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Authors

Dolan, Brian

Bucknor, Matthew

Whang, Audrey

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Edited by

Brian Dolan, Matthew Bucknor & Audrey Whang

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University of California
Center for Health Humanities
Department of Humanities and Social Sciences
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Preface

This is the inaugural volume of the UC Health Humanities Review. The theme for this volume, **Sustenance**, was inspired by the University of California Humanities Research Institute (UCHRI), whose systemwide initiative invited reflection on the many forms of nourishment that sustain individuals, communities, and institutions. In response, the editors at the UCSF Center for Health Humanities issued an open call to faculty, staff, trainees, and students across all University of California campuses. The remarkable collection that follows reflects the extraordinary breadth of voices within the UC community and demonstrates that the field of health humanities is not confined to any single discipline, profession, or artistic practice. Here, physicians write alongside historians, artists alongside scientists, students alongside senior scholars. Essays, poetry, photography, painting, and creative nonfiction share these pages, each offering a distinct way of seeing the conditions that allow people and communities to flourish.

If sustenance is commonly understood as food or nourishment, the works gathered here reveal it to be something far richer. Sustenance is memory carried across generations. It is language shared around a family table, neighbors caring for one another, the labor that feeds communities, the landscapes that shape identity, and the fragile relationships between technology and humanity. It is found in acts of caregiving and resilience, but also in questions, uncertainties, and critique.

Together, these works reveal how sustenance bears upon persistence, reciprocity, and the continual remaking of ourselves in relation to others. One of the pleasures of reading across genres is discovering unexpected

conversations. A poem speaks to an essay. A photograph extends the argument of a scholarly piece. A personal narrative echoes an image encountered many pages earlier. Throughout this volume, readers will find recurring concerns with justice, identity, environment, migration, technology, and healing. The contributors remind us that health is never solely biological. It is also cultural, historical, social, and ecological.

As the inaugural issue of the University of California Health Humanities Review, this collection also represents the beginning of a larger conversation. It demonstrates the vitality of health humanities throughout the University of California system and affirms the value of bringing together creative expression and critical inquiry in a single forum. We hope these pages will encourage readers to reflect on the many meanings of sustenance and also to recognize the communities of care, scholarship, creativity, and imagination that make such reflection possible.

We are grateful to every contributor who entrusted us with their work, and to UCHRI for providing the theme that inspired this inaugural issue. Above all, we invite you to read slowly, to linger over both word and image, and to allow these diverse voices to sustain one another and, perhaps, to sustain you.

Golgi Map

Maria Paulino

This is a Golgi neuron stain overlying a map of the UC Irvine Medical Campus and surrounding communities. This piece invites viewers to reflect on the everyday human intelligence that sustains our cities and health care systems and to ponder the responsible stewardship of artificial intelligence as it begins to shape our modern world.

The Medicine of the American Waif

Alex Hack

The popularity of GLP-1 agonists, known colloquially under the catch-all "Ozempic," has skyrocketed over the past couple of years, even leading to an extensive shortage of the type 2 diabetes medication that was declared over in 2025.[1] This scarcity limited access for individuals most in need of the medication, often in the service of cosmetic weight loss—leading us to further question the ever increasing blur between health and aesthetics. Hims & Hers Health, founded simply as "Hims" in 2017, began by selling erectile disfunction and hair loss medication to men. "Hers" was added to the brand in 2018, providing birth control and libido increasing drugs for pre-menopausal women. In 2024, the company added GLP-1s for weight loss to its offerings.

The "unnecessarily gendered" product or brand has been criticized ad nauseam and to the point of parody—we might all remember the infamous "Bic For Her" ball point pens. However, Hims & Hers Health reinvigorates this conversation. Surely, we can't be upset that our biological needs result in differently gendered approaches to health care? Yet, the company's application of intensely gendered corporate branding, in the context of biomedical pursuit, might be worth some consideration, especially as its stock has more than doubled since its incorporation of GLP-1s.[2]

Between the company's 2024 addition of the weight loss medication and its contemporary manifestation,[3] Hers (unlike Hims) seemed to be most frequently advertised as a provider of GLP-1s—as evidenced by

television ad spots,[4] podcasts,[5] or the company's gendered websites.[6] This included a special advertised homepage[7] dedicated to the task. Overwhelmingly branded in Hers' meant-to-be-feminine sage green, the site launches with images of Black bodies and their freshly manicured hands holding glass vials and casually injecting themselves with the medication. If you scrolled further, this trend continued: a curvaceous Black woman stares directly into the camera, clad in green and white, another Black woman drinks from a water bottle (*health is more than weight-loss medication* *wink*).

This advertised webpage still exists, and while it now largely advertises the GLP-1 pill (rather than the injection) and most of the bodies it uses to do so remain Black (or non-White), there is additionally a row of White faces that lay in contrast to the Black models used to market the medication. The contrast is almost comical in its brazenness, four real life White women—none of whom appear overweight—are utilized via their "real life" testimonials. Testimonials that admittedly sound entirely like advertising copy. Maggie, who the site claims "lost 10 lbs in 1 month," says, "I have noticed an enhanced focused on being more mindful of what I am eating, making sure to hit my protein goals!"

This contrast between human marketing material as Black and intended client as White, speaks loudly, not only to the way Black women are so often used as visual scapegoats, saddled with the task of affectively representing obesity, but also to the fact of who this medication is ultimately intended for. This dynamic—the material fodder versus the intended patient—is a long-standing feature of American medicine's history of racism and unethical experimentation.[8] The digital phenomenon of the GLP-1 medication, its popularity surging as a result of social media and the accessibility of online telemedicine, lies alongside the truth

of so many other digital medical technologies, providing medical assistance often at the expense of Black patients, furthering American medical racism and its negligence via the algorithm.[9]

However, this digitality also clues us into something else: GLP-1 medication and its proliferation on social media is often a cosmetic phenomenon—the "O-O-O-Ozempic" theme song went viral on TikTok in its many considerations of celebrities and Hollywood starlets suddenly significantly skinnier.

And these aesthetic drives are easily conflated with and bump up against health concerns. This was interestingly felt when Serena Williams announced herself to be a Ro[10] spokesperson, claiming to have lost 34lbs on GLP-1s: "after kids, it's the medicine my body needed."[11] Her husband, Alexis Ohanian, is a substantial investor in the company, sitting on its board.[12] While Williams' reasons for using the medication are entirely her own and should be respected as such, her existence as advertisement deserves consideration and cannot be divorced from the misogynoir and fatphobia[13] that has been publicly hurled at the tennis star throughout her illustrious career. Nor can we ignore the way the campaign's promotional materials synonymize weight loss and health (as Ro's 2026 Superbowl ad, featuring Williams,[14] begins, "I'm on Ro. 34lbs down on GLP-1s. Healthier on Ro."),[15] or even how they present health as a secondary effect rather than an initial goal (as a promotional piece[16] in *Women's Health* states, "Her health is benefiting *too*" [emphasis added]), given how often Black women's health concerns are overlooked or ignored due to weight stigma. The perpetuation of this kind of "weight-first framing" can have disastrous effects for Black women, "overshadow[ing] other diagnoses" and "leading to misattribution and missed care."[17]

The image produced, this focus on weight loss alongside Williams'

wealth and celebrity, is emblematic of the privilege of many GLP-1 users: "Patients with genuine clinical indications often struggle to obtain these medications due to shortages and high costs, while wealthier individuals use them for cosmetic weight loss."[18] The existence of the medical profession, as an increasingly digital vehicle for shareholder value, is hyper present in the prescription of GLP-1 medications, not to manage Type 2 diabetes or obesity, but to maintain American capital via the ideology of the American waif. This "Young-Girl"-ification of the medical industrial complex comes into relief via Hers' overt gendering and immediate push to sell GLP-1s to women via its reproduction of the body's most commodified articulation[19]—from the Gibson Girl to heroin chic. To quote Tiqqun, "The Young-Girl is the commodity that insists on being consumed, at every instant, because at every instant she becomes more obsolete."[20] The prevention of this obsolescence is a gendered practice that knows no bounds. Ro, unlike Hims & Hers Health, is unisex, its homepage boiling down the medicine of telemedicine to "Weight Loss, Sexual Health, Fertility, Hair, Skin, and Daily Health."[21] This being just a stones throw from Hers' options to "Start your weight loss journey," "Grow fuller hair," "Treat menopause," and "Get a health check," or Hims' to "Start your weight loss journey," "Have better sex," "Regrow hair," and "Boost testosterone."[22] Health collides with Western patriarchy and its articulations of "looksmaxxing" and "fertility/virility." We are asked to elide ourselves and our experiences in pursuit of the recursive aesthetics of the American Algorithm.

As medicine in the United States reaches its penultimate form, it is no surprise that its corporate manifestation continues to lose interest in actual health care—or the socially and materially grounded care of our bodies. But might its continued refusal to truly incorporate the Black

patient indicate a clear and growing inefficacy, as well as a path of evasion and even escape from this increasingly virtual space?

This evasion is always present in the many midwives and doulas that serve Black pregnancy, in Los Angeles, where I live, we might find it in the farmers of Crop Swap LA, who grow produce in the yards of LA homeowners and help distribute that produce to community members, or, looking back, we might see it in the community-funded Black nurses that worked against the tide of tuberculosis in Philadelphia's Black Belt.[23] These efforts and care networks lie in almost direct contrast to the virtual space in which human powered colonial-capitalism cannibalizes itself, eats away at its flesh, whether in the form of commercial aesthetics or "medicine"[24] or mining or weapons manufacture or oil drilling or another AI data center that injures the local population. Virtual not insofar as its effects are unreal, but insofar as capital and its many alienated commodities are increasingly fueled by an abstract, aesthetic, digital space that seems to always override and efface the material dynamism of bodily information. I'm reminded of Audre Lorde and her desire to battle infrastructures of illness via a more unmediated relationship to the self that evades the hyper-present American concern with cosmetic appeal.[25]

The GLP-1 introduces the question of what sustains us and whether or not we will turn our attention towards the very real reserves of the earth and the wealth of our communities and away from capital, the commodity, and their haunted aesthetics—aesthetics that refuse to incorporate Black bodies regardless of their use of prescription weight loss medication. Hers' branding and advertising makes use of gendered and racialized anxieties, utilizing curvaceous Black bodies—the fat Black woman is wielded as threat, taming White femininity into submission. The heavy-handedness of both Hims & Hers Health and Ro might help us

see a possible and unfortunate future, one in which the fundamental cosmetic drives of bourgeois misogyny and American healthcare, often via the biopolitical mechanisms of targeted and relentless digital advertising, become ever more entwined. Alternatively, their brazenness might lead us to better recognize the futility of such a system—one that seems hellbent on alienated deterioration for the sake of Empire—and the opportunities that lie elsewhere.

Endnotes

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Finding Home (2007). Acrylic on Canvas

Somalee Banerjee

Raspados by Nightingale

Evelyn G. Vasquez

I go outside to my garden. I untangle and prune yerba buena. Dark-eyed Juncos zip over my head to carry twigs and fur to my pink Kalanchoe pot. I peek inside. In the middle, the pair build a home. I go inside to boil the yerba buena with ginger and cinnamon sticks. I had woken up with a stomachache, and the tea helps my tummy.

I leave the Juncos to visit my home in Lincoln Heights. My niece, Sonrisas, is too big for my arms to carry now. I would walk with her on my shoulders. She loved piggyback rides. Not anymore. I'd make projects with her before she started school. We'd make the solar system out of a cardboard box and from a collection of neighborhood rocks. She's a big girl now.

I went with my mom to pick up my niece. It's a surprise. I wait on a bench at the bus stop on Figueroa in front of Nightingale Middle School. She's a lottery kid at a magnet school outside her 90031, district. She commutes from home to Buchanan Street Elementary School.

When my niece gets off, she runs to me. I can't pick her up anymore. I give her a big hug. There's a raspado man near the bus stop. I grab some raspados for the road: uno de vanilla, uno de chiqule y el otro de tamarindo. Chicharrónes make my stomach hurt now. When I see them, the crunch with the lime juice and Valentina hot sauce runs through my tongue.

On the walk home, the metal wiring gates on the bridge shadow the pavement pathway over the curvy 110 freeway. The engine waves warm me. Three of my brothers crossed. My older sister crossed. I crossed too. a passageway from Nightingale Middle School in Cypress Park to Lincoln Heights. At the end of the bridge, the train passes by now.

My mom is a little slow. She has a broken leg from long ago. She's supposed to use a cane. Today, I'm a tag along who wants to stay. But where? What bedroom? Only my mom is left in my sister's apartment. I can sleep next to my mom, but I don't want to anymore.

In July 2007, my mom's income at the swap meet was gone. She closed her puesto. My sister took us into her apartment and gave us one of the bedrooms. There, my brother, my mom, and I shared. Over time, my brother dropped out. I barely graduated high school, then spent five years in community college. My sister's apartment room was supposed to be temporary. My mom can't work, doesn't speak English, and can't drive. She takes the bus to the McDonald's in Boyle Heights and hangs out with her friends.

My mom picking up my niece soothes the stacked tension between her and my sister. For a day, they are doing each other a favor to get along. But I'm just here for the day. I hope the Juncos are okay. Before I left, I fixed my plants to hide the nest. I don't want the ravens taking them.

We walk towards Avenue 26. We collect rocks along the way. There are pigeons' stains on the tagged concrete. There're usually kids crowding and pushing, taggers posting up, floods when it rains, homeless carts on the side, and fights breaking out. Not right now though. The bridge is quiet with my mom and my niece crossing it. We arrive at the corner on Humboldt and 26, the taco stand is starting to set up. I'll be gone by the time they finish.

When I moved to San Diego, my sister gave me one Sábila plant. Over time, it was starting to get squeezed out from its seedlings. I have been keeping the Sábila family together but so many have grown. I gave her more space and filled pots with her seedlings. I rub Sábila mixed with coconut oil for sunburns. I lather the goo on my curly hair. It's my skin care. The Juncos stand on their yellow flowering bloom. On the pointy Sábila ends, they chirp for afternoon water. They take turns flapping their wings in their bath.

The last time there was a Junco nest in one of my pots, a raven had been around. Ravens keep sight of the feeding patterns. I made a bootleg looking scarecrow out of a broom, but it didn't work. When the Juncos sense danger, their chirps speed up. I ran outside. I tried scaring the raven away. But it flew away with two of the three baby Juncos in his mouth. The next morning, it came back and took the third one. For a couple of days the Junco parents stood around my garden chirping and chirping.

Not this nest. There were ravens roaming but there was too much human activity. The three baby juncos hatched, grew their fur, and opened their eyes. Once they got old enough, they hopped out of their nest, scattering around learning their wings. Through my dishwashing window, I watch them go toward the neighbors' tomatoes, another by the jackfruit cactus, and the last one is still by the nest. It stares hard towards the floor for the whole day. I come out and it stands on the corner of the pot knowing it must hop away. By the evening the nest is empty. I see the Junco jumping around from one Sábila pot to another.

Trying to Read

Evelyn G. Vasquez

Somewhere in Lincoln Heights … lights out. We scrounge for crumbs underneath the toaster, the fridge, and dirty dishes. The leftovers on the counter smell good: enchiladas verdes, beans, cheese, and tortillas.

La Greñuda enters apartment 428 close to midnight. Everyone hides. She's gonna come after us. From the three bedrooms, six bear symphonies snore. Maybe, she'll join them. Stay still for a bit longer. She flickers the light, and stares to the floor and then the sink. Don't move until the lights turn off.

Sonrisas wakes up and wants to play. We have some time before she brings out the Raid, Windex, Lysol, and the Fabuloso. Both sit by the kitchen hallway leaving the light on. Sonrisas sits on the floor and grabs a book, "Tell me a story." La Greñuda, "There was once an evil…" —"Rock!" interrupts Sonrisas. "There was once an evil rock. The village called their leader, Rocka. Villagers then betrayed Rocka and shanked her to death." La Greñuda tickles Sonrisas in playful stabbing motions.

Sonrisas screams, "Cucaracha!" La Greñuda throws the book into the air and yells, "Ay wey!" She pats down and shakes her body. I make a run. The rug slows me down. But I make it to the kitchen floor. Sonrisas has her aunt's back, "Here's my chancla!"

I see the black tire sole of the huarache. La Greñuda yells "DIE!" and slaps the sole to the floor but misses. La Greñuda grabs the Lysol in one hand and the Windex in the other. She starts shooting us on the sink, floor, and counters. Sonrisas smacks us with a Nike slipper in one hand and a huarache on the other.

"DIE!" and they kill one of my friends. "DIE!" roach eggs splatter beneath a rubber sole. But we keep coming. from the apartments upstairs, downstairs, from the right, and left.

I run towards the bottom of the fridge and watch how others drown in the chemicals, flipping on their backs, their spiked legs wiggling into the air until they die. Tomorrow, they'll try to kill us again.

Rocka on the Gold Line

Evelyn G. Vasquez

The hand reaches down the backpack. Sonrisa's fingers covered with chocolate pull me out.

"Rocka, look outside! We are going super-fast. Don't be scared." She grabs me to look at the buildings and smothers my face on the window. Before we get off the train, she puts me in her backpack. She forgot to clean it. There's melted tamarindo candy. My smooth round gray back is sticky now.

THE NEXT STOP IS MARAVILLA STATION

We get to school. The bell rings. I feel the slaps of the rectangular yellow laminated folder. My big red round eyes and mouth hit the drawings: red triangle, purple square, blue rectangle, and green octagon.

"Look everyone, it's Rocka!"

Her friends want to take me away from her. Sometimes the teacher puts me away inside a dark wooden drawer with papers, rubber bands, markers, gold star stickers, and animal erasers. I was supposed to stay home today.

On the way home, she held me in a fist. But the train made a sudden stop.

"Rockaaaa!"

Now my face is rolling across the train car. My large round eyes help me see tall red heels, dirty boots, and sneakers left and right. I land next to a pair of brown chanclas that kick me.

I hear her voice, "Rockaaaaa! Where are you?"

Not the water from her eyes again. One time, she found me in the trash. She dug through the banana peels, pizza crusts, eggshells, milk cartons, and crumpled dirty napkins that had pink gum. I could hear the water dripping down her eyes, as she searched.

"I am going to throw away all your dumb toys. Puro cochinero!" Parita is pink, squishy, and has a red heart on her left side hip. Robyn has a green squared patterned shell and a yellow mellow face. Neither were made like I was. I'm not a stuffed animal.

The father's shouts got louder, "Stop looking for that stupid rock. It belongs in the trash. Es basura."

She takes me out of the trash, looks at me, and wipes the ketchup stain from my eye.

"It's not a rock, it's Rocka."

THE NEXT STOP IS LINCONLN/CYPRESS STATION.

My back rubbed against the floor ridges. She heard my friction with the train floor and ran to me as the train made the stop.

PLEASE STAND CLEAR THE DOORS ARE CLOSING

MANTENGANSE ALEJEDOS LAS PUERTAS ESTAN POR CERRAR.

Home to Our River

William Duenckel

Part I - River's Mouth

Life

without with

choice desire hope

leaves satisfies shares gives

a hunger a hunger a hunger a hunger a hunger

to devour to process to prevent to honor

our another every

future past

death

Part II - River's Three Bodies

what we owe	***una a otra***
we reserve the shaded table	sunrise reserves our strength
called by Carmel breeze	before the machines arrive
the table receives	another dawn of careful hands
figs, burrata, rosemary honey	almonds, *cilantro*, apples
someone praises the pairing	recalling a grandmother's recipe
naturally, the meal is photographed	before loading another truck
each plate looking complete	though every row waits.
friends lift bright glasses	our backs answer the sun
sweet refreshment	sweat grows beneath our hats
we toast abundance	sharing the last *tamales*
conversation skims the surface	laughter rooting us together
I search for the right words	trading stories between *lenguas*
the peaches taste alive.	we and the trees survived another Fall
the check disappears discreetly	like wages never do
I carry home	seeds no contract should own.

Part III - River's Heart

Destination Desolation
Wilderness and Us
Resting together side-by-side,
Lake Clyde. Ranger-man doesn't allow fires here
my dear, we're warm together
This is not only our place
Leave no trace.

Measuring our time by what we use together
birds of feather. Stepping in twin,
Everywhere we've been. Why move as yourself
when we could be so much more?
Bodies in space is our revolution.
Now, before Tomorrow is snatched
We're latched. My love, I'm learning from your charm
leave no harm

Sunshine Yellow, High Gloss

Brigitte Bowers

Transportation

Convicts dispatched to penal colonies, such as those sent from England to Australia during the 18th to 19th centuries, were sometimes referred to as transports. Between the late 1700s, when the practice of transporting began, until the 1860s, over two thousand convicted men and women—mostly men—were sent to the colonies, primarily Australia, every year as punishment for their crimes.

According to the common understanding of criminality at the time, these men and women were inherently inferior in both intellect and moral character. It was believed that a direct line could be drawn from a father or mother to an inmate's propensity for thievery and petty criminality, the offenses most often punished by transportation. Proof of the heritable nature of criminality could even be detected in physical traits, in eyes set too close together or in an oddly-shaped skull. In this interpretation of human behavior, trying to reform someone who had run afoul of the law was a futile and foolish endeavor, akin to believing one could permanently alter one's hair color with an application of peroxide. Therefore, transports to Australia were the beneficiaries of mercy since they were banished to a place far away instead of sentenced to the long imprisonment, or worse, that was their natural destiny.

When the practice of transporting began, there were over two hundred crimes which carried a death penalty in London. If you'd stolen a cow from your neighbor, being sentenced to live in Australia was obviously a better fate than being dragged to the gallows. In the late 1780s, Mary

Wade, condemned to hang at the age of eleven for assault and theft, was eventually given a reprieve and sentenced instead to a life of transportation, equivalent to life without parole. Though she went on to bear so many offspring that she became known as the founding mother of Australia, Mary Wade never saw her native country again. The outcome for many transports was similar to Mary's; almost always, once a person became a transport, they would remain banished for life.

Though transportation to Australia three hundred years ago was a physical punishment, being transported is also a metaphor for euphoria, being carried away on a wave of bliss, and saved, even if only temporarily, from the mundane. One can be transported to nirvana or heaven, can achieve transportation by prayer or meditation over hours, weeks, or months. One might also choose to take a shorter route to transportation, finding it in the heat that spreads like warm honey after a quick shot of Jack Daniels, the foggy serenity that wraps around the brain following a long hit from a bong, the peace that glides in and lands after ingesting more than the prescribed dose of Xanax.

There are so many words in English that begin with the prefix trans- that I cannot help but conclude that we humans—or at the very least, we English-speaking humans— are deeply interested in metamorphosis. While we might tend to settle into the comfortable and familiar in our daily lives, we never stop longing for transformation—to be someone else, to be somewhere else, or both. Our preoccupation with physical improvement through surgery, diet, and exercise, or through home remodeling, or any number of makeovers small and large; our desire for exploration

of other continents and landscapes; our tendency to philandering and divorce; our need to believe in an afterlife that is better than the one we experience on Earth—all of these suggest a fathomless, overwhelming desire that can only be assuaged by some kind of change, minor or cataclysmic.

Transport is a word cousin to transcendent, transcendental, transfigure, words which indicate a movement from one shape or place to another, a crossing over to an ideal. Thus to be transported via narcotics or stimulants, possibly the most common method of transformation, is to take a pleasant journey, even though it may be short-lived, even though hours later we might wholly regret having taken the voyage at all.

I have been more than a little familiar with such pleasure-driven cruises during my life, and perhaps this makes me a hypocrite in regards to my own son, whose many experiences with mind transportation led to his actual, physical transportation in the early morning hours of October 12 in 2017. On that morning, driven to despair over my seventeen-year-old son's desire for transformative experiences, I was about to allow two strangers into my child Everett's bedroom, men who would help facilitate his banishment from my home.

These strangers were called transporters and were large and imposing enough that when I first saw them, I thought they might have held side jobs as barroom bouncers, transporters of the drunk and disorderly. I doubted, however, considering their fees – $4500 for this particular transport – that they required a second income. Though I had spoken to them on the phone a few times over the past weeks, we had met in person just minutes before when they pulled their snazzy red Camaro into my driveway on the outskirts of Atwater, a small town in California's Central Valley.

This was not the first time I had, in pre-dawn hours, allowed strangers to take my son away to a place I had seen only in photos on a website, but repeated experiences did nothing to dispel the gnawing feeling that I was a traitor.

When transporting a child to rehab, it is important to achieve the element of surprise, to catch the kid off-balance, and so transporters work in early morning, when it is still dark and when everyone – especially the drug-addled – is at their most vulnerable. At around 1:00 that morning, the two men had arrived at San Francisco International from somewhere in the Midwest, rented the Camaro, and driven over one hundred miles southeast before arriving at our home.

Now, as we stood in the hallway outside my son's room, we commented on the weather – cold for us, not so cold for them – before the transporters got down to business.

"Does he have a knife or gun?" the burliest one, a man of maybe thirty, asked.

The question, indicating as it did the potential of violence, made me briefly reconsider the whole enterprise. But I had spent the past two years terrified, off and on, about all of the dangers Everett's drug use had presented, and the threat of a skirmish between my son and these two men paled in comparison to the other scenarios I could imagine if Everett did not get away from the people and circumstances that had roiled our home for years.

I assured the stranger that my son did not possess a knife or gun, though I wasn't absolutely sure about the knife.

"How do you know?" he asked.

"We don't have guns. Anyway, he's never been violent. It wouldn't occur to him to have a weapon."

"Does he know anything about us coming?" the other man asked. He was a few years younger than his colleague and more slender, though big enough to motivate compliance in someone like my son. "Has he been to rehab before?"

I said that our son had no idea about what was going to happen.

"This is his third time, though," I added, expecting some acknowledgement of this fact as extraordinary or at least unusual. They looked at me, registering no reaction. "Listen, he's five-foot-seven and weighs about 130 pounds. He's not going to try to resist you guys. He isn't violent," I promised, suddenly worried about the kinds of weapons *they* might be carrying.

I opened the door to Everett's room, and for a moment we all stood there, watching him sleep: one long skinny leg resting on top of a twisted down comforter, his arms thrown out to his sides.

I noticed that the strangers were scoping out the room—studying the placement of the window, the dresser and nightstand, the clothes and shoes on the floor. I knew they were thinking about the best way to extract my son if he put up a fight, and I wondered again if I should just send the men away. But I also thought about the time, a few weeks before, when Everett had spent two days in bed in a haze of Xanax and God knows what else, and once again my greatest fear of all flashed through my mind: I would arrive home from work one afternoon and call out Everett's name, and he would not answer. I would go to his room, open the door and find him dead, overdosed on a concoction of prescription drugs stolen from a friend's mother or uncle.

And so, I went to the side of Everett's bed, figuring that, as his mother, I should be the one to get the ball rolling. "Everett, wake up," I whispered, bending close to his ear.

But instead of rousing gently from slumber, he jolted out of sleep, his arms swinging wildly, and clipped me on the mouth.

He glanced around the room, looked from the men to my husband and me, and then he said, "What the fuck. Not again."

"We have to," I said, backing away from the bed.

He rubbed his face. Then he turned around and punched a hole in the wall above his headboard.

"I'm not fucking going," he yelled, his voice pitched high with panic. "You can't make me." He kicked and thrashed in an effort to fend off anyone who might draw near. "Fuck you guys," he yelled. "I'm gonna fuck up anyone who touches me."

This was not the kind of behavior I had led the transporters to expect, but they did not seem surprised.

Transporters advise parents to say goodbye to their child and leave the house quickly. We were supposed to bring out his packed belongings and take off, driving around town until one of them called to tell us all was clear and that we could return home. For weeks before that morning, I had been shopping for clothes and items suitable for where Everett was headed, packing a duffle bag when Everett wasn't around and hiding it before he got home. It had been difficult to find what he would need at his rehabilitation home. In the Central Valley, winter temperatures average in the 50s and most people are still walking around in shorts and flip-flops in October. Everett was headed to a place called Wilderness Treatment Center in northwest Montana, about thirty miles from Glacier National Park, where he would encounter sub-zero temperatures for the first time in his life.

I brought out the duffle bag and put it in the entryway of our house.

And then we left, abdicating the well-being of our son to men we had known for no more than twenty minutes.

Transformation 1

One hundred and fourteen words. That's the number of entries I found that begin with the Latin prefix trans- in my old Random House Webster's 1997 edition, though in some places I counted the various forms of a word when they appeared as separate entries and in some other places I did not, as I could not make up my mind whether I wanted to count all of the entries, including transmutation and transmute, transfuse and transfusion, since shades of meaning vary with different forms of the same word. For example, the nouns transmutation and transfusion suggest a conversion that has already been completed, a fait accompli, whereas the verbs transmute and transfuse refer to something underway but not yet finished, and so in the verb form the equal possibilities of success and failure hang in the air.

As I scanned the columns of words in my old Random House, I did not count proper nouns, though my index finger hovered for a while over Transcaucasia, a region south of the Caucasus Mountains, which lies between the Black and Caspian seas. I could not find Transcaucasia on my globe, which is even older than my dictionary and thus holds fast to obsolete names like Burma and Rangoon and Soviet Union but also includes useful details like the railway that transects the United States from east to west. But I did find the region south of the Caucasus Mountains that comprise the northern border of Transcaucasia, an area of approximately 72,000 square miles including Iran, Turkey, and Georgia, which served as the route for migration between Europe and the Middle East, homes to cultures vastly different from each other and yet also

interdependent. Best of all, Transcaucasia is the place where wine was first made, around 6,000 B.C.E. According to an article titled "Early Neolithic Wine of Georgia in the South Caucasus," wine as a "social lubricant" and "mind-altering substance" was central to the religion, medicine, and economy of the region, confirmation that figuring out a way to soften reality has long been essential to the human condition.

When looking for a recovery home, a parent often begins with an online search. The home pages for teen recovery facilities feature kids that might have come right out of Mayberry; the photos depict rock climbing, horseback riding, and other wholesome activities a parent might dream of for their child. Accompanying the photo montages are captions of testimonials from satisfied parents. *Thank you for bringing back my child as he used to be*, many testimonials state, and in this sense recovery homes for teens promise not transformation, not even a moving forward, but a pedaling backward, a resetting of the clock to a time before the troubles began, as though the pre-adolescent child is the best version of your hell-raising teen, as if the child who existed before the teen was not already primed to become the addicted teen, as if the teen version happened suddenly and without pretext.

Transparency

When a parent is faced with a child who has gone off the rails, it is natural to attempt to trace the origins of the child's trajectory, to find the turning point that marked the beginning of the struggles to come. I knew I should have, early on, seen the clues—the little social difficulties for Everett that would lead to the drug abuse on the horizon. In fact, I did see them from the beginning. There was an outsider status that clung

to Everett from his early years, a tendency to not quite fit in that I recognized because I had been the same as a girl and teenager, am still often the odd one in any given group, the one prone to saying the wrong thing, wearing the unfashionable clothes, embracing the unpopular ideas. That awkwardness, that isolation, led to my own wild ride during my teens, when the only people with whom I felt a sense of ease were people like myself, unhappy kids who spent their days ditching school and getting high while always longing to be more like someone, anyone, else.

I wanted desperately to believe that I had given my children the kind of stable, grounded childhood that might lead to the social acceptance I was unable to obtain during my own adolescence. I did everything different from my parents, or thought I had, so that my kids would get good grades, play sports, join clubs, go to dances, and get lots of signatures in their yearbooks. For one child, my eldest son, my parenting did create the kind of kid I once wanted to be. Casey was popular, well-adjusted, and senior class valedictorian. But Everett suffered all the anxieties I had in my own teen years. And like me, he turned to drugs to soften his world. The difference, though, was that the drugs I used to escape in the 1970s – acid, weed, downers, uppers – seemed in 2017 to have turned into drugs that could get a kid killed a lot faster and easier than the ones I had known.

I did attend to Everett's problems at school. On the advice of teachers and administrators, I enlisted the help of experts. Over a period of about eight years, Everett and I went to see a mind-boggling array of psychiatrists, psychologists, and licensed clinical social workers, usually once every week. My husband Matt and I had adopted Everett when he was an infant, and according to one psychologist who did not seem to like Everett very much, his status as an adopted child was the sole reason for

our son's difficulties.

The best psychologist, and the longest-standing one, was Jim Williamson, a very kind man who did not take such a simplistic view of Everett's circumstances. Jim's office was in a bland stucco building off the main thoroughfare of our town. During a four-year span, beginning when he was eight, Everett met with Jim while I sat in a tiny reception room, reading. Sometimes Jim called me into his office first, leaving Everett in the waiting room to wonder what I might be saying about him; sinking into the old sagging couch, Everett never flipped through the back editions of Highlights that Jim kept in a basket by the door. Sometimes he picked up NatGeo Kids and examined photographs of volcanoes or read a paragraph or two about leopards, but mostly he just sat and waited, biting his cuticles and staring at the floor.

"Did you have a good talk?" I always asked after Everett's sessions, when we were once again in the car.

"Yeah," he always answered.

"Do you want to share with me what you talked about?" I sometimes pushed, because I could not help myself.

"We didn't really talk about anything," was the inevitable answer, mumbled as Everett gazed out the window at the wilting oleanders and derelict storefronts of Main Street.

The sessions with Jim were on Fridays and we usually followed them up with a trip to Foster's Freeze, where we ate chicken strips and French fries in the dining room during winter and chocolate-dipped cones on benches under a live oak in summer.

"That's a cool car," Everett said on one such Friday afternoon, nodding toward a Charger parked nearby.

"What makes it cool?" I asked, wrapping napkins around my cone.

"It has a 650 horsepower V8 and can go 0-60 in four seconds, with top speeds of 200 MPH," he answered, as I nodded and pretended to care. "Jeff Gomez's mom has one, and she's giving it to Jeff when he turns sixteen."

"Geez, who needs to go 200 miles per hour?" I commented, envious that Jeff's mother had been designated cool by my son's classmates.

Though Everett had problems during those early years in school, fighting was not one of them. He had friends, and was usually respectful to teachers, secretaries, and administrators. But in kindergarten he sometimes hid under the crafts table and refused to come out. When his teacher, Mrs. Garcia, tried to take him to the principal, he resisted, kicking and screaming, not at her but at the wide world around him—the air, the concrete, the door to the office.

"Sometimes I stay up at night worrying about your son," Mrs. Garcia told me once.

"I'm so sorry," I answered.

But Mrs. Garcia was a good teacher, and all that year she searched for opportunities to praise Everett. In the last month of his kindergarten year, Everett received the only Character Counts award he was to receive for all his years in elementary school. It was the Perseverance Award, given by Mrs. Garcia for a quality that I suspected was due more to obstinance than effort in the face of adversity, but it was an award nevertheless. For six years after, each year passed without Everett receiving another character award, which meant that some student in his class must have received one twice. After all, the awards were given over ten months to two students each month, and each class had only twenty students.

Still, though, Everett did not eat alone at lunch and he did not wander

the playground at recess, looking in vain for companions. I took this as a sign that he was, on the whole, okay. In any case, I could not force his teachers to give my son an award just because doing so would be kind and might improve his self-esteem. Looking back, I wonder if this was the turning point, the moment when I might have been more assertive on my son's behalf, scheduled a meeting with the school counselor or principal, mentioned to them that my son was overlooked every year for an award that every other student seemed to receive.

I might also have intervened on my son's behalf when, in first grade, Everett was assigned a teacher who was known for disliking boys, a rumor I did not believe until our first teacher-parent conference.

"You must be Everett's mother," she said to me as I crossed the threshold of her room. "Your son is a pig." And to prove this, she opened his desk to reveal a tangle of crumpled paper, loose crayons, and pencils stubs.

"I'll talk to him about that," I said.

The rest of the conference went downhill from there.

I attributed her dislike of my son to her disdain for boys in general, but still I wondered if it was my boy whom she detested most, out of all the other possible choices in her class.

In eighth grade, Everett made the basketball team but played only one game that season because he failed to meet minimum grade requirements. In high school, he decided to play water polo, following in his brother's footsteps, but again played only one game in his freshman and sophomore years, consistently unable to make grades. By 2016, his junior year, he had given up on sports and we had enrolled him in the district's alternative high school. By the third week before Christmas of that year, my husband and I were arranging for Everett's first transport to a rehab

house.

There are so many places I faltered, so many reasons to lay the blame at my feet for Everett's failure in school and his subsequent addiction, but the one starting point I go back to again and again was during Everett's days at Buhach Discovery Center, a preschool in a building that had once housed a K-8 school back in the 19th century. He was slightly chubby in those days in the way that is charming in very young kids, and I dressed him in Levi's patched at the knees, sweatshirts, and cowboy boots. His hair was cut short and spiked with gel, and the effect overall was of a child whose parents hoped to raise a nonconformist (once, the director of the school had described Everett as a rebel, and I took it as a compliment). The critical moment, the one in which I might have done the correct thing but did not, was the time Everett was disciplined for bringing a forbidden toy to class. It was a car that fit into the palm of his hand, and so the day after he'd been disciplined, when I pulled into the parking lot of the school and saw he again had the car, I told him to put it in his pocket where it could not be detected.

"Just keep it there," I told him. "It'll be our secret."

I did this because I did not particularly like his preschool teacher, a woman with aggressively bad grammar and a depressing litany of physical woes which she was too pleased to share with anyone who would listen, and because I did not think that keeping a toy in his pocket was significant criminal behavior. But perhaps this was the moment when my lax parenting began to take shape. Every time I go back to that particular morning, standing in the parking lot on the brink of making a decision to support authority or not, I wonder if things might have turned out differently if I had sided with the preschool teacher.

Transformation 2

Our son's first rehabilitation home was in Southern California, known as the Rehab Riviera of the state. It is impossible to discern exactly how many recovery homes exist in California because they open, close, and relocate frequently. There are at least 1,000 drug and alcohol recovery centers in the Los Angeles area, but only a few for teens in Northern California, and the Northern California centers were full when we began our search. In 2016, there were no rehab teen centers at all in Central California, and so our son ended up at Newport Academy in Orange County, a six-hour drive from our home if traffic is moving smoothly, a circumstance which I have yet to experience on an LA freeway.

Southern California is a mecca for recovering addicts for a variety of reasons, but one of the most troubling is a possible lack of administrative attention. In 2016, when my son first entered a home in the Rehab Riviera, government oversight of about 2,000 treatment facilities for teens and adults in the state was left to a team of sixteen investigators who operated out of Sacramento, 385 miles north of Los Angeles.

We noticed early on that our son's rehab home was scrimping on classroom costs. While Newport claimed in 2016 to offer an accredited education to prevent their clients from falling too far behind in school, they did not employ credentialed teachers or guarantee any actual classroom instruction. Instead, they hired tutors to monitor students who plunked away at computer keyboards for three hours a day. I eventually learned that Newport had a contract with Advantages School International, a private for-profit school which operated out of Reno, Nevada. Later, when our son returned home and registered at a local public high school, we found that he had earned no transferrable credit during his time at Newport.

While our experience was that the food in the homes our son lived in was passable, the cooking was mostly done by residents and meals consisted of small portions with no second servings. This was not a problem for Everett, as he has never been a robust eater, but it does suggest that rehab homes are also keeping costs down in the kitchen.

I can provide only a rough estimate of profits at Newport, starting with the $45,000 monthly fee billed to our insurance company. My son lived with eight to ten other boys in a home divided into two wings, with approximately the same number of girls in the other wing. Newport operated two homes that we knew of in Orange, with about seven boys in the second home. This meant that, if Newport was operating at full capacity and receiving full payment from insurance companies, it was taking in a gross revenue of $1,215,000 per month. I no longer have documentation of what HealthNet actually paid Newport for Everett's stay, but even if Newport was getting only half of what they billed insurance companies, they were grossing over $7,000,000 a year for their two homes in Orange. Everett's last facility, after three months in the Montana home, was Sustain Recovery, also in Orange County, and also offering the same services at roughly the same price as Newport, though Sustain seemed to operate on an even more restrictive budget and went through three lead counselors in the three months my son lived there. At Sustain, the clients lived in a lavish home with travertine floors in an exclusive neighborhood, but the main form of treatment seemed to be taking the kids to AA meetings at various locations in the area. We went to those meetings, too, when we visited Everett, and I noticed something interesting at every meeting: when the donation can was passed around, everyone dropped something into it, except for the owner of Sustain, who always skipped out right before the can came down her row.

The house our son found himself in at Newport was at the top of a hill, on a bluff overlooking an expansive view of the city. It was possible to sit on the patio by the pool in the evening and watch the nightly Disneyland fireworks display. The kitchen appliances were Wolf, the bathrooms large and well-appointed. It was so luxurious that I could not help but fantasize about living there myself one day, but because the house was on a bluff and hemmed in by dry grass and eucalyptus trees, I also worried about mudslides and catastrophic fires during the months my son lived there.

At Newport, counselors called us once every week for FaceTime sessions. These meetings were always scheduled for 4:30, timed to coincide with the moment my husband arrived home from work. (When paying a monthly fee of $45,000, a parent might reasonably expect rehabilitation counselors to stay around after 5:00, but this turned out not to be the case.) On session days, I arrived home earlier than my husband. This gave me time to stage our home in a way that might convey the stability and happiness of our family. I made sure our dogs were around. On cold days, I arranged for us to sit in front of a crackling fire. On warm days, I positioned Adirondack chairs by the pool. I could not shake the need to deflect blame for our son's predicament to some place other than our home, and I hoped the counselor on the other end of the call would notice our neat, cheerful home and conclude that we were good parents.

Newport, like all its counterparts that we experienced during our son's two years in rehabilitation, is a twelve-step program. This means that recovery depends upon accepting a higher power, one that is not necessarily a Judeo-Christian god, though every single staff member we met in such homes did claim to embrace a belief in God and Jesus. My husband and I raised our children as atheists, unable to foresee the day when Everett would become addicted to narcotics and a belief in a beneficent

god would be a welcome convenience. Still, by the time we found ourselves involved with Newport Academy, we had bought into any concept which might help our son. Once I felt required to do so, I tried to accept the notion of a personal higher power as long as I didn't have to commit long-term to one, and so during our first visit while Everett was at Newport, I broached the subject of the famous Second Step: *I came to believe that a power greater than myself can restore me to sanity.*

"How are you handling that step?" I asked him. "What's your higher power?"

"The ocean," he replied immediately, as though he had rehearsed an answer precisely for this moment. I studied him. He looked back at me, the features of his thin face implacable, and I understood that he did not really embrace the second step but that he had decided to go along with the program nevertheless. Though I would not have admitted it then, I was already losing faith in Newport Academy, with its multi-million-dollar properties and reliance on a god that did not exist.

But also, as the days crept by during that first bout of rehabilitation, something miraculous seemed to happen. After all the years with teachers who refused to grant my son a Character Counts award, we had been blessed with the adults at Newport, who liked our son. In fact, they admired him. They could not believe how well he was doing, how readily he had adjusted to their twelve-step program and counseling sessions.

Jon, Everett's lead counselor at Newport, was a man who dressed in pressed khakis, Oxford button-downs, and Sperry loafers. He was a trim and neat specimen of the upper class, a Wasp who could have appeared on the pages of Town & Country in an advertisement for Absolut vodka. He drove a pearl-white Lexus and once mentioned to us that he lived nearby, which meant that he probably had private stables and an Olym-

pic-size pool in his backyard.

A protocol of teen recovery is that parents aren't allowed to talk to their kids for the initial four weeks, so we had no idea how Everett was doing when we saw him for the first time at Newport—the same week Everett claimed to worship the ocean. Jon, though, had glowing things to say about our son.

"No kid has ever done so well, so quickly, before," Jon told us during our in-person session. "I hope it's not just an act."

And after another four weeks, Jon was convinced our son was not acting, that he was in fact making remarkable, authentic progress. "We're making him a group leader," he told us, and my heart soared. My son was a success. He had leadership qualities. Everyone, adults and peers alike, looked up to him as a model of sobriety. While the other kids at Newport had been causing all kinds of problems—two kids broke out and fled in the night, another kicked in the windshield of his parents' car during a visit, another refused to talk to anyone—our son was engaged in a rational, calm acceptance of his plight. He was a recovery star.

However, in the world of insurance-financed recovery, success presents problems. So does failure. In fact, Joseph Heller himself might have written the manual that guides insurance payouts for teens in $45,000 per month recovery homes. Our insurance company, HealthNet, reasoned that if after a month Everett was doing well, then he had achieved Newport's objective and no longer needed recovery. However, if he wasn't doing well, then he wasn't responding to treatment, which meant that Newport was not offering an effective program—and they weren't going to pay for something that wasn't producing results. We were never told, exactly, how success and failure were assessed by insurance companies, though I did receive calls from HealthNet representatives throughout

Everett's time at Newport. The questions they asked were more personal than I expected, and sometimes I could almost believe I was talking to a sympathetic counselor, though I was in fact talking to someone looking for a reason to deny coverage for my son's rehabilitation.

What we quickly learned was that teen recovery homes, motivated by the potential for immense profit, must report a balance of success and failure to maximize the recovery time an insurance company will tolerate. That recovery time is usually three months, which was exactly, to the day, the time our son stayed at Newport during his first round of treatment. After three months, Everett's counselor told us he was ready to come home, even though any logical individual could reason that ninety days was not enough time to reverse years of substance abuse, even in the youngest of addicts.

Recovery home employees are fond of rituals. They never summarily dismiss their clients; instead, they conduct rite-of-passage ceremonies, usually involving sitting in a circle and listening to other people make up nice things to say about the departing addict.

(In one version of a discharge ritual, a rock is passed around a group and each person holding the rock talks of putting something into it which might serve to guide the recovered teen as he ventures into the next phase of his life. *I put love into this rock*, someone always proclaims, *so you will always know that we love you*. And then, of course, the rock is gifted to the lucky kid who will soon find himself set loose in the world, eating out of his own kitchen and showering in his own bathroom once again. Everett once had two such rocks.)

At Newport, residents and staff wrote these nice things down in a makeshift booklet and then sat in a circle and read what they'd written.

As we watched on FaceTime from our home in Atwater, I was overwhelmed with gratitude because I had never before heard so many compliments about my son. The next day, Newport put Everett on Amtrak, homeward bound. When I picked him up at the station, he carried a duffle bag overflowing with dirty clothes. I hugged him, and I was immediately aware that he hadn't bathed for a while, and I worried that his fellow travelers might have thought he was homeless. Maybe they had even moved away from him when he sat nearby. I felt an overpowering anger at Newport for sending my son home in such a condition, but that didn't prevent me from sending him to Newport again, only six weeks later, when it was obvious that Jon's earliest instinct – that Everett might be faking his recovery – was correct.

Transplant

It was around this time that my husband and I put into motion a plan to sell our home. We reasoned that perhaps another setting, though we would move only ten miles to the next town, might help Everett maintain his sobriety once he returned home. We'd been in our house for twenty-six years by then; our home had some of the deferred maintenance associated with a long habitation, and so we set about making repairs. We tore down an old fence and built a new one. We laid new flooring in the bedrooms. We decluttered. We debated about whether we should take a doorframe with us, one marked with penciled lines and numbers commemorating our sons' growth over several decades—feet and inches, months and years, to mark their journeys into adulthood.

When our real estate agent Linda came to inspect our progress, she was mostly impressed. But then she paused in the hallway, her disapproval clear as she squinted at the walls. "Too bad hallways are always so dark,"

she told me, as if speaking about hallways in general instead of our hallway in particular. "Sometimes people paint them to brighten them up a bit."

And so, in preparation for our listing, I began brightening up the hallway. First, I scrubbed and painted the baseboards. Then I removed the framed silkscreen that covered the hole Everett made the evening he went into a blind rage and threw his television across his bedroom, upended his dresser, and slammed his fist into the wall as he strode out of the house. We had about six or so such holes in our walls, but this one was the largest and had never been correctly repaired.

I sanded down the old spackle, applied new spackle, and painted the hallway. I was finished when Matt got home from work.

"Wow. It's yellow. Especially when you turn on the light," he said.

"It's called sunshine yellow," I said. "I think it's cheerful."

"Is that high gloss?" he asked.

"Yep. It'll be easy to wipe clean."

We stood together, surveying the wall.

"You can still see where the hole was," Matt said.

"I know," I said.

"It's alright," he said. "You have to look hard to see it."

We could never decide what to do with the doorframe, and so in the end we left it behind.

Transformation 3

After his first stint at rehab failed, I began to convince myself that transformation can be authentic, even when it is also temporary. Surely, we can say that we have been transformed for a little while, even when the transformation is short-lived. And can't an impermanent alteration still

have some small lasting benefit? At the same time, maybe recovery itself is contrary to human nature—a monstrous façade that can never take up lasting residence in an honest person.

Experts have long been aware of the heritable nature of addiction, in the passing along of obsessive personality traits manifested in uncontrollable urges to drink, snort, eat, gamble away entire paychecks, shoot up, smoke to excess. The prevailing theme of AA is that an addict is always an addict; they can hope to achieve at best only an iron-willed obeyance of their inherent nature. Addicts are sometimes in recovery, sometimes inactive (like dormant volcanoes that might blow at any minute), but nevertheless addicts until the day they die.

We sent Everett away for the first time in the early part of his junior year. He missed all the high school rites of passage: proms, dances, basketball and football games. His fate as an outsider at school was sealed forever, by us, and now I cannot help but think what might have happened if we had not sent him away and had instead just allowed him to be. Within a two-year timeframe, Everett was gone from our home for thirteen months, spending a total of six months at Newport, four months at Wilderness Treatment Center in Montana (a facility that was later sued by parents who complained that WTC did not provide the recovery it promised), and three months at Sustain. At each recovery home, our insurance was billed at about the same rate, resulting in billed fees of $585,000 for treatment that most people would agree produced little in the way of noticeable success.

For years after his last stint in recovery, our son continued to live many days in a THC-induced haze, and I counted our family lucky because at least he wasn't taking Xanax or other depressants. We stopped sending him to recovery homes because he turned eighteen, and because we

finally understood that nothing we or anyone else could do would make our son sober. But despite his reliance on marijuana, Everett eventually finished his high school diploma, graduated from a trade school, and became a reliable and valued employee. He acquired a girlfriend whom he loves, and together, more than a year after they first met, they are forging a future for themselves. Occasionally, Everett vows to quit smoking weed, but when he stops smoking for a few days, he suffers from nausea and vomiting, and his ambitions of sobriety are always short-lived.

Often, I think about the deep betrayal my son must have felt when he was awakened in the early morning hours by strangers brought into his room by his mother and father. *I'll fuck you up*, he told them, but we found out later that instead of fighting he had tried to run, that the transporters had tackled and handcuffed him, and that it wasn't until two hours later, when they were close to San Francisco International Airport, that they removed the cuffs.

What might he have feared, this child who was left behind as an infant and then sent away as a teen, more than once, by his adoptive mother and father? When he needed us the most, when he displayed in the most urgent and visceral way his need for our attention, we passed our responsibilities to strangers, and there is nothing I can do now to make that right.

But I also think about the kids Everett knew in school who could not be sent away to rehab because their parents did not have the kind of health insurance that would pay for it. I ran into one of those kids recently at the small local lake where my husband and I run a summer youth sailing program. A young man walked up to me, my husband leading the way, as I stood on the docks looking out at the lake. "Remember this kid?" my

husband said.

"I spent a lot of time at your house growing up," the young man said. He was a little heavy, with longish curly hair and a pleasant, open expression.

I studied his face, looking for something familiar, and then I saw the boy I'd known a decade before.

"It's Chris!" he said.

"Oh, of course!" I replied. "It's good to see you. How are you?"

"I'm doing good," he answered. "I got a welding certificate and I work full-time at the industrial park."

We discussed his welding job and his plans for advancement by learning fabrication and moving someplace where more jobs might be available.

"I still hit up Everett sometimes," he said.

I knew this to be somewhat true, though Everett informed me long ago that he does not respond to Chris's texts. "That guy is someone I need to stay away from," he told me the last time Chris came up in conversation.

"Everett's got a good job as a mechanic now," I said. "And the same girlfriend for over a year. He's doing well. I think he's happy." I paused. "He does smoke a little more than he should, but no hard drugs."

Chris nodded. "Me, too," he said, laughing. "But not the other stuff."

For a long time, Chris made his income by selling cocaine and methamphetamine; I figured that the next time I'd hear anything about him, it would be news of him serving time in a state prison somewhere.

"I'm really happy you're doing so well," I said. "You got your shit together."

Chris smiled. "Yep, I finally did."

We talked about sailing a little—he was at the lake to sail with a young

man, Patrick, who had recently joined our sailing club. I asked about Chris's mother and his siblings, and then it seemed we had run out of things to say to each other.

"Well, have fun sailing," I said.

Chris did not leave. He looked out at the water, then at me. "I just kind of wanted to say that I really admired you and Matt when I was a kid. You were good parents."

"Oh, I don't know about that. We made some mistakes."

"No, you didn't," Chris said. "You were good parents. You really cared. I always thought so. You were a good mom. Always around, always steady."

"Well, thanks," I said. "It's been really good to see you."

I watched Chris as he made his way down the dock to the boat where Partick and his friends were waiting, as he guided the boat and pushed it off, jumping on. They sailed out of the marina and headed out into the open water of the lake.

Transcaucasia: Between the Black and Caspian Seas

The Black Sea was once known for its tumultuous waters and the violent tribes who inhabited its regions. It is surrounded by mountains, and much of its shores are rocky and steep. At one time part of the Mediterranean, the Black Sea eventually became disconnected.

The Caspian Sea is not a sea at all but a lake – the largest salt lake on Earth – with water levels that have fluctuated dramatically over its lifespan. The Caspian's shores are mostly sandy and flat, and therefore popular with tourists.

The two seas began to separate about 14,000,000 years ago. Now, Transcaucasia lies between them, the Caspian to the east, the Black Sea

to the west. Though both bodies began their lives together, the land that now separates them is vast, complex, difficult to traverse, and the two will never be joined again, no matter how long Earth survives. And yet they will always be part of the same body of water.

Sometimes separations are so cataclysmic they cannot be bridged, no matter how earnest we are in our efforts to unite the two sides. I think there will always be a ragged space between us, one created by those years of forced separation, but there will also always be one essential thing that connects us—our desire for escape, for transportation to another reality. I think that now, Everett forgives me for sending him away, but if I could do it over again, I would keep him at home.

Amelia Bedelia Finally Dies

Brigitte Bowers

I am checking in at my doctor's office for my annual Medicare screening, something I have delayed since my retirement a few years ago. A young woman, a medical assistant in her early twenties, takes my weight and walks me down a long beige, fluorescent-lit hallway toward an exam room. The assistant has jet black hair, braided, coiled and pinned into a bun. I compliment her on the scrubs she is wearing—the top is Mickey Mouse-themed, but just Mickey's hands and feet. A disembodied Mickey, but still cheerful enough if I don't overthink it. As she updates my medical history, we chat.

"I love your hair," she says. "I love the color."

I am not sure if she feels compelled to compliment me because I've complimented her, and for a second I think about the protracted cycle of flattery we might be embarking upon. "Thank you," I tell her. "That's nice of you."

Our conversation drifts into whether going gray is a good choice.

"I started getting gray hair when I was young," I say. "Genetic."

"Oh, I have gray hair, too. But I dye it black."

"It's very freeing to stop dying it," I say. "I did it around the time I retired because my husband and I wanted to take long trips and I didn't want to worry about my hair. But you're too young to go gray."

"I think I'm going to stop dying mine," she says. It sounds like a decision she is just now making.

"You'll be happy when you do it."

She begins to ask me all the questions I noticed medical professionals

started asking me about three or four years ago. They are about the likelihood of me tripping over a rug and falling and a fire breaking out but the fire alarms not going off because I am too old to maintain them, and then I die from smoke inhalation, lying there on the floor, unable to get up, while the house bursts into flames and rescue arrives too late. Another question raises the specter of me dying from monoxide poisoning because I am too aged and befuddled to remember to check the detector's batteries and in that scenario I die in my sleep, no one noticing my absence because I am in my declining years and my loved ones no longer visit me, and then a neighbor reports an odor coming from my home which leads to a welfare check and a gruesome discovery. The assistant enquires about my bathtub, which suggests I will die by showering because I am too forgetful to lay down a slip-free mat and I will hit my head on the way down and will be found days later, the shower still running. There are so, so many questions about safety and the doom lurking in my seemingly benign home, and I have answered them two times already: once on a form I submitted days ago online and once on paper out in the waiting room only minutes ago. And now I am answering the same questions once more here in person. So we don't talk about hair anymore because we are busy talking about all the ways I must be careful now that I am infirm enough for my home to be a disaster zone.

The calamitous possibilities remind me of Amelia Bedelia, a beloved character from children's fiction who was employed to clean houses and was prone to creating disasters, always just one step away from being fired for her general stupidity and incompetence, except in this version of the story Amelia is a senior citizen who will die from her misunderstanding of how houses work.

And then it occurs to me that maybe the assistant is trying to catch me

in a lie, like a detective in a television police drama, the part when the cops try to trip up a suspect by asking the same questions multiple times to catch contradictions. "You know, I've answered all of these questions before," I finally say. "Twice."

She pauses for a moment, writes something on her tablet. I can tell that we are finished. But the kind assistant has not forgotten about hair, apparently, because now that we are done covering all the ways I might perish from my old-person carelessness, she says, "I hope I have hair just like yours when I get old, too."

It isn't intended as a backhanded compliment. It's just an honest, gracious observation from someone too young to think carefully about her words. And I reflect that, when my house finally attacks me and does me in, at least I will have nice hair when my body is discovered

Earlobes

Zoe Adams

When did my earlobes get so big? In the mirror is a square face not associated with anything particularly important. It is, however, very old. There are crevice-like wrinkles sprouting from all over. Crow's feet I think they're called? Got those. Laugh lines? Plenty. That makes me smile; I must smile a lot, I think to myself.

I look down from the face in front of me to the more familiar tap. Left for hot. Running my hand under the stream for a moment, I test the temperature. Still cool, but I splash my face with it anyway. Comb just north of the sink. I brush my hair to the usual 60:40 split. Shaving cream at 3 o'clock. I spread the foam evenly on worn skin, grabbing the razor (4 o'clock) and running it over each cheek in short, downward strokes. How long have I been doing this? Lost in thought, I hardly notice when the sink is tinged with pink splotches. I can't even find the cut, but oh well. Another rinse and I dry myself off, thinking I look a bit more like someone I might recognize.

When I step out of the bathroom, it's cold. Why do they make bedrooms with hardwood floors? Slippers, I need slippers. Scanning the room, I see a pair by my bedside. I scuffle over quickly and get them on my feet. What next ... coffee. No, clothes. No, coffee. Junie should be up, and she needs coffee.

Within minutes, the coffee machine is alive, and I go to get the cups. One, white with the chipped handle. Two, cream with the chipped lip. That one is mine. Note to self: ~~fix mugs~~ get new mugs. Junie's cup is

filled first with liquid gold. A heavy pour of cream and a heavier dollop of sugar. I leave it on the counter for her, but it's strange that she hasn't already found her way to the kitchen. Forty-nine years of marriage, and she still finds ways to surprise me. In the meantime, I fill my own cup. Straight black. What comes next? Clothes. After a big sip from my cup, I place it down and head back to the bedroom. Socks in the top drawer. Plain white undershirts in the one underneath. Button-ups and pants in the closet. Were these always so wrinkled? Oh well, they're clothes, and it's Sunday. At least it feels like a Sunday.

Clothes done. Coffee again. Where did I leave that coffee? As I start to look around the room, I hear the doorbell ring.

I shuffle to the door and peer through the peephole to see a gentleman who looks vaguely familiar. He's got sandy hair and a square face. He seems friendly enough. Must be my neighbor. I open the door with a smile.

"Hi there. How can I help you?" I ask leaning in the doorway.

"Hi Dad. Can I come in?"

Dad? I must make a face, cause the man in front of me frowns.

"Oh. You don't remember again ..." He sounds disappointed.

Again though? This man must be awfully confused.

"I think you might have the wrong house, but if you'd like you can borrow the phone." I turn around for a moment and call out to my wife, "Junie! We have a neighbor over! Can you grab the phone?"

The man flinches when I say Junie's name. He looks like he might cry, and we stand there awkwardly when there's no response.

I holler again, "Junie!"

Nothing.

"Well, why don't you just come in for a moment, and we'll get the stuff

with your pops sorted, alright?" I offer.

He gives a small half-smile and a nod. As he crosses the threshold in front of me, I can't help but think something about him looks familiar. I stare at the back of his head. Not the hair.

We sit down at the kitchen table. He takes a deep breath in and starts, "I'm sorry I called you dad back there...you just look a lot like him."

Why does this man seem so familiar?

"Tell me about him," I reply, scanning his face to see if anything might jog my memory.

"Well, he's a good guy. In his 70s nowadays."

Not the eyes.

"He retired about 10 years ago, but he used to be a car salesman. Taught me everything I know about cars."

Not the nose.

"He lost his wife, or I guess I lost my mom, about 5 years ago. He hasn't quite been the same since."

Not the mouth.

"He recently got diagnosed with dementia too, and I've been trying to take care of him more these days. It's hard though."

Hmm.

"I just ... I just miss him ..."

The earlobes maybe? What am I talking about? Who has familiar earlobes? I focus back in on our conversation.

"Well, we'll help you find him," I say, "In the meantime, would you like some coffee? I haven't made my morning batch yet."

Tai Chi Fish (2021). Wood engraving.

Chloe Atreya

Nocturne

Elaha Noori

oh, please do join me!
  let us pause here together—
    a small, shared interlude
      before the rush calls us away

step lightly into the water's edge,
  and wade with me in the moonlight,
    allowing the gentle hymn of the dark
      bring calm to your racing heart

here, under the moon's watchful eye,
  we are quiet companions,
    basking in the night's embrace,
      two wanderers immersed in its silver cascade

how funny life whispers its richest secrets
  in fleeting moments like this,
    tiny miracles that remind us
      the beauty in the simple act of being

there is lots to do tomorrow,
  big journeys to embark,
    and upon the eve of new adventures,
      it seems quite foolish to be still

but for now, as the night sways around us,
  a slow-burning tune—
    let us be lost in the water,
      let us be lost in the moon

lines written on a summer's day by the coast

Elaha Noori

there it is!
that familiar symphony of sorrow,
to which you and I have danced many a time before.
today it plays as the birds chirp their sunrise song,
and it interweaves notes with the lullaby of the tides.

the sun seems to only shine brighter upon its arrival,
the trees flutter their leaves in humble greeting,
and the night—God, the night!
with its cobalt sky spotted with stars
glows all the brighter as the tune reaches a crescendo.

how can it be that the world continues with its allure,
while the high fever of despair afflicts you?
further tightening the knots in your chest,
its reach as high as the mountains, as vast as the sea.
it seems not fair for all else to have escaped its grasp.

have you considered, however,
perhaps it is an act of courage for the birds, the tides, the sun
to continue their worldly duties despite their own circumstance?
and perhaps you do not realize you have carried on
all those times, and you do now still.

you are no less than the others in the universe,
expertly crafted in your own beauty and intrigue.
the vastness of life does not exclude you nor does it take from you,
so allow yourself to be a part of the world relentlessly
while you are still in it.

allow yourself the mercy of mortality,
with all its pangs of agony.
introduce yourself to the sunshine,
thank the birds and tides for their song,
meet the gaze of the stars as they shine upon you.

so if the earth upon its axis still turns,
and birds flock high in the sky,
then you and I too shall remain steadfast
amidst our heart's softest cries.

What Keeps

Arman Danesh

As the evaluation concluded, the mother, positioned beside the bed, thanked the psychiatrist for helping her daughter.

Before the silence could settle, she thanked him again and asked one more question, careful not to sound demanding. Then another. Each one was framed gently, almost apologetically. She studied his responses, trying to decide whether she still had time.

She wasn't asking him to change his decision. She was asking him to stay with it a moment longer. To confirm it.

He answered patiently, even as his responses grew more concise. He reminded her of warning signs, of when to return. He did not promise safety.

She nodded, absorbing what she could, already rehearsing the night ahead.

Relief came when hospitalization was ruled out. Wanting help did not mean wanting to give her daughter away. But when the doctor finally left the room, she felt the familiar drop. Relief that a decision had been made, fear that it now belonged to her.

She looked at her daughter, trying to read her face the way she always did. She thought about how many times she had stood watch like this, about the balcony door and how easily danger could present itself.

Then she planned out the night ahead, ready to return to the routines that had kept them safe before.

Across the room, the daughter lay back against the mattress. The room felt emptier now that the evaluation was over, as if the intensity had drained out and left her with herself again.

Part of her blamed her mother for bringing her here. Even as she understood the fear that had driven it, she felt betrayed. The night might have passed on its own. Being brought to the hospital made the moment permanent.

She was also angry at how the balcony had been interpreted. She had not gone outside thinking, *I am going to die tonight*. Instead, she remembered restlessness. And feeling tired of everything. She remembered hating that her sadness no longer surprised anyone. She hadn't wanted to die so much as she wanted the moment to matter. To feel less invisible than the pain that had started to seem routine to her family.

Being treated as if she had made a clear decision felt like a failure to capture what the moment had really been. Chaotic, physical, unfinished.

When the psychiatrist had asked about intent, she had tried to explain this. She said she didn't know. That she wasn't sure what would have happened if no one had stopped her. The truth sounded thin, even to her.

Now, lying in the ED room, she felt exposed in a way she resented. Watched. Managed. Though she felt relief that she wasn't being held, she felt ashamed of that relief. And angry that avoiding hospitalization mattered so much to her.

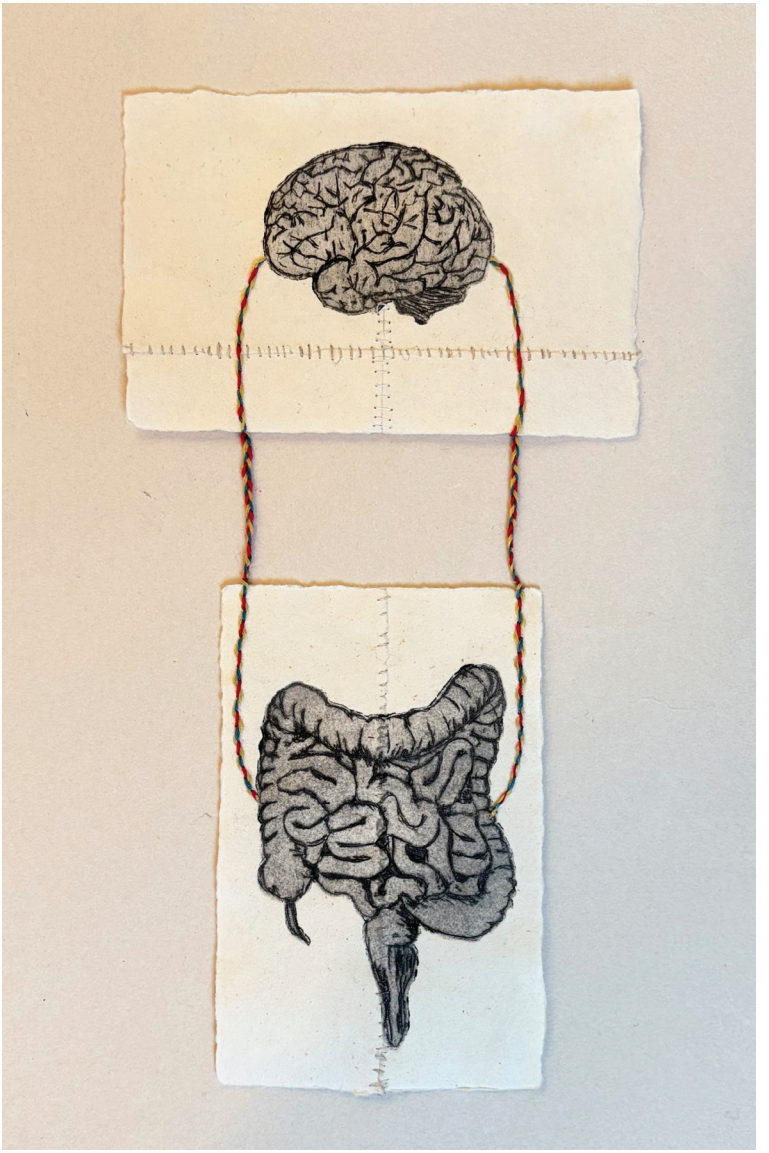
A nurse returned with paperwork.

Eventually, they left for home. Yet the pieces remained: a psychiatrist's clinical judgment, a mother's vigilance, and a daughter's conflict.

None of these perspectives told the whole story. But together, they held the moment in place. Not as a solution, nor an ending, but as a configuration secure enough to keep the balcony door closed that night.

Minding the Gut-Brain Axis (2025). Mixed media on paper.
Sustenance starts from within.

Chloe Atreya



Sustenance

Nikita Joshi, MD

The heyday years for quizzes circulated by outlets like Buzzfeed and Huffpost on social media was around the time I was in medical school. Some quizzes were built to allow you to match your fashion style to your favorite breakfast cereal. Other quizzes were personality tests matching you with a character from your favorite TV show from the 90s. The Harry Potter quizzes were quite popular, with people manipulating their answers to get Gryffindor, and to avoid Slytherin as much as possible. When I was in medical school, many of us used quizzes like these to help figure out what specialty we should choose for future careers. Some quizzes were serious with questions such as, "Do you like to do procedures?" or "Do you like clinics or inpatient settings?" Other quizzes were less so, and allowed you to match your zodiac sign to your favorite childhood book, which somehow cross referenced to a medical or surgical specialty.

Sure, medical students could still access traditional outlets like mentorship to help guide career choice, or could use the clinical rotations which were opportunities to cosplay as various physicians. But the quizzes were fun and could be done during breaks from cramming for yet another exam. For me, the choices whittled down to Emergency Medicine and Surgery after I had indicated a preference for the inpatient setting and an enjoyment of procedures, cross linked that I was born in the year of the Pig based on the Chinese zodiac. Ultimately, my career decision came down to a simple calculus—I liked to eat when I wanted to eat, and sit when I wanted to sit. Surgeons simply don't have that luxury when they

are scrubbed into the operating room, a sterile environment where food and relaxed posture had no place. I didn't realize it at the time, but I literally followed my gut into making one of the most pivotal decisions in my life.

The time I spend on an Emergency Department shift is like a black hole. The clinical work is all consuming and I am ultra focused on the patients in front of me. This requires moving quickly and moving efficiently to see the sheer volume of patients that come every day, rain or shine. It is a never-ending stream of people having the darkest, most painful, strangest, bizarre moments of their lives. I get so locked in that I often don't even notice my hand drifting down to my pocket to silence my phone when my family calls, and it will be hours later that I see the notification that my son had called me at some point.

To add on to the mental burden, there is also the constant nagging, worrying and mental preparation for possible mass casualty events. While from the outside we look like paranoid doomsday preppers, the truth is that mass casualty events do happen, all the time. Some of it is horrific enough or on a grand scale to show up on the news, but a lot of it is the daily grind of gun violence, or multiple vehicle car accidents from rush hour that can stress the Emergency Department with a deluge of critically ill or injured patients. As I said above, the time spent on shift is a black hole of movements and whirlwinds of the body, and even more so of the mind. The amount of mental focus doesn't end either after my shift ends, I carry the constant cognitive immersion with me, evidenced by regular dreams where I am working in the Emergency Department. It is a firehose that turns to a dribble outside of the clinical environment, but never truly shuts off. This is not unique to me; this is almost universal across the specialty.

One can probably pause at the paragraph above and inquire after the food that is obviously not mentioned, that seemed to be such a critical part of my original career decision making. So about that. It turns out that the careers we envision as idealized medical students don't always reflect the reality of the clinical work environment. Almost immediately upon starting residency training I learned that most Emergency Medicine physicians don't take the time for a break. There is no such thing as 2 fifteen-minute breaks with 30 minutes for lunch. There is no such thing as "clocking in" and "clocking out" to determine when we are working and when we are off because the reality is that from the start of our shift, until the end and sometimes longer depending upon how sick our patients are, we are working. This can be problematic, as sometimes shifts can range from 8 hours to 24 or 48 hours straight depending upon the location. With that huge chuck of time dedicated to clinical work, how and when do Emergency Medicine physicians eat?

The answer is that we eat whenever we can, wherever we can. This means that some of us raid the candy drawer that is ubiquitous in every Emergency Department and fuel ourselves entirely on a couple of peanut butter cups, a handful of jolly ranchers, and perhaps a seasonal treat depending upon the time of year - my favorite being the Ghirardelli peppermint chocolates around Christmas time. Sometimes we pack leftovers from home into Tupperware that we leave next to the computer station. Without having a dedicated carve out for meals, the time spent eating can extend for several hours as you can only shove 1-2 bites into your mouth whenever you manage to sneak back to your food. And then the next pressing thing comes, an EKG to sign, a patient with sudden deterioration of vitals, a consultant who finally calls back—requiring you to haphazardly cover your food and run off. Thus, leaving the sad

remainder of the food uneaten, getting cold, getting stale. This is what task switching looks like in the Emergency Department. Rather than having dedicated time as mentioned above, Emergency Medicine physicians are the ultimate grazers of food or else we are a specialty that is skilled in intermittent fasting—maybe not an intentional skill set that one should learn as an ED physician, but certainly practical and emblematic to us.

Of course, eating at the workstation is not exactly an encouraged or preferred behavior. In fact, many regulatory bodies frown upon it, such as The Joint Commission, who regularly conducts surveys upon hospitals. (Also, please note that The Joint Commission is a proper noun, and so emphasis on the "The.") No one wants to be around when The Joint Commission comes to your shop as these are incredibly stressful times. A small roving group of people poke about the healthcare center and are free to ruffle papers and open closet doors, looking for deviations, deficiencies, and outright patient safety issues. Their goal is noble - to prioritize patient safety and to approve hospital systems that meet the criteria or identify those who have gaps and instruct them on remedial action plans. But often the reality is warped. When The Joint Commission arrives, all the food, water bottles, and snack drawers are hastily emptied, shoved into areas that slam shut, or outright thrown out. Sadly the same bottles and food containers creep their way back out almost immediately after The Joint Commission leaves.

This assault on food started to become untenable, and finally the American College of Emergency Physicians (ACEP), the largest Emergency Medicine physician organization in the United States, decided to address it directly. The logic, ACEP argued was, why force a removal of food and drinks from the patient care areas when there is already food and drinks available, notably for the patients who are in the Emergency

Departments. In fact, our stereotype is that regardless of when or why patients come to us, we can always guarantee a turkey sandwich and apple juice. Together ACEP and The Joint Commission clarified that food was not forbidden from the clinical care areas. Despite this, many hospitals and clinic systems continue to follow local policies that strictly prohibit healthcare workers and staff from eating in the clinical care spaces.

Aside from when The Joint Commission comes around, most Emergency medicine physicians eat at the work station or wherever it may be that they are accessing the Electronic Medical Record. Usually that is a computer, at a workstation that is just within the clinical care area. Physicians will be trying to sustain themselves with some level of nourishment right where the nurses are trying to do their work and often within eye sight and smelling range of patients. This usually isn't an issue with quick snacks like granola bars or while taking swigs of coffee to stay awake and focused. The bigger issue comes with meals that are not quick snacks and are less processed, usually the kind that are home cooked, left over meals. And while we should all encourage healthcare workers to eat less processed foods and instead eat more whole foods, real food, or whatever en vogue term we want to use, the reality is that those foods are not quick and easy to shove into the mouth. And sometimes they come with aromas.

Aromas are smells, a component of our five senses that make us human, that allow us to interact with the world. But often aromas have a time and a place—a clinical setting such as an Emergency Department is not a kitchen. Smells that make sense in a home or restaurant environment are jarring and off-putting in the Emergency Department. One person's aromatic dish can be another person's assault to the senses.

I will never forget Lindsay, one of the Emergency Medicine nurses I worked with. He had a soft southern accent and a jolly demeanor that made you feel warm inside. That, combined with his snarky sense of humor made him the ideal Emergency Medicine nurse. He also taught me a hard lesson about aromas that I never forgot. Lindsay and I were good friends and often joked around with each other, quick jabs or teasing, but we always worked hand in hand when there was a sick patient or the moment called for focus and undivided attention. Lindsay was from the Florida panhandle, the area between Alabama and Florida and grew up with a passion for fishing and a knowledge of all the ways to cook and eat fish.

One day at work, we were scheduled at the same station. That day I had brought in salmon which I had cooked the night before. I love salmon, especially when baked in the oven and mixed with roasted vegetables. Almost any way you dress it or season it, it comes out delicious. It may not be as satisfying to eat the next day, but nothing is easier to take to work the next day than leftovers. This particular workstation was also somehow equipped with a microwave. It was the perfect place to quickly heat up leftovers, without having to walk far away to a break room and without having to leave the workstation for an extended period of time. With this microwave, I heated my lunch so it was ready to eat without delaying or slowing down patient care. Perfect balance!

What I didn't know at the time was that microwaving seafood is a serious faux paus. I had never minded eating reheated salmon, although the texture was typically off—thick and dry compared to delicate and flaky after it was just cooked. Food is food, and when you are eating in quick gulps between seeing patients, the texture didn't really matter. No, the real faux paus was not in the texture change which is gauche enough

in itself, but rather the faux paus was the smell that microwaving salmon can unleash. Up until that day at work, I had been completely unaware of this. Blame it on my nose, desensitized after years of smell exposure while working in the Emergency Department, but I just wasn't aware that microwaving salmon, and fish in general unleashes compounds that overpower the senses of most people, which some parts of the internet describe as "pungent" and "stinky". And most people included people like Lindsay.

While working through that shift, after several hours, my stomach grumbled and so I snuck a few minutes to throw my container of salmon and veggies in the microwave. Within a few minutes, I heard a yell on the other side of the clinical space. It was Lindsay loudly exclaiming, for all to hear, about what on earth was that smell! I sheepishly told him it was my lunch that I just heated up - a lunch of salmon and veggies. He looked at me aghast. "You never microwave fish! And definitely not while in the Emergency Department!"

It was one of the pinnacle moments in my life that has stuck with me. It wasn't that Lindsay was upset at me, nor was it that his volatile mood matched the volatility of the foul smelling molecules. Rather, it was the accumulation of being hungry, wanting to eat something, something quick, and feeling embarrassed that I didn't know that you don't microwave salmon at work. All those emotions coalesced within me. There is no better teacher out there in the world than a mortifying moment.

This moment was not only seminal but also changed my eating habits at work. No, I didn't stop bringing fish to work, but when I did, I changed how I ate it. Rather than microwave it, I would sit it near my workstation or wherever my bag was hanging and keep it at room temperature

until I had time to eat. I convinced myself that this was the best way to eat salmon, this way there wouldn't be any heat to destroy the delicate proteins and amino acids, and no noxious odor would be unleashed upon hapless victims. Over time I came to believe that I was a person who liked room temperature salmon. For years, this method worked for me. On the occasion I would make salmon for dinner, I would bring it to work in my container and leave it for some time, and then eat it at the pace that the clinical work would dedicate—usually over 1-4 hour time stretches. I felt satisfied that I was eating a nutritious meal and not wasting leftovers. And none of my coworkers or patients would have to be exposed to the aerosolized floating bits of trimethylamine and sulfurous compounds.

Time passed by. I changed jobs. We bought a house and we had three small boys. COVID came and decimated what it meant to be an Emergency Medicine physician. The fear I harbored from that time, along with the clunky and awkward PPE, nestled itself as permanent knots in the muscles of my upper back and neck. We finally settled into a rhythm at work where we felt comfortable taking off masks and eating and drinking again, whenever we could, without fear that removing our masks would expose us to absolute death. At this time, I was working at a small Emergency Department. I had not worked with Lindsay for several years but the lesson he taught me stayed visceral within my bones. It all was working out, until the night shift when everything went horribly wrong.

I arrived at work at 11pm and I unpacked my bag, setting out my stethoscope, water bottle, and container of salmon. It would be resting by the computer through the night until I was ready to eat. As a single coverage physician, meaning that I was the only physician working the night shift in the entire Emergency Department, I knew that whatever came into my doors that night would be my responsibility. No matter how

many or how few patients, how critically ill or just passing through—it didn't matter, I would see all the patients and manage each and every one of their emergencies. So when would I eat? Whenever the ebb and flow of patients would allow for it.

The night was progressing as it should. I saw the same routine of patients with chest pain, headaches, abdominal pain. Eventually with only 2 hours left in the shift, there started to be a lull and I headed to the workstation to catch up on patient care notes and to scarf down my salmon before another patient arrived. Opening the container, I remember smiling and salivating just a bit. I was hungry and the salmon was going to hit the spot. Even better, my shift would be over and my day time relief would come sharp at 7am.

I managed to eat more than half of the salmon when I was called by an arriving ambulance. EMS had arrived with a patient who was combative, aggressive, and suicidal. After using methamphetamine earlier in the evening, he had an argument with family and consumed alcohol. After the argument, he repeatedly banged his head against the wall, at which point EMS was called. He was transported to the hospital belligerent, spitting, and crying with blood coming off of the cuts on his face, mingling with the tears and saliva already there. He also had cuts on his arms from self-inflicted wounds. While this is certainly not what most people encounter in the middle of the night, for me, an EM physician with years under my belt, this was something that I saw frequently. I gave the patient sedation for his safety and emotional crises. I ordered lab work and radiology testing to ensure that he was not experiencing a medical or traumatic emergency.

I remember having a full feeling in my stomach at that time, but in a comforting sort of way, as if my body knew that there were good things

inside and to proceed with digestion. I left the patient in the capable hands of the nurses and techs as I went on to check on my other patients. I knew that I would have to return to this young man after he was calm to address the lacerations on his arms.

After a short while, I returned, this time with suture equipment which I laid out on the mayo stand. The tech and I were ready to start cleaning his wounds and suture them back together. As I leaned in, I realized that the light was quite bright, and the patient seemed to be emitting heat. That is not too unusual as patients who have had poly substance in their system can also have sweating and thermodysregulation. I readjusted my positioning and leaned in again to look at his cuts and determine how to best proceed.

The first wave of nausea hit me. It started deep from my stomach, through my chest, with a spasm in my throat. It hit me so hard that the only reaction I could make was to put down the forceps and to mumble to the tech that I would be back and to not wait for me. I bolted out of the Emergency Department, down the hall, and into the physician break room that was blessed with its own toilet. I crouched down and proceeded to vomit several times, and then after that there was the ominous belly cramping followed by diarrhea. Vomit came again after that.

Finally, gasping for air, I wiped the tears off of my face and managed to clean myself enough to get back. Upon my arrival, the nurses and techs asked me what had happened. I weakly responded that I had to use the bathroom, and did not elaborate. Almost an hour had passed by. It was now just about 7am, almost time for the day team. I stumbled back into the work room and immediately spotted the remainder of my lunch just sitting there. My memories of the moment may be skewed, but I will swear to anyone that I saw, with my own eyes, the microscopic bacteria

that must have colonized the salmon overnight and ran rampant in my system. The bacteria were having a house party on the surface of my salmon.

While I tried my best to finish up my work, my daytime colleague came to take over and relieve me. He would be taking over the patients that I still had in the Emergency Department, so that I could go home. Within minutes of his arrival, EMS brought another patient into the Emergency Department. My colleague went to listen to the report. As the patient swung by me on the stretcher, all I could see was a skeletal-like older man, covered in sweat, eyes wild, struggling to breathe in a tripod position. Later, I found out that his body chemistry was acidic, at a pH level below 7, a marker of severe respiratory distress. This man was sick, and he needed a physician stat. I thank my lucky stars that he came after 7am, and not earlier when I was still on my hands and knees unleashing my guts into the toilet.

I think back on that man often and every time I feel grateful that I didn't finish all the salmon because otherwise the vomiting and diarrhea would have incapacitated me. How would I have been able to keep that man alive if I had been stuck with vomiting and diarrhea in the break room bathroom when he arrived? That man needed intervention within the first few moments of arrival, he didn't have ten minutes for me to amble over and try to get myself together. And then I think what a sad thing it is to have to balance the need to take care of sick patients with the innate need to feed and sustain myself. And finally, I think good riddance to Lindsay for making me aware that salmon can get so stinky after microwave reheating. I would have happily kept reheating salmon at work if I had never known, and probably never would have gotten such untimely food poisoning! There is no doubt about that.

What We Feed Each Other

Arash Khangholi

I grew up knowing what it felt like to go hungry—not the dramatic hunger of crisis, but the slow, quiet kind that comes from a family stretched thin. My father worked in the car industry, relentlessly and devotedly, but the industry had no loyalty in return. Every few months, he would come home with a look that required no translation: something had tightened again, the margins were smaller, and I knew better than to ask for much.

So I began skipping the school lunch line. Not because the food was bad, but because spending the money felt like a small betrayal—of his labor, of our pride. I told myself I wasn't hungry. I got very good at telling myself that.

What I did instead was bake. Chocolate-covered pretzel sticks, which I sold to my classmates, the proceeds quietly covering groceries for me and my sister. I thought I was being resourceful. I didn't understand, then, that I was also being slowly taught something about sustenance: that it flows through communities, not just households; that it asks to be shared rather than hoarded; that the networks we build around food are as nourishing as the food itself. When I finally gathered the courage to tell my parents I wanted to apply for the school lunch assistance program, their response was immediate and gentle: "You should have told us sooner, honey. We would have been more than happy to sign up." There was no shame in the room. The shame, I realized, had lived only in me.

Years later, I was sitting in a family medicine clinic in the Inland Empire, working as a medical scribe, when a patient – I'll call him John,

a pseudonym used here to protect his privacy – said something that stopped me cold.

"I am embarrassed," he admitted.

He was talking about food. About the intersection of being unable to afford adequate nutrition and being unable to afford the management of the chronic diseases that inadequate nutrition compounds. His words were heavy in a way that felt familiar—the specific gravity of want that has been quietly carried for too long.

I knew what to do, not because of any training, but because of that childhood. I told him this was a safe space. I walked him toward resources – food assistance programs, local services – many of which I had once navigated myself in some form or another. I don't think he knew how much his vulnerability cost him to offer, or how much it meant that he offered it. Sustenance, I have come to believe, includes being witnessed in one's need.

John stayed with me. He became part of why I spent months fund-raising over $1,600 for a local food bank. He became part of why, when I entered medical school, I began volunteering at a student-led free clinic—because the walls of a clinic can be welcoming or alienating, and the difference often has nothing to do with medicine.

Around the same time I was learning about John, I was also learning about my own body's hunger—a different kind, but no less real.

I asked my mother one day: "Why am I not happy?" I had, on paper, what many people wanted. A loving family. My health. And yet there was a persistent sadness I couldn't locate or name. A psychiatrist and a psychologist eventually gave it a name: major depressive disorder.

The relief of diagnosis is something that doesn't get talked about enough. Knowing the shape of a thing makes it less shapeless. Through

cognitive behavioral therapy, I learned to sustain myself differently—to build the habit of running, of rock climbing, of carving out time that belonged only to me. These were not luxuries. They were infrastructure.

One afternoon, mid-run, a close friend – I'll use the name Bahman here, also a pseudonym – told me he didn't know how much longer he could keep going. We slowed, then stopped. We found a bench. He told me his mother had just been diagnosed with breast cancer, that he had been quietly absorbing the weight of her care, and that in the heaviness of all that, he had been struggling with thoughts of ending his life.

I asked his permission, and then I called a suicide hotline. I stayed beside him for thirty minutes while the operator talked to us both through it—or through him, really, though it didn't feel like much of a distinction.

When Bahman asked how I hadn't panicked, I said: "Because I have been there, and I simply did what others did for me."

This is what sustenance looks like, passed forward. What others gave me – the operator who answered a call, the therapist who met me where I was, the program that fed me when I couldn't feed myself – I was able, in some small measure, to give to Bahman. Sustenance is not diminished by giving. It multiplies.

My godmother died of liver cancer in 2020, during the pandemic, in the particular loneliness of that time. Her death redirected something in me. I joined a research lab at Cedars-Sinai focused on hepatocellular carcinomas and alcoholic liver disease—studying proteins, mechanisms, the molecular machinery of damage and potential repair.

There were days in the lab that felt like failures. My principal investigator would look at my Western blots and say, simply: "Rerun it." I learned to hear this not as rebuke but as invitation—to be more precise, more patient, more honest about error. Science requires a kind of sustenance

too: the willingness to be wrong, to redo, to stay with a question longer than is comfortable.

By the end of my internship, I had contributed to co-authored manuscripts, presented research at a national conference, and built the lab's first digital notebook so that what I had learned might feed the work of the interns who came after me. I had also learned, in a deeper way, what my godmother's death had first whispered to me: that cancer is not only biological. It is shaped by what we can afford, what care we can access, how late a diagnosis comes, how much the systems around us can hold.

The word sustenance comes from the Latin *sustinere*—to hold up, to support, to endure. This is what food does. This is also what a community does, what medicine tries to do, what a person running beside a struggling friend does when they slow down and find a bench.

I have been held up by school lunch programs, by Medicaid, by therapists, by food banks, by a friend who let me call a hotline on his behalf. I have, in turn, tried to hold others. This reciprocity is not a transaction. It is more like circulation—the way that what nourishes us does not stay still, but moves, and in moving, sustains.

The author is a first-year medical student with research experience in hepatocellular carcinoma and a background in medical scribing and community health volunteerism. Names of individuals in this essay have been changed to protect patient and personal privacy.

take care

Emma Boyles

take care centers on the idea that we must remember to take care of ourselves in order to sustainably care for others and our community for fear that if we do not, we may burn others and risk burning ourselves out.

Spiritual Care Manager

Zoe Adams

Another HR report saying I had to go to the spiritual care manager. What a quaint name, spiritual care manager. "Care" is nice. "Spiritual" is dated but was once nice too? Yet somehow together those words now meant sitting in a white room for two hours straight, getting paid less than half my usual rate.

"Isn't it refreshing though? It's just so peaceful. Not to mention the colors…"

Katherine spoke in blissful tones just thinking about it, and I truly believe that's what she saw when she went. To be fully honest, I'm pretty sure that that's what you were supposed to see. The rainbows, swirling streaks of light, "visions as fluid as music," as she once dreamily put it right after a session. Going to spiritual care seemed to be, more often than not, something workers did for fun. Some people even traded their vacation days for extra time there. All you did was spend a few hours in bliss, fill out a statement, and then you were on your merry way. Unless you were me. Then you saw nothing.

However, writing that on your "reflective self-analysis report" – a form as redundant in its name as it was to fill out – meant that you had to see a spiritual care manager. Again.

"How was work?" Katey hollered from the couch as I walked through the door.

"It was good. Minus the fact that I got handed 20 new cases today," I called back, tossing my keys into the bowl in the entryway and heading over to her. "It's a miracle I got out before midnight. How was work for you?"

"Same old, same old. Accounting is nice like that, unlike someone's job." She glanced over her shoulder, turning her smile into a half-hearted pout, "Are you ever gonna come home on time? I'm going to start watching season 2 without you if you don't."

I wrapped my arms around her shoulders and leaned in to meet her lips with a pout of my own.

"It'll be better soon."

"It better be, but in the meantime I left some chicken parm in the fridge for you."

"Thanks honey, I owe you one."

"No problemo." She smiled. "But you'll owe me way more than kisses if you're late again."

"Hmm, what on earth could I possibly do?" I said, brushing her hair out of her face and leaning down to kiss her neck between words. "What ... could ... I ... possibly… do…"

She laughed and shoved me away. "Shoo, you. Go eat before you starve to death."

"So, how was meditation?"

The spiritual care manager made me uncomfortable. It wasn't just because he called the white room sessions "meditations" and asked me, "how are you feeling?" when he had a scan of my emotions sitting on his lap. No, it was his eyes that bugged me. They looked foggy to the point of being mirror-like. Somehow, through those glazed fish eyes, I couldn't see him, but he could see me.

"Fine," I said, as usual.

"What did you see?"

"White."

"White?"

"White."

I turned away from him for a moment, not liking how I looked in his

eyes.

"Tell me about that."

"Well it's a color often thought of as all the other ones rolled into one."

Nothing.

"Often confused with eggshell or cream or off-white."

Nothing.

"That's meant to be a joke."

I could feel his eyes looking at me with only the slightest question. "You're deflecting," they seemed to say, even though his lips didn't even twitch to attempt a response. In all honesty, I didn't know what to say even if I wasn't joking. It was white. The kind of white that made you want to tear your hair out. Blinding. Suffocating.

"Please get out…" she said barely above a whisper.

I didn't know what to say to her. She was under her desk facing the wall, her back rising and falling a bit too quickly.

"Katey?" I ventured.

She stayed with her back turned to me. She was crying.

"Please…" I tried again.

This happened yesterday. I didn't know what to do yesterday either.

"Are you sure you want me to leave? I can bring you some water?"

She took in a ragged breath that culminated in nothing but air hissing out unevenly.

I took a step back and turned toward the door.

"Don't go…" she whispered.

I turned back to see her face. Red. Wet. She hadn't turned around yesterday. Did she want me to stay then too?

"Do you want to talk about it?"

Her lack of movement told me no. I just kept looking at her. Her eyes were so red.

"What do I do?"
She turned to the wall once more
I just stood there.

He just sat there. It was our third session, and I was feeling no more comfortable with him than day one. Whether I was inside the room or outside it, it was pretty much the same: oppressive.

I had to say something to break the silence.

"Are you gonna ask me what I saw?"

"Did you see anything different?"

Touché.

"Still white."

"Well, do you wish you saw something?"

If he noticed my surprise at what he said he didn't show it. Did I want to see something? Of course. It would get me out of here for one thing. Maybe I could take one of those at-work vacations my coworkers kept bragging about?

"I mean, sure. Katherine can't stop talking about the colors."

"Should we talk about last night?" Katey said without looking up at me from her dinner.

"What's there to talk about?" I said flatly.

She wanted us to spend Christmas with my family. She hadn't seen them since the early days of our relationship. I didn't want to go home. She asked me why. I said it was because they would be fighting. She said I didn't know that. I said I know my own family. She said that I never tried reaching out. I said that I didn't need to. She said, I said, she said, I said, she said, I said. An hour later, we had no Christmas plans, and we slept facing away from each other.

"Are we okay?" she whispered in that way that scared me. That made it feel like she was slipping away.

She just seemed so sad. She was angry yesterday, but now she was sad again.

"Yeah...we're okay." I wanted to smile and comfort her, but it felt wrong. Like a lie. "Maybe we can see my folks after Christmas?"

A bigger lie than a smile.

"That would be nice," she said, believing me.

I wanted to try something different this time. Two hours of void for the ninth time in three weeks was getting more than old. Watching the spiritual care manager sit and stare at me for half an hour afterwards was getting older.

"I saw colors." That should do it.

"Oh?"

His mirror eyes were judging me again. They didn't believe me.

"Yep, it was nice. Bright and swirly. It felt like...seeing music."

He just kept looking at me. His grey suit made it look like he was fused with his chair. In fact, he was so immobile that I might as well have said it to the chair.

"Let's go inside then."

He immediately stood up, smoothed his unwrinkled pant legs in one well-practiced swoop, and started walking toward the white room. As he held the door for me, I thought his eyes looked as blank as the room we were entering.

The bedroom door slammed behind her.

"Katey, please," I said exasperated.

"Get out!" It was a scream through the door. "I don't want you in this apartment!"

"It's half my apartment too!"

"It's half your relationship, but you won't even talk to me about how you feel!"

I could hear her pacing on the other side as she shouted.

"I don't think like you do. What do you want me to feel?"

"Something!"

It wasn't even a holiday this time. We were talking about times that we felt sad. She was having a lot of those lately, and I said that maybe she should talk to someone. She brushed it off and asked about me. When I told her that I didn't really get sad, she didn't believe me. She was right not to, but how could I tell her about the times when I thought too much. The times when I remembered the parents who shoved me against walls when I cried as a kid. The ones that claimed it never happened a year later. How could I say that when I didn't want to believe it was true? Let alone have her feel even a fraction of the pain hearing it as I did living it. Besides, it was none of her business.

"Why are we in here?" I said looking around the room as if anything could possibly be different in this void of white.

I'd never heard of group sessions. Nor had I ever heard of spiritual care managers going into the rooms. Then again, no one else was on their ninth mandated session with one.

"I want to hear more about you. Where were you born?"

"San Jose, California."

"How was childhood?"

"Irrelevant. Why are we talking about this?"

I didn't want to deal with a nosy, over-glorified therapist right now. I wanted to go to work.

"How's home now?"

It was a road trip. We wanted to get some fresh, nature air and stop fighting for a

weekend. However, trying to avoid fighting is hard when stuck in a car with nothing to listen to but staticky radio. Why I forgot to download audio books became how I'm never responsible. Me defending myself became me deflecting everything she has ever tried to share with me.

We pulled over within two hours.

"You don't get to ask that." My voice was strained, and I looked at the floor.

"Why not?"

"Stop with the questions." I brought my eyes up to meet his.

He went back to staring.

"You know, this is all bullshit. Everyone always talks about how nice this room is, but it's pointless. Is this just a test? Do you want to see if your employees will lose it?" I stood up.

"How do you think this room works?" he asked simply.

It was my turn to stare.

There was a lot of shouting on that roadside.

"Why don't you tell me anything?" Tears were running down her face.

"Do you really want to know why? Huh?" I took a step toward her. "Really?"

"It's not a test. It's not something magic that will solve your problems. It's a reflector."

"What does that mean?"

"You are depressed. You've been depressed. You can't handle anything. Why would I tell you something when all you'll do is cry?"

Her fists clenched immediately.

"It means that it lets you see what you're willing to feel. The colors are an indicator of your internal emotions. What do you think white means?"

"You know what, get in the car. We're going home." I stormed up to the side and got in with a slam.

She wasn't moving.

"Get in," I snapped, and she walked over slowly, opening the door even more slowly. She wasn't even crying this time.

"I don't know."

The drive back was winding. I remember seeing headlights.

"It means you don't let yourself feel."

A crash. Her scream.

The room went black.

Before The *Callouses* Form

Brandon Liu

I'm told this is the most empathy I will ever have.

It's said casually, the way people talk about lack of sleep in residency, or free time on rotations. As something that will simply not *survive* the long years ahead. Empathy, like a heart under sustained strain, is expected to stiffen—pumping steadily, but feeling less with every beat.

I'm still a fresh MS1, my reflexes and sensitivity intact, but not yet tested.

At the prison, double doors lock behind us with a heaviness that feels rehearsed. We're here to talk about substance abuse, about relapse, about resources that exist, but not always within reach.

He tells me he wants to stay clean this time. I *believe* him immediately, apparently one of my current weaknesses.

There's a silence that follows these conversations, not empty, but crowded. Crowded with statistics I have memorized: overdose risks after release, waitlists for rehab, transportation barriers, words like noncompliant waiting somewhere in the future.

I nod along, continuing down my list of numbers, an outline of the script I rehearsed ahead of time. Efficient. Professional. Slightly buffered. A

version of care that *fits* within the last 15 minutes we had in **that** classroom.

In my classroom, I am learning many things.
I am learning cranial nerves,
I am learning doctoring skills,
I am learning efficiency before I am ready,
And, quietly, I am learning where the system expects my empathy to stop.

There's no lecture on this. That's the unsettling part. There's no session titled "How to Slowly Harden" or "How to Detach Compassionately." But it's *joked* about. It's gestured at. Still, the curriculum moves forward.

You can't feel it all, they imply.
You won't survive if you do, they assert.
They're probably right.

But today I feel the full weight of his uncertain future. Today I still notice how quickly I moved to the next patient. Today I go home lingering on the rehab site he mentioned before leaving. Today, the list is still in my hand, empathy still *disrupts* my workflow.

This might very well be my peak. Not in knowledge, not in clinical skill, but in the dangerous, inefficient reflex to see the whole person before the problem list.

Quietly the struggle has already begun:
To learn without numbing,

To function without hardening,
To document without reducing,
To callus without becoming callous.

Don't go into oncology. It's too sad.

Zoe Adams

Don't go into oncology. It's too sad.

You may see a case like Mr. White and his stage IV kidney cancer with mets to his lungs, pancreas, liver, and more. You'll watch his doctor speak with him for an hour about treatment options full of hope while he wrings his hands and picks at his skin, thinking only of side effects to come. You'll watch the tears well in his eyes as he cites story after story about those who didn't make it: friends, family, strangers on the internet. He says he'll think about starting something sometime, but maybe just not yet.

You may see a case like Mrs. Moskowitz and her bladder cancer found two months ago, only two years after the surgery that removed both of her breasts along with the last cancer. You'll watch her doctor explain slowly and meticulously the severity of her new disease and options to fight it, some gentle and some drastic. You'll watch her laugh off her diagnosis with teeth bared, saying she wants everything and anything as long as she's given it straight. She says you'll never meet anyone like her and sticks her arm out unbothered for a new era of poking and prodding.

You may see a case like Mrs. Sullivan and her melanoma, caught a year ago yet allowed to find new territory on her scalp. You'll watch her doctor raise her voice in frustration as appointment after appointment

for surgery is canceled. You'll watch her stare off into the distance, her right eye twitching as she tries to think of anything but the unsightly growth on her head and the irate voice in front of her. An appointment for her c-word or her responsibility for her grandchildren, which comes first?

You may see a case like Ms. Torres and her sarcoma localized to the thigh, now nothing more than a barely visible scar. You'll watch her doctor chat with her about her new graduate degree and an upcoming road trip with the girls. You'll watch her smile and laugh, pointing out that years are measured in inches now as she adjusts the curly locks she's been sporting since chemotherapy ended. She jokes that she'll soon forget her doctors' names as her appointments get further and further apart.

You may see a case like Mr. Donne and his advanced pancreatic cancer, staging less relevant than his lithe form withering on a gurney in a dimly lit infusion room. You'll watch his doctor question why he hasn't been able to get his medications despite sending multiple prescriptions and calling his nursing facility time and time again. You'll watch him stutter in disbelief and anger of his own, uncertain who to blame in a chain of people ignoring his words. His doctor keeps calling, hoping to find the person who can help him. He lies there taking deep breaths.

You may see a case like Ms. Nguyen and her lung cancer, now in remission as of three months ago. You'll watch her doctor beam as she explains the wonder of the recent treatments and the magic of seeing a scan empty of all abnormalities, the most welcome disappearing act of all. You'll watch her smile in kind and bring out a bag packed with fresh

spring rolls, each filled to near-bursting but wrapped tightly in glistening rice paper skins. She asks for them to be handed out to everyone who has taken care of her. She says after all, food is life and life should be shared.

You may see beyond the cases. You may see pictures on bright screens of organs normally hidden from view, shaded in fine detail or glowing a menacing orange. You may see droves of scientists, doctors, nurses, technicians, scribes, and students flitting in and out of crowded rooms or hopping in and out of meetings. You may see the merging of minds to solve mysteries deemed impossible. You may see determination to prove that deeming false.

You may see stories. Memories of loved ones with genetic battles waged through generations. Lines on graphs dancing up and down, finally leveling at zero to indicate that the war has been won. Small jotted notes of vacations, hobbies, and favorite foods immortalized for future visits. Extensive binders of tests, images, allergies, and dates. Electronic whizzings from system to system of the latest person to have a hand in caring for a life.

You may see people. Mothers. Fathers. Daughters. Sons. Brothers. Sisters. Grandmothers. Grandfathers. Aunts. Uncles. Cousins. Friends. Friends of friends. Neighbors. Husbands. Wives. Strangers. Supporters. Allies. Titles abundant and personalities ever-varied, but people nonetheless who exist beyond "cases." People. People with rich lives that begin far before any diagnosis and span decades beyond the grave into the histories of their descendants.

Don't go into oncology. It's too sad.

And yet it's also more. It's happy, it's frustrating, it's illuminating, it's challenging, it's overwhelming, it's fulfilling, it's stories, it's people, it's everything.

So don't go into oncology.

Or do.

The choice is yours.

Contributors

Zoe Adams, fourth year medical student, UC Irvine School of Medicine

Chloe Atreya, MD, PhD, UCSF Division of Hematology and Oncology, and the Osher Center for Integrative Health

Brigitte Bowers, retired from UC Merced in the Merritt Writing Program

Emma Boyles, fourth year medical student at UC Irvine School of Medicine

Somalee Banerjee, MD, MPH, Associate Clinical Professor, Hospital Medicine, UCSF

Armand Danesh, second year medical student at UC Irvine School of Medicine

William Duenckel, undergraduate student, UC Merced

Alex Hack, UC President's Postdoctoral Fellow in Gender Studies and English at UCLA

Nikita Joshi, MD, Associate Clinical Professor, Department of Emergency Medicine, UC Irvine

Arash Khangholi, third year medical student at UC Irvine School of Medicine

Brandon Liu, second year medical student at UC Irvine School of Medicine

Elaha Noori, fourth year medical student at UC Irvine School of Medicine

Maria Thereza Paulino, third year medical student at UC Irvine School of Medicine

Evelyn G. Vasquez, PhD candidate in the Literature Department at UC San Diego