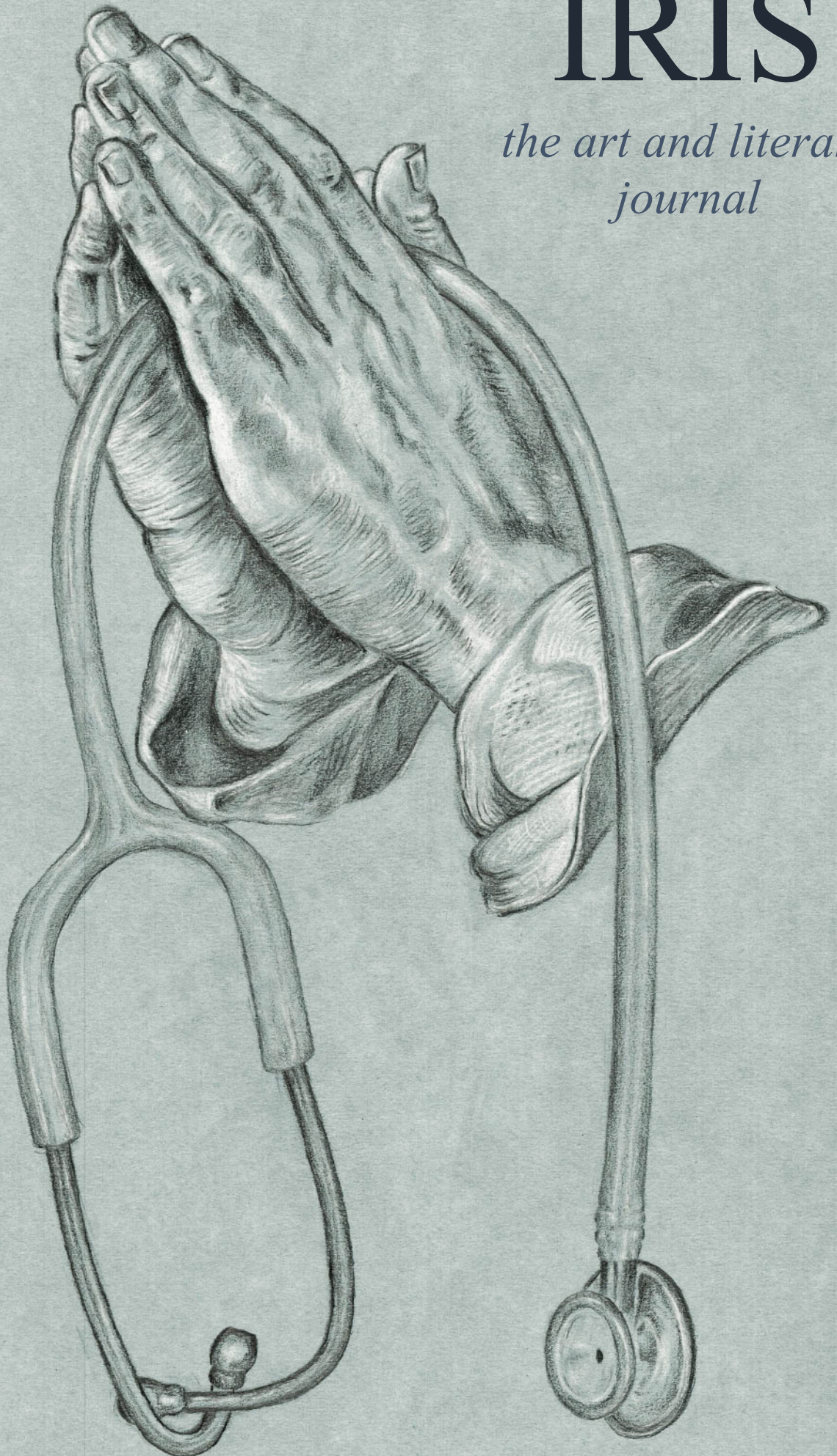


SUMMER 2021

Issue 11

IRIS

*the art and literary
journal*





Iris: the art and literary journal
The University of North Carolina School of Medicine

Issue 11 | SUMMER 2021

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Cover image, "Praying Hands," by Laura Wiser

Iris: the art and literary journal is sponsored by the University of North Carolina School of Medicine Medical Alumni Association. Please consider contributing to *Iris*'s future as an outlet for creativity and expression in medicine. We accept donations through the UNC School of Medicine Medical Alumni Loyalty Fund. Proceeds will support the publication and distribution of the journal's ongoing issues and special events.

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Editor's Note

In April 2020, the writer and activist Arundhati Roy described the pandemic as a portal.

Historically, pandemics have forced humans to break with the past and imagine their world anew. This one is no different. It is a portal, a gateway between one world and the next.

We can choose to walk through it, dragging the carcasses of our prejudice and hatred, our avarice, our data banks and dead ideas, our dead rivers and smoky skies behind us. Or we can walk through lightly, with little luggage, ready to imagine another world. And ready to fight for it.ⁱ

COVID-19 has stretched healthcare systems and humanity in unprecedented ways. We hear the fibers of our society tearing, shifting, groaning. As we enter the second year of the pandemic, we continue to confront uncertainty and find new communities and relationships, sources of inspiration and joy, like weeds growing in sidewalk crevices. We forge beginnings.

Iris is an art and literary journal which calls the University of North Carolina School of Medicine its home. Like many journals led by medical students and trainees in ever-demanding fields, this journal has moved in and out of activity since its founding in 1997. The pandemic, the political crisis, the fight against racial violence, all fueled the resurgence of *Iris*. We saw healthcare workers across the field, from students to faculty to staff, turn to art for respite and reflection. We saw an opportunity and necessary gap that needed be filled to provide a platform for sharing experiences, revelations, and voices of strength.

Issue 11 of *Iris* is our portal. It includes poetry that grapples with time, essays that navigate the fundamental experiences of caregiving, and even a witty script which captures political tensions within the pandemic. There are photographs that carry loneliness and drawings that remind us of hope. This issue is our portal from past to present into our journal's revitalization and a portal between our contributors and our readers.

Thank you for opening this issue and taking a moment to pause, read, and reflect.

- Yoshiko Iwai for the Editors of *Iris: the art and literary journal*.

ⁱ Roy, A. (2020, April 3). Arundhati Roy: 'the pandemic is A portal'. Financial Times. Retrieved September 14, 2021, from <https://www.ft.com/content/10d8f5e8-74eb-11ea-95fe-fcd274e920ca>



POETRY | SUMMER 2021

Fall of Saigon

By Carol Tran

Copper halo

Splintering,

Splintering

On early morning dew.

Uớt. / Wet.

Hot assaults of torrential,

Prickling rain

You run.

Fear within the flesh

It's becoming of you

You run.

Kinship slain,

A smattering of red:

Nhiều máu. / Lots of blood.

Tears are for the weak and

Honor is dead

Like a rotten *nước mắt* stain.

Vomiting, bowels of

Salty black murkiness

Stare at you as

You run.

Ở nước Mỹ, /In the USA

Am I just opportunity?

I am fear redefined

Con gái của ba/ I am your daughter

I am your flesh

And I understand

But you run.

Away from the war,

Away from me,

We are the casualty.

Author's Note: This poem is about my relationship with my father. In this poem, he is reliving his PTSD that began with the Vietnam War. After immigrating to the United States, he felt survivor's guilt and his memories of the war resulted in a strained family dynamic.

Carol Tran is a second-year medical student at the University of North Carolina School of Medicine and a FIRST Scholar pursuing psychiatry. She has also been involved in research with female trauma survivors, taught piano for 3 years, and is currently writing a murder mystery novel. She is published in *Biological Psychiatry*, *Journal of Pain*, and *North Carolina Bards: Charlotte Poetry*.

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POETRY | SUMMER 2021

Eternality

By Samuel Haddad

Do you think the ancient Ones
Who first proclaimed the heart to love
Knew that her asymmetry
Has nothing to do with beauty or attraction

Do you think instead
They understood her eternity
Knew that she can, technically speaking, beat forever
And decided that was more important

Samuel Haddad is a second-year medical student at the University of North Carolina School of Medicine. He received his Bachelor's in Public Health at UNC Chapel Hill. His interests include global health systems, epidemiology of preventable disease, and poetry.

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POETRY | SUMMER 2021

Fragments from a prayer, a dream, or something else

By **Cambray Smith**

I. Intro, during which I try to set the scene:

Dear God,
I am so small.
That's all I can think to say right now,
besides mentioning my dream,
the one where I slept on cookie cutters.
My abdomen couldn't relax without star-shapes being punched through me.

I will try again.
God,
May I cultivate an adequate amount of concern
—*teach us to care and not to care*—
for this world, for the people around me, for my fluttering little self, for the beyond.
I know I am limited, so I aim at adequate,
but if you think I can handle more, I'll try to accept.
There's no use in lying, I suppose.

While we're at it,
please have mercy on my grand ambitions,
the ones that will turn to dust someday,
and (please) don't laugh at my plans too much,
because every once in a while, I think I have a good idea.

(Sometimes I think everything in the universe might be ridiculous,
Excluding only the golden trees at dawn.)

II. Another dream:

Why did I see those scenes the other night?
The cutting in the lab,
and in this haunted version,
a take-home project: carving a human head.
They said it was for science, but I heard the whispers,
felt the blood on my hands.
I tried to escape, but I have the memory.
Will this one day help me heal?

(Knowing I participated in this—what am I supposed to do with that weight?)

All the same, I don't regret it;
I am always the first student ready to cut.
Forgive me this, if forgiveness is needed,
and, God, please consider continuing to lease me my curiosity.
I have not fully repented yet.

III. A transition of sorts:

We sometimes ask for broken hearts,
to feel what you feel.
I am not sure I want all that.
The injustice of it all is too much for me,
and I am doubtful about my capacity for action on these topics.
(How loud fear feels.)
Brothers and sisters remain entangled,
and I look on.
What is my greatest crime?
Who I am, what I do, or what I fail to do?
Is this perceived guilt real?
Sometimes I don't think so, but then I look inside myself.
I see the shadows,
I know the depths.
Do we all come to the same conclusion?
Of what do our souls consist?

Even those of us with organs full of doubt
still try to pray.

Bless my sister and my brother,
my sibling and their lovers.
May we all be free, someday,
threaded together by the words under the words.

IV. On living in a pandemic at the edge of the Anthropocene:

They say the world is turning against us,
that the fire and floods are here.
I think the earth might be right to expel us.
Can these bones still dance?
Doubtful, although some make an attempt.
Should I try?
I'm ambivalent in this moment.

We are ill, so ill,
and the machines are not coordinated to fix it.
Death-nets are being stitched while the people argue on.
Is use of the term "despair" always melodrama?

I am tired of all words losing their meanings,
of concepts becoming anemic and brittle.
These hollow names do not touch what is real.
Hearing these not-quite-right words hurts me—
a stab-ache in my chest—
I grow old, then numb, and eventually dumb.

Bless the artist, Mother, who makes beautiful things from ashes,
who conjures life from letters and color and light,
and yes, even from shadows.

May I make one true thing in my life.

V. Moving forward:

I'm reminded that this is (still) supposed to be a prayer.
I ask: does courage still exist?
If so, I would like some of that, please,
and also eyes that see and arms that reach.
I am sorry if I demand too much,
I know not what to do with myself, nor how to constrain, shape or hold hope.

Since the beginning of mind,
wise ones have recommended banishing the pesky voice within.
I would also like to do that, I think,
to disappear.
Goodbye, ego—down the drain you go.
Goodbye words, and books, and feelings for friends,
goodbye ideas, good and bad,
goodbye conversations in my head, goodbye jokes and horror,
goodbye dialogue, goodbye impressions and interiority,
goodbye faith and pathology, brain, body, and mind.
Goodbye, goodbye, and good riddance to it all.
Please subsume me into something larger now.

Being a self is hard.

VI. Departure:

I turn off the lights in the warm water;
I find solace in places where there are no words
(any word I know—
any term that's familiar—
dulls this).
I feel it all, and also nothing.
It lasts a moment, or maybe longer, or maybe never happens.
What does it mean to capture, to rapture? Are these related?

Where do we go when we're not at home?

VII. Re-arrival:

Oh, to see visions of a flourishing earth.
Oh, to hope, even amidst fear.

My skepticism erodes for the moment,
and I think we can still maybe do it,
figure it out, even if for just a little bit, even if it will require some disappearing.

I cannot rid myself of stubborn striving toward the sun.
I put a stake in the ground. The sign reads:

*Accepting all help: The practical and the mysterious, the created and that
which generates, the temporal and the enduring, the silly and the small. We
do not deserve to discriminate, to discern, to decide; to reject newness or
oldness; to say what is lost or what is found. We do not know anything.*

Those who say they know much are fools indeed.

Will we hear something?
Will we listen?

I am confident that I've never heard anything.
I am confident that I thrice heard an utterance—soft, still, serene.

Author's note:

This poem uses a line—"teach us to care and not to care"—from T.S. Eliot's "Ash Wednesday" in Part I. The concept of "the words under the words" in Part III is borrowed from Naomi Shihab Nye in her poem of the same name.

Cambray Smith is a second-year MD-PhD student at the University of North Carolina School of Medicine and contributing editor at Iris. She received her B.S. at North Carolina State University and worked in biomedical ethics research at Mayo Clinic for two years. She is interested in health policy, ethics, and social medicine. Learn more about her work and interests on Twitter @CambraySmith.

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POETRY | SUMMER 2021

Soneto IV: Galadriel

By Félix Montblanc

This is a sonnet I wrote for a dear friend who helped me understand how to manage my chronic illness. To many, poetry (and especially, sonnets) is an antiquated art, but to me, it has and always will be the greatest form of flattery. *Soneto IV: Galadriel* is the tale of an Argentinian gaucho. In the poem, he is a nomad in search of precious gems and is compared to the dwarves who mine the deep earth in J. R. R. Tolkien's work. However, upon awaking from a dream, the gaucho realizes that there are more valuable treasures than gems. He decides to ride across the vast South American plains (la pampa) to ask the person to whom the poem is dedicated for one strand of hair. Thus, the recipient of the poem becomes a character of the story in the last verse.

If you've read *The Silmarillion* and *The Lord of the Rings* or watched the film adaptations of Tolkien's work, you may know of the tale of Fëanor and Galadriel, two immortal elves, and Gimli, the dwarf. Fëanor was one of the greatest, powerful elves of Middle Earth, and he was deeply in love with Lady Galadriel, the most beautiful and benevolent of all elves. However, Fëanor wasn't pure-hearted, and Galadriel could sense his pride, greed, and evil. Three times, Fëanor begged Galadriel for one strand of her golden-touched-with-silver hair, and three times she refused him. Fast forward thousands of years later, when Galadriel meets Gimli, who was about to embark on an epic journey to destroy the One Ring of power alongside Frodo and Gandalf. Gimli—a brave warrior, a humble miner, and loyal friend—is struck by Galadriel's beauty, and politely asks for a strand of her hair before departing to Mordor. Realizing that Gimli is pure-hearted, just, and most importantly, worthy, Galadriel gives him not one, but *three* strands of her hair.

Soneto IV: Galadriel

Quiero contarte un cuento, querida Carolina:
Érase una vez un gaucho de la pampa argentina,
Caballeroso y gentil, quijotesco y elegante,
Que viajaba en la llanura, en su negro Rocinante.

Amador era este mozo del zafiro y del diamante,
De lo azul y de lo puro, de lo noble y lo brillante.
Y en un sueño de junio, en un alba divina,
Le apareciste tú, hecha una elfa andina.

Despertó del sueño aquel, sonriente e iluminado:
“En mi vida entera yo he estado equivocado,
¡No es zafiro, o diamante el tesoro máspreciado!”

Monta el gaucho su corcel y da mil gracias al cielo,
Y recorre la grandeza del americano suelo
Pa' pedirte, niña bella, una hebra de tu pelo.

Félix Montblanc is a medical student at UNC School of Medicine. He received his Bachelor of Arts from UNC-Chapel Hill in 2018. In university, he was a teaching assistant in chemistry, mathematics, and languages, and engaged in mRNA alternative splicing and stem cell research. In his free time, he enjoys poetry and music, especially those from the modernist and the romantic period, respectively. He has contributed creative work to Mezcla, a bilingual magazine at UNC, and scientific work to the American Society of Nephrology. This is the first time he shares his poetry publicly.

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PROSE | SUMMER 2021

Syncope

By F. Lee Mueller

Huh, I thought the floor had black tiles, not white. Oh, wait... that's the ceiling. Why is Ziyad's face so blurry, so large, and where are his neck and body? Why is he not smiling? What's wrong? Did something happen?

"Sweetie, sweetie, are you there? Can you hear me? Lee, is that her name? Yeah. Lee? How are you feeling? Lee? Hey Lee?"

A halo of blurry faces merges into just two. *That light is really bright.*

"You fainted." *I what?*

"We'll drive you to the hospital." *I feel fine, an ambulance would be an overreaction.*

"Do I have to go?"

"Let's just see you walk before you sign the AMA..."

"Okay."

I take a step and start to fall. **Pitch black.** I'm a foot lower than I should be. Time skipped a beat, or maybe space did.

"Did I just faint again?"

"I don't know, did you?" *Aren't you the paramedic? Shouldn't you know what fainting looks like.*

On the gurney ride, my consciousness fluctuates like the rattling of its metal bars. The white dorm room ceiling flips to the black behind my closed eyes. Glimpses of more white hallway ceilings become the blackness of the night sky, then switch to the white roof of the van. The deep, gentle blackness of the MRI machine is interrupted by the blinding white lights of the ICU.

EPIDURAL HEMATOMA AND A SKULL FRACTURE

"Are you in pain?" my teacher asks days later, repeating the same question I had brushed aside when it was posed by nurses and neurologists in the hospital. At the time, pain hadn't seemed as important as the possibility of avoiding a foley catheter placement.

I shake my head no, this time unable to speak. *Something is wrong though*, I want to say, but gravity is caving in on me, sealing my lips.

Bringggggg, bringggggg. A public-school veteran, I stand at the school bell's command. I turn. I open my mouth to ask a classmate to carry my apparently overweight, doctor-disapproved backpack, but my lacrimal ducts open themselves instead. Uninvited tears accompany my whispered words as the gravitational pull of the earth turns my legs into lead

amidst air that has turned to molasses. *Oh god, I'm going to need a wheelchair. I must actually be sick.*

"You fainted again." *Of course I did.*

The smooth tile is cool against my skin, but the thing that glues me to the floor is knowing that as soon as I sit up, I will have to face the whole congregation. I focus in on my dad's expressionless face and steal it for myself. Avert their gazes. Shuffle out of Church. Ashamed of my body in the place of its creator, but more ashamed to fulfill a stereotype. Luckily, we are in the back of the Nave, and I only have four crimson velvet pews and a few dozen dress hems worth of humiliation. *Did the almighty get a kick out of the irony of making the fledgling feminist chronically swoon?*

"Why don't you just sit here and rest," my dad advises.

"I know, I know," I say as I flippantly wave off his arm that is trying to guide me to a sitting position. I close my eyes, knowing there is nothing else to do but sit and wait. Cole rushes to fill a flimsy plastic cup with water from the fountain down the hallway from the chapel.

Cole looks terrified. His eyebrows straining for his hairline. His eyes as big as saucers. His hand clenches the now empty, clear cup a little too tightly, streaking it with white indentations. My father's calmness has become stern, more tense. His eyebrows want to furrow, but he fights to keep them in place. My sweat is cool and clammy, and my limbs feel heavy with sleep. I wouldn't dare try and move them from the scratchy, uncomfortable, puke-green fabric of the 70s style armchair.

"Why are you looking at me like that?"

"You just seized."

"Excuse me?"

"Your body was shaking."

My body is still as ice.

'How Morgan I'm about to faint'
This is what they mean when they say searing pain. Searing? More like shearing. The tin can of creamed corn is so bloody, it is as if the cob is a shorn animal. Blood is thicker than water? Huh, well it's a lot less viscous than creamed corn. Even though my hand is losing volume, it is my head that feels lighter. This must be dizziness.
my mother, I'm about to faint.

I start to lower my body using the counter for support.
Bleep. Next scene.

Morgan's eyes have always dominated her face, but her sclera seem to leap out even more right now.

Hey look I'm sitting upright this time!

"Did I hit my head?"

"No, Emily caught it in time."

"Can you drive me to the ER, I think I might need some stitches."

Why am I still so nauseous? I thought I knew how to handle this by now.

"You better pull over, I'm about to vomit."

It is only **black** this time. No white. No faces.

I finger the loops of the soft carpet beneath me trying to locate myself in the world. My bedroom. My bedroom floor. I was walking to the bathroom in the middle of the night.

YOU ARE NOT DREAMING. LEE, YOU ARE NOT DREAMING. YOU HAVE TO REMEMBER THIS IN THE MORNING. THIS IS REAL, YOU FAINTED AGAIN.

If a tree falls in the middle of the woods and no one is there to hear it, does it make a sound?

If a Lee falls in the middle of the night and no one is there to witness it, did she really faint?

What is fainting without the faces? What is the blackness without the white?

Is a head injury risky if nobody is there to worry about one?

Should I just go back bed?

F. Lee Mueller is a third-year medical student at the University of North Carolina School of Medicine. She previously received her B.S. in Biology and B.A. in Religious Studies from the University of North Carolina at Chapel Hill. She has enjoyed participating in SNMA sponsored book clubs on racial injustice in medicine, mentoring pre-med undergraduate students through her leadership of the Medical Mentors group, and ushering in future classes of medical students through her roles as an Admissions Ambassador, interviewer, and Summer Seminar Instructor.

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PROSE | SUMMER 2021

EPIDEMIOS: With apologies to Plato

By Daniel Albert

Glaucon: Have you heard of the disease that is ravaging the country called COVID-19?

Socrates: Of course, why do you think I am wearing a face mask?

Glaucon: So, you believe in social distancing?

Socrates: There is much data to support that view.

Glaucon: Socrates, what data are you referring to?

Socrates: Many countries have instituted social distancing and reduced the spread of the disease, including China, South Korea, and others.

Glaucon: So, you are generalizing from specific instances to a principle?

Socrates: Yes, we can say with some degree of confidence that any country that imposes social distancing would reduce the spread of the disease.

Glaucon: I would agree.

Socrates: Good, we have our pupil Aristotle to thank for this form of reasoning. He calls it inductive inference.

Glaucon: But some people don't believe it is caused by a virus. They think it is a government plot.

Socrates: Yes, but the virus has been isolated from sick people and not from healthy individuals.

Glaucon: That is so, Socrates.

Socrates: So, you would agree that if the virus infects a person, they will develop the illness?

Glaucon: It would seem so.

Socrates: Again, we must thank Aristotle for this form of reasoning he calls deductive inference.

Glaucon: Can we then say that the virus is the cause of the disease?

Socrates: Well, it appears to be a necessary factor, but since many individuals have the virus and are not sick, it appears not to be sufficient to cause the disease.

Glaucon: It would appear so.

Socrates: We call this causal inference.

Glaucon: Is it a form of deductive or inductive reasoning?

Socrates: Now you are asking a very difficult question for which there is no easy answer.

Glaucon: What would Pythagoras say?

Socrates: I think he would prefer a deductive approach, as a mathematician typically prefers. However, a practical person might simply point out the regularity of the occurrence of the virus and the illness.

Glaucon: What would we call this kind of reasoning?

Socrates: This is typically referred to as statistical inference.

Glaucon: But many other factors must play a role since not all infected patients get sick.

Socrates: Yes, statistical inference requires many other factors, such as an appropriate temporal sequence, and cohesion with other principles of disease, so it is never 100% accurate.

Glaucon: Yes, our colleague David Hume has pointed this out.

Socrates: If that is the case, can we ever be sure of anything?

Glaucon: It would appear not.

Socrates: Then you would agree that a person with the virus could be both alive and dead.

Glaucon: I would not go that far.

Socrates: So, some principles remain true?

Glaucon: Yes, some things are either true or not true. Don't you agree?

Socrates: We call that the law of the excluded middle.

Glaucon: So, some treatments for the disease will be effective and others may not be?

Socrates: That is true of all conditions, is it not?

Glaucon: I would need to ask Hippocrates.

Socrates: Hippocrates has voiced the principle of “First, do no harm.”

Glaucon: But some people were told to drink bleach, and they got sick or died.

Socrates: Since bleach can kill the virus on surfaces, unscrupulous healers have advocated drinking it.

Glaucon: Yes, much harm has resulted from thoughtless politicians advocating false remedies.

Socrates: I know I will be forced to drink hemlock by politicians because I will not renounce my search for the truth.

Glaucon: But if bleach kills the virus on surfaces, why can we not reason that drinking it would help?

Socrates: Knowledge extensions to unknown areas need to be carefully reasoned to include benefit and harm. Sometimes science will help deciding how to maximize benefit and reduce potential harm. What we know of the virus suggests that it requires host factors for a successful infection, including a cell surface receptor (Angiotensin-converting enzyme 2 receptor, or the ACE2 receptor) for binding, then several biochemical reactions to allow it to replicate in the cell.

Glaucon: Then it would appear that interfering with one or more of these steps might inhibit the virus infection.

Socrates: Yes, but the reasoning will only get you a hypothesis. You must test the hypothesis to determine if it is true.

Glaucon: I see.

Socrates: For example, hydroxychloroquine and chloroquine inhibit viral binding and thus infection in the laboratory, but there is very little evidence that they are effective in patients.

Glaucon: Yes, there was a small uncontrolled trial in France that led to the claim that these drugs were a “game changer.”

Socrates: Subsequent data was not supportive.

Glaucon: And we owe this form of reasoning to our colleague Francis Bacon.

Socrates: Yes, the scientific method.

Glaucon: What about the claim that antihypertensive medicines that block the ACE receptor would be harmful since the cell will produce more of these receptors?

Socrates: Again, a hypothesis that does not appear to be valid.

Glaucou: Why did this virus occur now?

Socrates: It appeared to be endemic in bats, in addition to other coronaviruses, but skipped to a new host, probably pangolins, which are trafficked for herbal medicine in China.

Glaucou: Is there reason to believe that viruses exist to infect people?

Socrates: Most people believe that evolution and evolutionary pressure are the major determinants of viral replication, and host-jumping is not purposeful behavior.

Glaucou: We have dismissed purposeful, or teleological, explanations, much to Aristotle's dismay.

Socrates: Like other epidemics, the disease seems to spread so quickly and almost randomly.

Glaucou: Like the plague. But, unlike the plague, people with this virus who are not sick can infect others.

Socrates: Yes, the infection of others is measured by its ability to spread, called R, which for this virus is about 3. This is moderately infective, meaning for every person with the virus, about 3 people will acquire it.

Glaucou: So, the infection can spread exponentially?

Socrates: Without any brakes, it will infect everyone.

Glaucou: Such a random event.

Socrates: Yes, we can call it a "Black Swan" event.

Glaucou: And the rapid spread?

Socrates: Can be modelled with chaos theory using fractal mathematics or fractal geometry.

Glaucou: Is there no remedy?

Socrates: Social distancing works to some extent for all infectious disease.

Glaucou: But no specific remedy. Can we not reason from other coronavirus infections?

Socrates: Coronaviruses are responsible for about 30% of common colds. However, there is no specific remedy for the common cold.

Glaucou: So, argument by analogy is not always helpful.

Socrates: But we do have medicine for other RNA viruses, like HIV.

Glaucon: Is this a useful approach?

Socrates: Many RNA viruses use the same biochemical steps to infect a host cell, so perhaps a medicine already developed for RNA virus infection would be helpful.

Glaucon: Yes, you have mentioned this form of reasoning many times. Inference to the best explanation.

Socrates: We call it abduction—a pragmatic approach.

Glaucon: Can we not use that reasoning to treat the very sick patients with cytokine storm?

Socrates: Perhaps, but another approach is to use a shortcut method called a heuristic.

Glaucon: How does this work?

Socrates: Cytokine storm is present in many overwhelming immune responses, such as macrophage activation syndrome, hemophagocytic lymphohistiocytosis, CAR T response, and sepsis.

Glaucon: Yes, they all seem to be mediated by interleukin 1 and 6, or IL1 and IL6.

Socrates: So, the heuristic is that all cytokine storms can be treated by IL1 and IL6 blockade.

Glaucon: It is worth a try.

Socrates: But since it is an infectious disease, in theory, a vaccine could be developed.

Glaucon: Yes, Socrates, you have taught me this is a tautology.

Socrates: Perhaps, but even tautologies have exceptions. For example, the statement “all bachelors are unmarried men” has exceptions.

Glaucon: Yes, there are widowers, transgender folks, and others who break the equivalence.

Socrates: However, the best solution to the COVID-19 pandemic remains an effective vaccine.

Glaucon: Many people believe so. However, non-believers who refuse the vaccine may permit the virus to continue to ravage the population.

Socrates: Well, enough talking, we have much work to do.

Glaucon: Yes, Socrates, what is clear is that thoughtless recommendations, lack of commitment to responsible behavior, inadequate planning and foresight, poor resource allocation, and poor leadership result in the worst management of this crisis in all of the developed nations. Fortunately, now that we have effective vaccines that are being widely distributed, and more of the population is getting vaccinated, there is hope that we can control this catastrophe.

Socrates: It would appear so.

Daniel Albert is a Professor of Medicine and Pediatrics and Vice Chair of Medicine for Faculty and Academic Affairs at Geisel School of Medicine at Dartmouth. He is a rheumatologist and has published widely in that field focusing on epidemiology and health services research. He has participated in numerous humanitarian missions which are detailed in his book *Volunteer: Adventures in Humanism* (Austin Macauley 2019).

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PROSE | SUMMER 2021

Dueña de mi vida

By Alexis Holloway

“Can you print a suicide hotline info sheet in Spanish for the chronic hypertension and diabetes patient in Room 4?”

Amidst the chaos of the student-run free clinic and my myriad of duties as clinic director, the significance of the request from Tatiana, one of the fourth-year medical student volunteers, barely registers. *One.*

“If we don’t tell you, then you’re not complicit!” Elisabeth, the head of the clinic’s chronic care branch, says.

“Psh, whatever, just tell me.”

“The ‘friend’ that drove her here is Gabriel.”

I reflect with exasperation on the rule that says volunteers cannot drive patients to clinic, one of the biggest barriers to care they face, and I am struck, not for the first time, at Gabriel’s kindness and determination to help the patients for whom he interprets. *Two.*

“I sent the resident and attending home,” Regina, my clinic co-director, informs me as I return from dealing with a different crisis, stopping me in my tracks.

“But Room 4 is still being seen by the pharmacy student!”

“Oh...”

Three.

It’s now 9:20pm and the significance of those three moments no longer escapes me. The attending is unreachable, and I’m informed that the resident, Dr. Michaels, is calling the police as he drives back to clinic to have the patient from Room 4 involuntarily committed for suicidal ideation.

Dr. Michaels rushes through the side door, a can of grape soda in one hand and his car keys jangling in the other.

“Can I talk to you really quickly before you go in?” I ask, trying to hide the quivering of panic building in my voice. I feel utterly unqualified as a second-year medical student to handle this situation. “The patient is undocumented. I’m worried that the stress of being in a police car and admitted to a hospital where she might be identified by ICE or stuck with a huge emergency room bill she can’t pay will push her mental health over the edge. I mean, she’s living off brown sugar and water currently because that’s all she has at home.”

He sets his soda on the edge of the specimen table, next to the microscope and a magnified image of trichomoniasis.

“I completely understand and appreciate your concern. If we can get her to go of her own accord, she won’t have to interact with them at all... but this is for her own safety. The pharmacy resident is really concerned that she may hurt herself.”

Elisabeth and Regina sit on the floor next to the box of food bank donations outside Room 4 and I hover above them, our ears pressed to the door. I translate as quietly as possible—she’s tired, she’ll go at whatever time they tell her tomorrow, but right now she just wants to go home.

“Uno se conoce, conoce su mente... No voy a cometer un delito así.” Gabriel explains that she is Catholic and considers suicide a sin, his slow Southern drawl seeming to loop itself languidly around the statement. I eye the bag of brandless rice krispies and mac n’ cheese in the food bank box, suddenly painfully aware that I forgot to eat dinner.

“She said, ‘They want to throw me out of my house, I can’t spend all day tomorrow in the hospital.’ They’re threatening to evict her by Friday,” he elaborates. This was the psychological stressor that convinced the resident she was an imminent suicide risk necessitating her admission to the hospital in the first place.

There’s a knock at the opposite end of the hall, and I leave my eavesdropping post to explain the situation to the police, trying to muffle what seems like the deafening click of my heels on the linoleum.

“Yeah, since the pandemic started, we have to involuntarily commit people every day... plus, the number of domestic violence calls has increased by like 10-fold.” The intimidating arsenal hanging from the officers’ belts stands in stark contrast to their calm, seemingly friendly demeanor. And yet, their calm, friendly demeanor seems to stand in stark contrast to the videos I see daily of police violently attacking groups of people peacefully protesting police violence. I shake my head to clear this discordant tangle of visions from my mind, forcing myself to return to the situation at hand.

Gabriel stays with Ms. Villanueva as Dr. Michaels and Tatiana excuse themselves to speak with the police.

“Imagina, yo fui aquí para una consulta para mi azúcar y presión y una plática, imagínate... así hablo en mi hogar pero no voy a hacer nada. No estoy enferma Gabriel, muchachito.” We hear Gabriel explain that he has come to know Ms. Villanueva as her clinic interpreter over the course of the year, but that the doctors don’t know her well enough to know if she is serious or not, and that many people say they won’t do anything and then they do. The weight of this hangs heavy in the air.

If she dies, how will any of us live with ourselves?

It’s 2016. I lay on the hardwood floor of my apartment living room next to Principles of Biochemistry, Sixth Edition, staring up at the ceiling. The cover shows a spherical network of interactions in an animal mitochondrion, each dot representing a compound and each line representing an enzyme that interconverts the two compounds. Carefully placed at each of the major nodes are off-brand pills from Central America. Chalky pink Xanax. Cornflower blue Percocet. Snow white Vicodin. I close my eyes and imagine floating down into velvety black nothingness, slipping quietly out of existence, never having to wake again.

What if Dr. Michaels is just doing this to cover himself legally?

“How do you typically go about getting magistrate paperwork for an involuntary commitment at midnight?” Dr. Michaels asks the officers, who, until now had not ventured near the hallway that contains Room 4. The tall and tan officer takes out his phone and pulls up the location of the Hillsborough courthouse that Dr. Michaels or Tatiana would have to drive to that night to get the IVC paperwork signed.

Dr. Michaels returns to the room and the dizzying spiral of their conversation resumes. Ms. Villanueva denies she will do anything harmful to herself if allowed to go home. Dr. Michaels continues to explain that it’s not a question of whether she goes to the hospital, but how.

“Yo tenía COVID y tengo miedo de ir al hospital... no quiero infectarme otra vez,” she pleads. For the fourth time, Dr. Michaels patiently explains that he too had COVID, and that he has gone back to work at the hospital every day since recovering and hasn’t been reinfected.

“Sin mi voluntad, nada—no soy loca. Yo soy dueña de mi vida.”

I am the owner of my life.

“From the bottom of my heart I don’t want to do this. Please, please go tonight.” They are locked in a seemingly impossible impasse, desperately pleading with one another, both wanting what they believe is best for her.

The door finally opens, and Elisabeth, Regina and I scatter as Tatiana, Dr. Michaels, Gabriel, and Ms. Villanueva spill out into the hallway. The building’s intercom buzzes overhead as the clinic lapses into silence. Ms. Villanueva’s chipped, dusty rose nail polish stands out against the bright green glucometer box she clutches in her weary hands.

“Señora, ¿que quiere hacer?” Officer Lopez speaks directly to her for the first time.

“Ya le dije.” She wants to go home. He explains that they can’t hold her in the clinic against her will. Her mood brightens as she realizes she can walk out at any time.

“Si yo quería hacer algo a mi, lo haría hace tiempo,” her laugh echoes through the clinic, past the grave faces lining the hall. Gabriel picks up the boxes of food and walks Ms. Villanueva to his car. His mood is indecipherable. Her relief is palpable.

I can still smell the artificial sweetness of the long-forgotten grape soda on Dr. Michaels’ breath as he uses my computer to print out the IVC paperwork, and I suddenly realize why she seemed relieved.

If he takes out the IVC paperwork, the police are coming to her house TONIGHT to take her to the hospital, not in the morning, I text Gabriel.

“Ok good, I’ll see you there soon.” Elisabeth hangs up the phone, relief flooding across her face. “He’s turning around. They’re going to the ED.”

Dr. Michaels lets out a sigh that seems to have the emotional weight of every difficult medical decision ever made behind it and asks if we want to do a debrief to reflect on what happened.

“I feel like absolute shit, just being quite candid,” he says. “It’s always so hard—this is like, very hedgy, but when people’s ‘Spidey senses’ start to get raised—when people get worried, you should get worried. You can’t always rely on that but... the fact that the psych pharmacist was so worried...” he trails off. His college class ring glints under the fluorescent light, and I realize we are the same age.

“As far as I can tell, there were several factors that went into what happened tonight.” He begins ticking items off with his fingers. “Medication barriers. Language barriers. Social stressors. Eviction. Documentation. Police and our community. And of course, COVID.”

I sit down for the first time in hours, put at ease by his analysis, the concern in his voice, and his obvious internal struggle with the situation, reassured that his decision was not a knee-jerk reaction to protect himself legally.

As Dr. Michaels and Tatiana leave, I replace the paper pillowcase and discard the crinkled paper on the exam table, still wet from the tears Ms. Villanueva had wiped off as Elisabeth stood poised outside the room with a box of tissues, unsure whether to interrupt or not. The clinic pharmacy’s prescription bottles for Ms. Villanueva sit silently on the counter, solitary evidence of the night.

“Can you OD on atorvastatin, omeprazole, or lisinopril?” I ask no one in particular, handing the medication to Elisabeth to bring to Ms. Villanueva in the ED.

The now-empty clinic stands silently, blending into the surrounding 2 A.M. darkness. I swing my car door shut, and relief spreads through my body as I settle deeply into my seat. Relief that she is getting help and, at least for now, is not in imminent danger. Relief that Elisabeth and Gabriel are staying with her, sparing her a night alone in the ED. Relief that I’m free at last from the fluorescent lights that were making my migraine scream. Relief that this is no longer my story.

Alexa Holloway is a third-year medical student at the University of North Carolina School of Medicine. She received her B.S. in Biology and B.A. in Global Studies from UNC, as well as her master’s degree in Physiology and Biophysics from Virginia Commonwealth University. Her past research has focused on the interaction of novel synthetic cathinones with the human monoamine transporters, and she is currently conducting clinical research in pediatric burn injuries. Her academic interests include social determinants of health, trauma surgery, and pediatric critical care.

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PROSE | SUMMER 2021

Personal Illness Narrative: On blooming

By Grace Ellis

My psychiatrist suggested I start cognitive behavioral therapy (CBT) before medical school. I was working through a major depressive episode—my fifth in eight years. It was becoming clear that Prozac and I would be pals for life. I felt wildly ashamed, and also a bit liberated.

On the first day of class, I met Amy. “My name is Amy, and you can call me Dr. Bloom,” she told me.

“I’m Grace. I’m not really sure how this is supposed to work, but I feel excited.” She smiles.

“Great. Tell me about why you’re here.” I pause. Where do I begin?

Do I begin with the most obvious symptom? When I lost the taste for food and fifteen pounds? It was winter break of my junior year in high school. Two weeks earlier, a young man walked into the elementary school in town and murdered 26 kindergarteners. I was seven miles away, I was sixteen. I was spared from an evil so disturbing and unimaginable that just beginning to think about it could make you vomit.

Or do I begin with what has been most challenging for me: how the world lost allure and months became grey? I spent days drifting farther from myself, my thoughts distorted by a version of me that is still painful to remember. I was sick, and I was high achieving. This kind of illness is invisible.

A few years later, I found myself in a place I hope I never return to—where disturbing thoughts break the numbness; perhaps you are familiar with this.

I learned that these colorless episodes were caused by a chemical imbalance inside my brain. I learned that this is called depression, that other people experience this, too. I learned that no one will understand why you are depressed, not even the people who have helped you grow; not even yourself.

You will feel lost, and you will feel lonely, and you may learn, like I did, that your depression is validated most by a gradual change that feels sudden one morning. The medicine you are told to take finally works.

It feels fitting to begin here, too. At a time when serotonin hung around in my brain, days I was energized by sun shining through the window, life blooming around me. I felt radiant and alive. I was becoming the woman I never thought I would be, returning towards the person I almost forgot about when I was depressed.

But this bliss fades. After all, major depressive disorder is a chronic illness. Serotonin plateaus and depressive symptoms rebound. Of course, not as bad as before, but it still sucked, and I was disappointed.

A few episodes later, I resigned. In darkness I found light in still dark places.

So, I tell Dr. Bloom that I'm starting CBT because I feel fragile. I want to better manage my depression.

"It sounds like you're self-aware. That's a good place to start!" I smile.

She's curious about what makes me feel fragile, and I tell her "life." We laugh. But it's so true: it's August 2020, and I am grieving. It seems many people are, too.

"And for the purposes of insurance, I'd like to get a sense of how long you expect this to take," she said in a tone that was genuine and measured.

This? What the fuck is "this."

It's hard to imagine who I would be if I was never depressed. "This" takes a few appointments and unpleasant weeks to process. Dr. Bloom and I talk about thoughts and distortions. We return to me feeling fragile, resigned, helpless. She helps me understand how these feelings influence the way I behave and how my behaviors reinforce unhelpful thoughts.

I begin to trust her, trust that she will help me feel better: resilient and sturdy. I tell her things I have never even said out loud.

We talk about my lowest days, and she asks if I ever thought things might not get better.

I think about the breakdown I had in January, about learning of my friend's death as I boarded a 27-hour flight to see her. I remember watching the sun rise through the plane window, in disbelief that the world could still be spinning. I cried as I flew farther and farther away and for a moment felt comforted by the idea that our paths might be crossing, ascending through the atmosphere. I thought of her entering a place I imagined to be so peaceful and still—another dimension, another (place that makes the most sense to you). There is beauty in this sadness, but mostly I felt shame for ever having wished I could be there sooner.

CBT has elucidated the patterns of my mind. I am forgiving the ways I coped when suffocated by the weight of each day and consumed by the fear that this detachment would be overwhelming and present forever. I was sick.

I am learning how to move with grace through this world, to see light in myself and in the spaces around me: yellow sun shining through trees as I walk and run, the unexpected ways I appreciate someone is touched by joy, smiling behind their mask, the rhythm of a nice day.

CBT has also helped me meet myself where I am right now: I am here. I have always been here.

Grace K. Ellis is a second-year medical student at the University of North Carolina School of Medicine and a contributing editor at *Iris*. She studied English Language and Literature as an undergraduate at the University of Chicago. She is passionate about healthcare access, equity, and outcomes. She hopes to continue writing and reflecting as she learns to practice medicine.

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Stretching

By Carver Goodhue

As I step out of my car, my eyes pull to the surrounding fields of crops, and then to the farmworker bunkhouse tucked alongside them. The squat, white building where I can see men coming and going is scarcely 30 feet from the green palisades of a row of corn. I wipe away the sweat already accumulating on my forehead, retuck my button down shirt and start walking over to join the rest of my group.

It is my first month in medical school and my first trip to the countryside to perform service as part of my medical Spanish program. I'm here to teach exercises to migrant farmworkers to help them avoid occupational injury along with three of my new classmates. We were warned by our program director about the limitations of this kind of intervention. Farmworkers labor under notoriously grueling conditions, with little shade or rest to insulate their bodies from the effects of the sun and a million repetitive motions. To counter this, we will offer tips for stretching. It feels a little like we're prescribing yoga to someone in a car crash, while it's happening. Still, a little prevention can go a long way, or at least that is our hope.

My classmates and I approach the bunkhouse and then stand in a semi-circle slightly removed from it, not wanting to crowd the men in their homes as they lounge, cook, and unwind from their day's work. Gloria*, who works for the North Carolina Farmworkers Project and helped orchestrate this event, is already inside the building. We hear her firm but good-natured Spanish emanating from within as, in ones and twos, she convinces a quorum of workers to attend our miniature workshop.

As we wait, I mentally run through the key Spanish words for leading others in stretching. I quickly settle on physical miming and "estira por aqui" as a handy panacea. My vocabulary is imperfect, but I'm confident in my accent, a thickly European one I picked up studying abroad in Spain in high school. Much of my recent experience speaking Spanish comes from visiting men from Honduras and El Salvador in a U.S. detention center built and run like a prison. For some of the men that I met and spoke to behind plexiglass, this sort of farmwork is what they hoped to find.

The farmworkers trickle out in athletic shorts and tank-tops. It is August in North Carolina, so what they're wearing makes physiologic sense, unlike the long dress pants sticking to my skin and pressure cooking my thighs. None of us wear masks. It is still 6 months before COVID-19 hits the U.S., and 9 months before it will tear through farmworker camps across the state. We greet each of the men as they join our circle. They return the greeting and then wait expectantly. I watch many adopt a wide stance with their arms crossed, like we've pulled them away from their dinner to discuss an exciting business opportunity and they're readying themselves for an onslaught of bullshit.

We explain in Spanish that we are medical students, here to teach exercises to protect them from injury. We divide our circle into two, and I partner up with Sarah, another medical student. We begin by introducing ourselves to the men in our group and have everyone go around and tell us their names as well. We ask what sort of exercises they currently do.

The man to my right, Arturo, explains that it is hard to find the energy to exercise after a full day of work.

“Cuando salimos a trabajar a las siete y volvemos a las cinco, estamos hecho polvo ya. No tenemos ganas de hacer deporte.”¹

Heads nod in assent, including mine and Sarah’s. Addressing this glaring flaw in our strategy, Sarah acknowledges that it may be hard to fit what we will teach them into their schedule.

“Pero por si acaso, queremos mostrarles estos estiramientos, para hacerlos cuando tienen tiempo.”² Now, Arturo nods.

Sarah and I take turns, first demonstrating a stretch, then asking them to copy our movements. It feels awkward. I feel that they are humoring us, that in an unexpected role reversal, this is actually their service to us, to go along with our absurd proposal to do stretches at the end of a 10 hour day spent in 90 degree heat. As I reach down to touch my toes, the irony of the situation is almost physically overwhelming. I have been a medical student for less than three weeks, and I’m representing myself as an authority on occupational health worthy of these men’s precious time. At this point, I know next to nothing about the body. You could tell me that its interior contains a single, omnipotent organ and I would believe you.

But then, when we stretch our quads, one man struggles intensely to maintain his balance on one foot. His friends laugh, I’m brought back to my surroundings and we all relax. After 10 minutes or so of attention to the major muscle groups, Sarah and I thank the men for their time. Then we all stand around and talk. I ask Arturo what they are doing in the fields right now.

“Ahora estamos cosechando tabaco.”³

“¿Qué tal con eso?”⁴

“Está duro. Tabaco le mancha la ropa, y si se le toca la piel puede caer enfermo. Se llama el Monstruo Verde. Le da mareos, ganas de vomitar, dolores de cabeza. Cuando está durmiendo puede sentirse como si hubiera un monstruo de verdad aterrorizándole.”⁵

“Dios, que pesadilla.”⁶

“Eh, está bien,”⁷ he says, graciously attempting to alleviate the distress painted across my face. He quickly changes the subject. We talk about where he’s from in Mexico and how long he’s been coming to this farm. I tell him I recently moved to this state.

“¿Le gusta Carolina del Norte?”⁸ I ask.

“Si, está bien aqui,”⁹ he says. Knowing the little I do about his work, I’m surprised to hear it.

“¿Cuánto tiempo pasa aquí?”¹⁰

“Bueno, eso depende de si voy a cortar árboles para la navidad, pero por lo menos varios meses.”¹¹

“Me imagino que debe de ser duro, estar lejos de su familia por tanto tiempo.”¹²

“Sí, pero vale la pena.”¹³ Arturo pulls out his phone and shows me a few pictures of his family. I see his wife and their dogs. I see the son studying healthcare who Arturo is putting through school. I see the blue house that his work here built.

—

On my way back, I take the highway and, in an hour, I am home. I sit in my living room. It is disorienting to be absorbed in someone else’s story, and then find yourself fully removed from it within minutes. Like driving past a side street, where for one moment I am in its exact center, seeing it all, before I am carried beyond its corner and out of sight.

*Author’s note: *All names have been changed.*

Carver Goodhue is a 3rd year medical student at the University of North Carolina School of Medicine. He received his B.A. in Anthropology and Romance Languages from the University of Georgia.

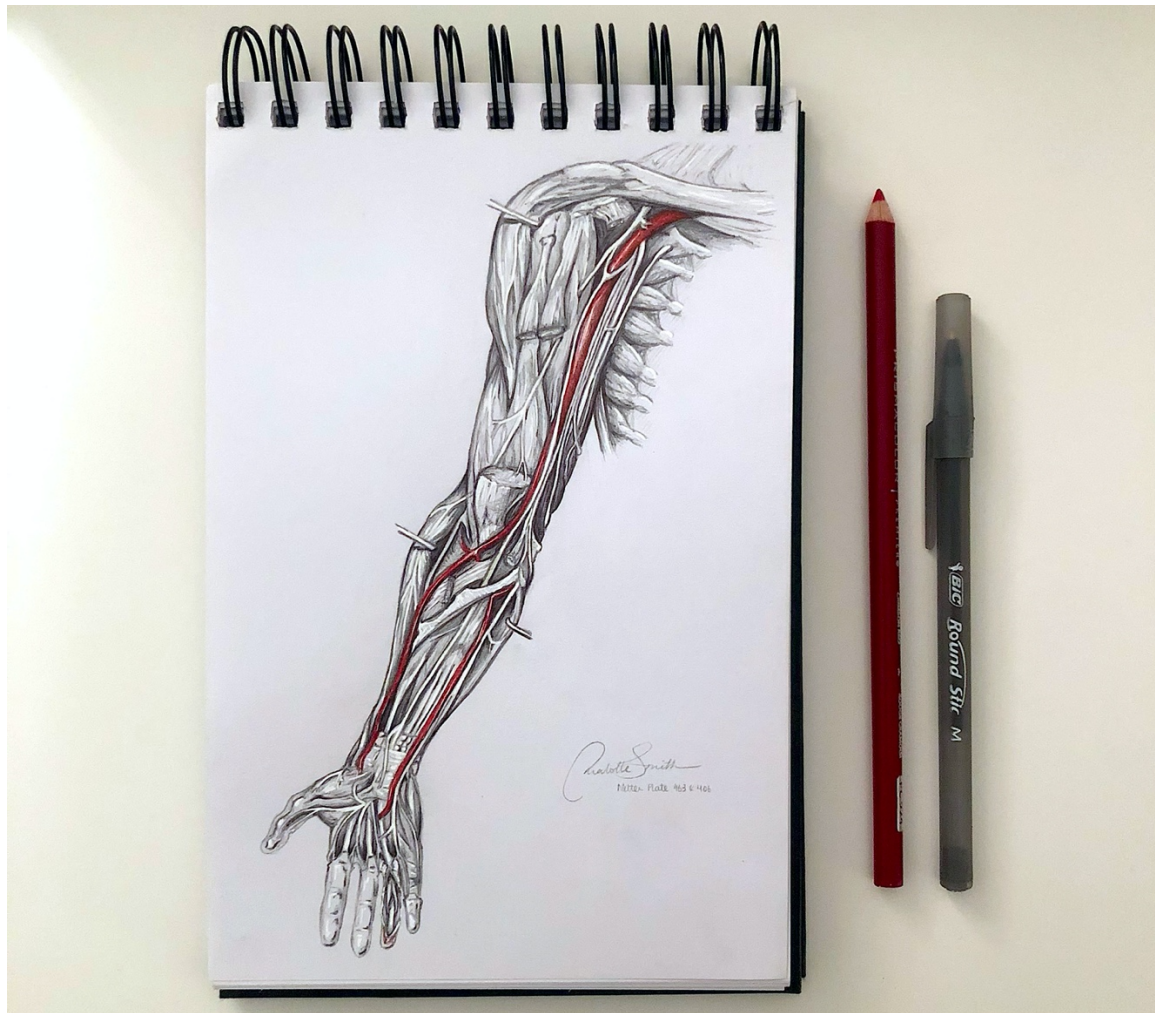
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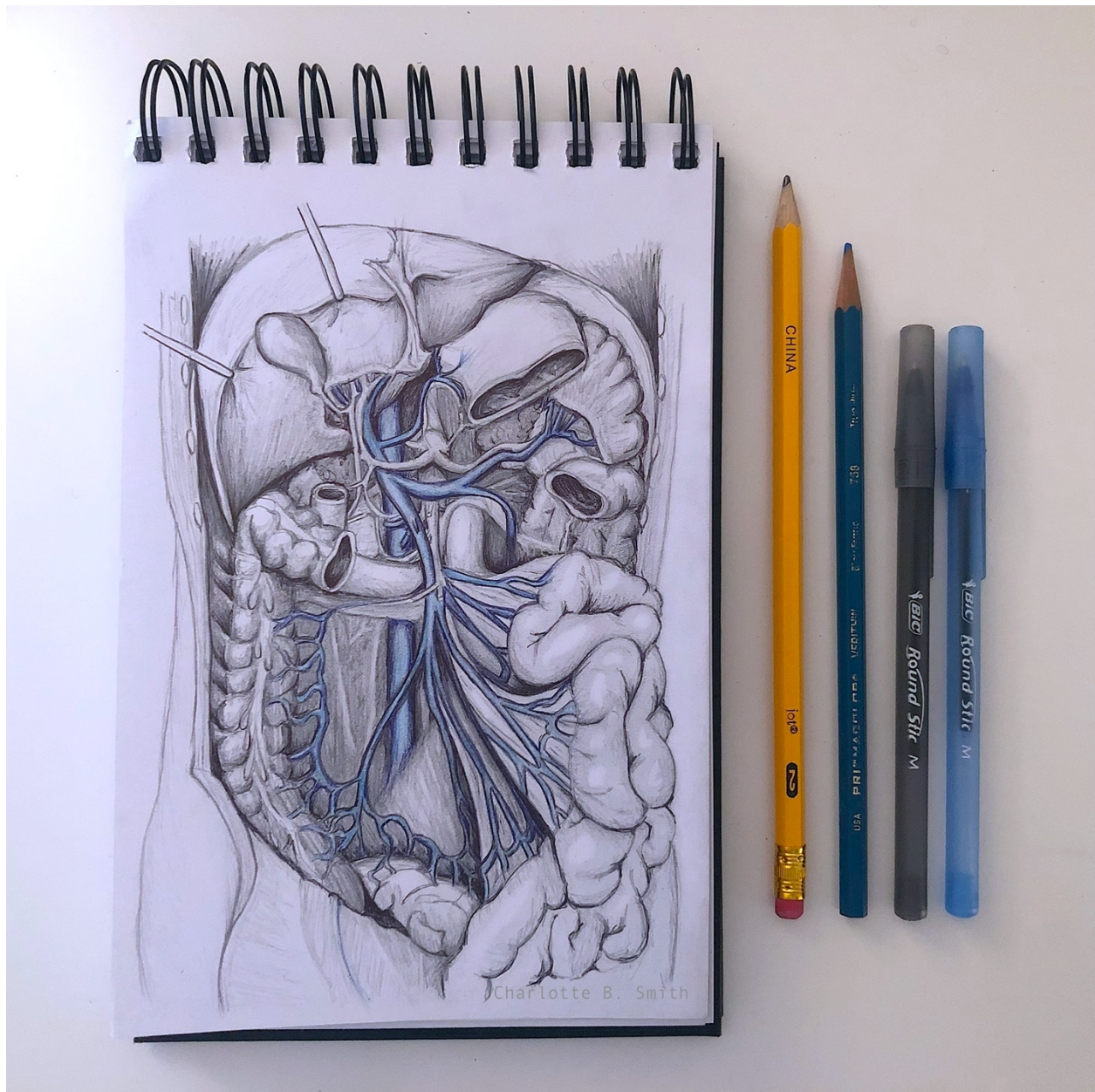
Early Explorations of Medical Illustration

By Charlotte Smith



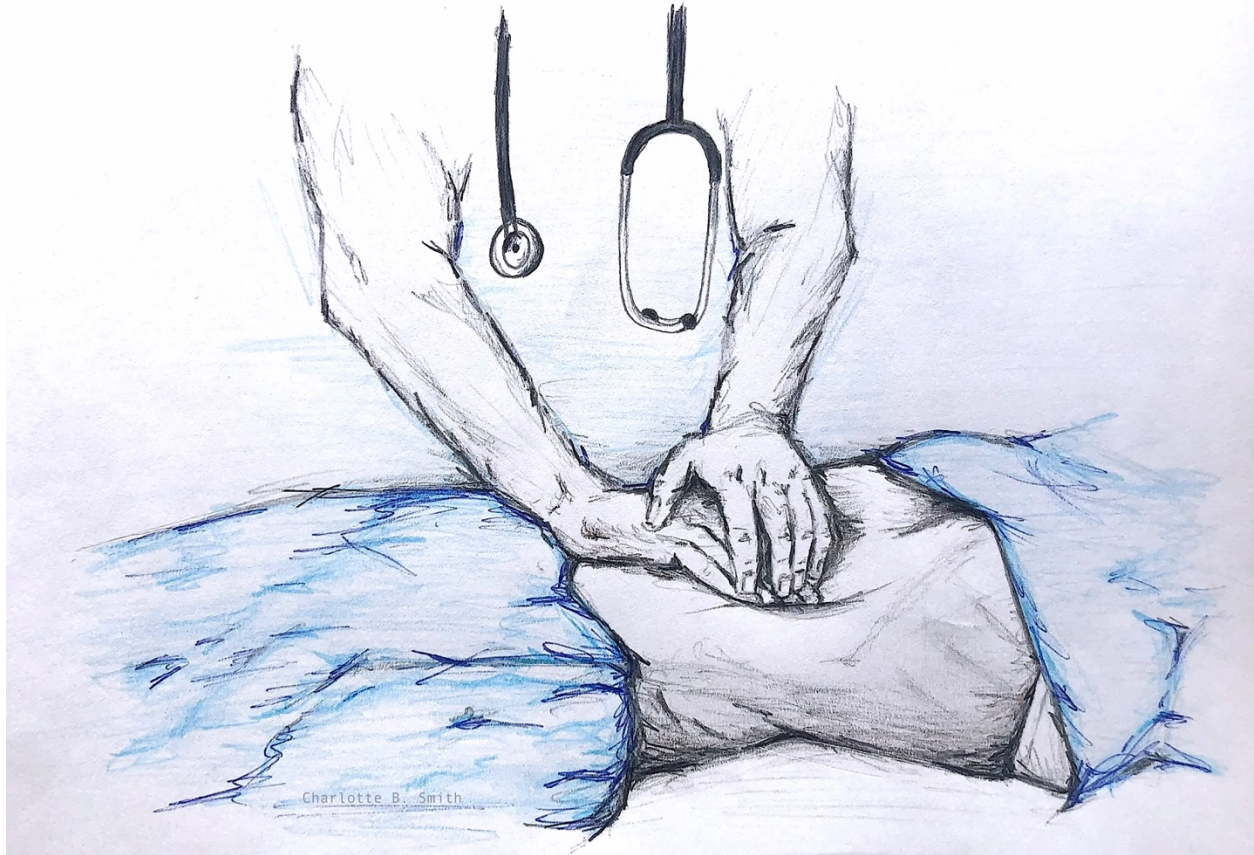
Arteries and Nerves of the Upper Limb (1/3)

This piece was inspired by my experience dissecting the upper limb in the Musculoskeletal block. In the anatomy lab, I carefully isolated the muscles of the forearm and tendons in the palmar aspect of the hand. As reflected in the final drawing, I admired the complexity and functionality of the brachial plexus and how each nerve branched out to innervate a distinct section of the upper limb. This sketch served as both a study technique to cement my understanding of human anatomy and as a creative outlet during my first year of medical school.



Hepatic Portal System (2/3)

As my first attempt at drawing the human anatomy, this piece was inspired by my dissection of the abdominal cavity in the Gastrointestinal block. Supplemented by reference images from Frank H. Netter, I pieced together my observations in the anatomy lab after carefully dissecting the portal triad, visualizing the mesentery of the small bowel, and tracing the gastrointestinal tract from the esophagus to the rectum. In this illustration, I decided to highlight the beautiful vasculature from the small and large intestine to the portal triad and finally to the liver.



Tools of the Trade (3/3)

As my first drawing during medical school, this piece was sketched while preparing for an upcoming Clinical Skills Exam for my Patient-Centered Care course. This sketch highlights the tools medical students learn to use to perform a competent abdominal exam: their stethoscope and their hands.

Charlotte B. Smith is a medical student at the University of North Carolina School of Medicine and Director of Social Media and Community Engagement at *Iris*. She received a B.A. in Chemistry and English Literature from UNC-Chapel Hill in 2019. Furthering her interests in art, science, and surgery, she has experimented with medical illustration while in medical school. Learn more about her work on Twitter [@cblythesmith](https://twitter.com/cblythesmith).

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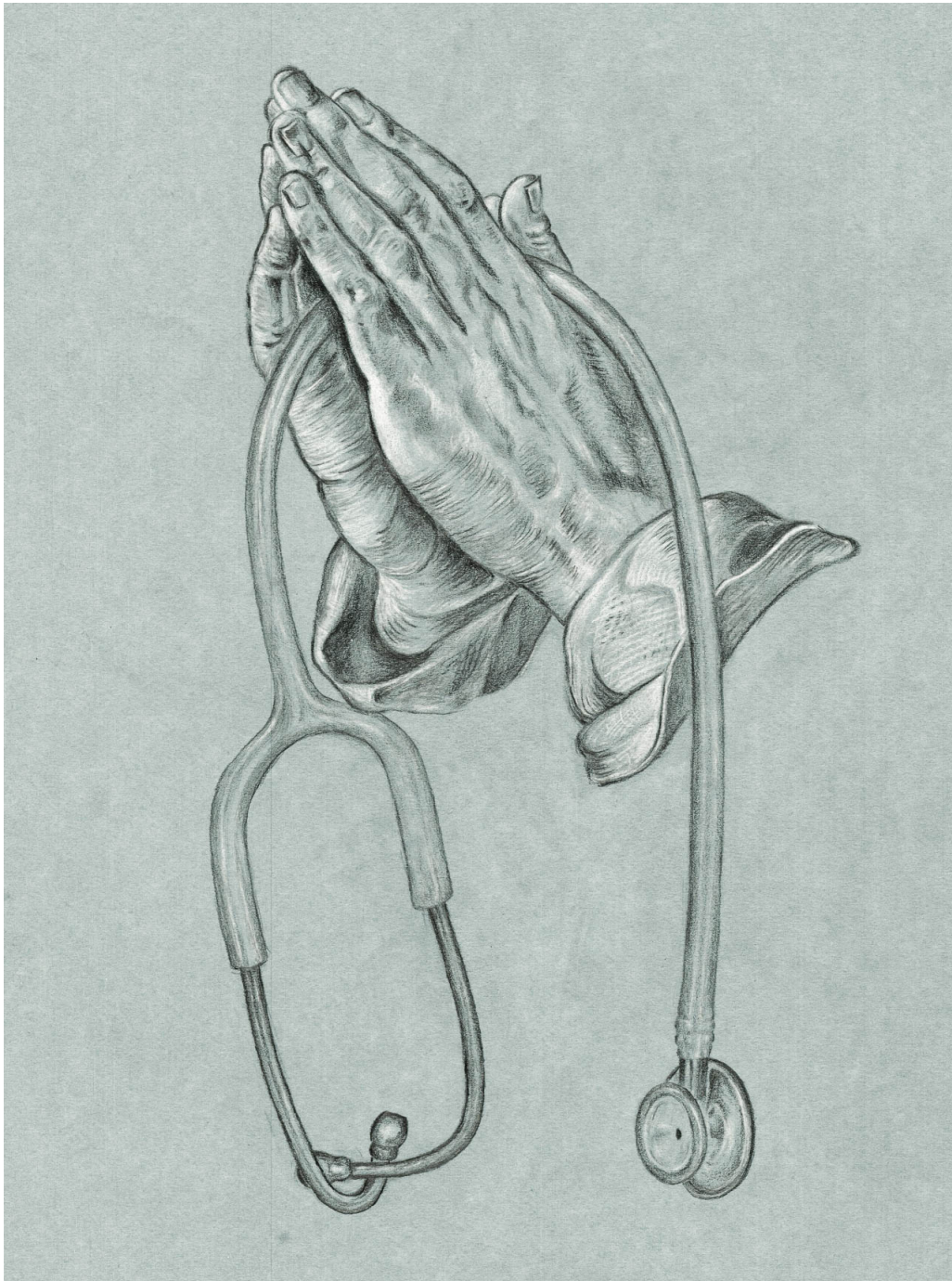


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The University of North Carolina School of Medicine

VISUAL ART | SUMMER 2021

Praying Hands

By Laura Wisner



Praying Hands

As an Art History minor in college and a student interested in science and medicine, I've always been intrigued by the intersections between science and the humanities. In late 2019, I came up with the idea for this piece based on of Northern Renaissance artist Albrecht Dürer's "Praying Hands," merging my historical and cultural knowledge of art with my reverence for medicine. Not long after drafting this work, the COVID-19 pandemic hit and imbued this piece with more meaning than what it originally meant to me alone. I believe that art absorbs meaning in the context of the world in which it exists, which is time and time again punctuated by civil unrest, natural disasters, and political changes. This piece, in the context of the pandemic, has potential meaning for overburdened healthcare workers, critically ill COVID patients, the general public awaiting novel vaccines as a groundbreaking feat of science, and still many others.

Laura Wisner is a second-year medical student at the University of North Carolina School of Medicine and a contributing artist at *Iris*. She received her B.S. in Clinical Laboratory Science and minor in Art History also from the University of North Carolina Chapel Hill. She is a lifelong visual artist and has been commissioned to create many works over the past 6 years. Her medical and scientific illustrations are also published in multiple issues of *Carolina Scientific*, UNC's premier undergraduate science journal. Learn more about her work on Twitter @laura_wisner, Instagram @wise_aura, *Carolina Scientific* archives <https://www.carolinascientific.org/>, and her budding blog, <https://medschoolandmindfulness.com/home/>.

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PHOTOGRAPHY | SUMMER 2021

A Past Life | One more day, indefinitely

By Neil Cornwell



A Past Life

There was for a brief moment amidst the chaos, a glance into the past. Time was swept away in the wind as the earth rested and our bodies grew restless. We cheered for nature and yearned for nurture.



One more day, indefinitely

When change ceases to exist, hoping for the future and reflecting on the past feel one and the same. We must open a window of hope—however small—and let the breeze carry our minds from stagnation.

Neil Cornwell is a second-year medical student at the University of North Carolina School of Medicine and a contributing photographer at *Iris*. He received his B.S. in biomedical engineering from North Carolina State University and his EMT license from Durham Tech. He is also performing research exploring the relationship between quality of life in pediatric dialysis patients with caregiver mental health. Learn more about his photography work by visiting [@cornwellscamera](#) on Instagram.

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