



CUENTOS

A Collection of Art from the
Internal Medicine Residents and Attendings at GW

From the Editors

Welcome to the 2013 edition of *Cuentos*, the humanities magazine of The George Washington University Department of Internal Medicine.

As you may know, *Cuentos* is a Spanish word meaning “stories.” The purpose of *Cuentos* the publication is simple: to showcase the artistic talent, through words and photographs, of the doctors in training and attending doctors at the Medical Faculty Associates (MFA). Amid the tremendously rewarding yet often overwhelming responsibility of patient care, the following pages represent an opportunity for those of us who wear the white coat to celebrate—as last year’s editors put it—who we are beyond the stethoscope.

The growth of *Cuentos* over the past few years has been both exciting and humbling. Within one residency lifespan (three years), we have gone from an untested revival in 2011 to this, our most robust edition yet. *Cuentos* 2013 contains 51 different stories, poems, paintings, and photographs from 48 unique authors. That’s nearly 20% more pieces than the previous year. Of the 48 authors, nearly 50% are making their *Cuentos* debut. Equal proportions of the authors are attending physicians and residents (that is, 1st-, 2nd-, and 3rd-year trainees; a 1st-year resident is also known as an intern), with the remainder being *Cuentos* alumni.

Aside from showcasing more pieces and authors than any previous year, *Cuentos* 2013 also includes for the first time an alumni section. It was one of last year’s senior editors, Nishaki Mehta Oza, who initially suggested that we create a section for graduating residents who want to continue contributing to *Cuentos*. In her honor, this year’s “*Cuentos* Alumni” section begins with a thematic quote selected by Nishaki.

The other major change is that for the first time in our five-year history we are soliciting donations. Make no mistake about it, *Cuentos* is a labor of love...but it also costs a significant amount of money to print. So far the MFA has generously supported our work in its entirety. In order to ensure that *Cuentos* continues for years to come, it’s vital that we explore alternative sources of funding. **Please consider showing your financial support—of *Cuentos* or another activity at the MFA—by making a tax-deductible donation via the enclosed envelope, or at <http://go.gwu.edu/SupportCuentos>.**

As with any endeavor of this magnitude, we have many people to thank. First and foremost, to our authors, poets, painters, and photographers. Without their creativity and courage to share their work, this magazine would not exist. To them we express our deepest respect and gratitude.

To Dr. Alan Wasserman, Eugene Meyer Professor and Chair, Department of Medicine, and President of the MFA. He continues to provide the encouragement and resources necessary to bring *Cuentos* to life each year. This magazine would simply not be possible without his support.

To Drs. Gigi El-Bayoumi and April Barbour, directors of GW’s Internal Medicine Residency and of the Division of General Internal Medicine, respectively, who encouraged the revival of *Cuentos* and who continue to contribute pieces each year, demonstrating their ongoing support.

To Dennis Narango, MA, CFRE, Associate Vice President for Medicine Development and Alumni Relations, and Stephen Tanne, PhD, Executive Director for Development and Alumni Relations, who are helping to bring this magazine to 1,500 Internal Medicine Residency alumni.

And, most importantly, to Dr. Adam Possner, the driving force behind *Cuentos*. As our faculty advisor he works harder than anyone to help us produce the best magazine possible. He challenges all of us residents to take time in our daily routine to reflect on the unique experiences we have as physicians and to remember who we are as personalities apart from medicine.

Without further ado, please sit back, relax, and enjoy *Cuentos* 2013.

With warmest regards,
The Editors

Jessica Davis, MD
1st-year Resident

Ashley Freeman, MD
2nd-year Resident

Nancy Maaty, MD
3rd-year Resident

Meena Hasan, MD
1st-year Resident

Sylvia Gonsahn-Bollie, MD
3rd-year Resident



There are many journals that never make a second edition so for this literary compilation to appear for the third year in a row is quite an accomplishment. It either bespeaks the artistic talent of so many of our faculty and house staff or the incredible extra time that people have to become prolific in other areas.

No less than Sir William Osler commented on the importance of art in medicine: “There is no more difficult art to acquire than the art of observation, and for some men it is quite as difficult to record an observation in brief and plain language.”

And this was in the era when observation through history and physical diagnosis was all that practitioners had at their disposal. Can you imagine; no echo or ultrasound, no CAT scan or MRI, not even an X-ray? The power of observation and an ability to recall, gained through years of experience, was all that was available.

How well would that work today when we rely so heavily on the images that we obtain? If he were alive today, Sir William would agree with the photographer John E. Burkowski, who said, “I have a

very good memory, but it’s short. Thank God for photography.”

Finally, even poetry has a place in the field of medicine, exemplified by this quote from an unknown author: “Poetry heals the wounds inflicted by reason.”

So when you view the pages in *Cuentos* 2013, do it with a sense of wonder and as an exercise to heighten your powers of observation and understanding.

And then go read a journal!

Alan Wasserman, MD

Eugene Meyer Professor and
Chair, Department of Medicine
The George Washington University School of Medicine

Cuentos 2013

The World Within the Self

Michael Burke, MD, " <i>Fields</i> "	4
Erin Davidson, MD, " <i>More than Just Pathology</i> "	5
Meena Hasan, MD, " <i>Heartbeats</i> "	6
Vimala Jayanthi, MD, " <i>My Meditation Retreat in Southern India</i> "	7
Robert Kruger, MD, " <i>Fused Glass Bowl</i> "	8
Christina Puchalski, MD, " <i>The Capitol Christmas Tree</i> "	8
Monica Suarez Tyau, MD, " <i>Autumn in Bear Mountain, New York</i> "	9
Katalin Roth, MD, " <i>Portrait of a Man</i> "	9
Lowell "Bud" Weiss, MD, " <i>Flamenco</i> "	10
Nancy Maaty, MD, " <i>Nothing Remains</i> "	10

Medical Reflections

Natasha Ang, MD, " <i>Autumn Buddha</i> "	11
Chino Mannikarottu, MD, " <i>A Small Victory</i> "	11
Liza McClellan, MD, " <i>Can You Sit with Mrs. E.?</i> "	13
Andrew Myers, MD, " <i>An 'A' Patient</i> "	14
The Chief Residents, " <i>Chief Year in Haiku</i> "	16
Adam Possner, MD, " <i>In Praise of the Letter N</i> "	17
Jill Catalanotti, MD, " <i>Initiation</i> "	17
Laura Wang Billiet, MD, " <i>September 8, 2012</i> "	18
Benjamin "Jim" Blatt, MD, " <i>Meditation on a Puppet on Larrie Greenberg's Right Hand</i> "	18
Hope Ferdowsian, MD, " <i>Compassion Without Borders</i> "	19
Sylvia Gonsahn-Bollie, MD, " <i>Mr. H.P.H.</i> "	20
Shivangi Pandya, MD, " <i>A Day on M Street</i> "	20

The World Outside the Self

Ahmed Abughaban, MD, " <i>Diving</i> "	21
Maram Alkhatib, MD, " <i>At the Edge of Water</i> "	22
Zohray Talib, MD, " <i>An Ambulance in Rural Ethiopia</i> "	23
Jessica Davis, MD, " <i>Fighting Elephants</i> "	23

Sarah Doaty, MD, " <i>Surprising Beauty</i> "	24
Monique Duwell, MD, " <i>A View from South Africa</i> "	24
Wesley Fiser, MD, " <i>A Solemn Reflection</i> "	25
Ashley Freeman, MD, " <i>Northern Skies</i> "	25
Adam Possner, MD, " <i>A Wonder of the Modern World</i> "	26
Shivangi Pandya, MD, " <i>Yosemite in Winter</i> "	27
April Barbour, MD, " <i>Sunrise in Chisapani</i> "	27
Bonita Coe, MD, " <i>Taking a Rest</i> "	28
Brad Moore, MD, " <i>Lund Cathedral Rose Petals</i> "	29
Letitia Carlson, MD, " <i>Totem</i> "	29

On the Importance of Family

Letitia Carlson, MD, " <i>One Family's Poem Prescriptions</i> "	30
James Cooper, MD, " <i>Around Our House</i> "	31
Gigi El-Bayoumi, MD, " <i>Impressionism</i> "	32
Sylvia Gonsahn-Bollie, MD, " <i>Ultrasound</i> "	32
Marijane Hynes, MD, " <i>My Father</i> "	33
Phuong Luu, MD, " <i>Brown Rice</i> "	34
David Popiel, MD, " <i>Big Sister</i> "	35
David Simon, MD, " <i>The Dress</i> "	35
Anonymous, " <i>Where Is Your Family?</i> "	36
Sharon Baratz, MD, " <i>Touch Works</i> "	36

Cuentos Alumni

Nishaki Mehta Oza, MD (<i>text</i>), and Veeral Oza, MD (<i>photo</i>), " <i>Celebrating the American Spirit of Innovation</i> "	37
Manish Pant, MD, " <i>A New Town</i> "	38
Juan Reyes, MD, " <i>Sunset on the Pacific Coast of Nicaragua</i> "	39
Mary Reyes, MD, " <i>Untitled</i> "	40
Homan Wai, MD, " <i>Jellyfish and the 'Jabba the Hutt' Frog</i> "	41

The World Within the Self

"It is necessary now and then for a man to go away by himself and experience loneliness; to sit on a rock in the forest and to ask of himself, 'Who am I, and where have I been, and where am I going?'"

– Carl Sandburg



Fields

To many people, Iowa is just one large farm field to fly over on a cross-country trip. But for me, these fields represent more than the crops grown on them; they represent hard work, strength, and perseverance in the face of adversity.

My ancestors emigrated from Germany and worked these fields through intense heat and driving rain in the hope of building a better life for themselves and their families. I often think back to those people and hope that I've made them proud.

In this fast-paced 21st century we are living in, I think it's important for everyone to take time to reflect on their roots, and to never forget where they came from. No matter how far away I get from them, the cities, towns, and fields of Iowa will always be home. They are symbols of strength passed down through the generations and symbols of hope for a better tomorrow.

Michael Burke, MD
1st-year Resident

More than Just Pathology

This is a true story about Kelly, a bright 26-year-old woman working through the first year of her pediatrics residency at a big academic hospital in Houston.

One thing you should know about Kelly is that she's the type of doctor that really gets to know her patients. She would never refer to a patient by his disease rather than his name. She takes the time to learn about what her patients were like before they became sick. For example, she would know that the patient in room 302 is not just a 6-year-old girl with fever but Samantha who loves to play soccer and who reads 2 levels above her age.

Each patient has a story that began long before his symptoms arose.

As an intern myself, I can tell you that most trainees find it very difficult to learn this kind of information about their patients. There never seems to be enough time to do the work, let alone to get to know our patients as people. But Kelly makes the time, because it's important for her patients.

Halfway through her intern year, Kelly starts to have some difficulty remembering her patients' names and finding the words to describe their symptoms on rounds. She attributes it to being tired and overworked, in the days before the luxury of the 80-hour duty restriction.

When someone finally notices that she's struggling, she decides to make an appointment with a neurologist at her hospital, just in case.

The doctor examines her, reassures her that she's probably just exhausted and stressed, but orders an MRI anyway. She's young and healthy and has no alarm symptoms or abnormalities on exam. The MRI, says the doctor, is sure to be normal.

The next day after work, Kelly goes in for the MRI. Because Kelly is a doctor, the radiologist on duty invites her to come into the reading room as he loads up the images to review them.

Then, her worst nightmare. A tumor. A very large, malignant-looking tumor, what will later be diagnosed as a glioblastoma multiforme (GBM).

In moments like this, when a person is faced with a life-threatening situation, the true character of a person is revealed. Most people would crumple under the weight of the news, shrivel in sorrow, abandon their goals and dreams, and accept the near-certain three-to-six month prognosis.

Not Kelly. She, like her patients, will not be defined by her disease. She never wavers in her determination. She approaches treatment and the rest of her life without self-pity and without questioning her path.

Kelly is my cousin. She has been the single most important source of inspiration for me as I work through intern year. She was first diagnosed seven years ago and since that time has undergone two brain surgeries as well as multiple radiation treatments, and has taken more chemotherapy agents than anyone cares to count. She has had major successes, such as five years of remission, and major setbacks, including infections from being immunocompromised, multiple hospitalizations, side effects from chemo, and the largest setback of all: recurrence and spread of her cancer. During this time, she's also completed residency, become an academic attending and outstanding professor,

kept up with her relationships and her hobbies, and raised thousands of dollars toward GBM research.

Recently things have taken a turn for the worse. Kelly's symptoms are becoming intolerable, and she's running out of treatment options. But she isn't afraid. She doesn't see the point in worrying. She simply takes what she's given and contends with it with strength, determination, and grace.

The real tragedy in all of this will be that more people won't get to meet her and learn from her.

I share this story to convey the most important lesson Kelly has taught me. A patient is not "the 66-year-old COPD exacerbation in room 513," or the "25-year-old sickler admitted for IV pain meds on 4 South." Each patient has a story that began long before his symptoms arose. Each patient is defined by his experiences, goals, and attitudes, not the shortcomings of his health. If Kelly had been just "the 26-year-old with GBM" she never would have beaten the odds in the ways she has.

As doctors, we need to learn about our patients—learn about what makes their life worth living—and help them hold on to those things. Those values can sometimes save a person as much as can modern medicine. We need to know our patients as people, not pathology.

Erin Davidson, MD

1st-year Resident



Heartbeats

In this photo I'm playing a tabla, a kind of Indian drum, outside my medical school in Michigan. The picture reminds me of the experiences that make me a well-rounded individual and make me "Meena." Amid long days and tiring hours in the hospital, it's easy to start cutting things out of your life that make you who you are as an individual. For example, I haven't really played the tabla since starting residency. I now realize that if I cut things like playing the drum out of my life, I lose my identity bit by bit. I don't want to be just a doctor. I want to be so much more.

Meena Hasan, MD

1st-year Resident

My Meditation Retreat in Southern India



I discovered Isha Yoga Center in the Velliangiri Foothills in Coimbatore, India, quite accidentally. My aunt had lost her husband and I went to visit her. She introduced me to this peaceful, pristine, aesthetically constructed ashram (or spiritual hermitage) that focuses on yoga and meditation.

Everything about the ashram—from the unobtrusive surrounding cottages, to the gates made of logs, to the latches made of hand-wrought iron—was designed to blend in with nature. In the photo I stand in front of the Nandi, or Bull, which guards the sanctity of the temple in the

ashram. Here people come in 30-minute intervals to silently meditate at the Dhyanalunga (Dhyana = meditate, linga = form) inside the temple.

Meditating at this ashram was a very uplifting and exhilarating experience for me. It is definitely a place worth visiting for anyone interested in the pursuit of philosophy and meditation.

Vimala Jayanthi, MD

Assistant Professor, General Internal Medicine



Fused Glass Bowl

The final appearance of this piece was not what I had in mind as I had not anticipated that the clear glass strips would stand out from the glass rather than melt into it. This appearance of spokes added a tactile sense to the bowl and made me look at my work in a completely different way. Working with fused glass involves relinquishing a certain amount of control over one's work once it is put in the kiln. The result may be beautiful or not, but the transformation that takes place is always fascinating.

Robert Kruger, MD

Assistant Professor, General Internal Medicine



The Capitol Christmas Tree

Visiting the Capitol Christmas Tree has been a tradition for me ever since I moved to Washington. Each year, after attending Christmas eve mass, my significant other Ed and I join the throngs of other people, locals and visitors alike, who come to be inspired by that magnificent symbol of a season of gratitude and peace. The tree creates a community of strangers, some offering to take pictures of others and many sharing stories of their own holiday traditions. More than one may realize, the tree draws people celebrating a diversity of beliefs, values, and traditions – the true cornerstone of this nation.

Christina Puchalski, MD

Professor and Director of the George Washington
Institute for Spirituality and Health,
Geriatrics and Palliative Care



Autumn in Bear Mountain, New York

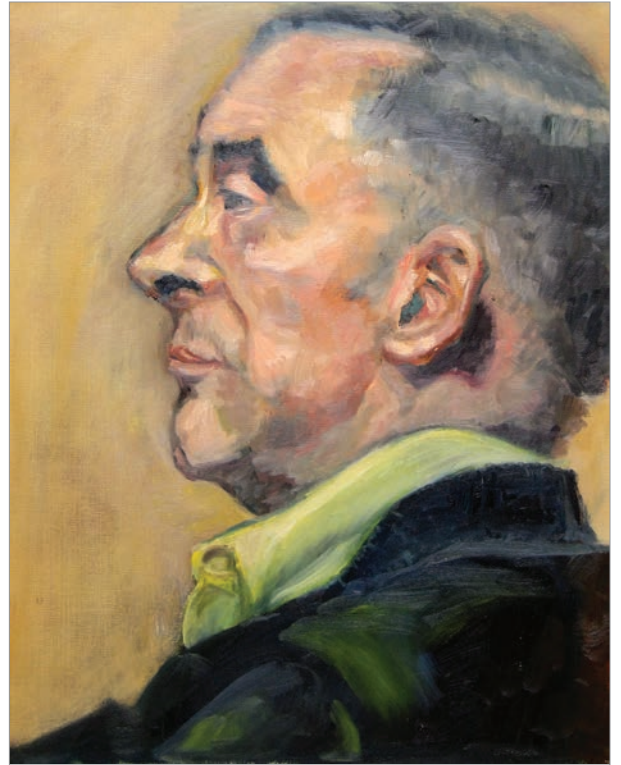
A weekend escape into nature with loved ones;
A refreshing breath of air;
In the wind, lyrics to the song “Going Home” *
Echo in my ear

*Going home
Without my sorrow
Going home
Sometime tomorrow
Going home
To where it's better
Than before*

Work and stress—now a distant memory;
Rejuvenation for what's to come.

* Leonard Cohen and Patrick Leonard (2012), “Going Home,” [Recorded by Leonard Cohen] on *Old Ideas*. United States: Columbia Records.

Monica Suarez Tyau, MD
3rd-year Resident



Portrait of a Man

In the encounter between subject and painter
And painter and canvas
The model begins as a stranger

Choices at first seem deliberate
Angles, volumes, depth, thickness of pigment
Then the process takes over

A need to plumb
And to express
The spirit of the subject

Sometimes I am surprised by the result

Katalin Roth, MD
Associate Professor and Director of the
Division of Geriatrics and Palliative Care

Flamenco



In fall 2012, my wife and I took a trip to Spain and Portugal. Among our many stops was Seville, Spain, the birthplace of flamenco. We went to this show and enjoyed a fabulous experience. The dancers were sophisticated, suave, and very sensual. Since I am more of a slow-dancing-to-Sinatra-kind-of-guy, I will not be attempting to learn flamenco!

Lowell "Bud" Weiss, MD

Clinical Professor Emeritus,
General Internal Medicine

Nothing Remains

Darkness

Oil black as soot
Consuming all that exists in its path
Filling every orifice
Smothering, suffocating

Surrender

A smile
A bright light that cuts through the darkness
Blinding you
Hiding from you
The emptiness

Nothing remains

Nancy Maaty, MD
3rd-year Resident

Medical Reflections

"Medicine is my lawful wife and literature my mistress; when I get tired of one, I spend the night with the other."

– Anton Chekhov



Autumn Buddha

Each call night crawls by with endless
Tasks
Checklists
Blaring pager beeps
Trauma-inducing alarms

And then

Three years over

In the blink of an eye

Pause now for a moment of serenity

Natasha Ang, MD
2nd-year Resident

A Small Victory

As my time as a resident draws to a close, I have to say that I've enjoyed almost all of it. That's not to say that during the past three years I haven't experienced with patients my fair share of sadness, death, helplessness, and sheer chaos. I've ended many a day thinking about ways to improve and ways to overcome disappointments. It hasn't always been easy to see the bright side of things. But during the last few months, I've made it a point to think of some victories and to celebrate a little when things go right.

I had just begun my intensive care unit (ICU) rotation as a 3rd-year resident. Compared to when I had been a 1st-year resident, this time around the ICU felt more like familiar terrain and not so much a battlefield. It felt more manageable and I felt under control.

One especially busy day I was called to see a "Trauma Yellow" (i.e., severe trauma) in the ER. The patient was a 25-year-old woman who had suffered a seizure while intoxicated. She was intubated (i.e., put on a ventilator) in the trauma bay for severe confusion, in order to protect her airway. As per protocol in the ER, they had cut off her clothing—in this case a dress—to survey her body for any injuries. Her other belongings were tucked into a large plastic bag and placed under her bed.

After I transported her up to the ICU, I started the appropriate medications and monitored her closely.

The next morning, before I had a chance to check on her, she had woken up and pulled out her breathing tube. When I walked into the room, she smiled and her first words were, “Do you have my shoes? They are my favorite pair.”

*Then I mustered
courage and
asked, “So, when
will you be seeing
her again?”*

I didn't know whether to laugh or to cry! Here was someone who had almost died and her first question was about her favorite pair of shoes. I retrieved the plastic bag

from underneath the bed and handed it to her.

She pulled out her torn dress and screamed, “Oh my God! Y'all tore my dress!”

Now I just had to laugh. I excused myself and stepped out of the room for a few seconds to regain my composure, then went back in and recounted the events of the night. She seemed to get the breathing-tube-down-the-throat part but still couldn't comprehend why her dress had to be irreparably destroyed.

At around that time a young man walked into the room. I learned she had been on a date with him when she had her seizure. It had been their second date. Remarkably, the first date had ended the same way, with her having a seizure. I took leave as the man began to talk to her.

A couple of hours later, I walked by her room and found her crying uncontrollably. She said that the man had come in to break up with her due to her frequent hospitalizations during their dates. “He thinks it's an ill omen,” she explained.

What followed baffled me: she wanted me to talk to the man and change his mind! Here was a woman whom I had just met wanting me to talk to a man whom I didn't even know by name about a very personal issue. I don't know how, but she convinced me to do it.

After rounds, I called up the gentleman. I explained to him her medical condition: epilepsy, with seizures being triggered by alcohol. I discussed how—with alcohol avoidance and medication—this was a treatable condition. Then I mustered courage and asked, “So, when will you be seeing her again?”

“I don't know. Soon, maybe,” he replied.

I then went back to my patient and informed her about my phone conversation. I wished her well and asked her to keep her spirits up. She was discharged later that day.

But that's not the end of the story.

Yesterday, in the mail I received a wedding invitation with a note. It was from my patient. “We're getting married! You are our special guest. You must come.”

I don't know if my phone call had changed her boyfriend's mind. I don't know if she ever stopped drinking. I don't even know how they got my home address. But I know I'm going to their wedding next month.

Chino Mannikarottu, MD
3rd-year Resident

Can You Sit with Mrs. E?

I think as physicians we all have experiences that change the way we see our jobs.

I can still recall the evening that I admitted Mrs. E. Just one week before I met her, she had been diagnosed with pancreatic cancer by a different doctor in our hospital. Rather than pursue treatment, she had decided to go home after her diagnosis. Once home, she had developed intense abdominal pain, and so returned to the hospital.

As soon as I walked into her room in the ER, she stated, “I feel terrible. I think this is it for me.” Having never met her before—having not even had the chance to introduce myself yet—I was shocked by her words. By default, I’m a pretty optimistic person; I wanted her to be more positive and optimistic about things, too.

Over the next few days, her condition worsened rapidly. She developed an infection in her blood and her blood pressure started to drop. The attending physician and I asked her what she would like done—how aggressive she’d like us to be. Given her cancer, she said that she didn’t want any heroics. She just wanted to be comfortable.

It was during my next overnight call a few days later that the nurse called me. “I know you’re on call and exhausted,” the nurse said, “but can you come sit with Mrs. E.? She’s not doing well and is asking for you.”

I still remember that long walk to her room from my call room. I was going on my 20th hour at work and felt completely drained. I remember thinking to myself that my clogs were too heavy and that I needed lighter shoes.



When I walked into her room, I found Mrs. E looking tired and pale. I gave her an update on her condition, explaining in the best way I knew that she was not doing well. I asked her if there was anything that I could do for her or anyone whom I could call.

She said she had no family, but was concerned about her dog. She explained that her dog was the reason she wanted to return home.

It was at this moment that she looked me in the eyes and said, “I know I’m not doing well. I knew before I came here that this was going to be it. Can you just hold my hand? It would make me feel better if I had someone I knew with me.”

I was surprised and moved that someone whom I had met just a few days before wanted me to be there for her during this time. Her request was so simple, so powerful. I pulled up a chair in her small room and I held her hand in mine.

I carry this experience with me every day. I try to remember that to some of my patients, like Mrs. E, I am more than just a doctor. I am their confidant, their advocate, their support. As their doctor, I have the privilege of being there for them during their time of need.

Liza McClellan, MD
3rd-year Resident

An "A" Patient

“We have an ‘A’ patient, Doctor,” said the nurse on the phone.

“Okay. Tell me about the patient,” I responded as I rolled off the old-fashioned gurney in the tiny office in rural Botswana that doubled as a call room. Although back in the States I was a resident early on in his training, there in Botswana, that night, I was in charge of the entire hospital. All of the inpatients were my responsibility.

“Well, Doctor, she is an ‘A’ patient. So we would like you to come see her as soon as possible. She has a very low red blood cell count.” An “A” patient

*Her prognosis
was terrible.
The only way
she would
live would be
to make it to
an ICU.*

was what we called a patient that had been triaged on admission for a doctor to see as soon as the patient reached the ward.

I had been working in the hospital for a few weeks and I was very impressed with the quality of the nurses. They were well-educated, bilingual, and compassionate. They were also proactive and

advocated well for their patients. It’s a lucky thing the nurses were so great, because most patients on the wards were very sick. That being said, we did not have an intensive care unit (ICU). If a patient was very, very sick, he usually wasn’t admitted to our hospital but instead sent straight to the larger hospital an hour-and-a-half ambulance ride away.

As soon as I walked into the ward I knew this was a transfer situation. The patient, Ms. K, was

struggling against the nurses who were trying to get her in restraints. A quick look at her chart showed the main issue. This 26-year-old woman’s hemoglobin (a measure of her red blood cells) was 1.9; normal is greater than 12.

When a nurse finally did get an IV, Ms. K pulled it out. She was confused, probably from having such a low red blood cell count. I also tried to place an IV, but with her constant movement and small veins it was impossible. I listened to her lungs which were clear of fluid, but her heart was beating 180 times a minute.

In this hospital we couldn’t do a central line, which is a tube placed in the deep veins. If we were to get intravenous access to give her blood, we’d have to use a superficial vein. An EJ (which is an IV placed in the superficial neck) was possible, so I called the anesthesiologist, Dr. L. He was our last hope for IV access.

He took one look at the patient and knew what he needed to do. He got two nurses together at the head of the bed to hold the patient down. He tried first on the left side of the neck. Success! But after he started the infusion of life-saving blood, a bulge began to grow on her neck. The IV wasn’t working.

He pulled out that IV and applied pressure to stop the bleeding. He turned her head to the other side and tried to place an IV there. I held my breath. Success! This time he secured the IV to the skin and started the blood without problem.

This brought us to our next dilemma. She was clearly not getting enough oxygen to her organs, as evidenced by her confusion, heart rate of 180, oxygen level of 70%, and lack of urine output. Ms. K needed three-to-four units of blood immediately or she would die. That being said, if we gave her too much blood too quickly she could get transfusion-related acute lung injury, which could cause her lungs to fill with fluid.

As the first few drops of blood made their way into her body, I listened to Ms. K's lungs. They were clear. Dr. L and I decided to give her two units of blood to start.

"Keep me updated," Dr. L said. "We may have to put a breathing tube in her." With that he left me to manage the sickest patient in the hospital.

Seconds felt like minutes. Minutes like hours. I listened to Ms. K's lungs. By the time the first unit of blood was in she was starting to gasp for breath. Her mental status was not improving. She was now oxygenating 65% (in the high 90s is normal) on high levels of supplemental oxygen. I called Dr. L to come back, knowing that putting in a breathing tube was the next step.

The nurses began looking for all the tools to perform an intubation, which is where a breathing tube is placed into the airway. I checked Ms. K's pulse—weak, thready, and fast, but still there. I listened to her lungs again; they were full of fluid. We could see by her quick breathing that her time was running out.

Dr. L injected a paralyzing medication and tried to intubate. No luck on his first try. A nurse put a facemask on Ms. K and pushed air in and out of her mouth as a temporizing measure.

Then Ms. K's heart stopped! I quickly began chest compressions. She was so thin that I could easily imagine my pushing on her chest pumping blood throughout her body. We regained a pulse, then lost it. Finally, after a few minutes, we regained it again. Dr. L was able to intubate Ms. K, but there was no improvement in her oxygenation.

This was the most stable she was going to be. Her prognosis was terrible. The only way she would live would be to make it to an ICU. The closest ICU was an hour-and-a-half away. We had an ambulance with a transfer team waiting outside. I checked one last time to make sure Ms. K had a pulse before I handed her into their care. Her pulse was weak, but present. Then off she went into the night.

I spent the next 15 minutes writing down all we had done in a chart and going over the chain of events in my head.

"Tough case," said Dr. L.

"I'm not sure we did the right thing by giving her the blood that quickly. Her lungs sounded terrible towards the end," I said.

Dr. L didn't hesitate. "The way she looked when I showed up, she never would have made it without blood. At least we gave her a chance."

At that moment a nurse approached. "I just got a call from the nurse on the ambulance. The patient has died. They are bringing the body back here."

Dr. L gave a somber nod and then went home for the night. As I slowly walked back to my cot in the call room, I continued to wonder how events could have unfolded differently...and to await my next "A" patient.

Andrew Myers, MD
2nd-year Resident



Chief Year in Haiku

Chaos and laughter
Schedules and coffee cups
We will miss you all

*The 2012-2013
George Washington University
Chief Residents*

Drs. Alex Cho, Amy Doran, Ju Kim, Jessica Logan,
Gurpreet Sodhi, and Sarah Thomas

In Praise of the Letter N

I'm not normally one
to favor one letter

over another, I
get along with them all

quite well, including
the letter X, I'd even say

I take them for granted
to tell you the truth

as means to an end
like cogs in a wheel.

Today, though, allow me
to celebrate in particular

the letter N, not
as you might expect

for its central location
in the alphabet

or for the joining
of A and D

but for my test result
as in Negative.

Adam Possner, MD

Assistant Professor,
General Internal Medicine

Initiation

Her name was Angela.
Not really, but we called her that.

At first, her most defining feature was her dead-ness.
Angela was the deadest person I had ever touched,
And I touched more of her than anyone else.
Eight hours per week for ten weeks.

Angela wasn't always dead.
She lived for 72 years.
She was single or married, a mother or childless,
Boisterous or shy, employed or unemployed,
And a lung cancer patient.

Angela wore rusty red nail polish.
It was chipped, so I knew she was real.
She was skinny (like me).
That made her easier (and harder) to dissect.

Angela was a teacher.
At least, dead-Angela was.

Angela taught me:
When things smell bad, breathe through your mouth;
Doctors shouldn't wear their favorite clothes to work;
I cannot take a saw to a human body;
"Dead" isn't contagious;

And anatomy.

Jill Catalanotti, MD

Assistant Professor, General Internal Medicine

September 8, 2012

You were not always old

I see you peacock-proud
Strutting

Shriveled arms akimbo

Bony chest thrust forward

Bleary yellowed eyes glaring

Daring people not to take your show seriously

I see the young man you were

Reflected in your baggy jeans

Your once fancy, now broken, sneakers

Is this what we become?

The aged, the infirm

Clutching desperately to our dignity

And our worn-out sense of self

Laura Wang Billiet, MD
1st-year Resident

Meditation on a Puppet on Larrie Greenberg's Right Hand

Background: Larrie Greenberg is an internationally known educator and pediatrician at the George Washington University School of Medicine and Health Sciences who, in November 2012, presented a workshop with Sarah Forgie on using puppets in medical education. Larrie has served as a mentor for me for many years.



What thing afflicts his poor right hand
turning Greenberg from green to pink?
The gentle touch that used to save
sick children from the rheumy brink.
The fingers used to palpate glands
and sign the way to better health
have turned to cotton candy strands—
two eyes, a nose, a gaping mouth.

Children fear it has the power
to their little sweet selves devour.
Or, when comes the next crescent moon
will it this man himself consume
leaving a scalp already bare
with plugs of grotesque pinkish hair?

Benjamin "Jim" Blatt, MD
Professor, General Internal Medicine

Compassion Without Borders



In January 2013 I was in Kenya, where I served as an expert consultant for the Physicians for Human Rights (PHR) Program on Sexual Violence in Conflict Zones. Along with other medical and legal experts, I worked with PHR to train doctors, nurses, clinical officers, police officers, attorneys, and judges on how to collect, document, and evaluate evidence of sexual violence against women, men, and children.

During and after armed conflict, sexual violence and other forms of torture are sometimes used as weapons of war. Unfortunately, survivors commonly suffer from post-traumatic stress disorder, depression, and other psychiatric and medical consequences. This crisis is occurring in many African nations, including those where the International Criminal Court is investigating mass atrocities. The purpose of PHR's Program on Sexual Violence in Conflict Zones is to foster collaboration among regional medical, law enforcement, and legal experts to prosecute and, where possible, prevent these crimes.

While in Kenya, I visited one of my favorite spots—The David Sheldrick Wildlife Trust, which rescues and rehabilitates orphaned elephants so that they can be reintegrated into elephant communities living in natural settings. Like humans, elephants can suffer from post-traumatic stress disorder. In 2009, G.A. Bradshaw released her book *Elephants on*

the Edge, which describes the phenomenon of post-traumatic stress disorder in elephants after decades of culling, poaching, human wars, and habitat loss. The phenomenon was also reported on by Charles Siebert of *The New York Times*, in his article entitled “An Elephant Crackup?”

My colleagues and I have also described post-traumatic stress disorder, depression, and other psychiatric disorders in chimpanzees who were abused in laboratories and other settings. Unfortunately, the capacity for psychological suffering is widespread throughout the animal kingdom. We share brain structures and physiological mechanisms with other animals that explain our common capacity for suffering. Emotions such as fear, pain, empathy, and love enhance survival. Why wouldn't other animals also experience these essential responses to the world around them?

Today, much of my work focuses on the common capacity for pain and suffering across species. My concerns about suffering in vulnerable populations have extended my work to include animal protection. As the British philosopher Jeremy Bentham wrote in 1789, referring to animals: “The question is not, ‘Can they reason?’ nor, ‘Can they talk?’ but, ‘Can they suffer?’”

Hope Ferdowsian, MD

Assistant Professor, General Internal Medicine

Mr. H.P.H

Mr. Homeless Please Help
I think it's time we meet.

For seven years you've sat
across the street from GW Hospital.

Occasionally I've greeted you with a sandwich, a soup
a curious look, indifference

and sometimes a look of compassion
but never a conversation.

I've hoped one day to meet you in the safe zone
on my side of the street.

In the serenity of a sterile room
I'd treat your medical conditions

while asking my burning questions about you
beyond tobacco, drug, and alcohol use.

Instead I continue to pass you
wondering how you've changed.

In seven years I've become
a Bollie

a medical doctor
a mother.

Have you noticed without asking?
Silly to think, I know.

Almost as silly as waiting to meet you
and replace the initials H.P.H. with a name.

Sylvia Gonsahn-Bollie, MD
3rd-year Resident

A Day on M Street

It was a cold November day. For the first time I could remember, I thought about dressing warm not only for the trip *to* work but also for the day *at* work. This was the day that I went on my first house call.

For most of us, doctor and non-doctor alike, when we hear “house call” we think about reaching out to a patient in his or her home. That’s exactly what I did that day, except the “home” of these patients was M Street.

I had strolled through this posh area of Washington many times before, gawking at the store windows and wondering when I would make enough money to shop there. But this time, walking on the same street with Gunther and Dr. Crosland, my focus was completely different. The goal was to meet the homeless population and offer them medical services. It was quite interesting to see the progression of expressions on the faces of the homeless people we approached: caution to skepticism to acceptance to gratitude.

By the end of the day, I walked away a different person. If nothing else, I had a greater appreciation for the things I have. The fancy fur coats on the mannequins didn’t matter anymore, as long as I had a coat on my body and pair of shoes on my feet. I never realized that a workday on M Street was all I needed to gain some perspective.

Shivangi Pandya, MD
2nd-year Resident

The World Outside the Self

"I arise in the morning torn between a desire to improve the world and a desire to enjoy the world. This makes it hard to plan the day."

– E. B. White



Diving

A diver disrupts the otherwise calm surroundings. Eventually, if the diver remains still, the agitated water will return to calm. Similarly, the human mind can be disrupted by new thoughts but will return to clarity with time. I took the above photo while diving in the Red Sea.

Ahmed Abughaban, MD
2nd-year Resident

At the Edge of Water



My husband and I used to live in Galway, a town in the west of Ireland overlooking Lough Atalia, a small sea inlet. On the shore of Lough Atalia there is a white cross at the edge of a well. When the tide is high, the cross is completely submerged, and as the tide recedes the inside well traps water. Aside from the cross, the well is completely unmarked. In fact, it is St. Augustine's well, one of only two surviving holy wells in Galway which is believed to have healing powers. The healing power of water is a major theme in Irish history dating back to pagan times. Legend has it that in 1673 a boy named Patrick Lynch, who had a grave illness, was miraculously cured after sleeping in the well and drinking its water.

Maram Alkhatib, MD
1st-year Resident

An Ambulance in Rural Ethiopia



Zohray Talib, MD

Assistant Professor,
General Internal Medicine

I often recall this scene when I hear ambulance sirens. It's a picture of an ambulance in rural Ethiopia bringing a patient to a clinic. Under the blanket is a pregnant woman. I took the photo while visiting Addis Ababa University Medical School. My research focuses on examining the health workforce challenges in Africa. More specifically, I'm interested in figuring out ways that we can train enough health care workers and improve access to good quality health care so that women like the one above have a better chance of survival.

Fighting Elephants

This photograph was taken in Tanzania when I went for a safari over a weekend with other medical students and doctors working at a rural hospital. Mesmerized by my surroundings, I took more than 600 photos in just 2 days. Everywhere I looked the wildlife and scenery were breathtaking. The elephants were my favorite to photograph because they were so social, always touching, eating, playing, or as in this case, fighting.



Jessica Davis, MD

1st-year Resident



Surprising Beauty

In July 2012, I spent a month in Kodiak, Alaska, working in a community clinic and learning about health disparities in the region. These windmills stood out in stark contrast to the rugged landscape I'd anticipated. During my time in Kodiak, I came to appreciate the ways in which the people of the island have embraced technology while maintaining their respect for the land's beauty and resources. Whether it's harvesting wind energy to power the historic fishing port or using telemedicine to bring health care to rural Native villages, Alaska is using technology to enhance, rather than distract from, its incredible natural beauty.

Sarah Doaty, MD
3rd-year Resident

A View from South Africa



In the fall of 2012, I spent five weeks working at an HIV clinic in rural South Africa. This is the view from a nearby facility overlooking the Tugela River in KwaZulu-Natal Province. In the late 1990s, when there weren't many treatments for HIV available in Africa, the facility—built by a non-profit organization called Philanjalo—served as a hospice for patients dying from the virus. While the facility continues to provide palliative care, it has evolved to offer rehabilitation services and other forms of support, frequently for patients newly started on antiretroviral therapy for HIV. For me, this beautiful view is a symbol of hope for expanding care to others living with HIV in poor and remote areas of the world.

Monique Duwell, MD
3rd-year Resident

A Solemn Reflection



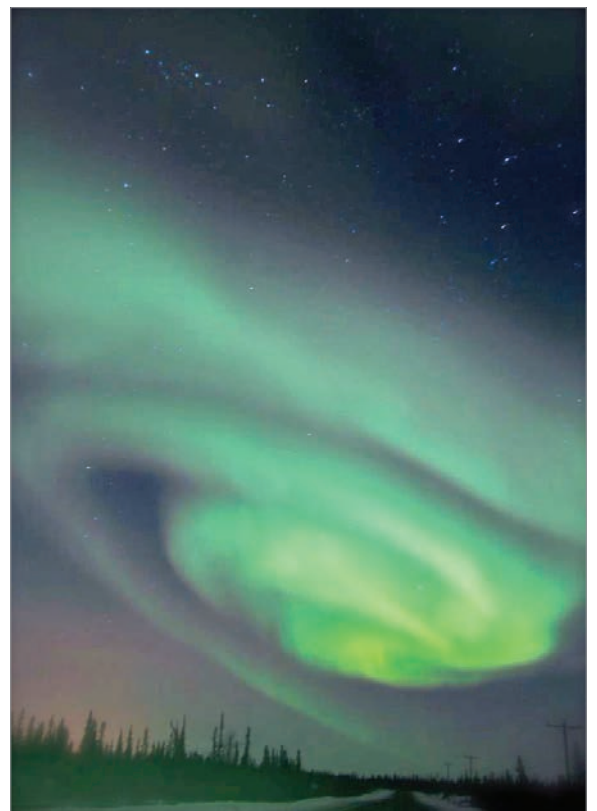
Wesley Fiser, MD
2nd-year Resident

With its rusty nails, chipped paint, and broken shutters, the dilapidated exterior of this house in Charleston, South Carolina, stands in stark contrast to the Southern plantation home across the street. Nevertheless, its glass panes somehow reflect signs of warmth and vitality. Despite a fractured facade, beauty still emerges, brightness emanates, a spirit lives.

Northern Skies

The sun only rises for a few hours each day during winter in the Northwest Territories of Canada. Miles above the frozen ground, solar winds attracted by magnetic poles collide with the earth's atmosphere. The result is this spectacular light show that brings incredible beauty to the darkness.

Ashley Freeman, MD
2nd-year Resident



A Wonder of the Modern World



If I could live multiple lives, aside from being an astronaut, or maybe a fighter pilot, I'd be a professional traveler. There's little I enjoy more in this world than getting out and seeing this world.

Because there are so many places I haven't yet seen, I generally don't like to go back to the same place twice. One destination for which I make an exception to that rule is San Francisco. Next to New York City it's probably my favorite city in the United States.

I took this photo in November 2012, while in San Francisco for a medical conference. As you might guess from all the steel and girders, if not from the color of the paint, this scene was from beneath the Golden Gate Bridge, on the southern end. I was struck by the enormity of the infrastructure looming over the tourists on the left. When faced with such overpowering structures, it's easy to forget that it's people—like those in the photo—who made them.

Adam Possner, MD

Assistant Professor,
General Internal Medicine

Yosemite in Winter



Sunrise in Chisapani

“The sun is coming up!” yelled the tea house owner as he knocked on my door while making his rounds. I was already awake, but that was the signal to head up to roof with the others and watch the sun rise over the Himalayas. Ours was the tallest tea house in the village, so we had been promised something extraordinary. And after trekking for two days from Nagarkot to get to Chisapani, I wasn’t disappointed. On that cold, clear morning the view of the mountains was awe-inspiring. I especially like the way the light comes across the peaks of the Annapurna Range in this photo.



April Barbour, MD

Associate Professor and Director of the Division of General Internal Medicine



I took this photo over Winter Break 2012. You can see El Capitan in the mid-left of the picture. This was an extremely calm and beautiful spot in Yosemite National Park. The silence and serenity were divine.

Shivangi Pandya, MD
2nd-year Resident

Taking a Rest



Bonita Coe, MD

Assistant Clinical Professor,
General Internal Medicine

I learned to ski when I was 12 years old in the French and Swiss Alps as a part of an exchange program between the Cleveland Municipal School District and the public school system in Paris. I ski recreationally now and take several trips each ski season, mostly to Colorado, which has the best snow in the world. This was my second trip to Vail. Last year I fractured my distal fibula skiing, but I'm back at it again this year. I took this photo in a moment of reflection on the mountain as I was skiing down.

Lund Cathedral Rose Petals



Rose petals on the steps of Lund Cathedral in Sweden, photographed on a family vacation in the summer of 2011.

Brad Moore, MD

Associate Professor,
General Internal Medicine

Totem

I caught this moment of unexpected contrasts on an overcast day in December 2012 about half a block from the MFA. The sculpture, which is untitled, was created by Ben Cabot and erected in 2003 as a memorial to September 11. What aren't seen in the photo are the people present—myself and a couple of others passing by—sharing the scene and the moment.

Letitia Carlson, MD

Associate Clinical Professor, General Internal Medicine



On the Importance of Family

"What can you do to promote world peace? Go home and love your family."

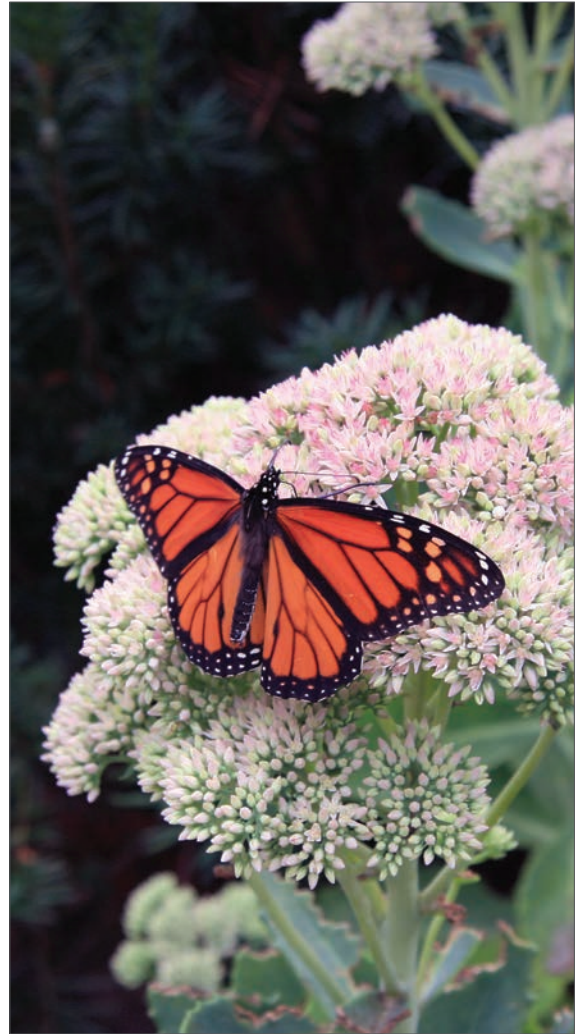
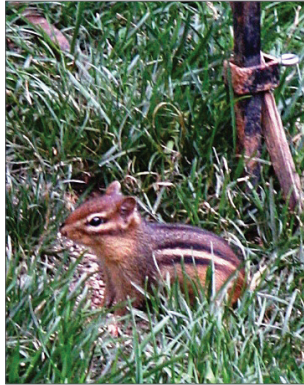
– Mother Teresa

One Family's Poem Prescriptions

1. For an unrushed parent changing a baby
 "Sea Fever" by John Masefield
 "O Captain! My Captain!" by Walt Whitman
2. For simultaneous bedtime reading for multiple school-aged children
 "Thirteen Ways of Looking at a Blackbird" by Wallace Stevens
 "This Is Just to Say" by William Carlos Williams
3. For a first-grader to memorize for his class presentation
 "How Doth the Little Crocodile" by Lewis Carroll
4. For a new graduate
 "If" by Rudyard Kipling
5. For evening phone reading for children to their grandparents
 "The Daffodils" by William Wordsworth
 "Hiawatha's Childhood" by Henry Wadsworth Longfellow
 "Paul Revere's Ride" by Henry Wadsworth Longfellow
6. For posting on the refrigerator
 "I Know Why the Caged Bird Sings" by Maya Angelou

Letitia Carlson, MD

Associate Clinical Professor, General Internal Medicine

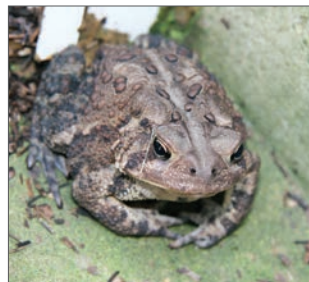


Around Our House

Our home is on a tiny plot of land that we share with a number of creatures. Toads live in the basement window wells. Cicadas live in the soil, except during the weeks they chirp at night in the backyard. Bees feast on our sedums. Butterflies, like delicate ornaments, decorate the foliage. Cardinals think we run a restaurant for them, and hang around until winter really gets going. Chipmunks nervously skitter around the logs. Strange insects are everywhere and we don't even know what to call many of them. These photos acknowledge the presence of all these critters and their right, I suppose, to be there.

James Cooper, MD

Clinical Professor, Geriatrics and
Palliative Care





Impressionism

I wanted to do something special to celebrate my mother's 70th birthday, so I took her for a week to Aix-en-Provence in southern France, just north of Marseille. We rented a car and from there visited Nice, Cannes, Monaco, and Grasse (where they make perfume).

I snapped this shot when we spent a leisurely afternoon at Cézanne's atelier in Aix. It's easy to be inspired to write, draw, paint, or just think in that space. There's a magnificent garden in which visitors can stroll or simply sit under one of the tall trees and watch the leaves shimmer under the sunlight. The colors and lighting in his studio evoked the impressionist feel of the entire day.

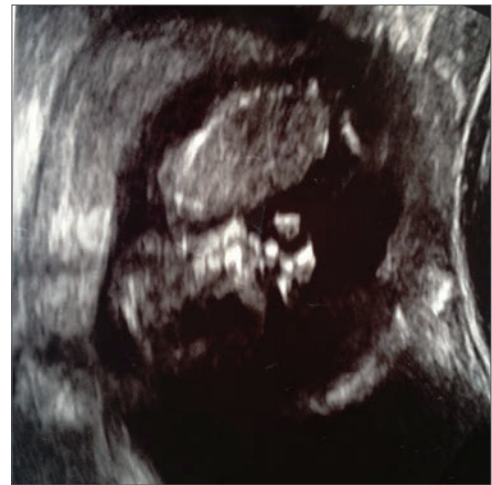
Gigi El-Bayoumi, MD

Associate Professor and Director of the
Internal Medicine Residency Program

Ultrasound

For Wlabzee "Zee" Bollie

Gray fuzzy images didn't adequately
Prepare us for the beauty of your face.
For 9 months, or
38 weeks 3 days to be precise,
We waited to see who you'd favor—
Mom, Dad, or both.
Now the image is so clear.
You're just the right combination:
Mom's eyes,
Dad's nose & lips,
A chin uniquely yours.
Each day you're coming into your own,
Fashioning your likes and dislikes into
A personality.
Again we're left with a fuzzy picture
Of who you will be.
Only time will sharpen this image.
Something no camera can fully capture.



Sylvia Gonsahn-Bollie, MD

3rd-year Resident

My Father

Our family does everything late. I went to medical school late, married late, and had a baby late. My father had his children in his 40's after he had already lived a lifetime.

My father was born on January 17, 1917; as he liked to tell people, the same year as JFK. He tried his hand in the seminary but was kicked out “for being too wild.” My father later finished college at Saint Lawrence University, where he washed dishes every night with another poor student, Izzy Demsky, who became his good friend. (Izzy Demsky went on to become Kirk Douglas.)

After college, my father joined the Army. It was World War II, and he was sent to learn Italian for a year. After he learned Italian, the Army decided to send him to India. There, while battles raged on other fronts, he helped take care of poor children, an experience that had a profound effect on his life. He was never again content unless he was helping to improve someone else's life.

After the war, he returned to the US, settled into a teaching career at a suburban high school, married my mother, and became part of small town life in Tarrytown, New York, just outside New York City.

Mr. Hynes, as everyone in town called him, was a real character. During the day he taught American history at Sleepy Hollow High School and always wore his signature bow tie. At night, he tried to change the world. For example, he brought the Democratic Party to Tarrytown. He would write people in high places and thank them for their work. He wrote Bobby Kennedy once to thank him for his work on civil rights; Attorney General Kennedy wrote a lovely note back. He helped African Americans get into college and taught courses to pregnant teens.

He was always available to help and expected the same from others. Mr. Hynes would regularly call on his previous students to help find jobs for his recent graduates. If a recent graduate got a job this way, Mr. Hynes would expect him to help other students down the road.

The poor were always close to his heart. I remember he found a beautiful apartment for a poor immigrant family, and then a nun asked him to try to find the family a nice rug. He was really mad! He thought the apartment was enough!

He was quirky, too. For example, my father never drove. He just went up to the top of the street and waited for someone to give him a ride wherever he wanted to go. He never waited long. My friends from high school still laugh about him waiting at the top of the street when I see them at reunions. He took the school bus to the high school and sat in the front seat.

When he had a stroke, hundreds of cards came in from people we had never heard of telling us about all the good deeds he had done for them, from sending cheques to their children in college to helping them find jobs. Up until then, we just thought he had been working at night. We were a little sad and envious that we hadn't known about this side of our father.

My father thought wakes were barbaric and always said the Jewish custom of “sitting shiva” was more appropriate. When he died, Mr. Hynes must have been the only Irish Catholic man in New York who had a shiva in his honor.

Then again, not unusual if you knew my father.

Marijane Hynes, MD

Assistant Professor, General Internal Medicine

Brown Rice

A 12-year-old girl, feet dangling from her chair,
sits between her father and the doctor,
trying to be the linguistic and cultural bridge.

“Dad, Doctor says that you have diabetes.
He says that you need to limit eating rice.”

“But, what will I eat then?”

“Doctor says you should switch to brown rice.”

At the end of the visit,
the doctor turns to the girl.

“Thank you for your help.
What are you going to be when you grow up?”

“I’m going to be a doctor, so I can treat my dad.”

Eighteen years later, the girl—now a doctor—
sees a patient who speaks her native language.

“Doctor, I want to stop eating white rice, but my wife
does all the cooking.”

“Would you like me to talk to her?”

“Oh yes, please, she’s out in the car in the parking lot.”

In the middle of the parking lot, the doctor
stands between the husband and wife.
Passers-by must think that this is a family—
a couple and their daughter.

“Hello, I’m a resident physician from
George Washington University. I want to talk to you
about how you can make better cooking choices for you
and your husband.”

“Yes, Doctor, if you recommend it.”

“Have you tried brown rice before?”

“No, but if you say we must, then we will.”

That night, the doctor calls her father
to tell him the story.

He says he has just finished eating dinner
with brown rice.

Phuong Luu, MD
3rd-year Resident



Big Sister

As I was coping with my own realization of being the father of two, my daughter (still in diapers) magically became a big sister. She instantaneously sensed that she now had a partner through life, and looked at him eagerly to share all the wisdom a two-year-old child can impart.

David Popiel, MD

Assistant Professor, General Internal Medicine

The Dress

Two women arrive at a wedding wearing the same dress. Fortunately no nasty looks, words, or fights ensue. This happened in Florida in October to my wife, Patricia, and our great-niece, Ellie, who lives in Charlottesville, Virginia. A good time was had by all.

David Simon, MD

Clinical Professor, General Internal Medicine



Where Is Your Family?

One issue that has caught my attention during my residency training in the United States is the lack of involvement of many patients' family members.

For instance, I'll never forget the elderly lady I took care of around Christmas one year. The patient was medically stable and ready for discharge. It was only a matter of to where. The patient kept expressing her wishes to spend Christmas and New Year's with her family. The harsh reality, however, was that her family was not ready and did not feel comfortable taking care of her during the holidays. The patient had a home health aide, but she was on vacation.

Where I come from, patients almost always have family and friends around them. For example, you would rarely see a patient go to the emergency room alone. There are usually at least one or two family members at his/her side. By

the time the patient is admitted to the hospital, more family members have shown up. Family members often volunteer to stay with the patient overnight, to help take care of him/her and make him/her feel comfortable. During the hospitalization, the patient is rarely alone for even a moment.

In my country, maintaining a strong family bond is a major priority and taking care of elderly family members is at the top of that list. In fact, many families would feel insulted if a home health aide or nursing home placement was even discussed with them.

What is it about American society that seems to leave so many patients alone in their time of need?

Anonymous

Touch Works

One more task
Before my lover's touch

One more click
Before my children's laughter

One more screen
Before the cool breeze reminds me

That this
Is what
It is all about

Sharon Baratz, MD

Assistant Professor,
General Internal Medicine

Cuentos Alumni

"The future is full of promise. Prepare yourself for it."

– The Mother (aka Mira Alfassa)
of the Sri Aurobindo Ashram

Celebrating the American Spirit of Innovation

On a recent trip to Panama, we learned about the history of the Panama Canal, and it struck a special chord with us.

Before our trip we hadn't known that the United States wasn't the only country to try to dig a canal through Panama to connect the Atlantic and Pacific oceans. Colombia and France had also tried to circumvent the 21-day trip around Cape Horn of South America. Heavy rainfall, rampant infectious disease, and landslides had put an end to those two countries' efforts.

What made the US effort successful? First, the US engineers did a thorough study of the region and strategically planned out the project. They created a string of artificial lakes across the narrowest part of Panama. However, these lakes were approximately 85 feet above the Atlantic and Pacific sea levels. With extraordinary ingenuity the US engineers devised basins where they would lift or drop large cargo ships by filling or draining the basins with water.

Thus operating on the basic laws of buoyancy, the Panama Canal was opened in 1914. The United States enjoyed the benefits of the canal until Panama was given control of it in 2000.



The Panama Canal represents the American spirit of innovation. In a way it reminded me of why six years ago I moved 8,000 miles to the United States, away from my family and friends, as an eager medical student. Throughout the world—but especially in the United States—with ingenuity, foresight, and hard work, anything is possible.

While penning these thoughts a few weeks later during my cardiology fellowship on the wards in Columbus, Ohio, one of my attendings walked up and asked me, "Nish, would you like to investigate the potential of stem cells in revascularization?"

I immediately began the mental task of sorting out my projects and call schedules in order to accommodate this exciting request.

"Of course, Dr. Pompili!" I replied. The spirit of the Panama Canal was with me.

*Nishaki Mehta Oza, MD (text),
& Veeral Oza, MD (photo)*

2012 graduates, now fellows in Cardiology
and Gastroenterology, respectively,
at The Ohio State University

A New Town

Did you know the children just stood there unable to fathom that we would allow such evil to exist so toss us to the cackling jackals shaking with fear the first cut should be the deepest didn't know you wore your britches so high made us pause to remember that we choose pride over peace join me in the prisoner's dilemma you try to binge and purge but this cloud has made it too heavy only reminded of your fog by rainy days that are too sick to unlearn when we lost more than life or resources because dumb pencils cannot know this caged leaden unrest so hard to beat the suits you might as well join neckties made from plantations of tiny hands who will never love only thy neighbor climbing up from the seething netherworlds of babylon like a diseased animal in agony but not understanding that we may all seek absolution some promised land revisited in generations to come unless we completely destroy ourselves first so please do not lose your art even if it's really bad because fruit is better than candy and it's not even close so why does it cost us so much more to consume in this short term of endearing philistine tap dances the frog lies smiling while clear water warms to a boil go get a pair of spectacles and stop squinting in the glare of dice we roll not die before we learn how to change boys into men instead of pawns like wrestlers posing in the mirror before a fake fight that gets watched because there is really nothing else on but we never asked for this sad show in the first place stop this privileged humming the commercials blare on even louder than your regularly scheduled program so turn off the television and pick up a friend for the series finale if this isn't the end of days then it seems a long moonless night with stars burnt by polluting light in an

otherwise stark canvas let the kids paint murals of their heroes like doves wearing our faces drinking from fountains of shame because their beaks choke on our milk so spit out your secretions or find help latching on amongst wolves breathing up the heavy collar of your feathered coat to steal your kin while the wily fox ignorant of violence wants more whether still white or still borne of the things we have owned for so long now owning us their logos branded onto elephant ideals and donkey tongues we have become three-armed double-blinded randomized trials advertising control to bear the right arms and resemble four fathers but only taking so many turns to come back full circle the definition of work is force times distance so what is the meaning if we never get anywhere at all tempted by the fruit of corrosive muddy gravel spewing careless pebbles making you feel nauseated and rabid with regret so surreal so fractured my bones hear nothing but politicking to protect guns and corporations carved from crusader history misguided and myopic yet beloved like cut flowers cloaked by tradition and enabled by honorable representatives omnipotent but casually codependent with status quo passive when passing speeches meaning consent while everything in their path gets wasted in the blink of an eye daring us to join the silenced screamers crying for safety because there is no defense for assault weapons made semi-automatic without background checks at poor targets so buyer beware the toys are us and the sale is on.

Manish Pant, MD

2012 graduate, now a fellow in
Hematology/Oncology at
The George Washington University

Sunset on the Pacific Coast of Nicaragua



When I took the above photograph, I had not been back to my native Nicaragua in six years. After growing up in Managua (the capital city) and completing high school there, in 1993 I moved to Miami for college. My parents moved with me, so I didn't have much occasion to travel back to Nicaragua. What made this trip so special—aside from the fact that I had not been back in so long—was that it was the first time that I took my wife, Aimee.

Juan Reyes, MD

2007 graduate, 2007-2008 chief resident,
now a hospitalist at
The George Washington University Hospital

Untitled

I have always loved pathology, ever since I took a botany class as an undergraduate. In medical school I started to paint what I saw under the microscope. Pictured here is an oil painting (5 feet by 4 feet) of a slide of prostate cancer, which now hangs in the house of a friend in New Mexico. I have a series of six of these paintings. In each, I've tried to convey a striking microscopic image on to a large canvas.

Mary Reyes, MD

2009 graduate, 2009-2010 chief resident,
now a hospitalist at INOVA Fairfax Hospital





Jellyfish and the "Jabba the Hutt" Frog

These pictures were taken at the California Academy of Sciences in San Francisco, a wonderful place for kids, adults, and photographers. The jellyfish were particularly hard to capture, given the low-light environment, my lack of a tripod, and that the jellyfish were perpetually in motion. I was inspired by their graceful movement against the serene blue background. The waxy monkey tree frogs, on the other hand, barely moved. They had a comical expression, reminding me of Jabba the Hutt.

Homan Wai, MD

2009 graduate, now a hospitalist and
Associate Clerkship Director at INOVA Fairfax Hospital

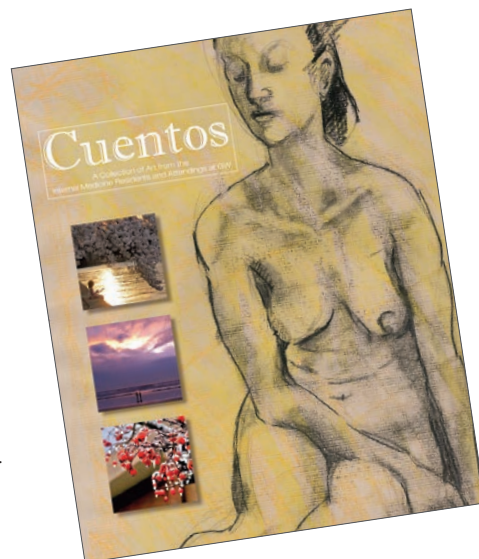
The *Cuentos* 2013 Team



(From Left to Right)

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Are you interested in expressing your creative side by contributing to the 2014 edition of *Cuentos*? Please contact Dr. Adam Possner at: apossner@mfa.gwu.edu for more information.



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