.

I banged on the roof of the cab and then jumped out into the street. The crowd playing dominoes had gotten up, pointing and yelling. Their voices were heated, and I struggled to understand their native language. I felt a hand on my shoulder. It was Thomas, one of the men from the cab of the truck. "Get in the truck," he said. "They are going to riot. We have to get out of here."

I did not want to get in the truck. I wanted to do something. I wanted to help the young woman. But Thomas had been working in this country for decades, and I had to trust his judgment. Traffic was starting to move forward. Reluctantly, I climbed into the truck. As we pulled away, I watched one of the dominoes players drag the woman's body out from under the SUV. I suddenly remembered a news article that I had read just a few days before about the doctors and nurses at the local public hospital who had gone on strike to protest the inadequate pay and working conditions provided by the Ministry of Health. If by some miracle the young woman was still alive, there was no ambulance to transport her and no hospital to treat her. She would likely die on the side of the road, alone in her suffering.

By the time we arrived home to the clinic, darkness had set in. My scrubs were soaked from the rain, and I was covered with mud that had sprayed into the bed of the truck. Thomas must have seen the shell-shocked look on my face. As I walked into the clinic, he grabbed me by the shoulders and looked at me.

"Are you okay?"

"Yes," I lied and walked away.

I knew that accidents happened. I knew

that death was part of life. But when I crawled into bed that night, I tucked the mosquito net under my mattress, I pulled the sheet over my head, and I wept. I wept for the young woman's hopes and dreams that she would never fulfill. I wept for her pain. I wept for the people who loved her, who expected her to come home that evening. They would never see her again. I wondered if they would even know what happened to her. I did not know the woman's name. I did not know how old she was. I did not know where she was from or where she was going. Yet I wept for her. I grieved for her. I lamented the loss of her life.

It was not the first time I had wept for someone I did not know, and it was not the last time. Now, in my clinical years of medical school, I see patients dying on a regular basis. I do not always weep, but I do grieve the loss of my patients' lives. I lament the hopes that are crushed and the dreams that vanish in the face of disease and death. I used to wonder if there was something wrong with me. Why did I feel so much pain with the death of people whom I hardly knew and, in some cases, had never even met?

Over time I have come to find meaning in my pain. My deep lament is a testimony to the worth of that which is lost. It is an expression of the value of human life, even the life of a single person in a foreign country whose name I do not know. I do not want to run away from the pain. I do not want to "get over it." More than anything, I do not ever want to be numb to the agony of death, because death is not the worst thing. The worst thing is failing to deal with the reality of what is lost, failing to honor the sacredness of life. Life matters, and if I am numb to death, I am numb to life. I embrace lament, and I embrace it redemptively. My lament is a love-song to humanity.



After the Storm

Sally Higgins

The Hunt for the USS Resilience

Joseph Chilbert

Alone. Let them flow;
They finally left.
Four months diving, forgotten
Now forced to the surface
as pressure builds below.
Startled by my reflection
From the lifeless depth.
To sink inward again;

I found solace in Abyss—
This comfortable trance
Of breathtaking lifelessness;
An unrecognizable stone.

It fades in and out of view as I ascend
To find resilience;
A hatch resting open years later
Undulating at the surface.

No Chance

Angelica Fullerton

I was on my last shift of night float on OB/GYN at the county hospital, and it was late - or early maybe. At about 3 or 4 in the morning, I was settling in to nap in the workroom when the alarms went off. Not the usual beeps that we could just push a button to silence - the 'everyone start running' alarm. After some rushed steps and quick words, I found myself in the OR for a crash C-section.

Taking precious minutes, we brought the ultrasound in to confirm there was still a fetal heartbeat. I held my breath, and then through the machine's static we heard a steady beat, very slow, but definitely there. And then I was scrubbed and they were cutting into the skin and seconds felt like minutes and the baby was delivered. It lay on the field in front of me while they stopped the mother's bleeding, not moving or crying, just still and blue and small before pediatricians whisked it away to the corner.

We began to close the patient and a few minutes later the attending reports that the baby has no heartbeat. The corner is a flurry of activity around the baby and the surgical field is all silence. I do what I'm supposed to - suction and suture while the pediatrics team slowly leaves and the attending confirms the baby didn't make it. Nurses trickle in, gathering around the incubator with their arms around each other. Finally, we finish.

I make my way to the crib in the corner as everyone did, looking at the peaceful baby with his little hat and bushy eyebrows and perfect ears. I'd never really spoken to the mother, but now I can hear anesthesia waking her up and that's when the reality of it shifts into place. This little boy, all medical equipment gone

and the warmer off, lays far too still. Thoughts and questions stumble through my head - did he have a name? How is the anesthesiologist telling her everything went fine? Can the mother hear their hesitation?

After a moment, I leave, and I don't even make it back to the workroom before crouching in an empty hallway to cry. In a minute, I return to the empty workroom and stand in the middle, not sure what to do. The resident that I closed with comes in and apologizes to me (why, to me?) and hugs me, letting me cry on her shoulder before sending me home. Driving home with the sun coming up over the city, beautiful and busy, all I can feel is the weight in my chest and a feeling of utter separation from the world around me. Focusing on the road as my mind goes back to his ears, the hat falling off, the crib set aside in the corner. Thank goodness everyone around me doesn't have to know. How dare they not understand. And what happens next and does the mom know and where do we go from here?

I finally make it to my apartment before collapsing again in tears because really, it wasn't fair and I can still see the little dark hairs on his ears and hear the mother waking up and asking for her baby.

Even now, months later, I can't think of her as anything but a mother. I heard rumors of what happened from my classmates, that a student was there and that the attendings met about what went wrong and that they think they need a new ultrasound. All of it rings hollow. I wonder if the mother thinks of herself as a mom. I wonder what I should have learned. And I let myself mourn a little boy that no one ever met.



A Change is Gonna Come

Anonymous



Icy Glare

Kara McDowell

They Believe

Shannon Demehri

They believe in magic,
and soon I did too.
With some care, hugs, love, and medicine
they left feeling healed and new.

They believe in fairy dust.
Yes, I believe it's real.
How resilient and tough they are;
How fast their bones can heal.

They believe in monsters.
I watched with my own eyes
as they stole away the smallest souls
undeterred by how hard we tried.

They believe in angels.
I believe now too.
Despite the magic and fairy dust,
my arms have held a few.

Scutsheet Margin Notes

Kayla Torrez Chang

Watch her smile
Bright like sunbeams
What stated age?
In her eyes
Still twenty-two

Wrapped in sheets
Lines like vines
Looking so childlike
Finally, peacefully dreaming
Time for vitals

Caught a glimpse
Of your soul
And it fit
Warm and kind
Over my heart

We arrive unaccompanied
Learn, laugh, love
What cruel fate
That we leave
As we arrived



If it Were a Pill, Everyone Would Take It

Kyle Wieschhaus

Residency Application

Matthew Welch

He was playing with his toys on the floor when we talked. Patient, waiting for me to finish my work, he made little sound effects as his monster truck rolled towards a line of cars. Every time I set down my pen or rolled back in my chair the truck's engine quieted as he looked up expectantly. Too polite to say anything, too conditioned to avoid disappointing responses, he clutched the truck in one hand, leaning his weight on it until he saw me turn back to my application. Each time, he restarted the engine and continued driving until the next flutter of hope that I would join him on the floor.

After a few minutes I tired of filling out forms and I looked down at his face. Suddenly everything was different; I couldn't bring his features into focus. His dusty brown hair hadn't changed and it was still a beautiful mess, trying its hardest to cover his eyes but falling just short. Maybe if his eyes were hidden I would have struggled to recognize him at all but they opened him, revealing him, reflecting me. I couldn't see the rug under him, with its roads and railroad tracks and pastels. His bed and his dresser were shadows, the toys strewn around him were shapeless. He only held one car in his hand now and I heard its engine idling in the distance.

"Hey dad." His voice broke a long silence that I hadn't noticed and it was calming despite its unfamiliarity. It was deeper, more confident, and it was his and mine but new.

"Hey bud," I heard myself mumble in response. I watched my hands slide from my desk and fall to my knees as my chair spun

to follow my eyes towards him. I lifted one hand and opened my arm toward him, "I just wanted to explain."

"I know," he replied as he looked up at me. I still couldn't focus on his face; I saw it framed with hair and jawline, supported by a strong neck over broad shoulders but he was still two eyes drifting in a space of potential and confidence and wonder.

"It's really hard. I don't know if I understand it." I was uncomfortable and would have looked away if I weren't so intent on finding his face, on comprehending the features around the floating eyes. I opened my other arm to him in explanation, sitting with two arms now suspended, as though my hands had been on his shoulders until someone pulled me away.

"Try?" he shrugged. He wasn't happy and he wasn't sad. He was just there, looking at me the way he always does: even now, sitting as tall as I, still unable to comprehend that there could be something beyond his father's understanding.

"Look, never accept anything less than what you deserve." I felt relief. This could be a lesson, a parenting triumph. I'll make my boy stronger. "You can do anything, bud. I guess you just have to make sacrifices."

"So I'm a sacrifice?" he asked, stripping my pretense.

"No!" I snapped so quickly I scared him. But he wasn't six anymore; he was tall, capable,

handsome. My head fell, my shoulders sank. Was he a sacrifice? My time with him would diminish, right? So he was a lower priority? This isn't what I wanted to say, this got all messed up. "You're the most important thing in my world, still. Always. It's just... remember when you were a kid and I refused to study when you were with me? I just won't be able to do that for a while." His eyes were so focused on me, unwavering and curious, yet still comforting. "I'll have to study sometimes, that's all. I won't always be able to go camping or hiking. People will need me. I like that."

He looked down at the car in his hand, listening to its engine quietly idling. "Yeah, I know. It's ok."

How would that ever be ok? Why are random patients more important than he is? They aren't. Are they? I heard the car engine rev louder, echoing in the room as he wheeled it aimlessly where the floor had been.

"In a way it's selfish. I know that. I want to help people and I want to do it in a way that maybe only I can. I want people to need me and I want to be there for them. And I want you to see that and I want you to know that you can be something incredible if you want to be." I spoke quickly, forgetting to breathe, instinctively grasping for paternal infallibility. I felt my hands crossed on my chest.

"I just want to be a great dad. Like you."

Whatever foundation I was for him started slipping away, dripping down my cheeks, splashing on the floor, evaporating. "I still want to be the best dad I can be." The words fell out of my mouth, broken. "I just need you to understand."

"Yeah. OK." He looked through the car, through the floor that wasn't there.

I looked for my hands and found them

resting now on my knees.

"You just won't be around as much," he resigned. His eyes lifted and he asked "Do you think that when you are, you'll be able to relax?" He looked now at his hands quizzically.

"Of course. I hope so. I'll do everything to make sure that our time together is as meaningful as always and I'll never forget I'll always come back I'll always be your dad I would never..." He looked from his hands up at the stream of concern filling the room. His eyes settled on mine and I was grateful for the excuse to ebb my vulnerability. He spoke.

"OK."

"OK?"

He shrugged and motioned at me with both hands. "I mean, that's what you wanted to tell me, right?"

Struggling to find the word hiding under layers of confusion and love and worry, I finally clenched my jaw and looked at him as I sat up straight. "Yes."

His face finally came into focus. Over round cheeks, his mop of hair fell around eyes which looked at me the same as they always had, with love and awe and naïveté and expectation. He found his monster truck next to his leg and drove it along the rug towards the cars at the other end of the street.

"Daddy?"

"Yeah?"

"Can we go to the playground?"

"Sure, bud." I set down my pen.

TO KEEP THEM FROM BLENDING IN, OUR
DEPARTMENT IMPLEMENTED THESE NEW
MEDICAL STUDENT FLEECES ...



Tyro Blanco

Isaac McCool

An Admitted Optimist

Stephen Renwick Brown

Discovery to surgery had been a week of furor.
An history exhausting even read on the computer:
A mediastinal mass, around aortic semilunar.
At fifteen he did contemplate preparing for the tomb, or
Excision, open thorax, with a brave face toward the future.

“This morning I feel great!” he said with genuine good humor.
My face betrayed my puzzlement. I checked his wounds for rubor.
Recovery had yet to be. Of hope he had but rumor.
“I’m feeling great because today I haven’t any tumor.”

Always Moving Forward

David Patrick

Overpowering smell wafts from de-socked foot –
Necrotic diabetic toes.

Successful surgery; uncontrolled pain; insomnia.
Single Benadryl dose... delirious three days.

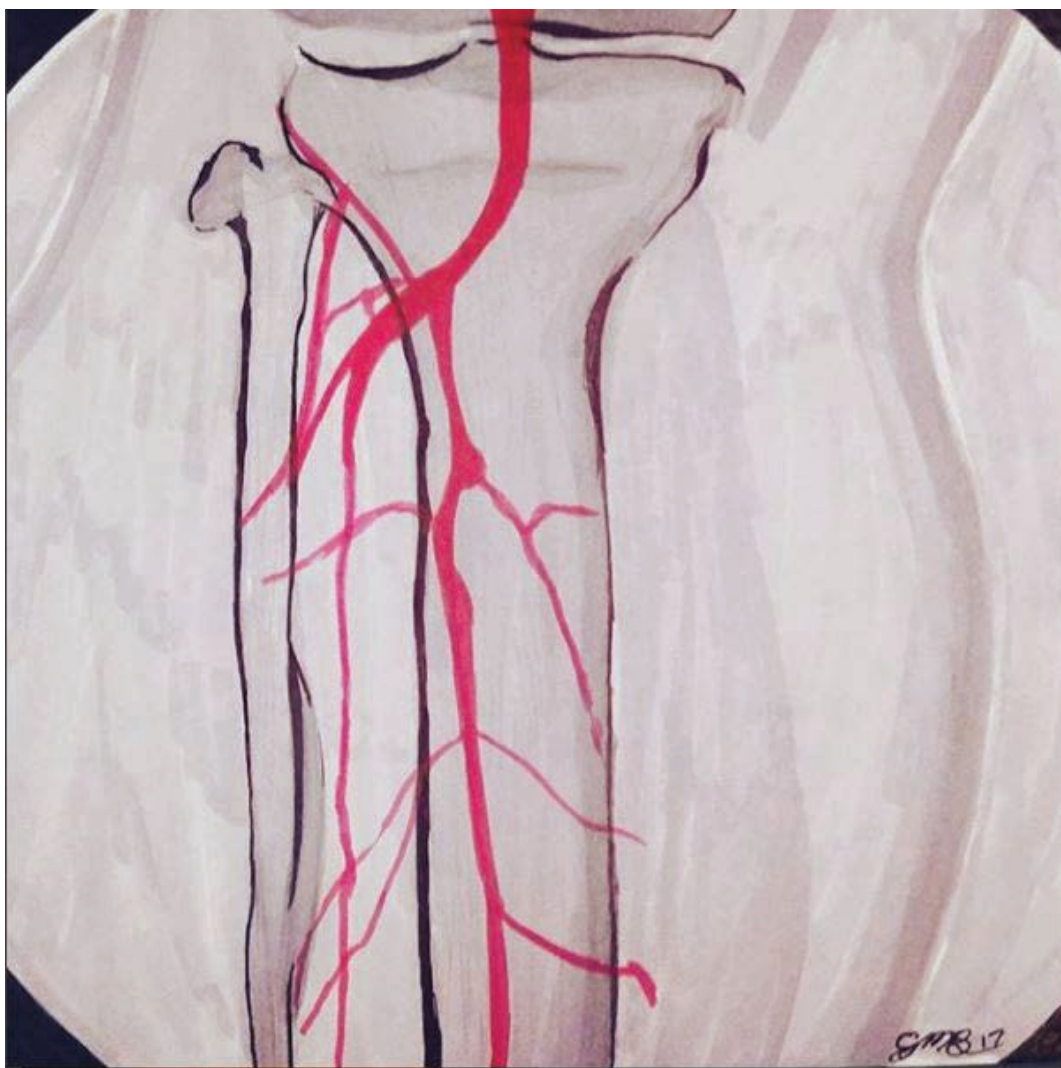
Atrophied brain, kidneys falter.
Life's story closing.

Wife - ICU, different hospital;
Daughter - inpatient, elsewhere.

All alone on post-op day 5
Dead one day later.

Only a toe amputation...

Buzz --- another page;
Next patient...



Cath Lab

Gina Biagetti

P.I.P

Courtney Beaver

So many roles,
So much to do,
But every four hours,
The timer begins anew.

Boots hit the ground,
And we're ready to roll.
But there's an extra burden to bear,
Slowly taking its toll.

As each day begins,
I march across the field,
I walk away
From those begging to be healed.

When speaking with my peers,
I can't help but apologize.
They smile and encourage.
They seem to sympathize.

Some have been here,
Either themselves or their spouses.
Much to my surprise,
Not one of them grouses.

I do my best
To cover my responsibilities

Before my mad dash,
Lest they question my facilities.

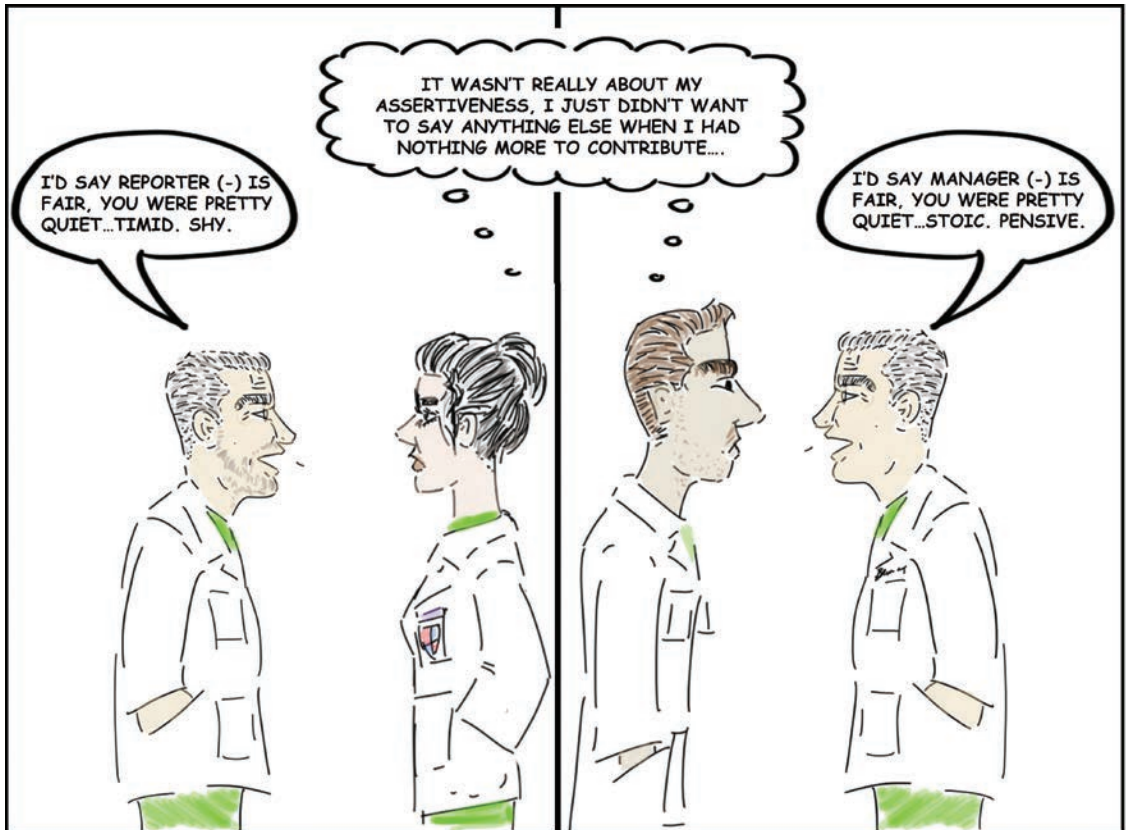
They only encourage me
To care for my kin,
And yet there's this pressure
That comes from within.

Am I letting them down
With each passing second?
No matter my resistance,
I'm infallibly beckoned.

Over the week,
I come to terms
With this responsibility.
My need is firm.

That does not ease the pressure
That comes from within,
And each time I take my leave
The chant again begins:

Hurry, hurry, hurry,
They'll wonder where you are.
This is the experience
Of Pumping in Pandakar.



Your Perception, My Reality

Samantha Brock and Isaac McCool

Doll's Eyes

Martin Manoukian

Doll's eyes, evil doll's eyes, their statement loud and true
Confirming what was denied, but always had been true
Clinically it means: there's nothing more to do
To the parents and family, our hearts go out to you
For the team that tried, regrettably nothing new
Just another busy day on a crowded PICU

A Surgical Encounter

Matthew Fisher

Blood, dripping on linoleum.
A flood. My thoughts go numb.

Crimson, and incessantly flowing.
I panic inside, outside not showing.

Bags upon bags, filling empty space with red.
Down and down, blood drains from my head.

A plop is heard and a drop is felt, I feel askew.
I look down and notice a new stain, on my shoe.

It is wet and warm, unlike the body before me.
“First, do no harm”: I do not want to do surgery.

Death and Dying: Reconciling Familiar Tactics with Familial Needs

Kiley Hunkler

“When was her last dose?”

“About two hours ago, I think. I don’t know; I’m exhausted.”

“Does she have any allergies?”

“Oh, I don’t know, but her son - my husband - will be here eventually. He is not dealing with this well, which is why I’m here.”

“We are going to put her orders in. But I want you to take a break and go for a walk or sit in the courtyard. We are here to take the burden of care off of you.”

We exited the room and the physician turned to me and said, “Only a fraction of palliative care involves providing medical treatments to patients. Our larger role is seeing patients and their families through the dying process, supporting them through emotional hurdles, and providing them with some semblance of peace as best we can.” We then turned down a regal hallway filled with mahogany wood and grand rugs with intricate detailing. At the end of the corridor, we stopped outside of another patient’s room and spoke to her nurse. The doctor silently nodded her head as the nurse explained that the patient was unable to speak throughout the morning. The doctor lightly embraced the nurse’s shoulder and after a moment of shared silence, we entered the room.

Every chair was filled with a concerned family member - blankets sprawled around, evidence of a difficult night together. The physician introduced me as a student and although I smiled, I felt ashamed: an intruder in their private space and final intimate moments together. Throughout my medical training, I had frequently delved into personal territory, performing physical exams and collecting intimate information, yet engaging with death felt different. I could not shake my insecurity as I silently observed this family painfully and lovingly reckon with their loved one’s mortality.

The physician positioned herself next to the patient’s bedside, and grasped the patient’s hand with both of her hands. “His nurse brought me up to speed that Dad has not been able to communicate even though we held his pain medication this morning.” One son gave an exasperated sigh. The physician continued, “Unfortunately, many patients remain unable to communicate even after we hold a medication dose. I think the most important thing now is to make Dad as comfortable as possible.” In this instance it seemed to me that the medical recommendation of continuous pain medications contradicted the family’s wishes of wanting to communicate one last time.

These were not easy decisions and up until this point, I had not yet engaged with some of these nuances of death; with what happens to families when there is no cure, when treatment fails, when cancer metastasizes. To be honest, most of my medical education preceding palliative care set narratives that characterized cancer as a fight to be won and surgery as a battle to overcome. Engaging with death instead of attempting to prolong life was a new challenge.

We walked down a grand staircase adorned with several paintings and into our next patient's room. A man was curled up in the corner, and the patient was snoring loudly in her bed. The man groggily pointed to an untouched food tray next to him. The physician nodded and explained that although concerning to many caretakers, losing an appetite and missing meals at the end of life was extremely common. The man's eyes were still longing, and I looked for other ways to reassure him. I pointed out the clear urine in a container hanging from the foot of the patient's bed and muttered something about the output. I was instantly taken aback that my initial reaction was to revert to something medical when I felt uncomfortable: a practice that I have repeatedly observed in medicine.

When I started medical school, I watched a doctor jump to discussing the pathophysiology of lung cancer as soon as a patient had admitted to smoking cigarettes. I remember in that moment I wanted to ask why he was smoking, what stressors he had in his life, and whether he had thought

about quitting. The doctor on the other hand was more comfortable discussing smoking's biochemical sequela. Two and a half years later in a dying patient's room, I now found myself using the same tactic of pathologizing patients instead of attempting to understand the root of their underlying concerns. While using medical information to reassure families is not misguided, I fear that medicalization can impede our ability to provide patients and their families with the full spectrum of care that they need. I look for ways now to be more conscious of the person lying underneath the sea of IV lines, drains, and monitors in any given hospital bed by listening to their story and learning about their lives that have nothing to do with their reasons for coming to the hospital or receiving hospice care.

Now I wrestle with how to tailor my training and future practice to preparing for those challenging circumstances that I sampled in palliative care. At the very least, I am trying to embrace discomfort and resist the urge to use my medical knowledge as a shield against vulnerability when I am uncertain of how to offer support. I want to use language that disentangles patients' efforts to heal from terminal illnesses' often ruthless and tortuous pathways and learn about personal stresses of illnesses that are not confined to the body but nevertheless important to care. By engaging with death and dying, I am hoping to better equip myself to shoulder the burden of care that extends behind medical reassurance and takes into account the personhood of every patient.



This photograph was taken on a long trek in the hills surrounding Ullswater Lake in the Lakes District of England. Sheep roam freely and raise their spring-born lambs in the hills. I crested a knoll and stumbled upon this ewe in steady watch over her young lamb. Sentinels are usually associated with strength, force, and impenetrableness—this ewe shows these qualities in a gentler light.

The Gentle Sentinel

Sally Higgins

Surgeon

Robert Neiberger

We are most human when we cry
The moment when our words no longer matter
When we connect to our most basic ancestors
And that recognizable human sound
from the depths of our evolution is uttered

A gentle hand sobers my primal noise
“Doctor, your next patient is in the O.R.”
I choke back one last salty drop
Knowing that I am completely human
and trying to prove that I’m not

Monuments

Anonymous

There passed comrades at the monuments today,
Emotions, memories, gratitude, heart cannot say.
Roses dropped there, a wreath over here,
Respect on cool wind, more than one tear.

Names, numbers, great carved stone,
These kindred dead, their mothers have known.
That singular comrade known but to God,
Will my boots take me where yours once trod?

Europe, Africa, Asia by air, land and sea,
Praying, guarding, family, friend will never see.
Bombs, guns, powder, nor blood, on stone or sand,
Instead freedom, joy, warm and open land.

You wrestled hell and now rest well,
Family, country, these walls, of your deeds forever tell
Of duty, honor, country, of special and sacred trust,
That fragile yet somehow sturdy freedom will never rust.

There past comrades at the monuments now gone, yet we live,
Lives worthy of yours, our restless souls yearn to give.

Put Her There: My Reply

Nancy Gillcrist

Never spoken,
Passed down from a mountain,
Comically overdone,
Earnest to live up to,
A token I bestow.
Put her there.

Testament of pride,
Passed down from a Gator,
Untethered spirit.
A token I bestow,
Put her there.

Hospital glazed,
Time, Dialing, Silence,
A presence, A moment,
Tribute to a legacy,
finally spoken.
Put 'er there Papa.

I was but a few years old when my grandfather began engraining the purpose of a handshake and the pride that should be evident in each "Put her there" bestowed. Through all the years and major life hurdles, the one thing I have always been able to hold on to is my handshake. Strong, prideful, confident, unshakeable – a symbol of my heritage and purpose as a military leader and future doctor. While on my general surgery clinical rotation last year, I was informed that my grandfather, RADM Paul T. Gillcrist "Gator" (ret), would not make it past a day or two and I struggled with the decision I had to make, whether to jump on a last minute flight home or remain on my rotation. I was touched by how the Portsmouth General Surgery team came together to support my return home. I ultimately decided to honor his life and military service by serving dutifully at my post. This story tries to express the emotion and weight in my heart that moment when I called to say goodbye, as a doctor on the opposite side of our country held the phone to his ear. He was, at that time, unresponsive, but I know he was listening. I will forever treasure the gift I was given in being able to repay him one last time for what he endeared to me. He once wrote a poem entitled "Put Her There", which speaks to his value of this gesture. This is my reply.

The Dichotomy

Brenna Walters

The woman is on an elevator, her back to the smooth marble wall, when three old ladies bustle on.

“I found a penny!” One of them announces to another.

“You don’t think the turkey is taking too long? You think it will be done in time?” Asks the Second.

“Tommy will love it, I’m sure.” Replies the Third.

The woman stands, unnoticed, drinking in their conversation, breathing in their abject humanity, as though if she stared hard enough some of their joy and life might be absorbed.

She gets off before they do, their chirping ringing in her ears as she walks down the gaping hallway.

She finds her uncle in his room where she’d left him. Wires run through his nose, IVs stick out of his arm and hand. He stirs as she enters but does not wake. If it were not for the soft beeping of the heart monitor she would think him dead, a peaceful corpse, ready for burial.

“Hola Tio.” She grasps his hand and holds up a bag, as though he could see it. “I brought us Christmas dinner.”

He doesn’t wake--he hasn’t, for weeks now--but she perches in her usual chair next to his bed and digs into the stir-fry with

gusto. Below their window, stories down, a siren wails.

We must pray for them, mi amore. Her uncle would always insist when an ambulance would stop up traffic. Death is sudden, and health is a blessing.

“I worked another double today, Tio.” She tells him between bites of fried rice. “That cabron, Nick, broke the gas on one of the grills, so we were down one, and got slammed around lunch, honestly it’s amazing how many gringos will go to McDonald’s on Christmas...”

She doesn’t realize she’s crying until a tear rolls off her nose and splashes onto one of her chopsticks.

“I--uh--I talked to that recruiter, again, Tio. Once...once you, uhm, go, I won’t need to stick around, and I’ll still have hospital bills to pay so...”

She gestures with her sticks wildly. “Not that I want you to go! Just...just trying to think ahead, you know? Military seems like a good fit.”

Death is sudden, and health is a blessing. He would say that, as if it was black and white, as though it was either health or death and the cut off was obvious. Here, in this gray world, she starts to think he’s wrong.

Her gaze sweeps down his frail frame, pale after weeks of no sunlight. This sure as hell isn’t health. Being fed through a tube,

daily turning to avoid bed sores, gone to the world.

But is it death? If it is, it isn't sudden, as promised. It had been agonizing, watching him deteriorate, watching him get worse over weeks, months, before slipping into this coma.

"I--uhm.." She puts her chopsticks down and wipes her nose with her sleeve with a shaking hand. "I hope you'll be proud. I--I know you're not a fan of organizations or whatever but..."

She'd been dragged to church each week when his wife, her Tia, was still alive, and he'd refuse to go. Too much structure, he'd say. I can hear God right here. The church always felt holy, hallowed, and as she'd lit candles she'd think him crazy. Of course God would hear her better in the silence of the building, among the hush of the faithful whispering.

I can hear God right here. Between the beeps and the silent darkness, this almost feels like a church.

"Merry Christmas, Tio." She whispers again.

She sleeps there, in the same chair, as she'd done a hundred times before.

This time however, she wakes to bright lights, shouts, and a drawn-out, horrible high pitched noise.

He's flatlining.

"Ma'am, I need to get you out of this room, ma'am you need to move the doctors need to work." A nurse is leaning over her, saying something.

"No, no, no, no, Tio, dear God!"

She leaps to her feet, pushing against the nurse, fists clenched.

"Now?!" She screams at him, rage lacing her words. "Now, after nearly a month, I've been here every damn day and you pick Christmas?!"

"Ma'am please, we're going to do the best we can, but we need you out of the way--" The nurse is grabbing her shoulders now, pushing her back towards the door.

"You pick Christmas, Tio, I can't lose you tonight, I can't, come back, how dare you--"

She and the nurse are in the hallway now, and she can't see her uncle anymore, his body blocked by men and women in white coats and scrubs.

"He's dying, tonight, I can't lose him tonight--" She's crying again, because she'd already lost him, weeks ago, she'd been shoved into watching him in the aching twilight of limbo, but suddenly death seemed so real, and she wasn't ready--

"Oh honey." The nurse's arms are around her, and she's sobbing into his shoulder, all snot and tears. "Honey, let him go."

...

She leaves his urn in storage, later, when she leaves for training. It looks weird there, perched on her bedside table in the rentable storage unit, in between all her other belongings. In the months to follow, as her mind and body are pushed to their absolute limits, as she feels the burn in her muscles and lungs, and is trained to both avoid death and cause it, she can hear him, ringing in her ears. And finally, she thinks, she might understand.

Death is sudden. Health is a blessing. And she'd been given her share of both.

Oh, the Hats We Wear and Masks We Refuse to Take Off

Vidya Lala

“Oh God! Let me die. Please let me die.”

I am seven years old, sitting in the back seat of our van, peering up at my mother who is sitting right beside me. She is straining to keep her eyes open, and babbling incoherently about how she wishes she was dead. My father is in the driver’s seat barking at her to keep her eyes open and begging my older sister to watch her and keep her conscious. I sit dumbfounded, eyes innocently shifting between my mother’s face and my shaking hands.

Half an hour before the incident, my parents had an argument—one of many over the years. Tension began to build; tempers began to flare. It reminds me of a quote from *Secret Life of the Bees*: “I don’t remember what they said, only the fury of their words, how the air turned raw and full of welts. Later it would remind me of birds trapped inside a closed room, flinging themselves against the windows and the walls, against each other.” My sister and I were cowering quietly in our room as our parents stood meters away in the living room area bickering and cursing. This time instead of it turning into a quiet conversation and a mutual agreement, the air was brewing with ferocity. My dad decided to take a drive to calm down, taking my sister and me with him and leaving my mother all alone.

When we returned home and unlocked the front door, we were greeted by a pungent odor. We called up the stairs for my mother, but she did not reply. My father found her

in her room unresponsive, pink vomit all over the bed covers and floor. We rushed my mother to the hospital, where the poisonous chemicals she had ingested were pumped out of her stomach. After a few days she returned home safely.

As a young child, I believed that parents were supposed to be heavenly angels. Blinded by their love and authoritative figure, I quickly disregarded the flaws of my own parents. Through my dependence on them, I sometimes forgot that they, too, are only human and will make mistakes. Their love and support encouraged me that no dream was too big for me to seize as long as I exhibited a strong work ethic and viewed the world through an open mind; however, it was analysis of their imperfections that molded my own character and personality, as I selectively adopted traits I admired, while carefully reconfiguring those I did not.

Instead of resenting my parents for their shortcomings, I have learned to vindicate their faults and accept them for who they really are: loving and supportive parents. However, at times when I falter and become flustered or forget how to forgive, I recollect a quote by Mitch Albom from his novel, *The Five People You Meet in Heaven*: “Holding anger is a poison. It eats you from inside. We think that hating is a weapon that attacks the person who harmed us. But hatred is a curved blade. And the harm we do, we do to ourselves.”

It may be difficult to recall the piercing memories from my childhood and simply excuse the behavior of my parents, but harboring indignation will not change what has already happened, nor will it improve the situation.

During my early days, I was apprehensive to disclose the dysfunctional aspects of my life, as I was always under the impression that my life was an anomaly and vocalizing these eccentric experiences would infuse wisps of darkness into the carefree world around me, burdening the innocent minds of my intended confidants. Mentally I would justify my silence by contemplating another quote from *Secret Life of the Bees*: “Knowing can be a curse on a person’s life. I’d traded in a pack of lies for a pack of truth, and I didn’t know which one was heavier. Which one took the most strength to carry around? It was a ridiculous question, though, because once you know the truth, you can’t ever go back and pick up your suitcase of lies.” Worried that the reality would induce undue distress, I grappled with my family matters in solitude.

I disguised the pain associated with the fickle storm clouds looming at home with sunny smiles in public, as I handed out bouquets of kind words and gratitude to every passing individual. Solace for my troubles was acquired through novels I devoured deep into the night, as I clung to the eloquent flow of words, while attempting to piecemeal my own thoughts with a similar sense of grace. However, with time I grew weary of holding secrets beneath my tongue and discovered that by distributing the words I had stowed away for so long, I could attenuate their power. Trusting others with the intricacies of my mind exposes my vulnerabilities, yet simultaneously, it is these authentic moments where I reveal my true self to another that I am able form meaningful personal connections and realize

that my perceived weaknesses may actually be strengths if I choose to conceptualize them through the lens of another.

Acknowledging both the events of my childhood and their associated thoughts and emotions ultimately prevents the past from placing a stranglehold on my future. The struggles I have faced have shown me that life is not supposed to be the aesthetically beautiful veneer I always thought I ought to portray, but it is more of a stained glass window: built as a mosaic from shards of broken glass, the pieces—unlike that of a puzzle—often do not fit perfectly together and instead have sharp edges, which occasionally sliced through the innocent, unscathed skin of my childhood during my attempts at creating artwork. However, with care and time I have found that these wounds do heal and are typically stronger as a result.

I share my stories not only to extract meaning and reevaluate their relevance to my own life, but also in hopes that if others can relate to my words, they may no longer feel isolated, and instead will find courage to express themselves freely. Even during this short period of time I have been in the military and immersed in the culture at USUHS, I have learned the importance of comradery and relying upon others. Regardless of whether it is related to academics or personal matters, I have found that there was always someone around with an outstretched hand when I needed it and while accepting this assistance took both bravery and humility, it is these individuals who enable me to reach my personal and professional goals. Each footpath leading me towards my future aspirations is interwoven with traces of previous interactions, and it is the crossing of these paths that provide meaning in my life’s journey, showing me the importance, and art of, listening, as well as speaking.

MS3

Kathryn Driggers

Near the beginning of my clerkship year I have an attending whose smile doesn't reach his eyes.

We sit in his office and discuss my performance; I can't read him. His mouth asks how I'm doing. It says,

"I hear good things,"

But his eyes say nothing.

I think, it's me. He doesn't believe I'm doing well. I'm faking competence. I'll never be good at this. I'll never remember all these facts. I can never seem to keep my patients straight.

I need him to tell me I'm good.

When he tells me I'm good, I don't believe him.

Why are his eyes so cold?

Why do I need his eyes to be warm?

I'm sitting with a patient who's telling me how difficult their life has been lately.

"That sounds really frustrating,"

I say. I think, I have 3 notes to write. I'm tired. I have tests soon, I know I'll pass but I hope I do well. I'm OK at this. It's difficult to remember all these facts. I sometimes can't keep my patients straight. It's near the end of my clerkship year. My mouth says,

"I think you're really strong,"

But my smile doesn't reach my eyes.



Hope

Brandon Harvey

Our Sacred Stewardship

Michael Harding

The train came to a screeching halt and hurried passengers jockeyed their way through the door and out onto the platform. Elated to finally get my head out of a book, I was meeting my family downtown for our so-called spring break “stay-cation.” Following the crowd of commuters, I walked briskly, trying to catch my connecting train. From my periphery, I noticed a mother who was frantically scanning the intricate labyrinth of subway routes while her daughter patiently sat atop her backpack.

“Ma’am, can I help you get someplace?” I asked, knowing how difficult it could be to navigate this city. Startled, she whipped around to find the source of the question. Seeing me, she told me her destination, which, coincidentally, was also mine. “I’m headed there as well,” I offered, “we have to transfer to a new train downstairs. Follow me.”

We walked down the concrete steps to the platform and boarded the awaiting train. Just as I turned away to look for a seat, she tapped me on the shoulder and asked, “Are you in the military?” The question seemed to come out of nowhere, since nothing on my person indicated service. Furthermore, the answer to her question was fairly nuanced since the U.S. Public Health Service is indeed a uniformed service, but not part of the military—a distinction that seems like splitting hairs to most civilians.

“Sort of,” I responded, “I am in the Public Health Service. I’m a medical student rotating at the local military hospital. What gave it away?” She smiled and informed me that, after her 20 years in the service, she could readily identify people with what she called “the look.” As the train accelerated out of the station, we chatted about her and her

husband’s military careers. At one point her words slowed, and her voice filled with emotion. She recounted how her husband had been on patrol when he encountered an IED, resulting in a traumatic above-the-knee amputation. He was medevac’d to the nearest combat support hospital and stabilized before being transported to the military hospital where I was currently working.

At the time, she was deployed as well, and, unable to tend to her injured husband, spent long nights awake worrying about him. When she returned from her tour, she saw first-hand the level of care her husband’s medical team had provided in her absence. She spent the next several minutes describing her gratitude to the military health system for everything they do to care for those who are in harm’s way.

While she told her story, I reflected on my role as a future provider. Will I be worthy of the trust of Soldiers, Sailors, Airmen, Marines, Public Health Servants, and Coastguardsmen/women? Although I studied diligently during my pre-clerkship courses, working alongside attending physicians on the wards highlighted how much more I have to learn. I have a long way to go to be on par with the physicians who currently care for servicemen and women, but her story lit a fire under me to double down on my efforts.

When our train reached its destination and we prepared to part ways, she waved to me and said, “Work hard and learn a lot. You’ve got big shoes to fill.” I waved back. And as the train disappeared and she did too, I stood there for some time, thinking about her final advice before I turned and made my way home. I’ve thought about it for a long time since.



The Other Way to Zanzibar

Timothy Wright

About the Artists

Gina Biagetti, 2d Lt USAF, is a current student at Georgetown University School of Medicine. When she's not scrubbed in to cases she can be found drinking coffee and drawing. She is interested in vascular surgery and patient safety.

Courtney Beaver, 2d Lt USAF, is a 4th-year medical student at USU. She has a loving husband, husky, and infant son at home, and enjoys spending her free time with them. She will be entering a general surgery intern year starting in June and plans to pursue an Anesthesiology residency after.

Samantha Brock, 2d Lt USAF, is a 4th-year medical student at USU going into General Surgery. She graduated from the University of Denver in Colorado in 2013 and commissioned in 2014 to pursue her medical education.

Stephen Renwick Brown, ENS USN, is a 4th-year medical student at USU. He served as Poetry Editor for this year's edition of Progress Notes. He has matched to Pediatrics Residency at Naval Medical Center San Diego.

Tanner Carlock, 2d Lt USAF, is a student at the University of Utah School of Medicine. Upon completion of his training, he will become the first-ever physician in his family.

Kayla Torrez Chang, ENS USN, is a 3rd-year medical student at USU. She was a musician by training but tried writing when clinical rotations took her away from her harp. She is excited to head back out on rotations after Step 1.

Joseph Chilbert, ENS USN, is a 2nd-year medical student at USU. He was born and raised in the DC area and attended the Naval Academy. He is interested in becoming a Dive Medical Officer.

Shannon Demehri, ENS USN, is a 5th-year medical student in University of Missouri-Kansas City's 6-year BA/MD medical program. She enjoys spending her time outside of medicine baking, going on adventures with her boyfriend, spending time with her family, and trying to convince her puppy Roo that going for walks is fun.

Kathryn Driggers, ENS USN, is a 3rd-year medical student at USU. She's originally from Seattle, WA and joined the Navy after a circuitous route through Japan and motherhood. She likes to spend her free time with her family.

Matthew Fisher, 2LT USA, is a 3rd-year medical student at McGovern Medical School in Houston, Texas aspiring to become a psychiatrist. His hometown is San Antonio and in his free time he likes to read and listen to music on his record player. Matt chose the Army because his two brothers, father, and grandfather were in the Army.

Angelica Fullerton, 2d LT USAF, is a 3rd-year medical student at Northwestern University. She is from Southern California, where she developed a passion for underserved Hispanic communities. She attended the University of Southern California for undergraduate and maintains a passion for USC football. She is considering OB/GYN for her future career. In her rare free time, she enjoys cooking, martial arts, and reading science fiction.

Nancy Gillerist, 2d Lt USAF, is a 4th-year medical student at USU. Though she comes from a strong Navy family heritage, she is proud to serve in the US Air Force. It wasn't very long after beginning medical school that she discovered a passion for surgery and plans on pursuing a career as a urologist.

Nancy L. Hagood, ENS USN, is a 3rd-year medical student at the Medical University of South Carolina. She earned a B.A. in Economics and Theology at Georgetown University. She has a passion for global health and serves on the Board of Directors of a nonprofit organization, Light from Light. She plans to pursue residency in Internal Medicine.

Michael Harding, ENS USPHS, is a 2nd-year medical student at USU. He is interested in social determinants of health and health behavior change. He plans on either pursuing residency in pediatrics or in a combined family med/prev med program.

Brandon Harvey, 2d Lt USAF, is a student at Kansas City University COM. He is interested in OB/GYN.

Sally Higgins, ENS USN, is a 4th-year medical student at the University of Nevada, Reno. She is applying for residency in Emergency Medicine with anticipated graduation in May 2018. She likes to sail when able, and most of her favorite photographs are from being on the water.

Kiley Hunkler, 2LT USA, is a 3rd-year medical student at Johns Hopkins University. After graduating from West Point in 2013 she pursued a Masters in Women's Studies and in the History of Science, Medicine, and Technology at the University of Oxford. She enjoys running, traveling, and spending time with her five sisters. She hopes to pursue a career in women's health.

Vidya Lala, 2LT USA, is a 1st-year medical student at USU. She was born in Trichardt, South Africa and moved to Pennsylvania when she was 4 years old.

Martin Manoukian, ENS USN, is a 3rd-year medical student at the UC Davis School of Medicine in Sacramento, CA. He received his undergraduate degree from UC Davis where he played club lacrosse for 4 years. He enjoys fishing, duck hunting, and watching the San Francisco 49ers.

Isaac McCool, 2LT USA, is a 4th-year medical student at USU. He matched Pathology at Walter Reed National Military Medical Center. He graduated from NSU in Louisiana in 2004, commissioned as a 70B Medical Service Corps Officer, and later a 71E Clinical Laboratory Officer. After ten years of service, he was accepted to USU.

Kara McDowell, LT USN, is a student at the Graduate School of Nursing at USU. She earned a BS in Nursing at Missouri Western State University in 2007. Her nursing background includes medical-surgical telemetry, post anesthesia care, and critical care. She enjoys caring for patients in all age groups, leading to her decision to pursue a doctoral degree as a Family Nurse Practitioner.

Robert Neiberger, ENS USN, is a 3rd-year medical student at A.T. Still University School of Osteopathic Medicine. After completing a tour in Peace Corps Namibia he went to graduate school at Syracuse University to study bioengineering. He is interested in family medicine or general surgery. He looks forward to applying for a GMO tour and hopefully serving aboard the USS Mercy or USS Comfort.

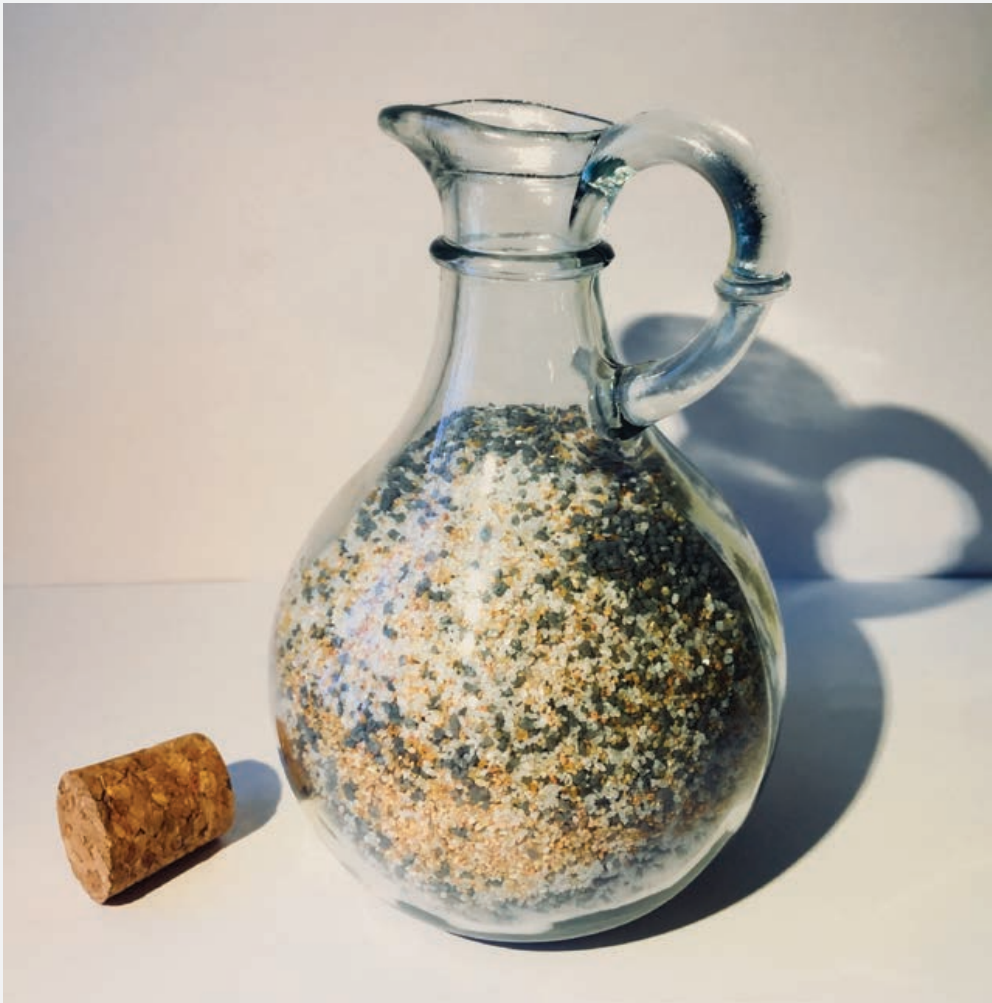
David Patrick, 2d Lt USAF, is a 4th-year medical student at USU. He is currently pursuing a future career in Family Medicine and Flight Surgery.

Brenna Walters, 2LT USA, is a 2nd-year medical student at Northeast Ohio Medical University. She earned a BS in Biology from Xavier University in 2016. She is interested in Family Medicine and Pediatrics. In her free time she enjoys writing, reading and watching unrealistic sci-fi shows.

Matthew Welch, ENS USN, 2nd-year medical student at USU. Upon graduation from the Naval Academy, he became an aviator and flew P-3Cs and MH-60Rs while stationed in Hawaii and Jacksonville, Florida. His 6 year-old son is his favorite person in the world and he'd like to pursue a career in surgery.

Kyle Wieschhaus, ENS USN, is a 2nd-year medical student, currently attending Loyola University Chicago, Stritch School of Medicine. His interests lie in the fields of Orthopaedic Surgery, Sports Medicine, Emergency Medicine, and Family Medicine.

Timothy Wright, 2LT USA, is a 3rd-year medical student at Brown University. Much of his artwork is inspired by his travels while working in public health prior to medical school, and he looks forward to continuing to see the world as an Army physician.



We are a sum of the contributions of others. Their contributions build us up, shape us, and help us reach our goals. Personally, it is impossible to recall all the individuals and their contributions to my life. With this representation, I express profound gratitude to all who have helped make my dreams a reality. Ultimately, our gratitude may best be expressed by positively contributing to the lives of others.

What will our contributions be?