

# UC Irvine

## Plexus

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### Authors

DeDecker, Lauren

Sedehi, Nazin

Anderson, Noriko

et al.

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Cover designed by  
Sunober Siddiqi, MS2



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P|L|E|X|U|S  
2017

**P**LEXUS is a student-organized publication that showcases artwork by the UCI School of Medicine students, physicians, faculty, staff, and patients.

True to its name, **PLEXUS** aspires to connect those who seek to heal and to be healed through the unifying language of art. This year we continued to expand our presence in the UCI medical community and beyond.

For our 18th edition of **PLEXUS**, we chose the theme of “**Beneath the Surface, Between the Lines.**” Throughout our lives and in medicine, there is more than meets the eye – a story untold. There is so much left unseen if we simply look at the surface. Every year we are amazed by the emotions, reflections, stories, richness, and creativity of the submissions. We thank all of our submitters for their time and thought. Additionally, please find our performing arts pieces on our website, [www.uciplexus.org](http://www.uciplexus.org). Previous publications and submissions are also available online.

Winners of the **PLEXUS** medical student competitions were made possible by the Program in Medical Humanities & Arts. Congratulations to this year’s winners:

**Writing competition:** 1st: Nazin Sedehi, MS1 “When Your Dad Gets the C-Word”; 2nd: Adam Kalawi, MS3 “A Reflection on Anatomy Lab”; 3rd: Lauren DeDecker, MS1 “The Longest Trip”

**Visual competition:** 1st: Andy Trang, MS3 “Human Hands”; 2nd: Richelle Homo, MS1 “Vitality”; 3rd: Jamie Miller, MS3 “Restoration”

**Performing arts competition:** 1st: Jeremy Martin & Nathan Calixto, MS2s “Stars”; 2nd: Tiffany Pham, MS3 “Bleach and Scrub”; 3rd: Faith Njoku, MS1 “Integrate”

Thank you to our superb editors, staff, and faculty for their support in making this 18th edition possible. We would like to give special thanks to our faculty advisor, Dr. Johanna Shapiro and Dr. Ellena Peterson, Associate Dean of Admissions & Outreach - this book would not have been possible without your continuous support and guidance.

We hope you enjoy **PLEXUS 2017 – Beneath the Surface, Between the Lines.**

PLEXUS EDITOR-IN-CHIEF  
Sunober Siddiqi

PROJECT HX  
EDITOR-IN-CHIEF  
Soe Thein

CREATIVE WRITING &  
VISUAL ARTS EDITORS  
Celia Cheung  
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DESIGN EDITORS  
Ben Nguyen  
Sunober Siddiqi

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- \*\*\*1st place winner
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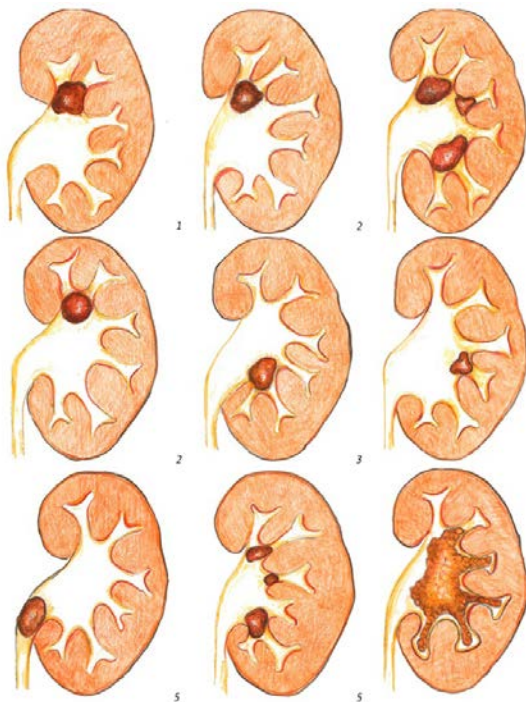
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- ↙ London's Eye Beneath the Sky  
Pauline Joy F. Santos, MS4
- ▶ No Stone Created the Same  
Danny Lama, MS4  
Colored pencil



▲ Looking Up  
Patrick Penalosa, MS1





# The Longest Trip

Lauren DeDecker, MS1

wan • der • lust  
'wändər, ləst/  
noun

1. a strong desire to travel.

“a man consumed by wanderlust”

There are people who like to travel, and then there are the “wanderlusters.” Their love of travel can appear compulsive, even obsessive. They find any excuse to flee the country and maximize vacation and work trips to spend more time away from home. They are always looking forward to their next destination and take pride in getting off the beaten track.

I am one of *those* people.

I travel to see beautiful things. Mountains, volcanoes, wooded forests, streams and lakes, craters and steaming geysers. I like to look up and see 100

feet of ocean between me and the air I breathe. Or look down into the mouth of a steaming volcano. I will wake up at 2 am and hike myself into a delirium just to see sunrise at a 14,000 foot summit. The first beams of light cut through the mist and bathe the surrounding mountains in gold. It will take your breath away and make you want to see the other worlds within our world.

I travel for new experiences. Daily routines are numbing, even when they require engagement. Forfeiting my routines is when I feel the most – scared, triumphant, pain, joy, awkward, inspired, disgusted, energized, exhausted. Travel necessitates getting away from the familiar and infuses a bit of adrenaline into even simple tasks. Whether it is attempting to eat with your right hand (my non-dominant hand) in front of your Indian host family, learning how to pole a mokoro boat in Botswana,

or just getting lost and finding yourself, each new experience provides you with a book mark in the story of your life. More book marks, a thicker book.

I travel for people. I'll never forget the Burmese woman who took my hand and led me through her village to a large, adorned building in the center. Inside, she sat me down on my knees at a wooden table and signaled that I was to eat. I proceeded to eat 7 courses of delicious, unidentified Burmese food surrounded by monks, and she wouldn't let me pay or donate. I'll never forget the trilingual gentleman who took me on a walking tour of his township in South Africa. Despite the tragedies of apartheid, I was welcome, and the tour was part of a mass effort for education, not separation. I will always be grateful for the French woman who found me stranded in the purgatory of the Bolivian airport. I couldn't get back on the plane and I couldn't exit the building without paying for my visa. I had no cash and no working credit cards, and she slapped down 100 dollars for me without a second thought. She told me to simply pay it forward. Connecting with people from around the world and learning about how they live is humbling. I am reminded that my way of living and thinking is not the only way, it might not even be a good way. It is other people that give meaning to the things that we do. If I was alone on this Earth – why bother building or creating?

When people ask about my travels and career plans, they give me a look of pity when I say I am going into medicine. They say that I will have no time to travel and my life will be in a hospital.

It's true. In the next decade, a vast amount of my time is going to be spent in the wards, but I am going to be traveling more

than I have in my life. *My love of travel is part of why I am becoming a doctor.* There is so much beauty to be found in medicine. How gorgeous does a pregnant woman look, with her rosy cheeks and shiny hair? Or the movement of the baby's lips as it takes its first gasp of air? How beautiful is the mind, to summate all the clues from a patient to determine what is wrong and what needs to be done to fix it? How magnificent is human work ethic, to spend thousands of hours in a lab to create the perfect protein to fall into the perfect place in a long cascade of reactions to cure someone's immune disease or treat their cancer? What about the perfection of a surgeon's removal of a tumor, a clean x-ray, and the disappearing contours of the scar? The partner's hand that glides over the sheets to grasp their lover's palm in staunch unity – that is beauty. Medicine is a world of firsts. Already, I have asked a stranger the most intimate questions, watched the creation of life in a Petri dish, and held the hand of someone who just needed to be heard. I have taken a bone saw to the sternum of a willfully donated body, held a human heart, and informed a patient that they have beaten their immune disease into remission. I'm not ready for what is to come, but I know I must prepare to give someone a lethal diagnosis, see life leave a face, give birth to an infant, and make decisions knowing that the life of that person – or an entire community – will be forever changed. I will feel the most intense sadness, pride, and happiness of my life. These experiences hold immense responsibility, but they cannot be had any other way.

Medicine is all about people. No matter what the insurance company wants or what the hospital says, a doctor is there for their patient. Each appointment is



the opportunity to meet someone new, connect with them, listen to them, and hopefully help them. There are many jobs that involve talking to people every day or helping others in some way, but the doctor-patient relationship is unique. It is a relationship of mutual give and take. The patient needs help, the physician needs information. The patient needs compassion and understanding, the physician needs trust. Out of this relationship, a bond of mutual respect is forged, and this has healing power in itself.

Wanderlust might not be so much an obsession with escaping as it is an appreciation for the people and beauty around us. Just as you do not need to be a doctor to help others, you don't need to leave the country to open your eyes and your heart. Physician or not, we could probably all use a bit of wanderlust. ■

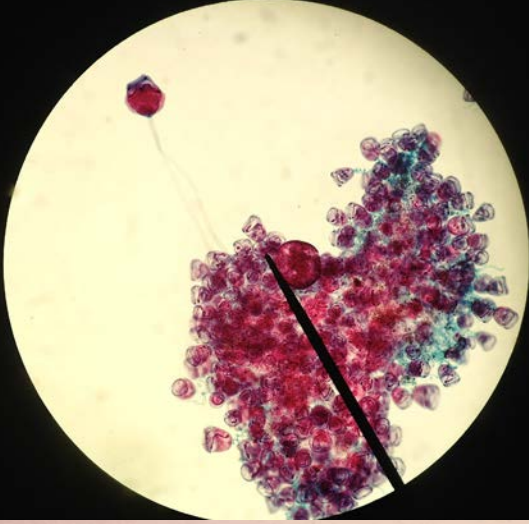


▲ Rolanda  
Val Engstrom, Art for the Soul  
Colored Pencil

■ When Creativity, Logic, & Movement Collide  
Luke Yu, MS2 & Patrick Penalosa, MS1  
Dance  
Please visit [www.uciplexus.org](http://www.uciplexus.org)

▼ People to People  
Ivy Ewald, MS3  
Canon 35mm film black & white photograph





◀ Vorticella Roses  
Kenneth Schmitt, UCI Undergrad  
Biological Sciences Major



◀ You Have a Long Life Line  
Steven Leven, Professor  
Pulmonary Critical Care Division



◀ Breaking Thru  
Ben Franco, Art for the Soul  
Acrylic

# When Your Dad Gets the C-word

Nazin Sedehi, MS1

you won't be ready for the liver failure  
the ER visits  
or the no-options left meeting with its apologies  
for science's losing record  
our destiny to decrease

you won't be ready (even after two years)  
for the quicksand of pneumonia,  
the silence of morphine,  
to lose him on a day reserved for roses and heart-shaped chocolates

you won't be ready  
even when he is

but here we are  
it's your turn  
to say goodbye  
to sleepy eyes behind a mask  
step in closer  
hold his hand  
but *listen* instead  
    ...*there!*  
did you catch it?  
the last word?  
it was your name ■



Looking Up 2 ▶  
Patrick Penalosa, MS1

# Home and The Edge

Noriko Anderson, UCI Neurology Resident

## Home

I want to go home.  
I can't breath.  
I need to go home.  
I NEED to go home.  
I want to go back.  
I am not getting better,  
I'm getting worse.  
I can't breath.  
This is close to the end.  
I want to rest and be with my family.  
They are so far away.  
We can do this.  
I can do this.  
My chest tightens and though I inhale  
not enough air reaches my lungs,  
not enough life...  
I feel trapped— closed in.  
I'm not going to make it.  
I want to go home.  
But you are here with me, the love of  
my life.  
You walked through this life with me.  
You are my witness.  
The darkness is fading in.  
My chest hurts.  
You share my pain.  
You lay down next to me.  
I feel your arms wrap around me, your  
warmth infiltrating the cold.  
Not enough air.  
My chest hurts.  
I'm so tired.  
You pull me a little closer.  
I feel sheltered in your arms.  
You are my home.  
I close my eyes and fade away.

## The Edge

Life's path ends  
Alone on the road  
Toes at the edge  
Fear and angst  
Threaten to choke me  
...I remember love  
I feel the fullness  
Of past experiences  
The gratitude  
Less afraid  
Peace fills me  
I walk into the darkness  
And fall ■



▶ Parallel Lines  
Andrew Nguyen, MS3

# Mental Snapshots

Thalia Nguyen, MS1

A smile

Tells more stories than words could ever suggest  
You see the warmth emanating from their face,  
The inside jokes evoking a subtle upturn of the cheek  
A signal of happiness, a moment  
Of joy  
popping up  
In the midst of life.

A photograph

Captures the smile  
Like a fisherman catching a wily fish,  
The moment to pounce  
can pass  
In a flash.

My wish

As a future physician  
Is to find those flashes of pure elation,  
To stop time for just a second, and  
Fully appreciate  
Those small special moments. ■



▲ Human Vase  
Rami Gabriel, MS1  
Ceramic

▼ The Tree of Life  
Christine Pham, MS1



# NICU

Matt Mekany, MS1

This is so cliché  
Step out of the elevator  
Feel the bright lights burn your retina  
Smell the hand sanitizer  
Taste the bitter coffee  
Hear the clattering of hospital  
instruments  
See the residents and attendings pass by

But then all senses fade  
Your floating consciousness narrows its  
focus  
You are present, aware of only one entity  
Inside the incubator  
Severe developmental defects. Check.  
Cerebral palsy. Check.  
Indirect inguinal hernia with  
incarceration.  
Wait what?

Stop! There's a loud beep  
Oxygen low; with other complications you  
don't understand  
And "he's coding." What does that mean?  
They rush, you follow  
You wear your very first yellow scrub-  
gown  
to observe  
You feel special  
They conduct rescue attempts

You feel useless  
Just get out of their way  
They drain some fluid  
Prevent some bleeding  
He's "stable"  
They succeeded  
That was a close one

You learn the mother used drugs.....  
during pregnancy  
You judge. Who are you to judge?  
Don't be so self-righteous

But it's wrong, that's fair.  
You set aside your prejudice and bias  
You lament the situation; it's too late to  
change  
the past  
Recognize all you can do is help to move  
forward

Doctor claims they can perform an  
operation  
The baby will live into adulthood  
Maybe have a long life  
But low quality  
Mediocre due to his debilitating  
conditions  
The surgeons and assistants wash up  
Prepare their tools for the procedure

Head of department holds a meeting to  
discuss it  
You are invited.  
Mother of child  
Grandmother via conference call  
Social workers, nurses, other medical  
professionals, lawyers?  
All present.  
Brace yourself

Mother is distressed about the emergency  
treatment  
She doesn't know what's coming  
The decision  
Of life versus death  
Of an innocent soul  
Of one she was responsible for  
She's not a junkie, she's a human being

They comfort her  
They inform her  
Have the surgery, he suffers  
Don't have it, he dies  
Deafening silence  
Then crying once again

Should I be taking notes?

Back and forth  
Between mother and grandmother  
Physicians and experts  
It was an eternity  
Pros and cons  
Advantages and disadvantages  
If only he could speak to you with  
autonomy

What would he want?  
No, scratch that  
What would be best for him?  
Reminds you of that ethics class you took  
It's up to her  
Clinicians can't make that vote  
Some more struggling and consulting

Finally  
She chooses.  
Can you even tell?  
Bawling uncontrollably,  
They review the legality of it all  
Some documents and forms are signed,  
Looks like you'll have to delay seeing your  
first operation

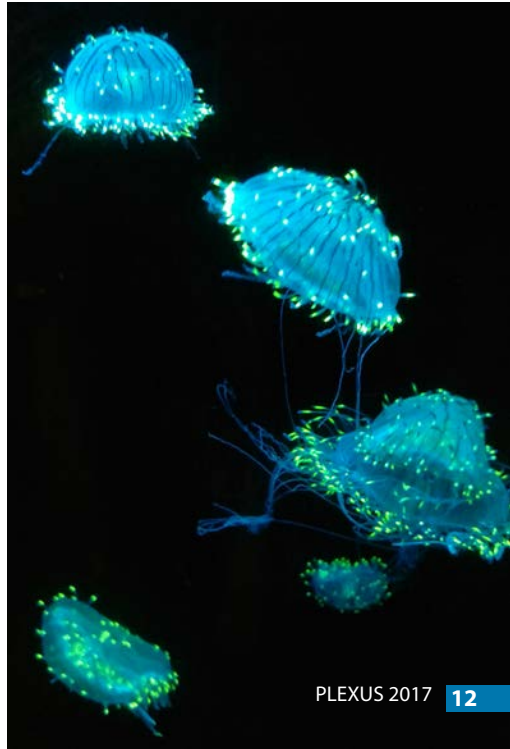
So how does it end?  
She's counseled and offered support  
Surgery team puts everything away  
They facilitate clean up  
People provide palliative pain  
prescriptions  
Meds gradually decreased till he sleeps  
Forever

You have to be strong, don't get too  
attached  
You erase his name from your memory  
Meanwhile, you must be compassionate  
You are empathetic aren't you?  
Actually, don't forget him  
You strike a balance, you're not a robot  
You learn from it

He's in Heaven  
He's more at peace than you've ever been  
You embrace a cathartic visual image of  
his afterlife  
You whisper a "Thank you" to the little  
one for his sacrifice  
He's with Jesus now you say  
You smile with a sigh of relief  
Then you remove the heavy burden from  
your back

To ready it for the next hefty load on your  
shoulders  
Since it'll never end.  
But you're okay. You're fine with that idea  
You've accepted and realized it  
You are untrained, you are inexperienced,  
you are nothing here  
At this moment you think "Hashtag  
Kindness"  
Because that was just your First Early  
Clinical Experience. ■

▼ [Secrets of the Abyss](#)  
[Sunober Siddiqi, MS2](#)



# The Other Child

Kevin Brown, Instructor, International Program

My mother's cancer started in her left fallopian tube

A grain of sand turns into a pearl

A photon registers as red, green, or blue

Certain cells turn into him or her or me or you

But my mother's cancer started out where my life does, too

There has to be a third way that is neither yes nor no

The Japanese have a word for it, a word they say is "mu"

In terms of black and white, life and death, my mom is gone

But she didn't lose the war to cancer, she and so many soldiers

are knit together in victorious solidarity, purple-hearts, quiet bravery

the nurse said the heartrate goes up to 120 at death

just like a newborn. And her belly grew and grew while all else wasted

why not say that cancer is life, too—incapable of the beautiful aggregation of me or you,

but I don't have the energy for anger. I miss my mom. I'd like to think she did cancer a favor

she gave herself away to something that was hungry, too. And her spirit never waived

In memory of Maja Brown, 5/19/1946 – 12/7/2016 ■

► Medical Student  
Sunober Siddiqi, MS2  
*Digital Photomanipulation*





◀ Hungry Hungry Human  
Andy Trang, MS3  
*Sharpie on Styrofoam*

▶ Hush  
Richelle Roelandt Lu Homo, MS1

▶ Behind this Gate  
Allison Zha, MS4

▶ Linear Sunset  
Brianna Miner, MS4



# Beneath the Surface: A Reflection on Anatomy Lab

Adam Kalawi, MS3

In many ways you were our first patients  
And we, your last doctors.  
Our burden and our privilege were one in the same:  
To harvest value from the loss that was your passing.

For a year we looked death in the eye  
So that for a lifetime we could help others evade it,  
Or embrace it with dignity.

Together, we had the challenge of learning how the body controls its movements with  
an intricate balance of strength and grace.

Together, we had the privilege of examining first-hand the handiwork of a billion  
years of evolutionary engineering fighting for existence in an impersonal universe.

Together we had the honor of witnessing the quintessence of the human experience,  
Mortality itself.

I am ineffably grateful to you for the opportunity you provided.

I am humbled by the lessons you taught me.

I am sorry for the knowledge that will be forgotten.

I am ever thankful for the choice you made.

Wherever your soul may wander now,  
May peace be with it. ■





▶ Dawn and Dusk  
Shella Raja, MS2

▼ Untitled 5  
Michael Bernaba, MS3

▶ Winter Wave  
Kim Kennedy, CNRA, Anesthesiology  
*Encaustic on basswood*

◀ Restoration  
Jamie Miller, MS3

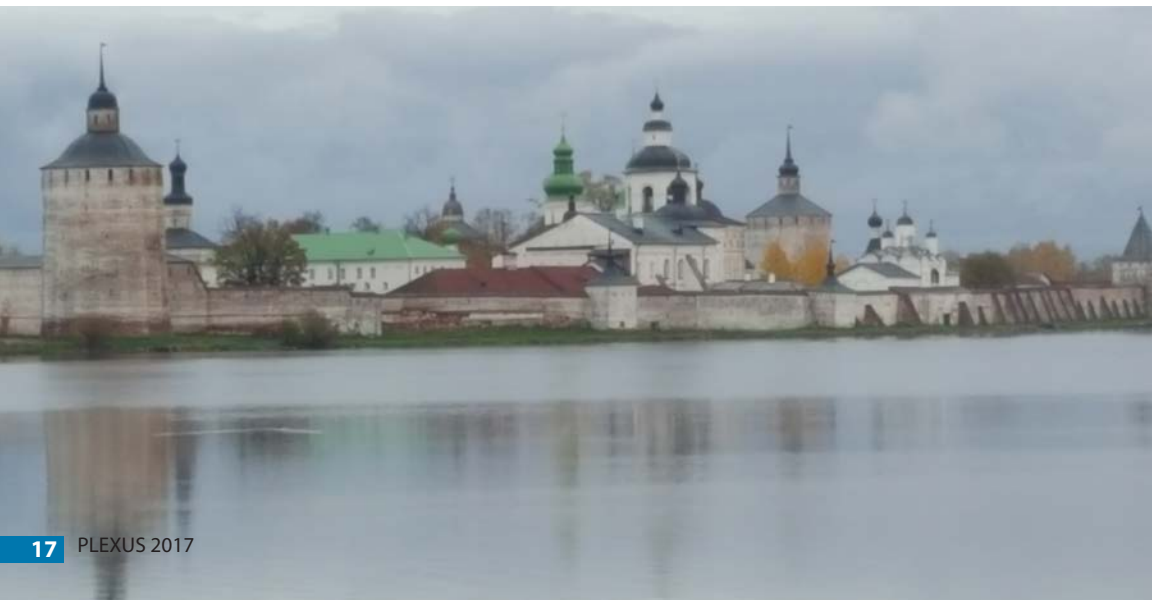




▲ Gold Dust Gecko  
Shari R. Atilano, GHEI

■ “Stars” from “Les Misérables”  
Nathan Calixto (tenor) & Jeremy Martin (piano), MS2  
Song  
Please visit [www.uciplexus.org](http://www.uciplexus.org)

▼ Across the Volga  
Samuel Eric Wilson, MD, FACS,  
Professor of Surgery



# All Dogs Are Welcome

Mahta Baghoolizadeh, MS3

I chose to follow you as my patient.  
Your story was so interesting and  
heartbreaking at the same time:  
3 years old,  
Girl,  
Thought to have had a stroke, but  
CT scan showed otherwise.  
You had a brain mass  
And that's why your right leg was  
tripping under you more  
And why your right arm had started to  
tremor  
And why your smile was a little sadder  
on the right too.  
I go into your room with a guilty heart.  
I want to talk to you  
And examine you  
And learn from you,  
But I also wish this had never befallen  
you.  
You are the sweetest child in the entire  
hospital  
And follow directions better than some  
adults I have seen.  
When I ask you to raise your right hand  
for me,

your left one to lift it  
As if nothing is wrong.  
Even your half smile, half frown is  
bright.  
And so I finish my exam and leave your  
room  
But when I look back at your door,  
I notice a handwritten sign I didn't notice  
before.  
"All Dogs are Welcome"  
"Dogs of all shapes and sizes may enter"  
This brings a half smile, half frown to my  
own face.  
You are sick,  
But you are innocent  
And have a joy of life  
And an obvious love of dogs.  
A few days later, I beamed a full smile  
when I saw a golden retriever leave  
your room.  
This was after your surgery  
And after some of the inflammation in  
your brain had calmed down.  
When I saw you,  
I didn't need to ask you to smile--  
You were already beaming a full smile  
too. ■



■ Bleach and Scrub  
Tiffany Phan, MS3  
Spoken Word  
Please visit [www.uciplexus.org](http://www.uciplexus.org)

◀ Shine Bright Little ZOT  
Rhonda Reeves, UCI Staff  
Embroidery: String on Corduroy

# Waiting

Steven Cramer, MD

Wait for me  
Wait a minute  
Wait here  
Wait don't go

Not much waiting while you're falling to  
the sidewalk but there is some  
Wait for the medical assistant to return  
from lunch break  
Wait for friends and family to come to  
your house  
Wait in line, wait your turn

Sitting in the now-useless waiting room  
I've known since I was 12  
I never knew the chairs had backs on  
them but today it helps my breathing  
Will this be the last time?

Waiting for that god damn light to  
change  
Waiting for the room to be ready  
Waiting for the other shoe to drop  
Waiting for the curtain to fall

Collected in my living room  
They sip at tea and glances  
Hum of carefully recited memories  
Fractured by bracketed curated laughter  
Pauses where I hear only the air passing  
from my lungs through my trachea  
Silence before dawn, uneasy  
They are waiting to go  
As am I ■

▶ Ammons Horn and memory  
Arnold Starr, MD  
Watercolor



▲ Kara's  
Ellen R. M. Druffel, Professor of Earth  
System Science  
Fused Glass





▲ Light Touch  
Kenneth Schmitt, UCI Undergraduate

◀ New Life  
Roxanne Talamayan-Pascua, MS3  
*Pen and pencil*

▼ Their Stories Untold  
B. Dwight Culver, MD  
Department of Epidemiology  
*Watercolor*



# Chained to the Hospital Bed: Immigration, Health, and Economics

Kara Percival, MPH/MS4

The first patient on my surgery rotation in medical school was a 21-year-old female, whom I will call Sylvia, shackled to her hospital bed, constantly surrounded by two officers in bullet-proof vests. Sylvia had never committed a violent crime, had never tried to flee from the hospital or officers, and was half the size of the officers and me. But there she was, chained to the bed because of her immigration status.

Sylvia was detained by the U.S. Immigration and Customs Enforcement (ICE) and placed in a detention center due to her lack of immigration paperwork. Before being admitted to the hospital, she was receiving treatment at the immigration detention center for Graves' disease, an autoimmune disorder of the thyroid gland. She was brought to the hospital because the treatment had caused her white blood cell count to drop dramatically, putting her at life-threatening risk for serious infection. Given the toxicity of the treatment, her only option was the surgical removal of her thyroid followed by lifelong thyroid replacement therapy.

All of Sylvia's doctors were repulsed by seeing their sick patient chained to her hospital bed. We took the Hippocratic Oath to help sick patients, and we are very aware of the deleterious physical and mental effects social stresses have on our patients. To our dismay, we learned the ICE officers would only remove the shackles if Sylvia was pregnant, mentally ill, or had a wound near the site of the shackle.

In the Hippocratic Oath we promise to treat our patients, regardless of what country they are from, and we promise to protect their privacy. To protect our patient's privacy, sometimes Sylvia's doctors would not enter her room to update her on her case because they did not want to share her private information with two ICE officers. Because those officers were always in the room, Sylvia received less time with her physicians, less information, and less support.

As a medical student in the Los Angeles area, I have treated multiple patients who come in with police officers, including patients who have committed violent crimes, yet none of them were as strictly managed as Sylvia. The patients who have committed crimes are monitored by one police officer who sits by the door of the room and does not stand between the patient and his or her physician during the exchange of private information.

Because Sylvia is undocumented, she does not qualify for health insurance under the Affordable Care Act (commonly referred to as Obamacare). Without health insurance, we cannot guarantee she will have access to medications after her surgery, which she will need to take throughout her lifetime. Even though she could have been discharged after her acute toxic event had been resolved, to await her surgery weeks later after she had fully recovered, because Sylvia would not be able to be seen by a physician outside of the hospital due to her lack of health insurance, our hospital kept her for weeks until she was ready to have her surgery.



We are trained to treat the sick and we will do that no matter how our healthcare system is set up. If that means keeping someone in the hospital for weeks who could be managed outpatient with proper health insurance, then that is what we feel we have to do.

Sylvia successfully made it through her thyroid removal surgery and was taken back to the immigration detention center. (Ironically, the immigration detention center - not a health insurance company or a hospital - will be providing Sylvia with her thyroid medications until her immigration status is resolved.) One way or another, Sylvia will be

getting her medications because she is a human being who deserves to be treated.

Our tax dollars are being spent to supposedly “protect us” by paying multiple ICE officers to stand next to patients like Sylvia - who is of no danger to anyone - during their stays in hospitals that already have their own security staff. If, alternatively, that tax money were spent on universal healthcare, Sylvia could have left the hospital weeks earlier, the cost of her stay would have been tens of thousands of dollars cheaper, and a bed would have been available sooner for another sick patient. ■

▶ The Gaze  
Nicole Dalrymple  
*Graphite and Digital Media*

▼ Habana Central at Dusk  
Ivy Ewald, MS3





# The Freedom of Uncertainty

Leigh Goodrich, MS3

“Want to hear something unfathomable?”

Karen was sure she was dreaming, hearing a child’s voice in the daze of waking up.

“Want to hear something unfathomable?”

It was louder now, and even as she tried to will herself back to peaceful slumber, Karen knew it was futile. That was the problem with hospital beds – there was always some reminder of where you were.

“I *said* want to hear something *unfathomable*?”

It was when she felt a tug on her arm that Karen finally opened her eyes, puzzled to find a little boy staring up at her. He smiled excitedly, revealing two missing front teeth. Just as he opened his mouth to speak, Karen’s favorite nurse hurried in with a lunch tray and wrapped her free arm around the boy.

“Jackson, what on Earth are you doing up here?” she squeezed him tightly. “I’m going

to have to put a tracking device on you.”

Karen watched the two of them as she sat up to eat. Jill scolded the boy playfully, tousling his hair and rolling her eyes as he instantly reached up to smooth his blonde bowl-cut. Jill sighed loudly, cheerfully playing up the dramatics for Jackson’s sake.

“Now, Karen, *please* tell me this rabble-rouser has been on his best behavior. He knows he’s not supposed to go into people’s rooms without asking me first,” she said, bending down to face Jackson. “Why don’t you grab that book you love and give me a second to check on Miss Karen, okay?”

He scurried off and Jill stood up, straightening her flowered scrub top. “I’m sorry about that, honey. He likes to follow me around on my lunch shifts and hand out the trays, but you know how kids are.”

Karen smiled and nodded along, pretending she did indeed know how kids were. “I didn’t know you had kids, that’s nice you can bring him to work with you



◀ Midnight from Mauna Kea  
Michael Niechayev, MS3

her legs under the covers. “Yes, I would love to.”

“I want to tell you some Venus facts, because Venus is my favorite planet,” he raced through the words excitedly, looking at the page but reciting the facts as if from memory. “A year on Venus takes 225 Earth days, which is the time it takes to orbit the sun. But it takes 243 Earth days to rotate once on its axis, which means a day on Venus actually lasts longer than a year! And Venus rotates in the opposite direction to the Sun, which is called retrograde rotation.”

Karen’s eyes widened, more genuinely surprised by the speed of the reading than the facts themselves. “Wow, that is very...”

“Unfathomable!” Jackson finished. She had to laugh at that.

“You know, that is the exact right word.” She lifted her lunch tray to get it out of the way.

“Are you going to eat your Jell-O?”

Karen grabbed the plastic cup from the tray and peeled back the foil top. “It’s all yours,” she told him. She watched his eyes light up and his toothless grin return in full force. How long had it been, she wondered, since she had been that excited about anything?

Watching Jackson lick the Jell-O lid clean, Karen tried to remember a time she felt that uninhibited, that freely happy. Of course, she had never really felt that freedom of childhood, even as a child. Karen had had to take care of things for the family, for her younger sister, after their mother lost her battle with ovarian cancer.

around the holidays.”

“Oh no, he’s not mine – ” Jill started, as Jackson ran back into the room clutching a shiny metallic hardback book. “Hey, that was quick, I was just telling Karen here that you like to help me out sometimes, but I’m not your mom.”

“My mom’s downstairs,” he told Karen. Jill met her gaze, pointing her finger down and mouthing “chemo” exaggeratedly. Karen nodded to acknowledge that she deciphered the obvious code, trying to hide her awkward sympathy while suddenly very aware that Jackson was staring up at her again.

Jill quickly jumped in, telling them that she had to check on her other patients, and suggested that Jackson keep Karen company for a little while. As soon as the nurse had left, Jackson jumped up on the bed and opened his book to a page marked with a green Post-It.

“Okay, so *now* do you want to hear something unfathomable?”

Karen propped her pillows up and crossed

She had been 47 – just four years older than Karen was now. It had been hard to feel free when she was grocery shopping, packing her sister’s lunches, taking extra shifts at the local diner in high school so her sister could afford to go to sleepaway camp, could afford to buy overpriced snow cones at the fair, could afford to feel that freedom so foreign to Karen. Freedom, to her, was the ability to act on impulse without the burden of contemplation; it was the gift she gave her sister and denied herself.

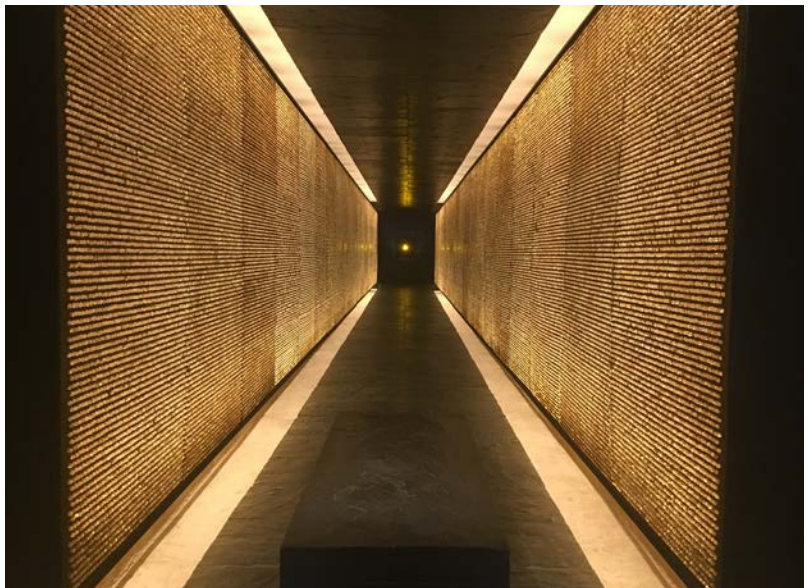
When she first got the BRCA gene testing done, she hadn’t expected the swift and alarming series of events that followed a positive result. When she decided to remove her ovaries prophylactically, she hadn’t expected the deluge of personal life questions she would be forced to answer. Did she understand she would be unable to have children? Did she understand her risk of complications and cancer and death? It felt like one giant question following her around – if she had known she would ever be filling out these forms, would she have lived her life differently? There was no certainty, no familiarity, no freedom in these questions that seemed to

haunt and trap her.

She thought about those questions, and how much they terrified her, as she watched Jackson slurp up his Jell-O and furiously flip through the pages of his astronomer’s encyclopedia. Would she have been a good mother?

It quickly became a daily routine, Jackson hopping up onto the bed at lunchtime. Before Karen could even finish peeling back the red Jell-O lid, Jackson would ask “want to hear something unfathomable?” and rattle off his new favorite facts. As she ate her lunch, he would ask her how to pronounce the Andromeda galaxy or tell her to guess the diameter of the moon in kilometers.

One Sunday afternoon, in the days between Christmas and New Year’s Eve, as Jackson scraped the bottom of the Jell-O container, he seemed quieter than usual. It had been snowing all night, leaving the city quietly covered in a thick blanket. They had been talking, unsurprisingly, about the ice planets, with Jackson telling Karen that Uranus can reach a low temperature of negative 224 degrees Celsius. After a long



► Untitled4  
Michael Bernaba, MS3

silence, Jackson looked up from his book, meeting Karen's gaze.

"Do you think when you're really cold in the snow, like when your toes start to go numb and your lips start to turn blue, do you know what I mean?" he asked slowly.

"Sure, I've been that cold before," she said, waiting for a question about martians protecting themselves from frostbite.

"Do you think that feeling of cold is what it feels like when you die?"

Karen stared into his big eyes, silent.

"I know you don't know because you haven't died yet, but just do you *think* that's what it's like? Or maybe it's like something totally different?"

Suddenly she felt trapped by all the questions she had been trying to escape. Suddenly, the little boy who had distracted her with abstract outer space brought her screeching back to a harsh reality. Her eyes filled with tears; she felt utterly overwhelmed by the notion that a seven year-old child could confront the questions she had been running from.

"You know what, Jackson, I think I had better take a nap now. I'm really getting tired," she managed, closing her eyes to keep him from seeing the tears. She waited for him to close the door gently behind him before opening her eyes again, startled to see Jill in front of her.

"You okay, sweetie?" she asked cautiously.

"Yeah, I'm fine, thanks. Just a little tired," Karen paused, wondering how to phrase what she was about to say. "Jill...I don't want to inconvenience anyone, but, um, would you mind having him not come around for a while? At least for a few days?"

Jill smiled sympathetically. "Of course...I completely understand. It can be really hard to make connections with people when the future is so uncertain, it's hard for people to feel attached."

"I've just about had it with all this negativity," Karen shot back, suddenly enraged. She was trying to have a positive outlook and all around her people seemed to speak of nothing but death. "I'm going to be okay, and if everyone could at least pretend they believe that I would really appreciate it."

Jill stared back at her patient, frankly stunned by the outburst.

"Honey, I didn't mean that *your* future is uncertain...I meant Jackson's." She paused, her brow furrowed as she searched Karen's face for understanding. "Because of the cancer, like I told you."

No. No, that couldn't be right. Karen flashed back to that first day; her nurse hadn't been pointing to the downstairs floor when she signaled to Karen – she had been pointing to Jackson. And he wasn't asking about death because he thought Karen was going to die – he was asking because he knew he would. Karen put the pieces together, and still it all felt... unfathomable.

A few days passed before Jackson knocked on the door again carrying Karen's lunch tray. She smiled widely, desperately hoping he couldn't feel her despair.

"You don't have your book with you today," she noted, studying his face as he grabbed the Jell-O. It was disarming how healthy, how *normal* he looked.

"I wasn't sure –" he started. She nodded, knowing how poorly she had left things between them.

“It’s okay. I have a fact for *you* today, actually,” she started. His eyes lit up, that sparkle as he looked up at her that she would never forget. “Okay, here goes. For the closest star to the sun, the Alpha-Centauri system, it takes light four years to reach us. For farther stars, it can take much, much longer.”

Jackson listened, enthralled. It was amazing how completely fascinated he was, how curious he was about worlds existing essentially in his imagination. As Karen studied his face, she realized that fascination, that sense of wonder, *that* was what had been missing from her life. She didn’t need to be a mother to fill that void, she needed to let herself be a child.

She went on, with Jackson’s undivided attention, explaining her interpretation of a star’s life. “Well, what that means is that a star could die, burn out, but its light would still be seen for a long, long time. And I think it’s the same for anything that dies, Jackson, that light will go on.”

There was a silence as Jackson seemed to let the idea roll around in his head. Karen wanted so badly to solve his problems, to cure him, but she couldn’t – so instead she let herself feel, let herself try to explain something she could not control.

“So the star’s light is kind of like our lives,” Jackson finally said. “I don’t know, it’s hard for me to understand.”

She wanted to tell him that he was her light, that he had asked the questions she desperately feared with such genuine wonder that she was forever changed. She realized that only by embracing, even relishing, the uncertainties of life, as he did, could a person truly be free. Life’s freedom was not the absence of contemplation, the absence of uncertainty – it was the celebration of it. She wanted to tell him that he would always be her light. Instead, she said, “it’s okay to not understand. That’s part of life. Some things are...unfathomable.” ■



# A Whole New World

Lindsay Oosterhouse, MS3

In a moment of violence  
Amid chaos, light, and sound  
A new being sees the world  
Now no longer tightly bound

In the comfort that was static  
And hushed and safe and warm  
She now must breathe and scream and see  
As the former world is torn

Away from what surrounds her  
She kicks and cries and pleads  
To find that safety once again  
Now in a world that bleeds

A touch and scent entice her  
A tired voice sounds soft  
Against the roar of worldly sounds  
As she is held aloft

She searches for that magic place  
Abreast the one she knows  
Searching every anxiously  
From head to tiny toes

Now in the arms of comfort  
And enveloped by light  
She opens untried eyes  
Uncertain of her plight

But happy small and healthy  
Now in a whole new world  
She starts to nod off, dreaming sweet  
Of her mother, where she's curled ■



◀ Embrace  
Jeanette Chin, MS3  
Colored Pencil

◀ Lines from Droplets  
Steven Leven, Professor,  
Pulmonary Critical Care Division

# Almost There

Frank Meyskens, Professor

For a friend

I can't get started.  
How could you love me  
knowing the fate  
sealed in my genes.

But I want  
your kindness, your smile in my life.  
I need your loving so that I can  
break the surface of the waters.

And breathe air again.

Choices I have made  
have left me alone,  
afraid to reach out  
and to be hurt again.

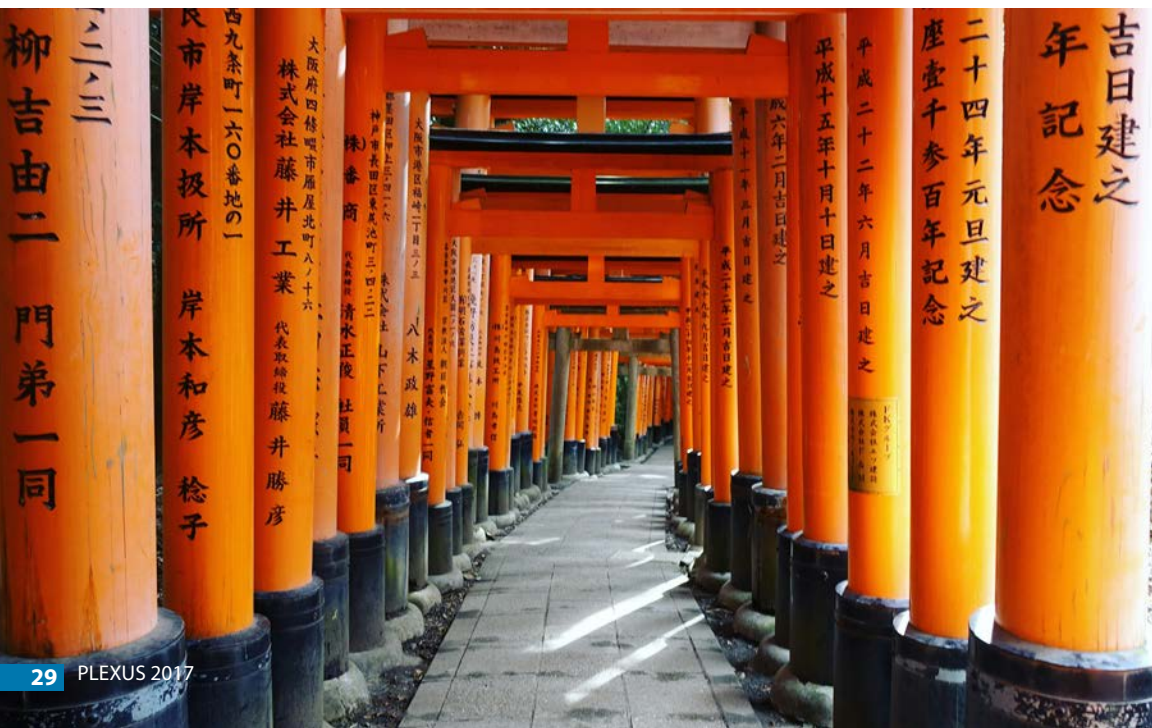
Release me from these dark places  
in my mind.

a prisoner in this dungeon of despair  
to which I have been jailed.  
How can I get started  
knowing the road my life will follow  
leading to a future,  
Homeless in my mind and alone.

I need your kindness, your smile,  
I need your touch, your loving,  
Your hand to guide me through the  
darkness,  
You, a passage to light and life.

I must be brave and  
embrace the light  
You, a deep breath of life  
that I can inhale and deeply breathe  
the fragrance of your being. ■

▼ Shades of Orange  
Jamie Miller, MS3





► Lunch  
Allison Zha, MS4



## Deep Feelings and Music

Chalat Rajaram, MD

How can melodious vocals rendered  
Invoke deep feelings, tears, sorrow  
Is it the Soloist; is he or she so endowed?  
The Divine within bringing out visions.

The crows have appeared more so,  
They following me, or am I more aware?  
In pairs or threes they come or go  
My feelings then lay out so bare.

Rama compositions bring tears  
Visions of parents at Calicut  
Pry open the soul for thoughts 'n fears  
So much emotion, welling in the heart.

The artist denies his power  
Attributes it to the Divine  
He was the instrument, the giver  
Led me to the Place which was mine. ■

► Kagayaki  
Mia Shan, MS3  
*Digital Photomanipulation*



# Two Perspectives to a Diagnosis

Katherine Chen & Tiffany Pham, MS3s

Pneumonia. Bronchiolitis.  
Febrile seizure.  
Words that are often said daily  
By pediatricians, nurses, and students.

No big deal. Easily managed.  
We'll give them IV fluids,  
antibiotics, and antipyretics.  
Vitals q4,  
And Keep O2 above 92.

But to a mother's ears,  
These words ring loud and NOT clear.  
They only cause  
more worry and fear.  
And a million different thoughts  
come flooding in.

Pneumonia? Bacteria in my child's  
lungs?

Bronchiolitis? His face is turning blue?  
Febrile seizures? Will he have these  
shakes forever?

Perhaps this is their first kid,  
Perhaps their first hospitalization.  
But even if not so,  
Their baby's cry  
will always cause heartache.

As physicians,  
We see these conditions  
day and night.  
But we need should think twice,  
Be nice,  
Answer questions patiently,  
And help them understand. ■



◀ The Moon  
Thomas Vo, MS4  
*Cells captured under light microscope*



# The Experiment

Andrei Novac, Professor

Mind leaders and readers of our times  
Want you to forget about bonding and  
rhyme.

No changes at all!  
They create not at all by chance,  
More people with angry a stance.  
Anger begets failed discussions

Failed discussions become as routine as  
a fashion.

Inflexible arguments, unlike discussions,  
Bring more failed changes to be clear,  
More arguments and anger here  
Will bring a society failed by fear. ■

▲ Chicago Picture: Windy  
City Lines  
Brianna Miner, MS4

▶ Cloghan Castle, Ireland  
Melanie Ley, UCI SOM Student  
Affairs Officer



# Hero

Khaila Amazon-Hall, UCI Undergraduate

Beneath the surface, between the lines  
There's a story that you've never heard

You've read, you *think* you've understood  
Look closer now, you need to learn

A savior's valiance is what's told  
A man, donning a cape of white

But those who suffer, afflicted, hurt,  
- they're not the focus when we write

You see, there's blinders in our view  
Of course, we know our doctor's aid

But it's those, enemies inside them, Fighting,  
Afraid  
Pained,  
yet they are brave

Heart drops drip; line the face.  
Their loved ones watch; They're paralyzed

Humanity stripped away from them,  
Emotions are anesthetized -  
Shadows plague of when they die -  
Hope flies on, their hallowed eyes.

Their eyes:  
Their eyes don't look the same  
-----

No, it's not *only* up to you  
There's a fight you cannot see  
Their will, their strength, their hope,  
their love  
A fight to reclaim agency.  
-----

Beneath the surface, between the lines  
There's a story that you've never heard  
Instead of a lone savior, say  
"A hero's in the sufferer" ■

▼ JFK: Courage and Compassion  
Carolyn Griffin, Staff  
Graphite Pencil on Paper



"They're not people now, they're patients you see,  
They need my help or they will die.  
They can do nothing to cure themselves.  
It's up to me if they survive."





# Desire Cut Short

Stephen C. Bondy, Professor

Everything has a beginning and an end  
The end came upon me fast  
Unprepared I left behind  
Unexplored valleys of feeling.  
Love was still growing  
When the light went out

The other night a hundred years ago  
We wept and held each other close  
I felt your tears in my eye. ■

- ▲ Adaptable  
Andrew Nguyen, MS3
- ▶ Amber Forest  
Anjali Shah, Art for the Soul  
Acrylic
- ◀ Forgotten  
Mark Lieber, MS2



# Choices

Nicholas Taylor, MS3

“What are you going to specialize in?”

A question asked many times, many ways.

An answer I am no closer to answering than when I moved into the undergrad dorm.

The question your aunt you see once a year pulls you from the crowd at Thanksgiving to ask as if she’s bet her retirement on it and the Vegas bookies are waiting. She’s been asking since high school.

A journey you’ve been on for some time, you’ve known significant choices and different routes were to come.

This choice will decide for what it is you will get out of bed until you are old and frail whether you like it or not.

Will you wish your alarm clock sounding is only a dream or will you salivate at the prospect of an exciting new day after you make this choice?

The metaphorical “fork” in the road doesn’t apply here as this is misunderstood moving target of round-a-bouts with unknown truths regarding specialties A-Z gets more bewildering by the moment.

Neon signs of “life-style”, “job satisfaction”, “practice setting”, and “burnout” obscure your view of what’s really important. Really, what is really important? I don’t know anymore.

The prototypical “why did you choose your specialty” is more than just a medical student’s attempt at human connection precisely slotted within hours of retracting. You’ve planned all day for when those words would squeak past your trembling lips.

No, that question for most of us is a serious one of which the answer we

cling on every word, waiting for our own Eureka moment.

You continue this game of 6-week roulette letting another round pass by hoping the clouds will part and that one rotation will make you feel like a child on Christmas morning.

What is really important? The question providing shelter in the storm.

Further, it’s that question you shudder at. The one by now, you’ve grown tired of answering on every gold-flaked fill-in form from AMCAS to VSAS to ERAS amongst Steps 1, 2, & 3.

Why do you want to be a doctor?

Your answer is in the concerned parent trusting you with their child sight unseen. The family you comfort on the worst day of their lives.

The elderly man who shares his last breaths with you.

The joyous family welcoming their newborn.

You now know the answer will come.

How lucky you are to have such a choice that you wouldn’t trade it for the world. ■





▲ **While I Do Not Doubt**  
 Rolanda Engstrom, Art for the Soul  
 Acrylic, Oil, Pastel, Collage

## What is

Divya Ramakrishnan, MS1

What is.

A toe  
 Without a foot.  
 A foot  
 If not to walk.

What is.

A tattoo  
 Without an arm.  
 An arm  
 If not to hug.

What is.

A finger  
 Without a hand.  
 A hand  
 If not to hold another.

What is.

A stripe of pink  
 Without a nail.  
 A painted nail  
 If not beauty.

What is.

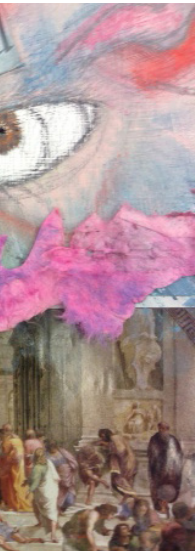
An eye  
 Without a face.  
 A face  
 If not to express.

What is.

A brain  
 Without a head.  
 A head  
 If not to remember.

What is.

Anatomy  
 Without a body.  
 A body  
 If not to live. ■



◀ **Changed**  
 Shelley Gallardo, Art for the Soul  
 Watercolor, Pastel, Graphite, Collage



## How to Console a Confused Soul

Soe Thein, MS3

When I was little, my mother used to call me “hay fire”. When you light up a hay straw, it burns so brightly but only for a few seconds, until the whole hay straw turned into powder. Apparently, I was like that – I would randomly pick up a hobby or a toy, and be completely obsessed with whatever I chose for a brief moment. One time, I asked my parents incessantly for a watercolor set – one of those with 48 different colors that every artsy-fartsy child in Yangon wanted. I played it for two days, shoved it at a room corner until the set collected dust beyond recognition. From what I can tell as a kid, that habit was less than desirable. My grades would fluctuate from very good to bad in a matter of weeks up until middle school. My teachers were confused. I was confused as well.

But, when I reached high school, I somehow gained laser-focused attention. I was consistently on top of my class. I did not know how I became so interested in studies, but I knew why I continued to keep that focus. During that time, I came to realize that I love my family members, and the possibility of disappointing those I love has become a powerful force in my life. My teachers and my parents think I was getting “mature”. I was not sure what the word “mature” actually meant, but if it meant anything along the line of “predictable”, yes...I was very mature.

Fast forward eight years, I am in in a dual

MD/PhD program in the United States. This 8-year-program requires you to do the first two years of medical school, then finish your PhD in research, and go back to the medical school. In the summer of 2016, I finished my first two years of medical school, and transitioned into the PhD component. It was a rough summer mostly because I never expected I would be so miserable in the lab during transition into my PhD. I would have been very content three years ago to be able to work in a lab like this. The fact that I did not feel that way anymore frustrated me the most. The feeling of being betrayed by yourself was uniquely tiresome to bear.

Throughout summer, I tried to figure out why the thought of holding a research career made me miserable. Whenever I talked to my friends about my doubt on research career, I couldn't answer a million-dollar question “why?”. Was it the ever-so decreasing compensation for researchers? Was it because the job market is competitive? Was it because the training time was too long? I was left empty-handed. I had no clue. I felt almost a sense of shame and childishness for even bringing up the topic of my doubt in PhD in conversations. Some time, our desires defy our logic, leaving us completely vulnerable and lost. I felt like a kid who wanted to throw that water color set away, except this time, I felt solace in holding on



to that set than letting it go. The thought of disappointing my program director, friends, family convinced me that the nagging feeling that research-career-is-not-right-for-me is just a phase. Like all other feelings, this feeling should pass. I decided to continue my PhD.

The thing about passion is that it quiets down, once you stop listening to it. Once I made the final decision to continue my PhD, I no longer felt nervous about my career as a future researcher. In fact, I did not feel anything anymore – I just went to work, did my lab jobs, wrote reports and waited for weekends. I was not overly joyful, but I was not sad either. Then, things took a sharp left turn after I met my mentor, Dr. A. After I told Dr. A how I was feeling, she looked at me straight into my eyes. I was preparing myself to answer the dreaded “why?” question that my family and friends asked me before. But, instead she says, “what can I do to make you fired up again?”. I was caught off-guard, and the feelings came back rushing in like water from a broken dam. I told her about how thought about leaving the PhD part and only pursuing MD. Then the second time, I was waiting for another question of “why?”. But, instead, she smiled and she reassured my journey. I just did not know how to respond for good ten minutes.

I thought all this time what I needed was a solid reason to finalize my decision of quitting my PhD program, but the reality is I have known the reason all along –it is as simple as I just do not enjoy research anymore. Dr. A made me realize that just as I don’t need any reasons for why I don’t like certain colors better than others, I don’t need a convoluted, life-changing motivation on quitting PhD. The fact that I no longer enjoy research is strong enough of a reason to abandon something what my ghost used to enjoy. So, I quit my PhD. Life, indeed gets better when I realize that I don’t have to hold on to things that no longer belong in my future.

Last October, my sister visited me in the United States. She told me she is planning to study business administration in the United States, but she is looking for a great reason to change her study and become a nutritionist. I can see the same vulnerable expression on her face as I had months ago. I noticed two things when she told me this. First, I don’t feel that way anymore. I feel perfectly belonged to where I am right now. Second, the thing is she doesn’t need to search for “that great reason” either. She can study nutrition. She will make me proud, and most importantly, she will me herself proud. She can throw away that water color set, and the reality is everything will still be.... ok if not better. ■

▀ Contrasts  
Avital Fischer, MSTP

▀ Paper Foliage  
Courtney Sparkuhl, Art for the Soul  
Watercolor





# Ganges Ritual

Amish Dangodara, MD

The petals float like painted leaves  
Upon the currents that change  
What was to what is to be.  
Their course carelessly redirected  
By whims of wind and water's flow,  
What fortune awaits is unknown.  
Silent still, the water serene...  
Gentle will, the water stream...  
Forceful fill, the water flows,  
Altering the course we chose,  
Yet they choose to stay afloat  
Determined to defy the force of fate.  
What once was whole, we break,  
The culmination of choices made,  
Your ashes purified we decorate,  
Here we mourn and celebrate.  
Once a rose, lovely and composed,  
With aspirations dreams and hopes  
That time threatens to erase,  
We preserve in memory  
If only in life we save such grace  
As the petals floating to the sea... ■

▲ Ancestral Paddy Field in Thimarasipally, India

Bharat Reddy Sampathi, MS3

▶▶ Vitality

Richelle Roelandt Lu Homo, MS1

▼ Wedding Rock

Shella Raja, MS2

Acrylic on Stone



# The Hospital Bed

Johanna Shapiro, Ph. D

The modern Hospital Bed is  
a thing of wonder  
Maybe not in the same league  
as the Sphinx – it lacks  
this marvel’s ancient  
awe and mystery

Nevertheless the Hospital Bed  
with its crisp, clean, expertly  
formatted fitted sheets,  
its electrical ability to  
move up down feet head,  
is indeed a thing of wonder.

While a carefully crafted mannequin  
might enhance the amazing properties  
of the Hospital Bed,  
to put a real patient  
in such a contrivance is almost  
always a complication

The patient has no appropriate sense  
Of shock and awe  
(the patient is usually shocked, but only  
because her puny  
existence has taken a turn for the worse,  
and this kind  
of shock is incompatible with true

appreciation for  
the Hospital Bed)

Furthermore, the patient  
is disheveled, unkempt, oozing bodily fluids,  
unwashed, unbathed, ill-mannered,  
in a word loathsome and troublesome,  
again the antithesis of  
the Bed’s complete and utter purity

In the Bed, the patient lies  
either huddled in pain or  
flung about in haphazard exhaustion  
both postures violating completely  
the precision and composure of  
the Hospital Bed

Under the circumstances, it is  
easy to see why anyone in the  
presence of the Bed would be tempted  
to give its inhabitant a thorough  
cleansing, improve her posture,  
or kick her out entirely.

Medicine in general  
without the patient  
is so much simpler. ■



► The Sky's Grey, yet  
Flowers Bloom  
Diane Lee, Art for the Soul  
Acrylic



## A Willed Body

Dean Spencer, MS3

**M**y first year of medical school began just like thousands of others—with anatomy lab. The first day entering the lab it all felt unnatural; the smell of formaldehyde, the steel tables, the white covers and drapes concealing the outlines of people just like me. Excited yet nervous I simply chose a body that would be mine for the assigned dissection. I remember looking down at the zipped up cover while the professor oriented us with last minute details like how to cover the areas of the body you weren't dissecting as a sign of respect. My classmates and I were shifting glances around the room at each other in our pristine new lab coats and goggles still smelling sharply of freshly unwrapped plastic. I was a novice in medical knowledge but also a novice at encountering death. Most of us were. I remember not knowing how I was supposed feel and not understanding how I actually felt. Here was our first “patient” and we all desperately wanted to make a connection, but how could we? There would be no interview, no questions and answers—no communication whatsoever. Here was a body,

the ultimate symbol of human life and vitality, now silent. The sheets covered them from the surroundings but also symbolically covered their true identities from my classmates and me. And in a way that was done with purpose. Instead of names there were only numbers. The typical defining characteristics of self-identity—personality, humor, family, career, goals, likes, dislikes—were non-existent. But under the white covers and sheets were people who allowed this privilege of real life education. A statement of “yes, you can learn from me” decided on months or years earlier in the final stages of mortality. I struggled making a connection and understanding the context of these willed bodies I learned so much from until one day as a third year medical student when I met Mr. C.

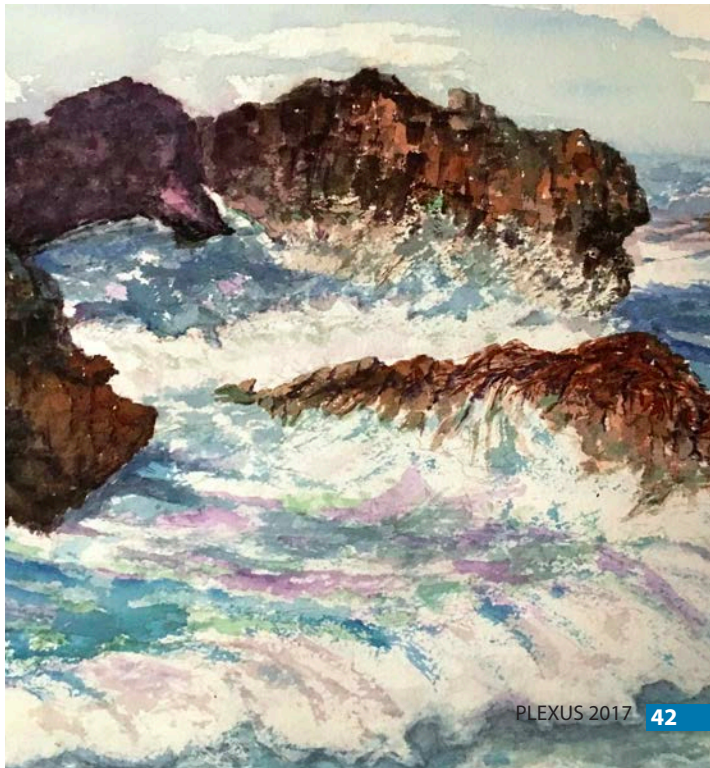
Mr. C was a patient on the medicine ward at the VA. He was admitted for a routine treatment of stage IV colon cancer that had metastasized to multiple parts of his body. Mr. C was very thin and appeared more aged than he was, likely from the barrage of his chemotherapy regimen compounded with the burden of the greedy metabolic demands of out of control cancer cells rapidly dividing throughout his body.

His body was so thin I could feel his liver with multiple nodules and irregularities with my bare hands when gently palpating the abdomen. His liver border measured 18 cm, extending far below the normal distance of a non-cancer ridden liver edge. He was very familiar with the hospital and disliked staying in his hospital bed, preferring to walk around the medical campus between his infusions. One day I was asked to gather his signature for some forms needed to request records from another hospital regarding his previous history. I found him casually chatting with some of the nurses at the floor station. They clearly didn't mind. I introduced myself and he looked at the lettering on my white coat and my medical student badge. A big smile showing impeccable white, shiny teeth spread across his face. "You go to UCI? I just donated my brain to you all. Neuroscience, it is going to be studied when I am gone." He said it without hesitation. I was taken aback, but I realized he wasn't expecting a dramatic response—

he simply had such genuine excitement to meet someone from UCI where he was giving his brain. I thanked him and we talked for a bit longer. He said it made him feel good to help future doctors learn so someday we could help someone else. It was my first time personally meeting a willed body who was still living and meeting Mr. C changed the way I viewed my first year anatomy class and those first experiences with death and willed bodies.

The covered bodies I had struggled to understand now took on new meaning. Mr. C had helped bridge the gap of what I had failed to connect between the meaning of willing bodies in both death and life and their selfless contributions towards my and thousands of others medical education. That simple encounter enabled me to place the human qualities I found so difficult to attribute to the willing bodies that taught me so much during my first year of anatomy lab. Thank you, Mr. C. ■

► Waves between the Rocks in Laguna Beach  
Hoda Anton-Culver, Professor & Chair,  
Department of Epidemiology  
Watercolor





## Gratitude by the Ambulance Ramp

Jeffrey Suchard, Faculty of UCISOM

**J**on Bronson [not his real name, of course] was an ED regular. He had an interesting combination of chronic diseases which created a synergy preventing him from ever becoming well. Jon had schizophrenia and appeared to be satisfied living on the streets. If he ever had any semi-regular place to stay, I never heard about it, and Jon certainly never told me. His verbal repertoire did not extend to small-talk of that kind. He only ever complained of leg pain, seeking Vicodin and Keflex (but mostly Vicodin) for his lower extremity cellulitis superimposed on chronic venous insufficiency.

Even if it might temporarily improve, his cellulitis would never completely go away. My presumption was that his mental illness made it unlikely he would finish a full course of antibiotics, or would interfere with routine wound care and hygiene resulting in yet another infection. The ironic point is that Jon had Medicare coverage, so that he could have availed himself

of good (or at least adequate) medical care if his personality and mental illness had allowed him to do so. His psychosis was rarely severe enough to warrant psychiatric admission, so nearly all of his ED visits would consist of another demand for antibiotics and pain medications. He was a compact, thin, gruff character with a timbre to his voice that spoke of a multiple pack-per-day cigarette habit, and he wore a baseball cap. Had he also worn some coveralls, I might have mistaken him for a farmer, except that there aren't any farms in our suburbanized area anymore. Also, I assume that most farmers don't mutter to themselves and respond to internal stimuli. Jon's visits were seemingly futile, sometimes aggravating, but nevertheless often the highlight of my shift.

On one of Jon's visits I noticed something dark and flat sticking out from under his cap. My first thought was that he had caked some of his hair with feces, although I hadn't noticed any smell fouler

than Jon's weeping leg wounds. When I asked what this thing was, Jon pulled out a piece of beef jerky for me to admire and then put it back under his hat. On another visit when his legs looked considerably worse than usual, I decided to admit Jon for IV antibiotics. The admitting Internal Medicine resident argued that Jon had a history of leaving the hospital against medical advice. I was perfectly aware of this but didn't see how that ought to affect my clinical judgment. And yet, I was perfectly confident that Jon would leave AMA again, maybe even that very night.

Booker [not his real name either; not even his real nickname!] was a first-year Emergency Medicine resident when he first met Jon. Booker was known to spend more time talking with his patients than most residents, obtaining elaborate past medical histories and delving into their social issues. Having no prior sense of futility from prior encounters, Booker saw an opportunity to make a positive impact on Jon Bronson's life. Prescriptions for

pain medicines and antibiotics were written and filled by the pharmacy under the direction of the hospital's House Supervisor. An outpatient appointment was made by the Case Manager. A sheaf of discharge papers was printed, including a list of nearby homeless shelters if they were needed. Booker presented this opus of work to Jon, wished him well, and felt that he had done a good deed, as indeed he had.

On the way out of the ED, Jon stopped in the restroom near the exit to the ambulance ramp. Booker happened to walk by the ramp exit a few moments after Jon left the ED. The restroom door was opened and Booker couldn't help but notice something unusual. Stepping into the bathroom, Booker found that Jon had wadded up his entire sheaf of discharge papers, stuffed them into the toilet bowl, and then left a fresh pile of stool on top. All that extra work, and Jon literally crapped on it. ■

▣ Through the Cracks  
Michael Niechayev, MS3

▣ The Scream of the Bird of Paradise  
Franz Hoffmann, Emeritus,  
Developmental and Cell Biology  
*Bird of Paradise Seed Capsule*





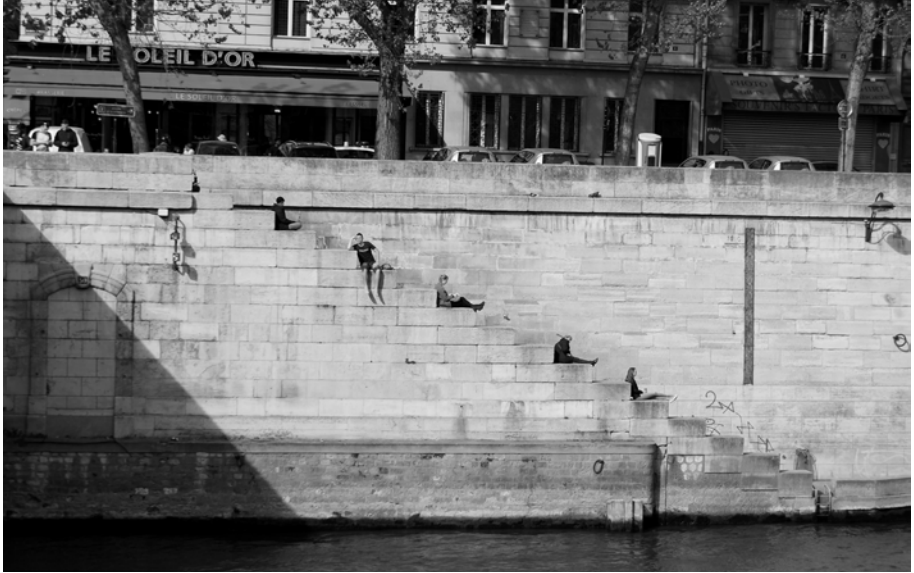
*Andy Trang*

▲ Human Hands  
Andy Trang, MS3  
Ballpoint on paper

▼ Que Vida!  
Ricardo Perez, Art for the Soul  
Watercolor







## Seeing Clearly

Jessica Gandy, MS4

My pulse is like a racehorse galloping  
towards the finish line;  
It quickens, staggers, and stumbles.

My thoughts are a tangled nest of  
weeds,  
Shrouded from understanding,  
clarity, and foresight.

My palms appear steady,  
But hide their neediness and  
yearning to be touched.

My eyes like a window, clearly see,

But fail to see clearly, blinded by the  
tolls of stress, worry, and fear.

If my eyes were to open,  
To see their story, their worries,  
their trials,  
To understand their need for clarity,  
comfort, empathy,  
My palms would find a partner,  
My thoughts would clear,  
My pulse would steady,  
And a better tomorrow would be  
promised. ■

▲ Untitled 3  
Jacqueline Kulwin, MS3

▶ Beneath the Skin  
Mark Lieber, MS2

■ Integrate  
Faith Njoku, MS1  
Dance  
Please visit [www.uciplexus.org](http://www.uciplexus.org)

