

2015

Brain Candy: Wayne State University School of Medicine Journal of Arts and Culture, 4th Edition

Wayne State University School of Medicine Writing Workshop

Wayne State University School of Medicine Gold Humanism Honor Society

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Brain Candy

Wayne State School of Medicine
Journal of Arts and Culture

2014-2015

SCHOOL OF MEDICINE WRITING WORKSHOP
GOLD HUMANISM HONOR SOCIETY

Brain Candy

Wayne State School of Medicine
Journal of Arts and Culture
2014-2015

FROM THE EDITOR

Dear Reader,

We are delighted to bring you the fourth edition of *Brain Candy*, the Wayne State University School of Medicine Journal of Arts and Culture. Our mission, as always, is to showcase the myriad creative voices of our students, physicians, and staff, as well as members of our Detroit community.

You may have noticed *Brain Candy* is now a journal of *Arts and Culture*. This is a small yet important modification. While the former encompasses our continued dedication to publish art and literature, the latter is a call for submissions of wider scope and appeal, such as reportage, criticism, and creative nonfiction.

Putting this issue together—reading various submissions and working with our writers to better realize their work, as well as editing, designing, and publishing—was an arduous process as much as it was a deeply rewarding one. We hope the finished copy now in your hands is a testament and inspiration to our current and future student-doctors to take up the challenge of completing the next edition—continuing this immeasurably important celebration of the arts, which is a vital ambassador of tolerance, thought, creativity, and humanism in medicine.

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CONTENTS

COMMENTARY

An Open Invitation Theresa Vettese, MD	2
Difficult Decisions Mark Shew, MD	7
Creative but Eccentric Physicians Deepak Gupta, MD	23

FICTION

The Last Thing Rick Bailey	32
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POETRY

Two Possibilities and a Prayer Douglas Brian Craig	1
Curse of Organizing is Loss of Privacy Deepak Gupta	9
Poem, June 18 Kayla Berigan	14
May Kayla Berigan	15
BPPV Salah Berri	18
Empty Shadows Caitlin Litz	19
A Shot of What Deepak Gupta	20
Sing, Sing Salah Berri	26
Summer of 2012 Meha Saxena, MD	29

Haiti: Remembrances from those who visited

Untitled Amy Li	52
Things I Did Not Know Diane Levine, MD	53
Haiti I & II Unknown Authors	54
Untitled Aws Hasan	54
Ayiti Ijeoma Nnodim Opara, MD	55

NONFICTION

Things My Grandmother Never Told Me De'andrea Wiggins, MD.....	37
You Hear It Over and Over Adam Taitano.....	41
Rural Life in Shaanxi, China Shirley and Jeffrey Xu	48

ART

Detroit Collage Chuan-Xing Ho	6
Untitled I Philip Gilchrist	10
Untitled Jeffrey Xu	14
Untitled II Philip Gilchrist	16
Bernard M.G. Liroff I	17
CN Tower Salah Berri	18
At Moonrise Ali W. Chamoun	19
Drugs, Behavior and Society* Jessica Payne	21
Projections II Deepak Gupta.....	22
Capture Tamaya Dooley.....	25
Untitled I & II Amina J.	28, 29
Detroit Summer Sunset I & II Jennifer Mendez	31
DTI Sandeep Mittal.....	36
Morning Catch David Springstead.....	40
Your First Patient Anonymous	44
45th Parallel Salah Berri.....	47
Rural Life in Shaanxi, China Jeffrey Xu	48-50
Curious Gaze Amy Li.....	52
Joyeuses Amy Li.....	56

*Drugs, behavior and society *selected and provided by Prof. Shane A. Perrine.*

Two Possibilities and a Prayer

Douglas Brian Craig

And if I
Could
Tell you how it

And should I
Counsel
That

And when
Comfort
Ting words to

All turns out
Childs risk of
Cancer remote

A small
Change
Caught suggests

Assu
Age
The intrusion of the
Cat

A parent's
Getting
Alzheimer's not

An ever so
Gentle
Adjustment

Astrophic of order
Gone
Awry fail

Too likely not
Too much
Too worry

To lifestyle
To diet could
Tilt favor

Teach me
Tha
TIm

About would you dare
Glimpse
All that's hidden

Allay without
Guarantee would you
Ask

Any more deeply understand
God's plan

EDITORIAL

An Open Invitation

Theresa Vettese, MD

What is bankruptcy? our nine-year old asks. It's when you go broke and can't pay your bills, I reply. It's so much more than that of course, an event often ending in a maelstrom of grief and anger when it is a personal occurrence or a business failure. It requires an entirely different narrative, however, when a major American city has to navigate through it.

Each day I exit off the highway from the comfortable suburban city in which I live and drive into the other city where I have spent much of my adult life working. I drive by the old playground with knee-high grass and the netless bent-back basketball hoop, children a long-ago memory. Past some of the city's 40,000 abandoned, burned and shuttered houses, intermixed with wide, weedy and trash filled lots. There are old buildings covered with the bright, ballooning graffiti that at some point stopped seem liking crime and started seeming like art. A few surviving businesses with steel bars across all of the windows and doors dot the landscape. Oddly, I have never become habituated to this scenery. Of course, poverty exists everywhere but most of the time it's easy for many of us to look away.

In this city it's impossible to look away. The patients cared for in the hospital I work in reflects the demo-graphics of the 700,000 people who live in this city, mostly African American, a third of them living below the poverty line and most of the rest not far above it, many struggling on a daily basis just to barely make ends meet. At the beginning of 2014, nearly 20% of adults had no health insurance¹ but our hospital had an even greater percentage.

On my first stop of the morning, I examine a 21 year-old man who presents with newly diagnosed end-stage renal disease necessitating emergent seventeen and had been maintained on medication that would suppress his own immune system from continuing to attack his kidneys, slowing the damage of the disease. At age 18 he no longer qualified for Medicaid insurance.

The young man subsequently supported himself doing handyman jobs, making enough money to eat and pay his basic bills, but not enough to afford the immunosuppressive medications or pay for visits with physicians. Three years later here he was in the Emergency Department with extremely high blood pressure, grossly swollen with fluid, and miserably uncomfortable. The wholesale cost of the immunosuppressive drug mycophenolate is about \$4,000 per year. The cost of hemodialysis, paid for by Medicare and thus us, the currently working taxpayers, is approximately \$82,000 per year.² Insurance would have covered the costs of his medications, his physician visits and other health care related costs. In this case, the young man may have very well been able to delay progression to end-stage renal disease and to have been prepared when the time came for hemodialysis, improving his longer term outcome at a significantly lower cost of care. Not to mention that it's hard to work when one is hooked up to a hemodialysis machine five hours a day, three days a week.

The next patient I see is a lovely woman who is 8 months shy of her 65th birthday and is complaining of gradually worsening shortness of breath, swelling of her ankles, and difficult sleeping. Her story and physical examination were consistent with a new diagnosis of heart failure. She clearly has had severe, uncontrolled hypertension for some time, as well as diabetes. "I've worked my whole life," she said, telling us about the thirty years that she spent in a manufacturing plant. "Then they downsized for the last time and left us all without health insurance. I didn't have the money to pay my doctor and eventually I just stopped taking the medications because I couldn't afford them either." Eight months later the American taxpayers will pay substantially more for the care of this woman than we would have had we covered her health care needs across the span of her lifetime. There are seemingly countless similar stories –necrotic breast masses, advanced HIV disease , hyperglycemic emergencies, all with the same conclusion: when care is received too late, costs go up and people suffer unnecessarily.

The resident turned to me and said, "Well, at least the hospital will pay for this stay." I pulled him aside to explain the harsh truth of the matter. This woman will get a large bill for thousands of dollars, a bill that would be much larger than my insurance company, who wields the power of negotiation, would get if I was hospitalized in similar circumstances. It was indeed unlikely that the woman could afford to pay even a fraction of the bill, but it would not stop the bill collectors from incessantly hounding her and likely having her credit

ruined for years to come. Then there was the fact that our urban medical center was struggling under the weight of the uninsured. The less money we have coming in, the less we are able to carry out our mission, including education, providing high quality health care to our community, and yes, continuing to take care of the many disadvantaged and vulnerable.

In the afternoon I ran down the street to care for patients in our internal medicine clinic. One of the patients I see is an uninsured middle-aged man who tells me he has been having intermittent blood in his stools for several months and has lost 10 pounds. When I tell him he could set up a payment plan for a colonoscopy at the dis-counted cost of \$1200 he looks at me as if I'm crazy. I could of course make up a more outlandish story (in other words lie for what I see as a greater good) and admit him to the hospital, again for a large cost to the system but a bill he would likely never pay. What to do?

The individual stories are enough to convince many of us of the value of health insurance coverage. But beyond individual stories are the additional economic realities. Fortunately, our state government, led by our Republican governor and with bipartisan support, passed Medicaid insurance expansion under the Affordable Care Act. Expanded Medicaid insurance coverage for low-income people making up to 138% of the federal poverty level was initiated in our state on April 1, 2014.³ It was predicted that Medicaid expansion would result in a half-million more people gaining health insurance coverage and estimated that our state would save approximately \$1 billion dollars over 10 years.⁴

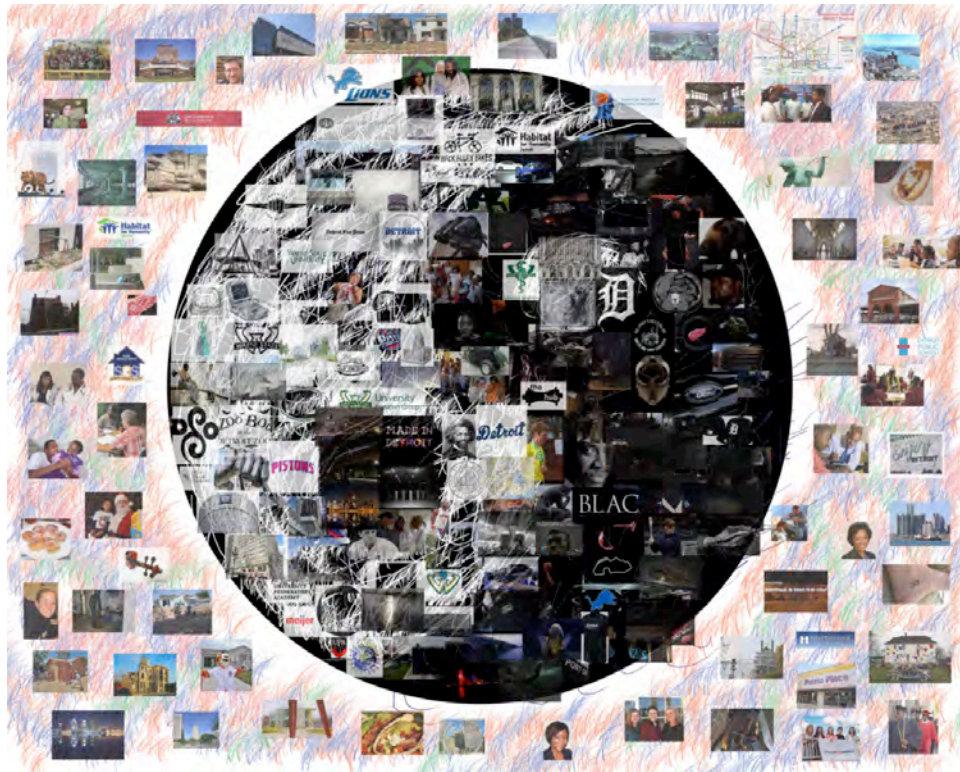
In fact, just 100 days after Medicaid expansion was initiated, largely through the impressive coordinated efforts of our state governmental agencies, 328,000 additional people ages 19-65 gained insurance coverage through the new Medicaid program, many of them in this city.⁵

The evidence is convincing that health insurance expansion improves health as measured by improvements in access to care, self-reported health status, use of preventive services and, most significantly, mortality.⁶ In order for a community to make it back from the brink it needs a foundation, and that foundation is health. Yes, there are a lot of problems to tackle, but without health there is no ability to obtain an education, get a job or maintain a decent quality of life. If you doubt it, I issue you an invitation: come to Detroit.

-
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 2. 2011 United States Renal Data Systems Annual Report accessed at: http://www.usrds.org/2011/pdf/v2_ch011_11.pdf
 3. Ayanian JZ. Michigan's approach to Medicaid expansion and reform. *N Engl J Med* 2013; 369(19):1773-1775
 4. Udow-Phillips M, Fangmeier J, Buchmueller T, Levy H. The ACA's Medicaid expansion: Michigan impact. Ann Arbor, MI: Center for Healthcare Research and Transformation, October 2012 (<http://www.chrt.org/assets/price-of-care/CHRT-Issue-Brief-October.2012.pdf>)
 5. Michigan.gov. Gov. Rick Snyder says Healthy Michigan Plan surpasses first-year enrollment goal of 322,000. July 10, 2014 (https://www.michigan.gov/snyder/0,4668,7-277-57577_57657-332691--,00.html)
 6. Sommers BD, Long SK, Baicker K. Changes in Mortality After Massachusetts Health Care Reform: A Quasi-experimental Study. *Ann Intern Med*. 2014;160:585-593

Detroit Collage

Chuan-Xing Ho CLASS OF 2016



This piece is meant to highlight the diversity I have experienced in Detroit. From disheartening sights adjacent to models of prosperity, I have seen it all. One does not have to look too hard to see abandoned warehouses next to pristine apartments or a homeless person being passing by businessmen in suits.

Despite all of these differences, positive acts and changes made by a diverse group of caring individuals can be found everywhere, putting Detroit back on the path to being the city it is meant to be. In the end, if you want to see the great in this city, just look a little bit closer.

Difficult Discussions: Breaking the News to Patient and Family

Mark Shew, MD CLASS OF 2013

Patients are often admitted to the medical ward expecting to get better and return home. On some occasions, they don't. Breaking the bad news to the family is a measure of aptitude and I had relatively little exposure to it. While it is often easy to say what the right course of action is, given a variety of different responses on a standardized multiple choice test, the real test is a skill that needs to be honed with time, experience, and what is called "deliberate practice." Given the same content (say, prognosis) for more than one patient, how the information is presented is dependent on the respective family.

Pain is always new to the sufferer, but loses originality for those around him.

ALPHONSE DAUDET

In the Land of Pain (trans. J. Barnes), 2002

To further illustrate, patients' families often react to bad news in a defensive manner, following the Kubler-Ross model of the five stages of grief. Physicians should be aware of such reactions, and be sensitive to such strong emotion because it is not only the patient whose life has changed, but often the family's life as well. There should be adequate meeting time between the concerned health care providers and the patient's family members, to have them fully understand

the patient's course of action, while acknowledging and respecting their input.

The initial presentation should be clear and direct. And emphasis should be added when discussing a plan of further action and possible alternative ones. I learned a lot by participating in discussions on end-of-life care with family members, and felt that if it had been my job to lead the discussion and break the bad news to the family, I would not have handled it well at that time; this

skill is an art that grows with experience, a determined attitude, and a professional yet empathetic approach provides the right basis for such growth.

To give an example, a patient with a past history of chronic interstitial lung disease was admitted due to acute exacerbation of her pneumonia. After two weeks, it was clear that she would be alive for only a short time. Both the patient and her family did not expect this outcome, and we as a team sat down with her and her family to break the news. The family was understandably grief-stricken, but thanked us for our efforts, and a plan of action was discussed to determine whether to pursue aggressive treatment or palliative care. It may seem obvious. But a lot of misunderstandings between physician and patients and their families can be avoided by letting them know that they are being respected, taken good care of in a timely fashion, and given the information they need when they need it.

Moreover, when addressing our patient and her family, we said what we needed to promptly so that we had ample time left to listen to and understand the family's concerns. It was an invaluable lesson to me as I continue my education as a physician.

I am well aware that in these days, when a student must be converted into a physiologist, a physicist, a chemist, a biologist, a pharmacologist, and an electrician, there is no time to make a physician out of him. This consummation can only come after he has gone out into the world of sickness and suffering.

SIR ANDREW MACPHAIL

An Address on the Source of Modern Medicine, *BMJ*, 1933 Mar 18;1(3767):443-47.

Curse of Organizing is Loss of Privacy

Deepak Gupta, MD RESIDENT ANESTHESIOLOGIST,
DETROIT MEDICAL CENTER

We are
Surprised
Our Devices are
Bugged

We will Stop
Using Devices
And Start Meeting
People in Homes

We are
Shocked
Our Homes are
Bugged

We will Leave
Our Homes
And Start Living
In Jungles

We are
Astonished
Our Clothes are
Bugged

We will Stop
Wearing Clothes
And Enjoy
The Life of Nudists

We will be
Damned
Our Bodies are
Bugged too!



Untitled Philip Gilchrist

**There comes a time in a man's life when to get
where he has to go – if there are no doors or
windows he walks through a wall.**

BERNARD MALAMUD

"Man in the Drawer," *The Complete Stories*, 1997, p. 437

THIS MATERIAL REMOVED AT THE REQUEST OF THE AUTHOR

THIS MATERIAL REMOVED AT THE REQUEST OF THE AUTHOR

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Two Poems

Kayla Berigan CLASS OF 2016

Poem, June 18

Fold it up and stick it
in a book
instead of throwing it away

Carry it over your shoulder
just until the strap leaves a mark

Bounce it across the keys of city lights
on a bay

send it up in coughs
of dusty smoke against
a white wall

steep it out of the leaf litter
(with the bugs still crawling in it)

chuck it against a wall
Does it brake?

drop it—
stomp, scream, slam it down

Or pick it up and carry it
Like a kickball at the end of recess



Untitled Jeffrey Xu

May

A few low thuds go by
before I realize I haven't heard my own footsteps in a long time
they're the low taps on my back as Earth shakes me awake
the way mothers do
on a morning before school:

time to get going
up an'adam

her flattened hand drums on muscles tugged
across my ribcage from restless sleep
that ignored the blare and the buzz
but hears the quiet;

I'm late.
The geese have been up for hours,
making a song of the day

I reach for a hole in the canopy
And pull it down over my head
Find one arm,
Then the other

As I straighten it down around me—
the leaf-dotted sun
My vision thaws,
My blood brightens

And I walk,
Everything new



Untitled Philip Gilchrist

**In sleep I heard the northern gleams;
The stars they were among my dreams;
In sleep did I behold the skies**

WILLIAM WORDSWORTH

'The Complaint of a forsaken Indian woman,' 1789



Bernard M.G. Liroff I, Class of 2013

BPPV

Salah Berri



CN Tower Salah Berri

If there's a place for me to sit, show
it to me 'cause I see no
Room for me among the steady
Ratchet. And don't accuse me any-
more of lonering in the thicket
like a podium mute when it
Couldn't be further from – well,
pull up a chair for me I'll tell
you—No! not the one that swivels
you'll fluster the little neural crystals
in my inner ear and guess
what then I wouldn't know the glass
half-empty from the brim
And then I'll puke my gin



At Moonrise Ali W. Chamoun

Empty Shadows

Caitlin Litz

Hovering, beside the empty bed
Immobilized by what no longer could be seen
Eyes of vacuity
Could no longer extract you from the sheets

They came and went
Bodies who searched for something
Beyond what they could see
But your scent no longer lingered in the
room

Sitting in the old crimson chair
Trying to reconstruct your face
Flashes adulterate my mind
Leaving me inside a muddled daze

Illuminated before me
Too instantaneous to stay
You disappeared forever then
God save me from this state.

A Shot of What

Deepak Gupta, MD RESIDENT ANESTHESIOLOGIST,
DETROIT MEDICAL CENTER

a SHOT of what
's required—
what's Not. Curious yet?
..., or What

a SHOT of scotch
Confidence up
up a Notch
Depression
's slipping—
what's a Draft. Life
..., on the Rocks

a SHOT of maté
Each&Every date
Who's caring—
is fate? Say what:
how do you rate?

A SHOT of tech
organized the rack
but just—
Lost. the track
reality downed
..., in Stacks

a SHOT of Love
Being one
's Cove. Identity up
in stove. and still
..., cannot Move

a SHOT of fame
what's in a name.
The flame relatives—
of Shame.

a SHOT at power
fruit of endeavor
Hardened with time
and broken up
..., by Time

a SHOT of Celebritism
of Enthusiasm
a SHOT at 'Nobody'
for 'Nobody'
But—

a SHOT of God?
Look up for a Nod
See it.
LoveBeNothing—
As sod.
LoveGoneFlying—
this cloud. Was it
..., all for naught?

~~a SHOT of what~~
better not. ask
but what
's in a shot?
a SHOT at life.
a SHOT of life
Lively, withorwithout
strife. Life—
is this shot:
..., which

Searches Inside
(Not for stuff)
to Finally Find—
not this din
this
Din of Yin
or this
..., this fated Shot.



Drugs, behavior and society Jessica Payne

Do you mind if I don't smoke?

GROUCHO MARX

Animal Crackers, 1930

**For the uncontrolled
there is no wisdom, nor
for the uncontrolled is
there the power of
concentration;
and for him without
concentration there is
no peace. And for the
unpeaceful, how can
there be happiness?**

II.66, Bhagavad Gita



Projections II Deepak Gupta

Creative But Eccentric Physicians: Reconciling Clinical and People Skills

Deepak Gupta, MD RESIDENT ANESTHESIOLOGIST,
DETROIT MEDICAL CENTER

Medicine is often considered both an art and science. In fact, often what is true for an artist is true for a physician also. "Aiming for the best out of someone, sometimes brings out their worst," can sum up why some artists, while honing their creative gifts, are thwarted by their own eccentricities¹. Similarly, in the healthcare setting, the question arises: how do we effectively manage creative but eccentric² physicians.

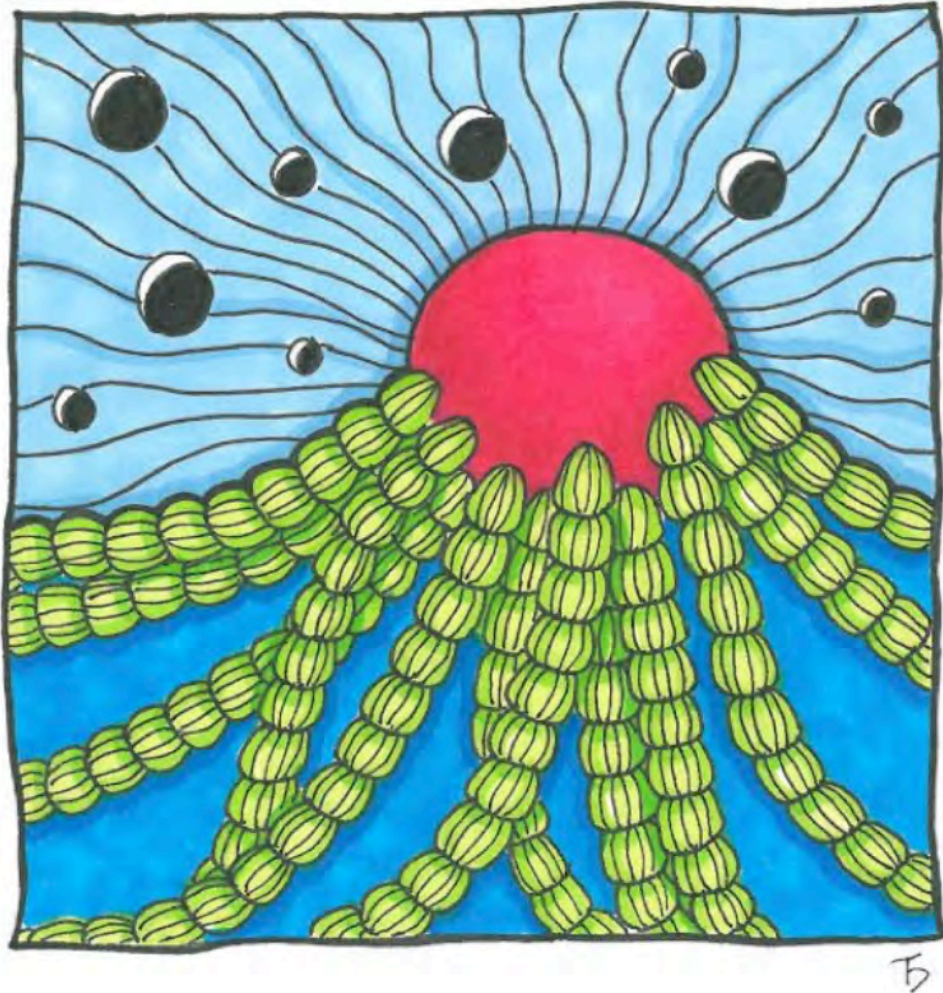
Of course, it should be noted that not all creative physicians exhibit eccentricities. Nor are all eccentric physicians creative. That said, truly creative but eccentric physicians (TCBEPs) should be preemptively advised to continue their attempts at honing their people skills. Simultaneously preparing for the worst, administrators should go ahead and prepare a good supporting staff (junior medical staff, nursing staff and paramedical staff) as a responsible as well as responsive team for these TCBEPs so that patient care and comfort, and overall satisfaction scores, are not interrupted by unchecked TCBEP. Moreover, these supporting staff teams should be prepared/formed in couplet-teams or triplet-teams so that they're regularly and promptly rotated for their work-shifts to avoid burn-out if they are having difficulties working with TCBEPs.

In a nutshell, the overall goal is to ensure favorable clinical outcomes from TCBEPs before they are potentially outdone by their own often misunderstood people skills. When they are allowed to work in appropriate workplaces that are adept at veering their personal creative capacities and eccentricities in the right direction, they will be a welcome addition to a profession teeming with eclectic personalities.

In summary, although creativity is often prejudiced to accompany eccentricity and the managers as well as admirers may overrate creativity based on existential eccentricity³ and sometimes may even absolve the assumed "creative" personnel for their eccentricities, the astute physician-managers

(including medical department chiefs-heads and medical administrators) should not deter from appropriate re-allocation and management of creative (assumed or truly) but eccentric physicians so that business productivity and patient outcomes as well as patient satisfaction and cohesive work environments move hand-in-hand to take the practice of medicine to the next level of complementary patient-and-personnel safety.

1. Carson SH. Creativity and psychopathology: a shared vulnerability model. *Can J Psychiatry*. 2011 Mar;56(3):144-53. <http://www.ncbi.nlm.nih.gov/pubmed/21443821>
2. Carson S. The Unleashed Mind: Why Creative People Are Eccentric. *Scientific American*. 2011 May/Jun. <http://www.scientificamerican.com/article/the-unleashed-mind/>
3. Van Tilburg WAP, Igou ER. From Van Gogh to Lady Gaga: Artist eccentricity increases perceived artistic skill and art appreciation. *Eur J Soc Psychol*. 2014 Jan 15;44(2):93-103. doi:10.1002/ejsp.1999



Capture Tamaya Dooley, Executive Asstant to the Dean

Sing, Sing

Salah Berri

The somber man in the peaked lapel
the sad man in the cereal aisle
sketches 2 his final act of swerving hell
a laughing track

Taking care to rewind cassette
remastered [but] which sounds the same
a tape deck war of Car & God & man

To hear another thing (the same thing!)
is that too much to ask ?
puzzles the nylons forth&back
in glassless hands the clockface
begs nuance, resign at once,
yourself, of mood

O sombre man of peaked lapel
O sombre man of cereal aisle
on Ur way home of concrete sky
maim his ditch in starry view

The clothy sky his reedy piper drew
over the haze of ozone's nest he flew
up, up by morsels of
cloud-speckled paper bag brown

he does make a point to breathe back his CO₂
see mistrust never wears the same way twice
like Marilyn Monroe swept up
again again,
his winded mood

oh somber man of peaked lapel
sing sing sad mind of electric chair
meanwhile U mind we carry off
Ur hazard tufts of oily hair

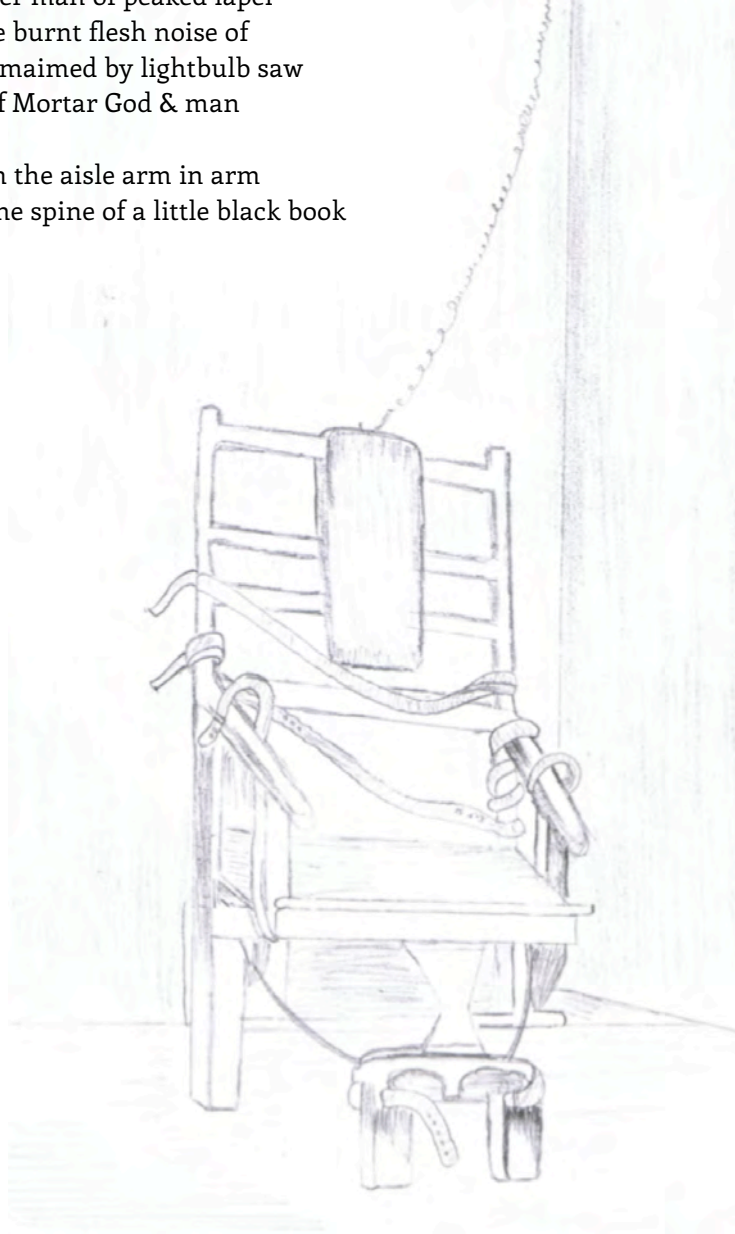
I saw the somber man [since then]
the somber man of peaked lapel,
Threadbare or burnt perhaps,
Since when did he wrap himself in gauze,
Or take care his face of Glassless Clock
Watch over them
There behind the Blinder's Mask
them There the Sandy flecks of Hour Glass
Which one of Us was the voyeur?

I saw the sombre man [again]
The sombre man of gauzed lapel
handed time her curlicues of
hollow tubes, cocktail shots
of a standing room [his acid tongue]
Made Ur nerves like nylon strings

Don't speak said the piper of Athens' youth
O sombre man can I do no worse [my final
act] can never twice play down
the clouds of forms
of dreamless sleep
The spirit which I take
The spirit which I seek

the somber man of peaked lapel
drank the burnt flesh noise of
hemlock maimed by lightbulb saw
ground of Mortar God & man

and down the aisle arm in arm
cradled the spine of a little black book



Untitled Amina J.

Summer of 2012

Meha Saxena, MD RESIDENT

DEPT. OF PSYCHIATRY AND BEHAVIORAL NEUROSCIENCE

Based on Child Psychiatry Rotation at Hawthorn Center



Untitled Amina J.

Old, lonely, far
Behind those locked gates
Were some stories,
Stories untold or told too many times,
Stories of families and their lives
Stories of children and how they survive
The day I started as a Psychiatry resident,
My mind-the parachute, wanted to open
And dive into the skies of hope,
I can do this!
I can take them with me and fly high,
I will take them away,
From this pain, this sorrow,
From this life of disdain,
All they had was a question in their eyes:
“Who are you?”
“Like thousand others who come and go?”
I had no answer,
But I saw them everyday,
From a stare to a smile,
From a look to a wink,
We shared all,
We shared stories,
We shared tears,
We shared fears –
which bring tears

I asked them to share their life with me,
They asked me to share my chewing gum first,
Their business was simple, wish their life was simpler
They had their language,
They had their terms.
They shared their world with me
[because I shared my gum with them?]

I tried to keep my heart and my mind apart,
I tried and I failed

I started loving them,
The fear that I always had-
The fear of falling in love with a tree you did not plant
It does not belong to you,
You water it, take care of it,
Roses or thorns – do not belong to you

I fought with myself,
My heart cried,
How do I make sure the tree blooms again?
I have no time
I have no means
I water it, see it everyday,
One day there is a bud, the next it's gone,
there is no bloom

The road seems rough,
Life seems tough
I hope the roses bloom again,
I walk the hospital courtyard
I watch the sunlight creep past those locked doors,
I hope it would touch those dark forbidden spaces,
Touch their soul,
Touch their life,
Make the roses bloom again



Detroit Summer Sunset I & II Jennifer Mendez, PhD

But I have to leave
My hourglass sand is over,
But my story is not
I leave my heart here,
I leave my heart with my patients,
Hope it were easier,
Hope I could carry the rose with me

But it has to stay back,
Has to fight back,
Has to survive
Find it's own sunlight,
I'll send some rain drops, love and well
wishes,
There is nothing to carry in my heart,
When it is my heart I leave behind

I leave it in the sunlit courtyard:
Summer is not over yet
As long as I hear my heart still beating,
My heart has not frozen yet

FICTION

The Last Thing

Rick Bailey COMMUNICATIONS DIVISION

HENRY FORD COLLEGE

He wakes to her screaming, her feet thrashing in bed.
"What is it?" he says.

"Spiders!" She's sitting straight up, rocking back and forth. "All over my feet!"

He turns on the lamp, picks up his hearing aid from the night table and pushes it into his ear. "There's no spiders, Lillian."

"Would you look? Would you please please look?"

He pushes his feet into his slippers, shuffles around to her side of the bed, and pulls the covers down, revealing her small bare feet.

"See?" he says. He takes her left foot in his hand, feels her shiver. He rubs it between both hands, warming it, the skin dry and smooth as talc. "No spiders."

"What if they get in my mouth?" she says.

"I won't let that happen." He covers her back up. When he pats at her shoulder she jerks to look, as if there might be spiders there too. "You were dreaming," he says.

"I'm supposed to go down to the barn," she says, "with the boys." She starts to swing around, to get out of bed. "Dad's waiting for us there."

"There's no barn, Lil."

"But--." She lies back, nodding her head. "I just thought."

"It's the middle of the night," he says. "Let's go back to sleep."

"I thought we were going to eat. Isn't it time?"

He starts to tell her it's almost two in the morning, then stops. What will that matter to her?

"You ate a good dinner last night, Lillian. You had spaghetti, green beans, bread and butter, and fruit cup of apples and oranges. Remember? And a cookie."

"A cookie?" She shakes her head and smiles, like cookie is a new word. "I'm so hungry," she says. "So very very very hungry." She raises a hand to her mouth, then takes it away and looks at it. "Was everybody there last night? Was dad there?"

"It was just us," he says. "On our own little honeymoon." He sits down on the edge of the bed. "Your dad's gone. We've been through this."

"Well I just thought," she says. "I told grandma I'd help with the pies tomorrow."

"I'll make us some tea. Does that sound good? I'll make us some chamomile."

"We'll all get together on Sunday," she says.

"You stay right here," he says. "You'll be nice and warm."

The light over the kitchen stove is on. When he holds the teakettle to the water faucet, he sees his reflection in the window. In his white t-shirt, he looks a ghost. The thought pleases him. So this is it, he thinks. We're so old, we're almost gone. When he was a small child, he couldn't imagine death. He pictured all the members of his family getting ready for bed, lying down together, and being taken away. Except he never saw the last thing. Only their sleeping forms on top of the bed in the dark, orderly and quiet, waiting.

"Coming, Lillian." He sets the kettle on the burner and raises the flame.

All these years taking care of her. Sometimes she doesn't know him. She can't remember the house. Where is the bathroom? This is our house, he tells her. We've lived here forty-five years. And we have the girls, and they have their girls, Anna and June, Candy and Dina. She shakes her head, in deep forget. Then he'll sit down beside her on the couch, and for a few moments she is filled

with knowing and light. Well here you are, she'll say. I've missed you so so so much.

He takes down her cup, that silly thing they brought back from Florida when the kids were small. When he gives it to her now, maybe she'll smile and nod. Pearl, she used to say.

"Let's have some toast," he says to himself. He puts a slice of bread in the toaster, opens a jar of apricot jam and smells it. He sinks a spoon in the jar, draws it out, and tastes. Tears come to his eyes.

She's lying on her side facing the door when he approaches, carrying a tray with two cups of tea, a slice of toast cut in four triangles.

"Here we are, Lil." He sets the tray down on the night table next to her.

"What is that?" She lifts a hand and drops it.

"Some tea to help us sleep," he says. "Toast and jam."

"I don't want it."

"Apricot," he says. "Your favorite."

He pours tea into her pearl cup, shows it to her. The smell of the tea reaches him, reminding him of a morning in a garden. One of their girls got married in a garden. It was Jill. Lillian won't remember, that warm day they were all together. He lifts the cup and inhales the scent.

"Dad will be mad," she says, "if he finds us in this bed."

He laughs. "Eating toast."

She reaches, takes a piece, nibbles at the edge. When she tastes the jam she smiles. "So so good."

He holds out the cup.

"That's beautiful," she says. "What a beautiful..."

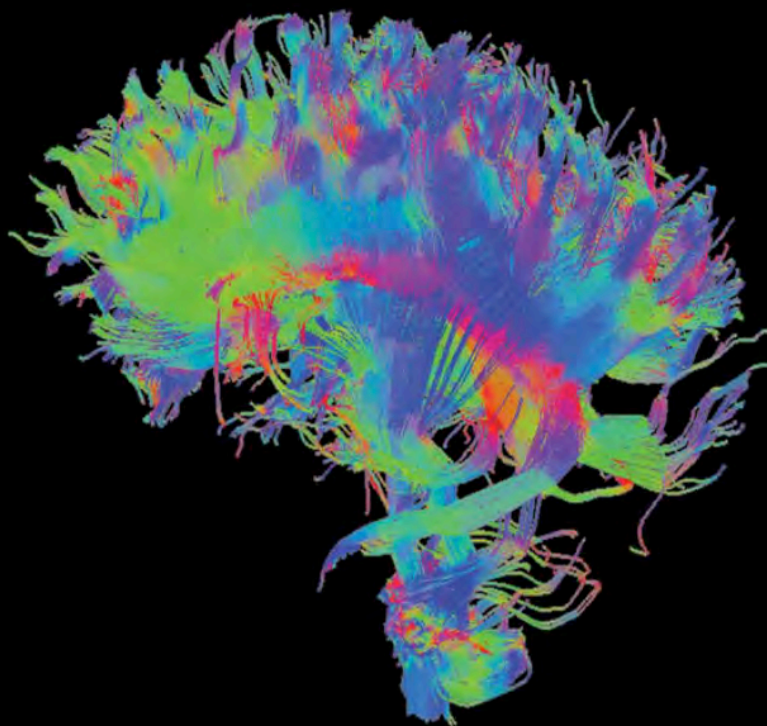
"Cup." He blows gently to cool the tea for her.

He offers her a drink of tea, she says no. He offers her another bite of toast, she says no.

"Crumbs," she says.

She lies down in bed, rolls on side facing him, closes her eyes.

He drinks half his tea, watching her. Then carries the tray out to kitchen and sets it on the counter. When he climbs into bed next to her, she's already asleep. He takes out his hearing aid, shuts off the light, and slides down in bed beside her. What dreams must she be having? Are there any dreams left? He listens to her breathing and wonders, waiting for what will happen next.



Sandeep Mittal, MD ASSOCIATE PROFESSOR
DEPARTMENT OF NEUROSURGERY

Diffusion tensor imaging (DTI) and tractography can provide an elegant visualization of the white matter tracts and their relationship with infiltrating tumors. In this example, the right corticospinal tract (motor fibers from foot area) is displaced medially rather than being invaded by the tumor. DTI and tractography can often help to maximize surgical resection while preserving neurological function

Things My Grandmother Never Told Me

De'Andrea Wiggins, MD

The rain seemed to slow my momentum. I knew my feet were moving through it since it seemed to take twice as long to cross the congested parking structure and enter the skywalk to the clinic. The only comfort of the morning was seeing the waiting room that I had visited so many times in the past few weeks. I was the first appointment to arrive, so I quickly undressed from the top up, as was customary, had a seat and waited for my name to be called. Difficult to force myself to smile, I was cordial as other ladies that came; disrobed, they too took their seats. I couldn't help but wonder how painful the whole procedure would be. I wasn't even as concerned about the results.

When my name was finally called to enter the examination room, I didn't know which was more alarming, the sterile smell of alcohol or the extremely bright

**I made certain
that my jacket
stayed closed
to hide the ice
pack jammed
in my bra.**

lights; it as like I was entering a photo shoot. Adjusting my body to find a minimal level of comfort on a steel frame bed, my focal point became the side of the computer monitor where the technicians maneuvered to locate the spot in question. I closed my eyes to shield myself from the images of needles and clips preparing to be inserted. The last image I recalled was the light fixture which looked like two white hot dogs on two silver buns inside of an elongated, slender aluminum grill. The nurse's voice was

very soothing as she patted my ankle to let me know she was still there. She asked how I was doing and if I was okay every few minutes while the various needles were being inserted into my breast. When my grandmother was diagnosed with breast cancer over 10 years ago, I never imagined that I would find myself on a similar table undergoing preliminary procedures to rule out the big "C". I sang songs of glory silently in my head to drown out the snapping sound which mimicked a staple gun as the tissue sample was being taken during my biopsy.

Glad that I could finally feel the warm embrace of my husband's arms, I made my way towards the waiting room to find him dozing with a magazine on his lap. I gently touched his leg to wake him so that he could take me home for a Motrin-induced nap. I made certain that my jacket stayed closed to hide the ice pack jammed in my bra. Feeling awkward, but determined not to look like anything is amiss; I exited the clinic with my head held high.

Armed with my return appointment card, I had him stop by Coney Island for my favorite, a grilled Chicken omelet with wheat toast and hash browns. Barely able to finish my breakfast, I collapsed across my bed...

Dr. Brown was very motherly in her tone, although to the eyes, she and I seemed to be about the same age. She explained that though the tissue sample was benign, they wanted to perform a lumpectomy since the area in question was close to the chest wall and often masked other suspicious cells underneath. I agreed to the lumpectomy as a necessary precaution given my family history and set the date for my surgery. My children were concerned when I had to break the news to them about what I was dealing with, but their disposition changed when I informed them that they would get a mini-vakay with their favorite aunt while I was at home recuperating for a week.

An early sunrise would have been a nice way to start the day before surgery, but at least it wasn't raining. I arrived 20 minutes early. Those who knew me knew the rule: if you're 15 minutes early, then you're on time. If you're on time, then you're late. The lady at the surgical lounge sent me down for my ultrasound and wire placement. When I get down there, that receptionist says "No, you're not scheduled until 10 a.m. You need to go back upstairs." Not really feeling the runaround, I hesitantly returned to the surgical lounge with an attitude. Fortunately, the receptionist is apologetic and sent me to change into the haute couture gown which left my bottom exposed.

With surgical gear on, I am stationed in a pod that would be my holding cell for the next few hours. When I was able to get my ultrasound and wire placement, I began to wish I could have been unconscious for it all. A mammogram was painful, but the wire placement was insane. The medical staff found the clip via ultrasound which indicated where to place the wire.

That's when the madness began. I felt as if I had to hold my breath for minutes on end as a hollow needle was inserted into my breast as it was being held in place by the behemoth of mammography. Without releasing the pressure that was causing my boob to go numb, they checked the spot, then slowly and meticulously inserted the wire that was then left hanging from the bandage that held it in place.

When rolled into the operating room, the glare from the lights hurt my eyes, so I closed them. I had hoped that I would be out from the anesthesia by now, but for whatever reason, they waited. I had never seen the inside of an operating room before. I hoped it would be my last time.



Morning Catch David Springstead, Class of 2016

My illness has been my greatest boon: it unlocked me, it gave me the courage to be myself.

FRIEDRICH NIETZSCHE

Letter to George Brandes, April 10 1888.

RETROSPECTIVE

You Hear It Over and Over

Adam Taitano

Yin

“Look / if you had / one shot / or one opportunity / to seize everything you ever wanted / in one moment / would you capture / or just let it slip?”

It’s 3:13 A.M. I grip the handles of my fixed-gear bike, full-of-fear and still full-of-shit. I’m speeding south, coming from 8 Mile and headed Downtown on 2nd Ave – a remarkably smooth yet vacant road. I scan the pavement at a velocity that rivals slim shady’s flow / as he spits survival and truth. I am doing something I never thought I’d do. Something you only see on decent TV shows.

While “hypomaniac,” I engage in “risky behaviors,” which are in stark contrast to my usually reserved nature.

A rabbit hops in front of me. I am searching for something.

A spark that could ignite a flame.

I want to call it,

“fate.”

§

Whenever I encounter something potent – a great quote, a line in my favorite song that makes my heart sink, a life-altering interaction with another human being, a child waving to a stranger and smiling – I get chills.

Listening to Eminem’s “Curtain Call” makes me shiver. A thunderstorm of goose bumps – jolts charged with emotion. I finally “get” that Super Bowl commercial. I finally “sympathize” with the native Detroiters and the

deliberate Transplants: the genuine, the hipsters, the brave, the anarchists, the idealists, the hippies, the thugs, the drug addicts, the prostitutes, the activists, the homeless, the crazy.

And the families. Those who, by situation and circumstance (or perhaps by choice), are dealt too few resources for their needs. Yet they still persist despite the struggle and the hustle. I respect the shit out of them. My definition of “hard” has been clarified, if not fully re-birthed.

I believe that Detroit is America's city. It was the vanguard of our way up, just as it is the vanguard of our way down. And one hopes the vanguard of our way up again. Detroit is Pax Americana.

CHARLIE LeDUFF

Detroit: An American Autopsy, Penguin Press, 2013.

I want to approach my medical education with the fervor of someone trying to thrive. I see this in the med students who, from seven A.M. to twelve P.M., seclude themselves in the dim-lit, labyrinth-like, M.D. (Multi Disciplinary) dungeons. It's as if these grade-chasing scholars are forming their own little communities within each prison cell.

At a rare yet more than welcome family dinner in the suburbs of Birmingham (my home away from home), my best friend pokes fun at his mom. He quips: “In the room I study, I sit with the Asians; on the other side are the Muslims.” His mom, an orthodox Greek, responds with a stern - “Tommy!” - admonishing him for confusing the Muslims as a racial group, and any connotation that it might contain.

I am amazed at all the microcosms that exist in Detroit – it seems to be a real-time example of evolution. The best (and worst) part about this fact is: if you recognize it, you can take advantage of it for good (or for bad).

I am coming to terms with the fact that one of my greatest hopes for this city is: that it's possible to lift yourself up and at the same time, lift others up as well; that getting ahead doesn't mean leaving someone behind. I am probably either too idealistic or too manic to know if this is an actual possibility. Though, I will hold onto this ideal like a safety blanket. With the wisdom and morality of a toddler who asks, "Mama, why is their skin different than mine?"

Here's to hoping you can stand your ground on something, let the grass grow past the concrete and actually prove yourself. That it's not just talk.

Good intentions are fruitful.

Yang

*I overhear one of my classmates tell the interviewers touring the med school:
"Don't do it! It's not worth it!"*

You hear it over and over: "Med school is tough." In fact, you hear it so much that you distance yourself from the meaning of it all. The accomplishment. The delayed gratification. The sacrifices you make, and will continue to make, in order to do something, stated so simply: to help people. To care.

Prelude

Orientation week (and the week prior for the hardcore partiers): You enter with a bang. The string of late nights in a city you're scared of; frequenting bars you've never been to with people you've never met, mixed with too much alcohol. You get glimpses of your classmates through segmented, repeated introductions. I "meet" one of my eventual best friends, probably at least three times, in three different locations. After our fourth rendezvous, we finally get each other's names right...



Your First Patient Anonymous

These party people are your peers – we are the future of physicians – this is the frontier.

And to think in a few days you'd be cutting into someone's dead mother; in an attempt to identify and memorize all of her nerves, tendons, bones, fascia, muscles, veins, arteries, organs and ligaments.

Everything is happy. Everyone is proud. It's all so sociable. During registration you prepare to hand in that massive check (valued at \$64,850.00). That slim, certified, rectangular piece of paper. To distract yourself from your trembling hand, you try to make a connection with the girl with the Rudolph nose. You think to yourself, "She could be 'The One.'"

But she's not, of course.

After a while, the novelty of school wears. The excitement becomes undone by the perpetual need for effort. For me, it was one month in after our first anatomy exam (for others, who knows?)

Act Me

My decision to take time off from school – albeit for “medical” reasons – was two years in the making:

I've spent my whole life wondering about this idea of “belonging.” In addition, I've struggled with mood issues, anxiety and everything else the baby-son of a hard-working-immigrant-success-story-Pacific-Islander family could handle. My father and older brother are doctors. My grandfathers were navy-men recruited from their respective islands: The Philippines and Guam.

**There are two medicines
for all ills: time and
silence.**

ALEXANDRE DUMAS
The Count of Monte Cristo, 1844

I'm not saying I've had a tough life - quite the opposite. Owing to my parents' and grandparents' hard work and survival instincts, I'm probably one of the most coddled, entitled and spoiled kids in my class. Three times in the past year I've called crying to my mom. Unconditionally, she responds by flying from the West Coast to comfort me.

All my struggles have been internal. But there, perhaps, lies the problem (and solution).

§

It seems it's a guiding theme of my existence that there has to be this incongruity between my value system and the system in which it operates. There's always this Yin and Yang.

Let me clarify: you cling to the ideal of "Doctor." It's what you're taught about in clinical medicine - what you aspire towards. Compare that with what you perceive as this nasty, incongruous culture that seems to pervade the medical school. Unfortunately, it also clouds the medical community. A substance that lives in equal and opposite to its counterpart. The differential for this diagnosis might be: Exhaustion. Entitlement. Arrogance. Carelessness. Competition. Inefficiency. Greed.

N.B. You are not free from this - it permeates the air vents. You try to hide from it, but it's this invisible source that always comes out, especially under duress.

Act Two

It took me two years to finally recognize, and read, the statue in front of Scott Hall - Hippocrates and his Oath:

To hold him who has taught me this art as equal to my
parents and to live my life in partnership with him,
and if he is in need of money to give him a share of
mine, and to regard his offspring as equal to my

brothers in male lineage and to teach them this art — if they desire to learn it — without fee and covenant to give a share of precepts and oral instruction and all the other learning to my sons and to the sons of him who has instructed me and to pupils who have signed the covenant and have taken an oath according to the medical law, but to no one else...

I don't have the most pleasant associations with our beloved concrete cubicle (a.k.a. Scott Hall), but this passage opened my mind (if only) slightly. Sir Hippo helped lean me towards the light.

It also took me two years to finally recognize that I hadn't been doing this for myself (this = the med school hustle). I was doing this for my parents. Doing this for the idea that being a doctor is a means to status and job security.

§

It took me two days to find purpose in the pursuit of medicine—as an art. An art of restraint, temperance, charity, diligence, patience, kindness, humility; an art of deliberate practice and skill that serves something so resounding and invaluable: preserving and enriching human life.

Perhaps it took finding a kindred spirit in one of my classmates, and a set of experiences that seem hardly coincidence, for me to finally realize that, to put it simply, I wanted to practice this art: the art of medicine. I wanted to be a 'doctor'—perhaps I was even meant to be.

Fin

I will be taking a year off, to get stable, to live and hopefully love. I will miss getting the chance to rotate in the hospital with some of my closest friends – those who uphold the values that I aspire towards. Their capacity for compassion, care, and comfort in the face of loneliness, debt and uncertainty will be my external source of inspiration.

But my main focus will be internal: sometimes you need to do what's best for you in order to serve the best interests of others.



45th Parallel Salah Berri

Rural Life in Shaanxi, China

Shirley Xu CLASS OF 2016

Jeffrey Xu

中华人民共和国





In the mountains of Shaanxi, China, daily life is a challenge: climbing ten miles for school and growing crops in the mountain crevices. Still, there is hope with each generation for a better future. In the midst of poverty, students such as the one pictured study day and night to make a better life for themselves and their family.

**We are not going in circles, we are
going upwards. The path is a spiral;
we have already climbed many steps.**

HERMANN HESSE
Siddhartha (trans. Hilda Rosner)
New Directions, 1951, p. 14.



Ten miles a week of steep mountain climbing just to go to school. Harsh rural living breeds incredible will power. In the midst of strife, success in school is her ticket out of poverty. Her dream: to pass her strength to others as a teacher.

SOM STUDENT
RELIEF EFFORTS
ABROAD

Haiti

Remembrances
from those who
visited

Untitled

Amy Li CLASS OF 2016



Curious Gaze Amy Li

"Koumon ee lay,"
"Kilaj ou"—and numbers:
the things I've learned to say.
But a simple touch, gentle as golden
slumber
More than spoken words can convey
An intimate relationship—language
and culture unencumbered,
Between two worlds that remain
beyond the setting sun of day

Things I Did Not Know

Diane Levine, MD INTERNAL MEDICINE
DETROIT MEDICAL CENTER

There are things about Haiti that I did not know
The depth of poverty and the density of the population
The absence of plumbing and the open sewers
The people throwing garbage into the waterways and washing in the open

But I also did not appreciate the elegance of the people, their grace and their dignity
The hope of small children dressed in crisp blue and white shirts and pleated skirts with ribbons in their hair
The children smiling and walking to school
There is hope for Haiti

Things I did not know about myself
I am blessed but I had not idea of the magnitude of the blessing that I take for granted
A toilet, a faucet, water to drink
Clean air, garbage collection
I am blessed
But blessings come in many forms and I am blessed
To be able to come to Haiti
and serve

Haiti I

(Author Unknown)



Electricity is scarce
Weather is very hot
Modes of transportation, tap tap, bus
Haitians love yams and potatoes
Everyone in power has a hidden agenda
Government, religious institutions, NGO

Untitled

Aws Hasan

CLASS OF 2016



Haiti II

(Author Unknown)



Beaches
Mountains
Goats
Beautiful sunsets
Flowers and humming birds
Garbage and crowds
Smells and cars
Contrasts
Haiti

Dr. Belotte's homeland
Club Indigo Sand
Project Healing Hand
Food is quite bland
Trip costs two grand
Haiti

Ayiti

Ijeoma Nnodim Opara, MD

INTERNAL MEDICINE, PEDIATRICS

I don't know you.

I have just seen you and heard your name.
I am still looking at your face and wondering
what goes on in your brain.
What you are looking at
What you are thinking
How you clothe your frame
Your heartbeat, passion, fire
What you change and what remains the same

How you became you
It's like I am sitting in a restaurant
Watching you from the bar
As you sit by the window staring afar
I see the wrinkles on your face
The glare in your eyes
The tension in your shoulders
Nothing is a surprise

Things are moving, life is happening
Not sure how, when, if, or why
It's probably not mine
To figure out, but just to...be
Laugh when you laugh and cry when you cry
And see what you...see

I wonder if I should move towards you
To get to know you more
Or just watch you do your thing
Becoming less of less, more of more

Because you are more
You define you
You are more
You are not poor
You just...are
I feel that letting you be you
Allows me be me
Free



Joyeuses Amy Li

WAYNE STATE
UNIVERSITY
SCHOOL OF MEDICINE

WAYNE STATE
UNIVERSITY
LIBRARY SYSTEM