PROGRESS NOTES

Volume 7 - Spring 2026

PROGRESS NOTES

The Federal Healthcare Student Literary Review

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- Writers may submit up to three unpublished works
- Visual artists may submit up to three unpublished individual images or a single thematically-linked collection of images (more details in table below)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 the designated Progress Notes email address.
- 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, 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 an 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. That meeting led to both the creation of the Apollo Society, a quarterly open-mic forum at USU in which visual, literary, and performing arts are shared, and ultimately to the creation of Progress Notes, the federal healthcare student literary review.

Progress Notes was published annually from 2016-2021 and was a rousing success, thanks to the diligent efforts of 47 student editors, 12 faculty advisors, and the phenomenal work of 154 student artists. While the pandemic resulted in a hiatus of the journal, it only deepened our understanding of the importance of the arts in healthcare. Indeed, our experiences in both garrison and deployed environments across the Military Health System during that time highlighted a truth I first recognized while talking with friends who were processing their experiences in combat in the late 2010s: ***Art provides the keys to unlock doors that would otherwise remain sealed.***

With this truth in mind, and in the context of a robust body of literature demonstrating the myriad benefits of arts engagement—among them, improved observation and communication skills, enhanced clinical reasoning and empathy, and decreased burnout and ambiguity intolerance, Progress Notes returns. This edition is special for many reasons, including the fact that the faculty advisors for each section were student editors and/or artists from the inaugural issue.

I am indebted to this year's amazing editorial staff, including Angie Benton, Cece Peden, and Pallavi Malladi. Without their countless hours of late-night work, this edition would not have been possible. I also want to express my heartfelt gratitude to those who kept the light burning during our hiatus, in particular Dr. Virginia "Ginny" Randall and Dr. Zachary Mattice, so others might find their way to the arts as a path through which to make meaning of our mercurial, and often challenging world.

Very respectfully,

Adam 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 Hebért School of Medicine Capstone Program.

progress note / prägres 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

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

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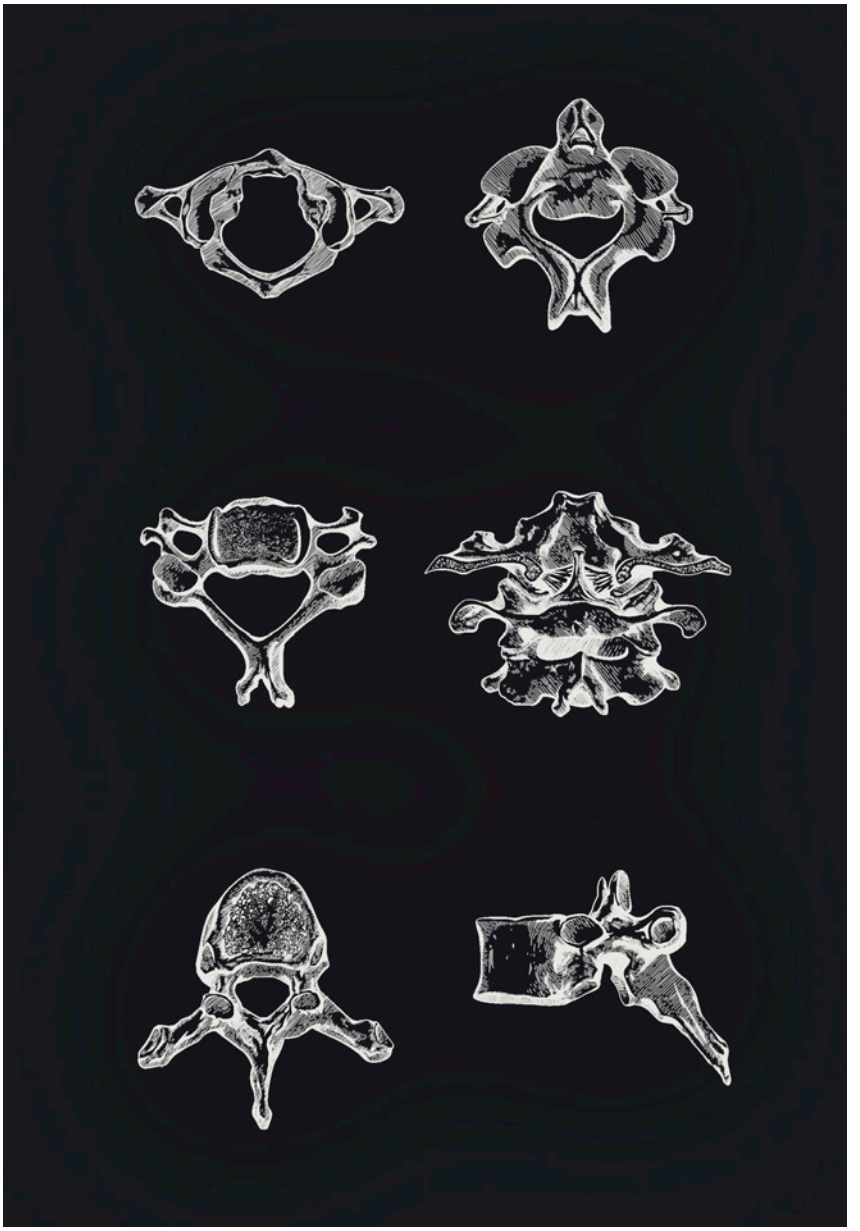


Vertebrae Study

Nathaniel Mattera

Anatomy First Cut

Eric T. Xu

Outside, the passerby is unaware
these walls enclose a place where corpses lie
from end to end on silver bedframes where
no space nor matter is perceived nearby
the last creation…which in its sleep
conceals the grand design, yet to be found;
The silent heart no longer wakes or weeps but
sings a song born from an ancient sound—
whose voice commanded onto Gilgamesh
to turn back into dust and be digest.
So, let me give to you my bone and flesh,
for courage cries beyond the rot of rest.

Behold, the one that finds me in my death, and
lives to share in search of boundless breadth.

Intern-of-Guts

Anonymous

Just yesterday I was Student-No-Clue,
A book in my hand; a hole in my shoe.
I stood in the corner. I stood by the wall.
I hoped the Surgeon wouldn't see me at all.

I nodded at words like "Gall-Bladder-Glee,"
And whispered, "Yes, yes… that sounds right to me!"
I held strong the Deaver–Retractor Zig-Zat.
And stood for ten hours while staring at fat.

But today's the Day!
The Big Day has come!
My short-coat is gone!
(And… so has my fun?)

For now I'm a Doctor!
An Intern-of-Guts!
The one who gets yelled at
For missing the cuts!

I used to ask, "Sir, does the Gall-Squeezer leak?"
Now the student asks ME while I'm tired and weak.
I used to ask, "Gosh, what's a Pringle-Maneuver?"
Now I'm the one driving the Suture-Cabooser!

New pager! Blue pager!
Beep-beep-it's-YOU pager!
It screams in the night like a Sleep-Stealing-Cager.

"4B wants a pill!"
"Are they sick? Are they ill?"
Good grief, help me to muster the will.

I have a new title!
I have a new role!
I have six years' training,
With night-shift patrol!

The Hernia-Hump is waiting!
The Appy-Zap, too!
The Senior is sleeping!
It's all up to YOU!

I'm scrubbing my fingers!
I'm scrubbing my thumbs!
I'm tying the knots
Till my pinkies go numb!

Though somewhere inside me
The Student remains,
Longing for days without Doctor-Brain-Pains.

But onward I march
With my Scalpel-of-Goo—
For the charts are all mine…
And the Guts are now too.

The Patients We Couldn't Save

Matthew Sovine

The pre-dawn air was cold against my skin, a chill that matched the steel grey sky just beginning to lighten above Fort Hood. It was zero-dark-thirty, but already the road thrummed with the rhythm of a thousand boots.

Not just footsteps, but a single, pounding heartbeat driving us.

We were a river of dark silhouettes, each face lost in the pre-dawn gloom, yet bound together by the shared purpose, the unspoken mantra:

Relentless.

Forward.

Progress.

The air was crisp, and the taste of range fires nearby still lingered. As I ran, my breath catching in my chest, faces blurred past—not just featureless, but masks carved by the shadows, each one a fleeting ghost in the half-light.

And then, I saw them. Not only saw, but felt SPC Lay, with his goofy country grin that always seemed to say, "This sucks, but we're in it together."

And beside him, the steady, quiet presence of SGT Frank, his hand brushing my arm as we used to run, shoulder-to-shoulder, pushing us through the pain of filling sandbags day after day.

They weren't just memories; they were here with me, their spirits woven into the pounding rhythm of the run, into the shared breath of the men around me, into the very darkness itself.

And in that darkness, in that shared struggle, Buchwald's words took on a new weight. This run, this pain, this moment with ghosts and comrades—"this was the only time we had."

And we lived it.

Field Hospital

Nathaniel Mattera

Balm of Gilead

Alana John

Is it in the honeyed voice of a provider
coaxing pained, overlooked histories
cloaked in mottled green and a stethoscope?
no slim, sterile instrument to unwind the annelid
burrowed into cracked soles of the child
who walked ten miles for a molding loaf of bread;
no soothing septic to cleanse the puckering cavity
exuding flags of white pus as surrender?

Is it found in luminescent orange bottles
cluttering the patinated bathroom sink
caked in a perpetual layer of dust?
no ephemeral, electric pulse to raise the woman
who quieted her tired, aching thoughts
with a definite means to her ultimate end;
no steady respirator assiduously pumping
the crux of life into her nutrient-starved cells
to reestablish the cycle that sustains her breath?

Is it hidden behind the surgeon's loupes
craning over canyon fractures
carved into the man lying in wait for relief?
no pure, patent glove to reach into the abyss
and pick out the curled, smoking shrapnel
that infiltrates his beating wound;
no sweet soporific to induce slumber
to numb his thudding head and gnawing chest
but bridge his stitched flesh back together?

Is there no balm of Gilead?
Is there no cure for suffering?
Is there no panacea to tribulation?
Is there any salve but hope?

Is it singing in the patient's ears and humming in my throat
purveying over my dancing fingers
tying knots in its stead?

Echoing in the prayers that reverberate in the chapel
fervently whispered by family and friends
bidding death back to life;

Beating in our chests and holding audience in our minds
swinging like a pendulum in the pit of our stomachs
carrying us gently in its balmy embrace.

The Silent Journey

Mai-Ly Thompson

I Rise

Grace Newman

Birds sing, snapping awake.
Snooze alarm.
Birds sing again, I can't.
Snooze alarm.
Birds sing, lecture at eight —
Rising now.
Skip breakfast, no time.
Lectures at eight, nine, ten.
Already behind.
Meetings at ten, eleven, twelve —
Polish my edges, make sure I shine
Lectures at one, two, again.
Late lunch, I guess.
Eyes ache, words fade.
Will gym tomorrow.
Diagrams blur; I wait
For sense to form
Between the lines.
Desk lamp hums.
Caffeine again, pulse quick.
Facts pile, hours slip.
Why won't anything stick?
Questioning once again —
If I'm meant to heal, or just pretend.
Birds sing again.
I lie, waiting.
Notes blur past.
I strain to match their call.
Facts slip, then stick – and at last
I rise.

My First Catch

Jessica Sherwood

Umbilical cord prolapse of Twin A at 20 weeks;

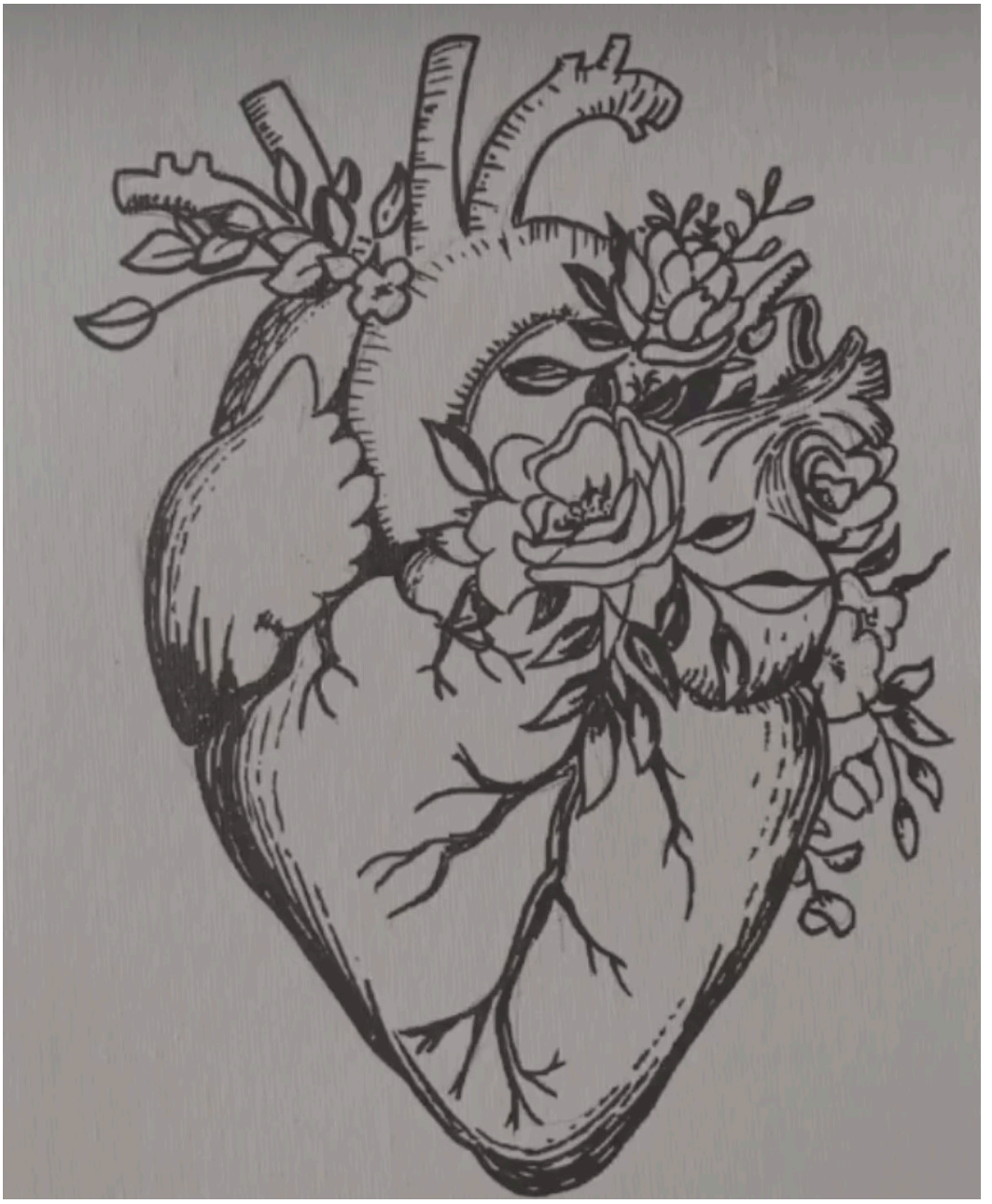
A fatal delivery to preserve Twin B;

A medical student there to catch him.

He fit easily in my two palms.

I carry him to rest gently on his mother's chest.

A quiet sacrifice for his brother, carrying hopes of a life rich enough for two.



Heart Vegetations

Baleigh Montgomery

A White Coat Two-Sizes Too Big

Julie Gawenda

Growing up, my parents would often buy clothes two sizes too big for my brother and me. “You’ll grow into it,” they would say, as I proceeded to trip over my US size 8 blue Reeboks.

My experience trying on my white coat for the first time, with my name neatly stitched across the left chest pocket, felt different. The coat fit just right—stretched evenly across my shoulders, with sleeves that brushed perfectly at my wrists and four buttons that effortlessly fastened.

Nonetheless, just like my blue Reeboks, it felt two sizes too big.

But unlike twelve-year-old me, I was fairly certain that twenty-four-year-old me was done growing. The coat wasn’t asking my arms or torso to lengthen; it was challenging my confidence, my knowledge, and my capacity for compassion to expand until they filled every seam.

How long does one wait for this internal lengthening? If only the pituitary gland naturally produced medical knowledge like it did growth hormone or Bowman’s capsule filtered doubt from confidence like it separates waste from blood. As a first-year medical student, I could describe Hassall’s corpuscles in the thymic medulla and the watershed zone at the splenic flexure, then turn around and struggle to hear a patient’s systolic pressure through the stethoscope I had put on only a dozen times.

That question follows me into the clinic, where with my current knowledge, I can only name a handful of disorders (and confidently treat even fewer). For example, if a patient presents with bleeding gums and poor wound healing, I could flag these as the telltale symptoms of scurvy, a lack of vitamin C in the patient’s diet. Or if a patient comes in with oozing sores and skin that can be sloughed off, I would suspect pemphigus vulgaris, where the body’s immune system produces autoantibodies that target desmosomes.

Unfortunately, this eclectic, niche collection of disorders I have familiarized myself with has limited utility because, realistically, how often can I expect to meet a patient with scurvy in the clinical setting? The patients I meet are often multifaceted—

the closest to a textbook "scurvy patient" I have encountered would be a vitamin C deficiency coinciding with diabetes mellitus, short bowel syndrome, and recurrent central line infections. What does one do in the face of a patient who does not fit the question stem? If I choose A) instead of C), the consequence is a deduction of points, not years of health (or even death). Without a multiple-choice buffer, I face the reality of human suffering. The patients I see are not on paper and my limited experiences have left me feeling unfit to empathize—words bungling in my mouth as I try to comfort a patient in the ICU recovering from a stroke. Although my white coat seems perfectly tailored, it billows like a sail, swallowing the tips of my fingers as I disappear beneath swaths of fabric. I tell myself that these are growing pains, but under the barrage of knowledge and expectations, I often struggle as a medical student in a white coat.

"You'll grow into it," my parents say. "You'll grow into it," I tell myself, slipping my arms through the perfectly-fitted sleeves. "You'll grow into it," echoes my past twelve-year-old self, tripping over her too-big shoes.

"When?" my impatient internal voice pesters. With every passing month, a grain of doubt ebbs, but I still often feel like a sodium-potassium pump. For every two potassium ions I pump in, three sodium ions are pumped out; confidence, knowledge, and even basic social skills (e.g., "I'm sorry you're going through this") leaking as quickly as they are gained.

Still, I have found solace and strength in the persistence required to keep studying, in showing up day after day, bumbling into patients' rooms and introducing myself as "Julie, first-year medical student, can I conduct a medical interview with you?" I am still growing into my words, but I speak them as practice for the physician I am becoming. Each iteration of my introduction steadies my hands, fills another seam of the white coat, and reminds me that growth does not arrive all at once—it accumulates patiently, until one day, it fits. In the toe-wiggle room of my US size 8 blue Reeboks and in the classrooms of my medical school, I discover space to comfortably grow.

Ranked Psyche

Racheal Lee

The conejita glances into the river
Seeing long, floppy ears
And a pink-tinted nose
Where grass is fresh and crisp
And predators are nowhere to be felt—

The deer further down the river
Peers in ever so slightly
Long, slender legs reflect back
Prancing nervously
With ears pinned back
As twigs snap deep in the forest—

The oso at the river's bend
Head underwater, fur mangled
Reers back unbothered
Ready for the fight
That he smells in the wind,
How quickly the hunter becomes the hunted
As his eyes survey the land—

The hunter above them all on a hill
Barrel pointed, focus engaged
Catches a glimpse of happenings downriver
—Walks away and lets them be

[Conejita means rabbit/bunny and oso means bear in Spanish]

Courage & Wonder

Angela Benton

Still Skies, Still Seas

Mai-Ly Thompson

The Things We Have to Say

Sophia Anderson

"Su esposo está muerto."
Your husband is dead.

Couple fights.

He drinks,
drives,
crashes.

ABCs, pRBCs, CTs.

"There's nothing we can do."
"There's nothing we haven't done."

Pretty woman, 37, arrives.

"Anyone speak Spanish?"
"Yes."
"Tell her the man is dead."

I did.
She cried.

I still don't know if I used the right words.

Fish Plate

Daniel Hutchinson

Ok folks, let's get started. There's a dad and his daughter. The daughter, she's like…4? Maybe 5? The dad, I don't know his age, but he looks haggard, like he's aging in dog years. They're walking through the throngs of people at the Freer Museum of Asian Art in Washington, D.C. The dad seems stressed about losing his kid, but she seems fixated on something on the other side of the room.

"Daddy, what's that?"

"What's what?

"That thing right there?"

"There's like 40 things in this room. You need to be more specific."

"That thing that's right there! You know what it is!"

"I very well may know what it is, but I don't know what you're talking about, so you need to tell me more about it."

God, this museum is crowded. There is no way all these people are interested in art; they're spending too much time reading the placards and no time looking at the pieces. Why are they all here? Probably a stop along a Washington D.C. field trip itinerary that has been set in stone for 30 years. Well, my viewing experience is ruined. The kid seems fine with it, though. She is still pointing at something through the bodies.

"It's that thing over there. You knew what it was last time."

"We have never been in this room before."

"The last time we were at the museum."

"What? That was in Oregon. This is a completely different museum. Why don't you go closer to what you're talking about."

"No! I don't want to get lost!"

"We're in a single big open room. How are you going to get lost?"

"There's too many people!"

"Ok, fine. I'll hold your hand. You lead me to whatever it is you're asking about."

"Ok."

"….You need to start walking."

"You go first."

"I don't know where we're going!"

Dad is not having a good time. He looks a little nonplussed by his own outburst, like he didn't realize THAT tone was going to run with THOSE words. Well, Dad, whose idea was it to come here, anyway? Seems like, as the adult, you should use some judgement and not go to a free museum on a street full of free museums on a Saturday. Maybe not the best plan, dude. The little one, I'm not sure how she took the outburst. It's not like she's hiding anything; it's more like she's surrounded by overwhelming things and doesn't know how to react to them all. And the one thing she seems to care about is through a web of people… Now she's starting to walk toward it. Slow going, but the dad is kind of boxing out and creating space for the kid to move.

"Ok, so it's in the case. Is it the shiny thing? That looks cool!"

"No! It's right THERE, daddy!"

"Ok, still not overly helpful. Everything has a number next to it. What number is next to the thing you are talking about?"

"Umm five one."

"There is no five one. Do you mean fifteen?"

"There's a five and a one."

"Ok, we read numbers from left to right. So, you would read one first

and then five. That makes the number fifteen."

"Why read it that way?"

"Everyone just decided that's how we should read. As long as everyone agrees about the right way to write, we can all read."

"What if someone doesn't agree?"

"I guess they would just get confused a lot."

You guess? It's called dyslexia. It's not some secret, rare disease. A lot of people have it.

"Ok, daddy, what is it?"

"It's a plate."

"What's on the plate?"

"Umm…looks like a fish."

"Daddy, how do you draw a fish?"

"What?"

"How do you draw a fish?"

"Like…with a pencil. Or I guess you could paint it. Maybe that's what they did."

"No, but how do you do it?"

"I'm sorry? Do you want me to show you how to draw a fish? I don't have, like, a pen or paper?"

"No, just tell me how to draw it!"

"Ummm…I guess you start with a square? And then you take a triangle out of the front, because that's like its mouth. Some fish have really big mouths. Then you have another triangle for the tail. That's on the back end….And then one on top for the fin and one on the side for the flipper. Or whatever it's called. So basically, it's a square and a series of triangles. "

"What about the eyes?"

"Oh yeah. You need a circle for the eye. So one square….1, 2, 3, 4 triangles, and one circle. I think that's how I would do it."

"You need two circles for the eyes. Fish have two eyes."

"Well one is on the back."

"Fish don't have eyes on their back."

"You know what, I'm wrong, two eyes in a normal way. Two circles. Ready to go?"

"Do you think this plate is for fish?"

"I don't know. Maybe."

"And their mommies would make fish for dinner, but then they would find out there was bread on the fish plate. And then they would have to make another plate to put fish on."

"Sure."

It seems like a crowd has formed around them, with passersby anxiously awaiting to see this plate for fish. Dad seems uninterested in being in the middle of this mess. But the kid is off in her own world, laughing at this story she is making up.

"And the mommies would say, 'Daddy! Stop using the fish plate for things that aren't fish!' That would be so silly!"

"Wild. So very silly."

"Where did they live?"

"Uh there's a little card somewhere."

"Did they live in Maryland or Virginia?"

"Probably not. Let me read the card."

"If they did not live in Maryland or Virginia, how come the plate is here?"

"Great question. If you let me read the card I will get right back to you…"

I'm pretty sure this preschooler is not picking up on your sarcasm, dude.

"Da da da from Mesopotamia, in modern day Iraq."

"Where's that?"

"Far away."

"Have you been there?"

"Uh…yep. Once."

"Did you like it?"

"No."

"Why not?"

"Umm…Because some people I knew had a hard time there."

"Why did you go there?"

Continued on page 28..

You ever go somewhere, and you hate it so much and just want to leave as fast as possible, but you know the only thing worse than staying would be leaving? Based on the way the old man is staring at the glass case and squeezing the hand that isn't in his daughters, I feel like he wants to leave this museum as fast as humanly possible. But his kid has the kind of furrowed brow where, if you don't give them some answers, they will invent some. And that's a problem that's not always easily solved.

"The Army sent me."

"So you didn't want to stay in the Army?"

"I did stay in the Army."

"To do doctor school?"

"Yes."

"Are you going there again?"

"No. Well…probably not. At least probably not to Iraq. Maybe somewhere else."

"You don't want to go? Because you would be scared?"

"Uhh…I don't know, Bean. I wouldn't be scared, really. I would want to go and not go."

"Why?"

"Umm…I think there's a lot of ways to mess things up and only a few ways for things to go well. And even when it goes well, it's not that great. I would be scared about messing things up, and it going bad for someone and then I would feel bad for a long time."

…sounds like a long-winded way of saying you're scared. But he seems relieved he said it and happy he was able to throw out that explanation. Bad news, she does not seem to be done with this conversation.

"But then why would you want to go back? Why did you stay in the Army?"

"Oh…well. People want to help other people or help their country, so they join the Army. But they don't get to decide how they're going to help. Someone else decides how they're going to do it. And sometimes they go out to do what someone else decided, and things don't go right. So they come back with less than they left with, or they don't come back. I just think someone should stick around and look out for them."

Ok, there's a moment of silence. At least between these two. The high school students in matching t-shirts from somewhere in Vermont are starting to get a little rowdy. But it seems like dad is cautiously optimistic he has survived the storm.

"Daddy, I think a fish is more of an oval than a square. That one looks like an oval."

"I'm sorry, what? You're back on the fish?"

"Hmm…maybe some fish are square, but that one is definitely an oval. Daddy, you're not good at describing things."

"I am excellent at describing things, thank you. And you know…I love you, bean. And if I have to leave sometimes, at least you know why I think it's important."

Wow! Genuine emotion! Communicated in a somewhat competent manner! Magical things can happen when you go to the art museum, folks.

"Daddy…what's important?"

"Ummm…nothing."

Ugh, they're like goldfish, aren't they?

"Daddy, we can always come back here to see modern-day Iraq stuff."

"God help us, I guess we can. I think other people want to look at these plates. Should we look at something else?"

"Yeah…Daddy, what's that?"

"What's what?"

"That thing over there! You know what it is! You knew what it was last time!"

The Water is Home

Maximilian Nguyen

Multiple Choice Melee

Noah Quinn

The clear sky and bright rays of warm sun-light outside merely add insult to my current predicament. I sit amid the oppressive glare of fluorescent lights, in a windowless room, haplessly subjected to the frigid desires of an overeager AC unit. In other words, a medical student's natural habitat. The laptop screen illuminates my face as I sit hunched at my task. By positioning one's eyes approximately six inches from the computer screen, the modern medical student is able to ensure they develop the proper slouch and neck pain prior to graduation. Maintaining this position is absolutely vital for proper study-ing, and I have become well practiced in the technique during my many hours practicing the preferred method of self-inflicted torture by medical students across the nation.

Of course, I am speaking of multiple choice practice questions. The so called "study tool" utilized by medical students to pass their almost weekly exams. A Q-bank vault is a diabolical machination sure to crush the wills of those with even the strongest resolve. Many a valiant student has ventured forth believing they have what it takes, only to return a tattered mess, devoid of any remaining self-confidence. Today, I entered the killing field to give battle to my perpetual foe: UWorld. I stand ready, bracing for the onslaught that is to commence. Resolute that no matter how many questions I must face, I will stand firm. I brace for the first attack and, defying the odds, deflect the beast's opening blow. Letter C is correct! My confidence soars and I begin to smile.

Later, as I pick up the shattered remains of my broken spirit, I reflect on the massacre I just suffered. In a classic move, after an opening feint, the beast smote me down with 7 consecutive missed questions and things went downhill from there. Unfortunately, this is typical for one of my study sessions. Considering how masterfully these vignettes were designed for the crushing of souls, I imagine an interview with a prospective question writer must have gone like this.

Writer: "Most questions I write have an average percent correct of 30%."

Possibly the devil incarnate (aka DI): "Good, how long are the questions?"

Writer: "Well, given a time per question of 90 seconds, most are at least 3 paragraphs."

DI: "Excellent. How about the answer explanations?"

Writer: "That was more difficult, but I was able to carefully craft explanations that, while factually true, are sure to confuse students when they try to apply the information on future questions."

DI: "Outstanding! That's the kind of attention to detail we are looking for around here. How would you like a job?"

Or something like that... On a good day, I do well to face 25 of these attacks against my psyche, but even that seems excessive. I

remember once hearing a student publicly claim to do upwards of 40 questions daily without any shred of self-loathing or angst. He was then rightfully determined to be insane and his account was thus dismissed. A rational person would never consider such a number, and to make such a claim is either the mark of a liar or the deeply disturbed.

Why then do my peers and I subject ourselves to this torture? Is it because we find it more palatable than reading Robbins and Cotran's Pathologic Basis of Disease? Is it because the end justifies the means? Have we all been brainwashed to pay for our own punishment? These are the thoughts that cross my mind as I extend my aching neck and straighten from my slouch. Whatever the reason, it's now dark out and I've taken as much abuse as I can for one day. Best I scurry home and get some sleep in preparation for tomorrow's battle.

Surely, I will be ready next time.

The Water is Home

Maximilian Nguyen

What Can Be Repaired

Kirk Mattern

It seemed like every other patient in West Africa had a hernia. From small femorals to inguinals the size of a watermelon (so large I could hear bowel sounds in them), they were everywhere. Even my non-medical wife began pointing out umbilicals pushing out people's shirts as we walked through the villages.

I helped treat many ailments during my weeks there, but for some reason, the hernias stuck with me. At a school clinic one evening, I found myself with a line of twelve boys, all with hernias. Those triaging knew there wasn't much we could do besides add their names to a list for our in-country partner and maybe provide some NSAIDs and reassurance. So they sent them all to me. I sat with each boy in turn, listening to his concerns, doing what little I could. In the midst of those encounters, I even caught a malaria case that might have gone unnoticed —a reminder that some good could still be done. But when it came to the hernias, there was nothing concrete I could offer. All I had was prayer and hope.

What unsettled me most was not just the inability to fix what was clearly wrong, but my acute awareness of what could be done elsewhere. I knew these were solvable problems. I could picture the incisions, the mesh, the outcomes learned from textbooks. I felt the weight of that knowledge without the authority or resources to act on it. Advocacy felt hollow when it ended at reassurance. Yet leaving was not an option either. So I stayed. I listened. I learned their names. In the absence of intervention, presence became the only form of care I had left to offer—and I was surprised by how much it still mattered.

Te contrast struck me even harder the very next week after I returned home, as I shadowed an Army general surgeon. In one day, I saw three different approaches to hernia repair—each more efficient and impressive than the last. The surgeon's skill, the speed of the correction, the organization and sterility of the operating room—it was like stepping into another world.

Afterward, as he described deployments to austere environments, his words resonated deeply: the mission was simple—fix what needs to be fixed. It was exactly what I had been longing for overseas. This surgeon was able to step into that other world and bridge it with this one.

My trip abroad and my experience in the OR felt like a true dichotomy. Yet the military's unique blending of austere environments with top-of-the-line medical care blurs the line between the two. Physicians and surgeons alike are trained to be well-rounded, adaptable, and capable of providing care in any environment. That excites me.

At times, I sit in class and wonder if medicine is really for me. But when I think back to those boys in the village—sitting across from me with conditions I knew how to diagnose but could not fix—the doubt quiets. I remember how limited I felt, how inadequate reassurance and NSAIDs seemed in the face of something with a clearly defined surgical

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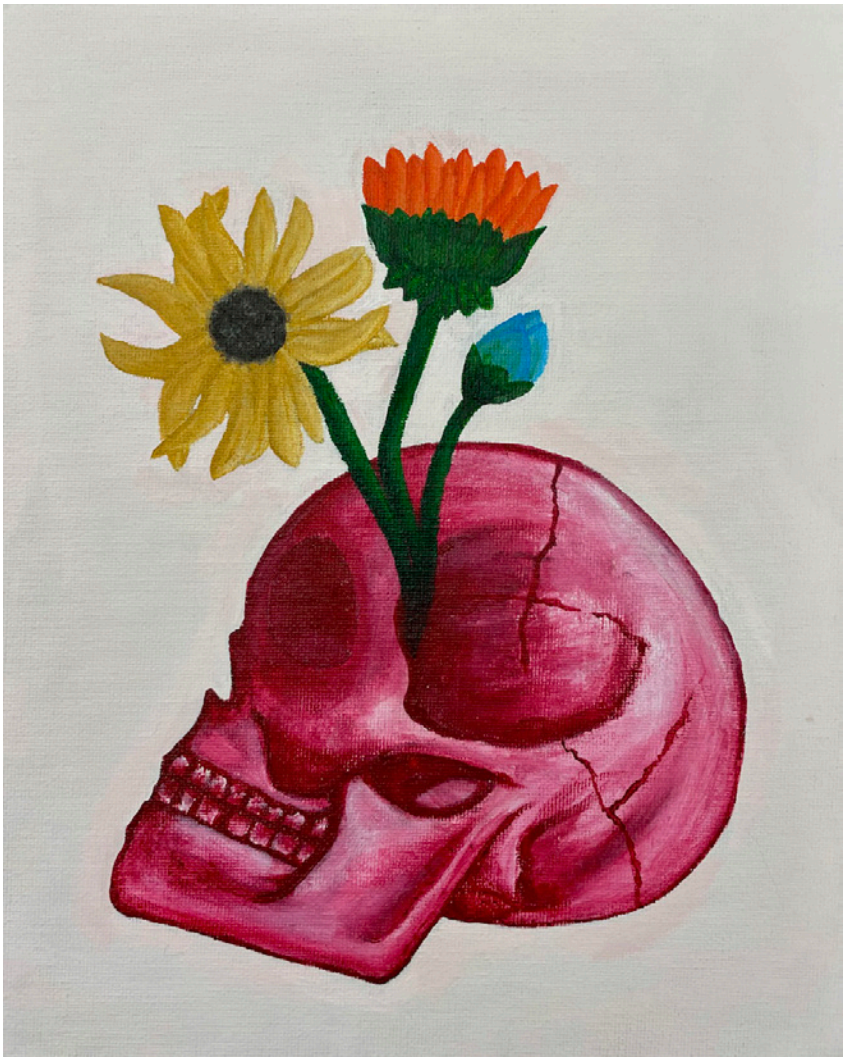
"Advocacy felt hollow when it ended at reassurance."



Growth Through Sacrifice

Presley Limon

solution. And yet, I also remember that none of them left unheard.

What surprised me most was that, despite the frustration, I did not leave those encounters empty. I had assumed that without intervention—without fixing what was clearly wrong—the encounter would feel hollow, even futile. Instead, I left wanting: not to walk away from medicine, but to return better prepared. To someday sit across from a patient in an austere place and offer more than prayer and hope alone. I also learned that even when outcomes cannot be fixed, presence still matters. Bearing witness matters. Care still happens, even when circumstances strip away our tools.

What I am still learning is that limitations in medicine are not always incidental. In some settings, especially in uniform, restraint is deliberate. There are moments when the need is obvious, the diagnosis is clear, and the skill exists—and yet the answer must still be no. That kind of powerlessness is harder for me to accept than scarcity, because it asks for obedience alongside compassion. Learn-ing to live within that tension has reshaped my understanding of service. It has taught me that being a physician is not only about what I am able to do, but about how I care when I am not permitted to act.

Shadowing an Army surgeon showed me what capability looks like when preparation meets opportunity. But my time overseas taught me something equally important: that I am drawn not only to fixing what can be fixed, but to standing with people when it cannot. The military lives in that tension—between capability and constraint, precision and unpredictability—and asks its physicians to live there, too.

I've come to love both worlds: the resource-limited mission field, which reminds me why healing matters, and the disciplined precision of Army medicine, which shows me what is possible. The Army offers the chance to bridge them—to bring skill into scarcity and compassion into chaos. That is where I hope to serve.

But even with all our skill and preparation, I've learned that we don't truly control outcomes. Some hernias will never be repaired; some wounds will never fully heal. Yet healing still happens—in ways that reach beyond what we can measure or explain. Grace is what makes the difference. And that, more than anything I can fix, is what keeps me in medicine.

In Practice

Olivia Staser

What Fades, What Remains

Athira Lalu

My grandfather is dying of Alzheimer's disease while I am in medical school. Nobody knows I'm grieving. As a student, you're expected to keep going.

In the quiet embrace of my grandparents' home in India, I was often more of a distant observer than an active participant. My grandfather, a vibrant, sharp-witted businessman, was a whirlwind of energy and laughter. He traveled with us, hosted endless gatherings, and was always surrounded by people drawn to his charisma and booming voice. But as a child, I was more fascinated by the noise and novelty of India itself than by the stories he tried to share.

I regret that now. I regret not sitting with him, not listening more closely.

Now, I watch him fade from thousands of miles away. His voice, once the loudest in the room, has quieted. The man who once filled spaces with warmth and opinion now sits silently, memories slipping further from his grasp each day. The stories I once overlooked are now locked away, irretrievable not only to him, but to me.

Grieving someone who is still alive brings a quiet kind of helplessness. I carry guilt for the conversations I postponed and a constant awareness that time is moving forward without me. Most days, I push those thoughts aside and keep going, unsure where grief fits in a life that does not slow down for it.

Grief in this setting isn't dramatic, it's invisible. It weaves itself into lectures and late nights, into clinical skills labs and test preparation. There is no space for mourning in the daily grind of medical school. We learn how to compartmentalize: to show up, perform, and carry on. But the grief lingers, pressing at the edges of my concentration, sitting with me in the silence between tasks. In both military service and medicine, we are trained to act under pressure, to lead, to serve. But we're not often taught how to grieve.

And yet, this pain has brought something unexpected: clarity.

Clarity about how fragile memory is, and how essential it is to be seen and heard while we still can. Clarity about the importance of asking questions before time closes its window. Clarity about presence—not just physical proximity, but emotional attention. It means listening deeply and honoring the stories that make people who they are. Noticing who sits quietly at the bedside, who carries invisible grief, who fears being forgotten. If someone has no one left to tell their story, I want to be the person who listens.

I now see patients differently. I slow down. I ask questions. I listen more carefully to the stories they carry with them. I am more conscious of how easily those stories can be lost—to illness, to time, or to the pace of medical care. In a system that often prioritizes efficiency, I try to make room for stories that might otherwise go untold. Grief has taught me attentiveness, the kind that comes from realizing, too late, that there are

questions left unasked and stories left unheard.

Still, I carry both oaths with me: the one I took as a medical student and the one I swore as an officer. They remind me that showing up, even when it hurts, is part of the job. Not by shutting grief out, but by allowing it to deepen how I serve others.

So I study. I grieve. I remember.

The Water is Home

Maximilian Nguyen

Pool of Consciousness

Nathaniel Mattera

Acknowledgments

To our contributors: Thank you for carving out the time to create. In a field that often demands we focus on data and pathology, your work reminds us that medicine is, at its heart, a human endeavor. We are honored to share your reflections on the art of healing.

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Thank you to our section editors: all of your hard work reviewing submissions and working with authors has been invaluable. This journal became a reality because of all of you.

Finally, to our fellow students: we hope these pages provide a moment of respite and connection during the long hours of training.

Sincerely,

Pallavi, Cecelia, and Angela

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