An abstract painting featuring two stylized human figures. The figure on the left is rendered in a textured, brownish-gold color with a decorative, perforated pattern along its midsection. The figure on the right is a grey, more solid form. They are set against a background of warm, yellowish-gold tones with a light blue circular shape at the top. Three stylized flowers in red, purple, and white are scattered in the upper portion of the scene. The overall style is expressive and textured, with visible brushstrokes and some embedded small, colorful fragments.

ISSUE FOURTEEN
WINTER 2023 + SPRING 2024

IRIS

the art and literary journal

WINTER 2023 | SPRING 2024

Issue 14

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Cover Image

"Bodies breathing and unaccounted for"
By Ley Killeya

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

Dear Readers,

It can be hard to make time for art. Life is busy, perhaps especially in medicine, and our attention is pulled in a thousand different directions. Taking the time to pause, to create, and to generate space for new personal and communal connections requires commitment. It also requires some degree of safety and health, which are not always given; our haunting cover art from Ley Killeya reminds us of those who must prioritize the search for a safe place in which to find rest from violence and instability. Art in this way is a privilege.

Yet, art is also a necessity. We see art emerge from the most surprising circumstances, pressed upon by a human need to not only make sense of the world, but to reveal reality in a way that is often impossible to describe in simple forms. Through our words, visual art, music, and more, we can sink into a state of understanding that moves beneath the surface of our immediate experiences. This helps us find whatever is deep within us, while also connecting us to one another.

We are so grateful to our contributors for what they have shared with us, and the ways in which our lives are enriched as they point us to beauty, struggle, and resilience. A life in and adjacent to medicine—which all of us at some point experience, whether through our careers, our own health journeys, or in caring for loved ones—exposes us firsthand to the ways in which life is complicated and precious. Creative expression allows us to face these moments, even if life moves quickly, and stopping to reflect sometimes feels impossible.

As Editors, it took us quite a while to get this issue out. Many on our team faced unexpected challenges, urgent deadlines, and major life events that pushed back our goal time and again; we, too, were reminded of the difficulties of prioritizing art amidst the busyness of life. We want to thank our contributors, as well as our audience, for their patience with this journey. We believe that the wait is worth it.

Mindy Buchanan-King
Cambray Smith
Executive Editors

Yoshiko Iwai
Editor-in-Chief



When home won't let you stay

Mixed Media

BY LEY KILLEYA

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This painting takes as its title a line from the poem, *Home*, by Somali-British writer, Warsan Shire. It is part of a series exploring the often dangerous and dissociating journeys that refugees take, losing their homes, unwelcome in new places, desperate and vulnerable. The figures are depicted naked without heads, faces, identities, and exposed and vulnerable, to reflect the depths of their loss.

[Link to *Home*](#)



Unless the water is safer than the land

Mixed Media

A painting inspired by and with a title taken from Warsan Shire's poem, *Home*. This line has been quoted many times to try to explain why parents would risk their children's lives in perilous journeys across dangerous seas, but the dangers are too great to remain where they are. So many find a new home in the cold depths of the vast oceans.

Link to [Home](#)



Bodies breathing and unaccounted for

Mixed Media

Naked and faceless figures run, escaping from the dangers of home, and blindly searching for an unknown and strange destination. They run in formation, leading and following, regular and rule-breaking. Their breath is all they take with them, voicing their hope and crying their desperation.





a b o u t • a r t i s t

KILLEYA

Ley Killeya is a research project manager at the UNC School of Medicine. She received her Ph.D. in Social Developmental Psychology from Rutgers in New Jersey in 1998 and later completed a postdoc at Duke University. She has fifteen years of experience at Rutgers, UNC, and Duke University, managing health and psychology research projects. Ley has had art exhibitions throughout North Carolina and is an active member of several local arts organizations. Ley recently joined 5 Points Gallery in downtown Durham as a member artist: <https://www.5pointsgallery.com/ley-killeya/>.

Learn more about her work at: www.instagram.com/art_ley.

Pain in Hands

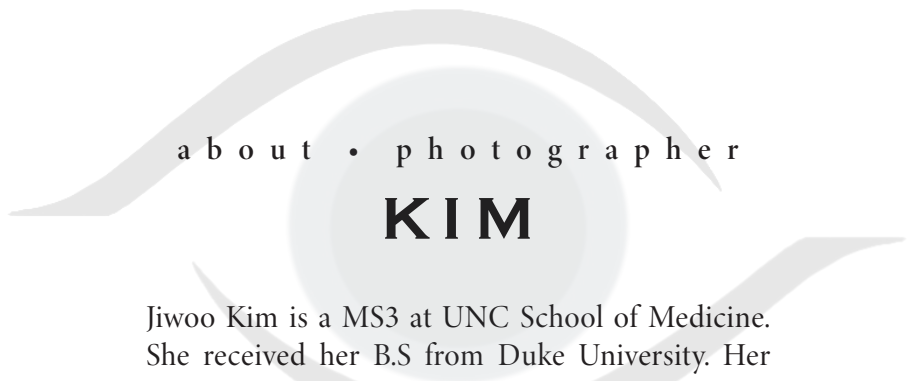
Photography

BY JIWOO LISA KIM

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This piece endeavors to illustrate the multifaceted ways in which pain can be conveyed solely through our hands. Through “Politics of Pain,” a Social and Health Systems course in which we discussed all forms and perspectives of pain, I had the chance to take a deeper dive in to how pain has been portrayed historically and socially. Expressing pain has always been complex and expansive; visual expression of pain has been introduced as a way individuals can articulate and share their pain. With the help of my classmates, Diana Sanchez, Jayla Calhoun, Meghana Patel, and Stef Gonzalez, I had the opportunity to capture just a few of the many ways our hands can convey the spectrum of human pain.





a b o u t • p h o t o g r a p h e r

KIM

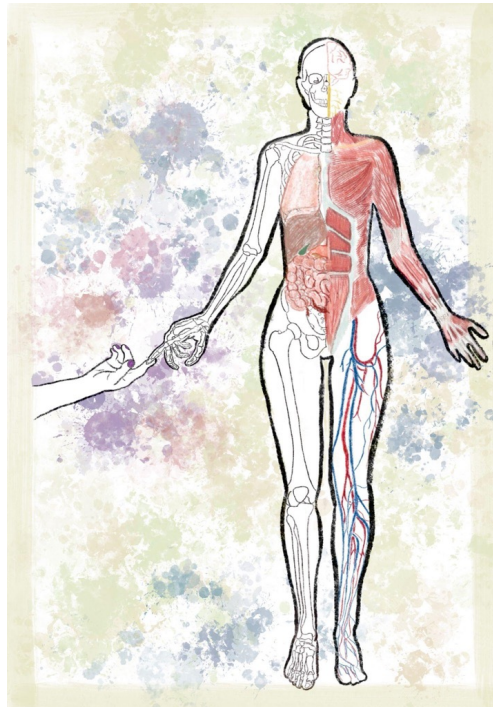
Jiwoo Kim is a MS3 at UNC School of Medicine. She received her B.S from Duke University. Her main interest lies in pain and pain management. Her current research focuses on immunophenotyping pain.

Purple Almond-Shaped Nails

Visual Art + Prose

BY JULIE HWANG

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As I made my way to the anatomy lab for my first dissection, a surge of anticipation and fascination swept over me. The intricate language of human anatomy, which I was just beginning to unravel, captivated me. I marveled at the thought of deciphering the complexities I studied in lecture halls, written on the canvas of a real human body.

Upon entering the lab, the scent of formaldehyde heightened alongside my excitement. I recalled the material I had studied the night before: *the medial border of the scapula is attached to the ribs by the serratus anterior.*

At the dissecting table, I joined my peers in assembling scalpels and carefully unveiling the cadaver. While some of my teammates attended to the lower extremities, I took charge of unwrapping the arms. It was then that my initial enthusiasm, driven solely by intellectual curiosity, began to wane.

As I lifted the cadaver's hand, I noticed her nails filed and neatly shaped in an almond-like fashion and painted a vivid shade of purple. My thoughts began to swirl. *Did she purposefully choose purple as her final color? Whose hand had she held in her last moments? Who now longed for the warmth of her touch?*

Blinded by my initial, purely educational fixation upon learning anatomy, I had lost sight of the person she had been before her passing. In front of us was more than just a body – more than organs, bones, and muscles. Her life story was veiled by the limited details—her medical history and the potential cause of her death—I could gain during the dissection.

Throughout each lab that semester, I approached each incision and the delicate removal of fascia with a deep appreciation for our donor's vulnerability and resilience. Organs marked by vascular calcification and traces of her intraocular lens implant ceased to be mere clinical structures. Each part became a symbol of her lived experiences, a personal narrative I would never fully uncover, yet one I had the privilege of intimately glimpsing and learning from.

My donor became my greatest teacher, not only in the wonders of human anatomy, but also in the profound lesson that every interaction with another human being, whether in life or death, is a privilege. She gifted me with a sense of humility that I am determined never to lose sight of, especially when encountering patients who, like her, entrust us with their most intimate selves during their most vulnerable moments.

A stylized, light gray graphic of an eye, with a central circular iris and two curved eyelids, framing the text.

a b o u t • a r t i s t

HWANG

Julie Hwang is a medical student at UNC School of Medicine. She received her Bachelor's from Duke University, where she studied Visual Art in Narrative Medicine. As an aspiring psychiatrist, she hopes to integrate both the wonders of science and humanities to make medicine a holistic healing process. She has previously published in *Intima: A Journal of Narrative Medicine* and hopes to continue making art throughout her medical career.

The Glamor Above the Clamor

Photography

BY ANAMEEKA SINGH

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“The Glamor Above the Clamor”: In the trenches of adversity, it can be difficult to keep your head up, let alone see the light at the end of the tunnel. When you tune out the noise that surrounds you, though, you may just find that the silver lining is there, just above the canopy.





a b o u t • p h o t o g r a p h e r

SINGH

Anameeka (Annu) Singh is a fourth-year medical student at UNC School of Medicine. She received her B.S. in Neuroscience from the University of Pittsburgh. Prior to medical school, she cultivated her love for writing and the arts informally. At UNC, she is a Contributing Editor for *Iris* and a student of the Humanities and Social Sciences Scholarly Concentration. She is looking forward to sharing more of her work with the public in the future – ask her about the memoir she's writing!

Abandoned

Photography

BY JENNIE PARK

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Just as these shoes are left behind, many individuals with mental health disorders feel abandoned and unheard, left to silently battle their inner demons. The empty bench reflects the sense of hollowness and isolation that often accompanies these challenges. However, amidst the emptiness, the shoes—with their vibrant flowers and leaves—provide a powerful reminder. They symbolize the potential for growth, renewal, and healing, even in the most challenging circumstances.



A stylized, light gray graphic of an eye is centered on the page. It features a thick, curved upper eyelid and a thick, curved lower eyelid. The iris is represented by a series of concentric circles, with the outermost being the largest and lightest, and the innermost being the smallest and darkest. The pupil is a small, dark circle in the center.

a b o u t • p h o t o g r a p h e r

PARK

Jennie Park is a fourth-year medical student at the University of North Carolina at Chapel Hill School of Medicine. She received her Bachelor's degree in Nutrition from North Carolina State University. Her professional interests are in reproductive endocrinology, minimally invasive surgery, and reproductive health. Her first submission of photography aims to depict the inner struggles associated with the mental health challenges we confront today.

Lockdown

Poetry

BY SOMA SENGUPTA

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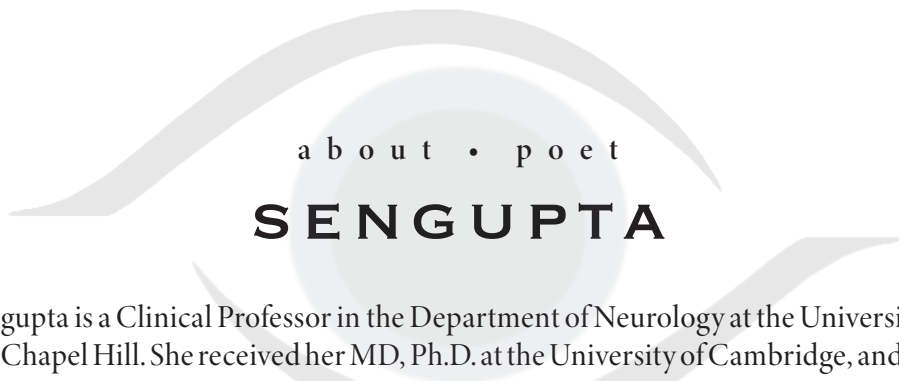
Poplar leaves whistle in a breeze
as life eases into the infinite beauty
of a lazy summer's day, teasing
flitting butterflies and meadow flora
as blackberry vines and orchard bowers
melt into fragments of ancient towers.
The ebb and flow of crumbling castles
and the decay of modern buildings

While ivy weaves into the landscape
and the mistletoe kisses the night
which heaves into the River Avon,
flowers fade, and the bard's sculpture
shines with the bleeding sunset,
listening to a herd of bleating sheep.
I travel back home, gone is my vacation.

Instead of gathering around my tribe,
a tribe of friends for today and tomorrow
gratitude for the learning endured.
As Mother Time fades into yesterday,

Gunshots and lockdowns trapped
into a counterpoint state of suspended
animation, the animosity of acrimonious
pent-up rage, frustrations borne
of helplessness-- wellness, they say.
And I listen and listen, but the night
drowns in the chorus of the
singing cicadas and the oblivion

of feeling trapped and lost evolves.

A stylized graphic of an eye, rendered in shades of gray. The eye is composed of a central circle, two curved lines for eyelids, and a larger, lighter gray shape behind it that suggests a face or a head. The text is centered over this graphic.

a b o u t • p o e t

SENGUPTA

Soma Sengupta is a Clinical Professor in the Department of Neurology at the University of North Carolina, Chapel Hill. She received her MD, Ph.D. at the University of Cambridge, and completed an MBA this year with a focus in healthcare administration at the Lindner School of Business, University of Cincinnati. Soma Sengupta has fellowships in neuro-oncology (Dana-Farber/Brigham & Women's/Massachusetts General Hospital) and integrative medicine (Andrew Weil Integrative Medicine Center), and she is currently doing an executive leadership in healthcare fellowship, part of the prestigious the Hedwig van Ameringen Executive Leadership in Academic Medicine (ELAM) at Drexel University. Dr. Sengupta has considerable teaching experience, and she runs a translational brain tumor clinical laboratory and clinical trials. Soma Sengupta is a published poet and an author of children's storybooks. She has published extensively in science and medicine:

Twitter/X: @SomaSen79612182

<https://ucincinnati.press.manifoldapp.org/projects/humanizing-brain-tumors>

<https://www.barnesandnoble.com/w/boo-boos-and-butterflies-soma-sengupta-md-phd/1128546722>

https://en.wikipedia.org/wiki/Soma_Sengupta

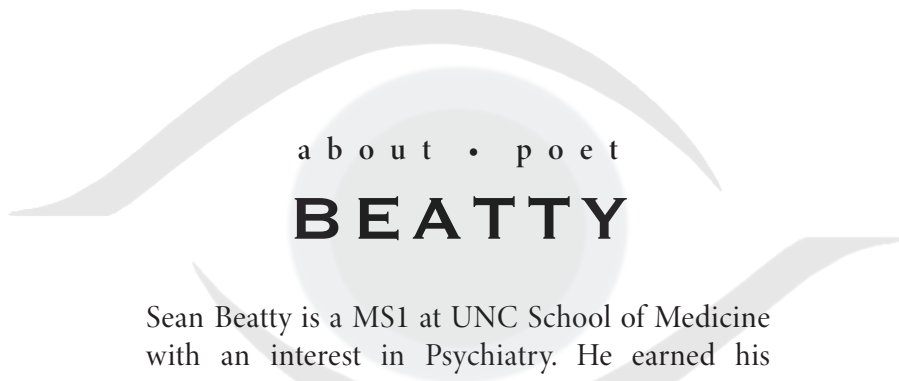
Dissections

Poetry

BY SEAN BEATTY

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Once you've torn a hole through skin
and pulled muscle from bone,
it gets easier to envision a bullet
doing the same. Once you've felt
a rib snap, you know how little
it takes to tear open your chest.
How cursed it feels to open a body
and look at yourself and see
how quickly you both fall apart.

A stylized graphic of an eye, rendered in shades of gray. The eye is composed of a central circle, an outer ring, and two curved lines representing eyelids. The text is centered within the eye graphic.

a b o u t • p o e t

BEATTY

Sean Beatty is a MS1 at UNC School of Medicine with an interest in Psychiatry. He earned his undergraduate degree from UNC, where he majored in Chemistry and minored in Creative Writing. He also earned a Master's in Physiology at the University of Louisville. His poetry has been published in Figure 1, CP Quarterly, Ice Lolly Review, The Ex-Puritan, and others. Learn more about his work on Twitter @seanw0ww.

Vendimia *To SS*

Poetry

BY FÉLIX MONTBLANC

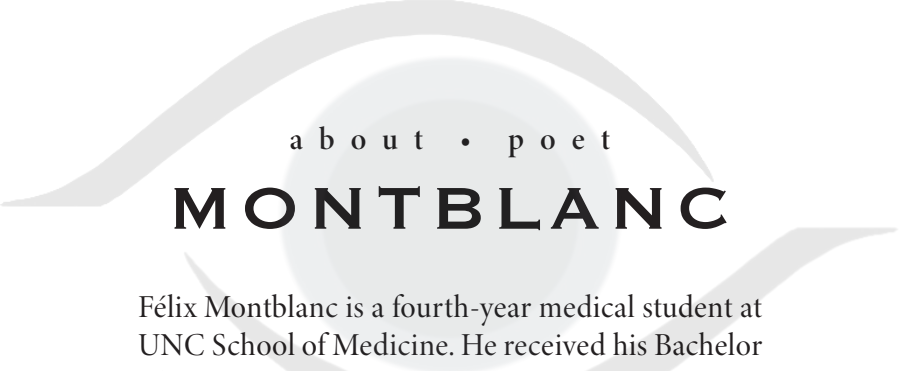
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I thought myself a person fair,
Of steady gait and deep morality,
Of mellow speech and tender care,
Brimming with love for this humanity.

My words I plucked like ripened grape,
In vineyards blue of sinuous plots.
In me they gained such form and shape,
So you may hear melodious thoughts.

The barren, cruel winter land I plowed,
And dark, unsavory fruit I found.
It claimed I'd been unfair and proud,
A guilty man of ulcers bound.

Thus, of mine heart I know this truth:
Filled can it be with love or blinding ire,
And though past sins torment my youth,
They shan't condemn the flesh to fire.



a b o u t • p o e t

MONTBLANC

Félix Montblanc is a fourth-year medical student at UNC School of Medicine. He received his Bachelor of Arts degree in Biology and Spanish literature from UNC. He has worked as a teaching assistant in organic chemistry and Spanish literature and has conducted research in renal development and mRNA alternative splicing. As a medical student, his primary research interests are biases in renal cell cancer databases, racial disparities in kidney stone treatments, and diagnostics for femoroacetabular impingement syndrome.

Palm Reading

Poetry

BY ARIELLE JOHNSTON


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It's like reading a palm,
these valleys on my legs,
objectively there and subject to supposition.
Telling a history or telling a fortune?
High on the left, these five atrophic scars
a trophy for a hard-fought marathon,
that journey of no running.
Two craters have borne witness to both
the mistake and the repair,
holding in their twisted butterfly lines
the somber knowledge of iatrogenesis.
Triumphant, they sink,
deep into the tunnels
through flesh
to the strongest tether in the body.
I stole it from another man.

There is a J branded on my knee,
sunken when I extend,
the final piece to the puzzle of my late teens.
Two knobs on either heel,
not from pumps but the friction
of trying, moving, walking,
protuberances of the things I love.

And though I treasure these marks,
these white-peach tattoos I never asked for,
my favorite lines are the ones on my right leg:
The shadow of a vastus medialis silently hauling the slack,
a thankless maintenance of the upright position,
and even more its twin,
the arcing transverse sections slicing across my thigh,
tracing the wooden body of my guitar, agent of unphysical motion,
the dents fresh from revival and new sounds.

I feel the marks I chose worn into the fascia just the same—
like the wounds sometimes red and purple,
sometimes tangible only in embodiment.
Music, the only bone deep memory carved into my right leg.
It's the only one I asked for,
a clear playing of favorites,
but commendable as the partner, the
voice behind all the bones,
the tracks of finding another addiction, another love.
There are so many things to love.



a b o u t • p o e t

JOHNSTON

Arielle Johnston is a second-year medical student at UNC Chapel Hill. She received her B.S. in Psychology and B.A. in Exercise Science at UNC as well and has experience working in emergency medicine. At UNC School of Medicine, she is a Contributing Editor for *Iris*, a student of the CAMPOS medical Spanish program, and an aspiring Humanities and Social Sciences scholar. She is most interested in research on communication in medicine, particularly with respect to linguistic code-switching, time limitations, and language barriers. Arielle has written for as long as she can remember but has only recently begun sharing her work, and she is excited to continue writing about life on both sides of the line between provider and patient.

Fingertips

Poetry

BY ARIELLE JOHNSTON

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It echoes at night,

The atonal spaces in between
The water tower and the bedtowers.

Even with ears humming from the thrum of call bells
And alarms and orders and presentations,
I cannot avoid the resonance on my way home.

Tonight I am interrupted,
A silence too loud to walk through.
I am met by the shadow
Of a woman pacing across a window, saying
Wait.

Remember why you are here, what is done,
The world of those upper floors.
Backlit by the stairwell, a man on a cellphone leans against the wall.

I'm starting to mix the record the way I want,
Easier listening— filtering out and tuning away
These waiters, the family, the watchers,
The wringing of the hands, the tense calls,
The reminder that
Names are inevitably tethered to being.

Three months, and they're already devolving into routines,
Checks on a list, lines on a board.
I don't get impressed so easily anymore.

But if I were, would I be able to eat with a dead man in the next room?
Could I watch a chest tube drain without doubling over, vicarious pain,
Send a woman home to no health insurance,
Watch a daughter lose her father in a matter of hours,

Their cardiogenic shock?


Never has there been so elusive an answer.

As I cross Emergency Drive,

I pray for a little callous to stave the pain so I can play for longer, reverberate for days,

But I also hope to keep the softness, that fine sensitivity,

That makes me able to play in the first place.

A stylized, light gray graphic of an eye is centered in the background. It features a large, curved upper eyelid and a smaller, curved lower eyelid, with a circular iris in the center. The text is overlaid on this graphic.

a b o u t • p o e t

JOHNSTON

Arielle Johnston is a second-year medical student at UNC Chapel Hill. She received her B.S. in Psychology and B.A. in Exercise Science at UNC as well and has experience working in emergency medicine. At UNC School of Medicine, she is a Contributing Editor for *Iris*, a student of the CAMPOS Medical Spanish program, and an aspiring Humanities and Social Sciences scholar. She is most interested in research on communication in medicine, particularly with respect to linguistic code-switching, time limitations, and language barriers. Arielle has written for as long as she can remember but has only recently begun sharing her work, and she is excited to continue writing about life on both sides of the line between provider and patient.

Nails

Poetry

BY MYRHA QADIR

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when we unzipped the Bag

and saw Her for the First Time

I didn't notice

Her hair.

Her face.

Her eyes.

no –

what struck me

were her Nails.

painted fiery,

sunset

Orange.

I wondered

if that was her Favorite Color.

or if she'd

gone to the Nail salon

and asked

for pastel Orange

but they were out.

so she decided to say

“Fuck it.

I want

the bright

highlighter

Orange.”

maybe she actually Hated that Color

but she Lost a Bet with a friend

and whoever won

got to pick a Matching Color

for them

at the Nail salon.

and her friend chose

cheeto

Orange.

because they knew

it would make her laugh.

or maybe

she didn't think about it too hard.

and it was a just a Forgotten Bottle

of old

Orange

Nail polish

that she found

while cleaning out her bathroom.

maybe it was in an Overfilled Cabinet

or a Random Drawer she never opened—

just one of those Random Places

people find Stuff when cleaning.

in any case,


her Orange Nail polish

was the first thing I noticed.

I don't really wear That Color...

but for Whatever Reason

I have a Bottle of it at Home too.



a b o u t • p o e t

QADIR

Myrha Qadir is a first-year medical student at UNC School of Medicine. She received her B.A. in History of Science at Princeton University with minors in Health Policy and Theater. She has conducted extensive research on the history of the IUD as a tool of population control in post-colonial India, and currently serves as the president of the Bullitt History of Medicine Club at UNC.

Under Their Thumb: A Social Worker's Oral History *Poetry*

BY MARY GAINER MARIYAMPILLAI

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Author's Note

The following is distilled from a 48-minute interview with retired clinical social worker and retired UNC clinical assistant professor, Jodi Flick, to create the script for a 3-minute performance in Social and Health Systems 3: Performing Medicine, at UNC. It is re-printed here with Ms. Flick's gracious permission.

Ms. Flick's own words were transcribed via "ethnopoetic transcription." From the description offered by SHS 3 course instructor, Dr. Marie Garlock, "Ethnopoetic transcription communicates pauses, emphases, tonality and rhythm of a speaker's insights more clearly than paragraph prose. Ethnopoetic transcription seeks to attend to interviewees 'as they are, not as who the researcher wants them to be' (Trujillo 75)." The resulting script forms the basis for a dramatic, embodied interpretation of Ms. Flick's oral history. Theater and performance offer rich modes of inquiry and storytelling of lived experiences that we can use to better understand and empathize with patients and colleagues.

Works Cited

Trujillo, Mary Adams, et al. *Re-Centering Culture and Knowledge in Conflict Resolution Practice*. Syracuse University Press, 2008.

[Social work does not have many gestures that are highly specific to the field. The following gestures, used throughout the performance, seek to embody the spirit of social work.]

"The System" - The forearm is positioned in front of the body, as if resting upon an invisible desk, before the elbow is raised 30-45 degrees from neutral and the fingers of the hand clench into a fist, save for the thumb. The arm makes a motion from elbow to thumb as if the thumb is grinding down—one piece of an enormous, immovable machine grinding down onto something very small. (Variation: the grinding motion is conveyed through the whole body at the start, then gradually focused until the motion is isolated to elbow and thumb.)

“Put on the Blinders” - Forearms are raised so that hands are at the level of the head, as though placing an empty cardboard box on a shelf or forming the sides of a tunnel. It is a gesture signifying presence in the immediate task at hand; undivided attention; focus—directed, purposeful energy. It is the kind of gesture Ms. Flick used when she said, “When I stepped into the patient’s room, I was ON.”

“Stepping Up” - One foot steps firmly forward, then the other, so feet are aligned; then, take a beat before repeating the “Blinders” gesture. It is the action of choosing to meet the demands of a task in a forthright, attentive way.

“Drawing Out” - Draw hand-over-hand towards yourself, as if patiently and methodically pulling someone by a rope from the precipice of a cliff, or gently extracting sensitive information from a vulnerable stranger. Ms. Flick used this gesture when describing her ability to quickly establish authentic rapport with patients in crisis.

“Sick to My Stomach” - Draw arms in towards your stomach and double over, as if there is a dull, chronic pain of which you are only intermittently aware until the memory returns again, unbidden.

“With Open Arms” - Arms outstretched, then moving inwards towards chest, as if grasping something precious, drawing it close to your heart, and carefully holding it there.

The bureaucracy.
I did what they told me to...

*[whispered or spoken quietly, as if from far away
with back to audience, while performing
“The System”: Full body grinding...
to focused grinding in arm and thumb...
to “Sick to Stomach.”
Beat. Use “Stepping Up” to rotate to gradually face audience.]*

This was in East Tennessee.
I had been working as a hospital social worker
and a young girl—
I think about 14 or 15—
came into the Emergency Room
because she had an abscessed tooth.
Or maybe more than one—
This was a very poor family
They lived up in the Appalachian Mountains,
had NEVER been to a dentist
and her teeth were rotting out in her mouth.
And she was BAWLING.
and so they gave her pain medicine in the ER.

They didn't want to tell her family
that they couldn't do anything

So they told ME...
to tell her family
To take her HOME
and WAIT
until the abscess got systemic—

Because it was only an infection
But-when-the-infection-spread-to-her-enTIRE-body
and she was about to DIE
THEN
they could treat 'er.

And I spent hours
and HOURS
trying to get somebody to—
(get a local dentist to)—
take her pro bono,
on some kind of a sliding scale,
on Medicaid
or-SOMETHING-right?

And I couldn't GET anybody to do it.
Tried to talk to administrators—
I lost it
with the people who were making this decision

I did EVERYTHING I could

...A, a part of me even said
I'll pay for it
You can take it out of my salary
Just—just—

TAKE. CARE. OF. THIS. CHILD.

“Sorry, THAT's the protocol.”

[*“The System”*]

SO
this child
is in AGONY

And I did what they told me to—

[*“Stepping Up,” “Put on Blinders”*
“Sick at My Stomach”]

I told her family
to take her home
‘til she got even SICKER

[*Force self to stand in place, then “Put on Blinders.”*]

and then they could pull her tooth.

Afterwards, I went back to my office,
Told my two colleagues
“I'm going home”
“I can't—
talk to anybody else today
I can't do it.”

[*Gather a purse or other personal things.*]

[*Walk away, as if exiting stage right,
then turn to audience midway.*]

I'll never forget that, as long as I live...
Even that I...participated in it felt
unETHICAL and IMMORAL
And it was one of those times
when the system—
the bureaucracy—
just

[*“The System”*]

-y'know.

Even now, it makes me angry.
It was probably 25 or 30 years ago,
And it STILL makes me angry.

[a rueful laugh]

I WANT the damn politicians to do something about universal health care
So that no one ever has to
Turn somebody away like I had to do

[Beat. Slowly return things to table. Starting facing stage left, resume "Stepping Up" paired with "Drawing Out," rotating slightly with each "Stepping Out" to face a different part of the audience—the Social Worker walking endless corridors to see many patients over many years. Stop when facing center stage.]

My husband and I were out in the mall one day
And this woman

Saw me
And ran up to me
And THREW
Her arms around me

["With Open Arms"]

["With Open Arms"]

["With Open Arms"]

And she said,
"Oh My God.
You will

["With Open Arms"]

NEVER know
How much what you said to me that night
in the Emergency Room
meant to me...

["With Open Arms"]

["With Open Arms"]

You SAVED my life."

["With Open Arms"]

["With Open Arms"]

And I was like,

[higher register] "Oh, that's so wonderful!
I'm glad you're doing so well!"

[A flustered, fluttering hand motion]

And then, and she walked away,
and my husband looked at me
"You have no idea who that was,
Do you?"

[Turns left, looking down.]

[Turns up, looking right.]

And I said, "No. NONE."
I couldn't have picked that woman
Out of a lineup...

I probably DID see her in the ER.

But I saw

8 people a night, you know?

And maybe I DID say something, really,

that was exactly what she needed to hear...

Social workers don't make a lot of money

[*considering*]

And they don't get fancy job titles.

But lots of times

You did something that was REALLY valuable

But...

You don't know about it

Sometimes

until

weeks

or months

or YEAARRRS later

...if you EVER, if you ever know about it.

Y'know, I LOVED my job

[*"With Open Arms,"*

then "Sick to My Stomach"]

The burnout was,

aGAIN

More around the sort of,

Bureacracy, y'know?

[*"The System"*]

...

I LOVED my job.



a b o u t • a u t h o r

MARIYAMPILLAI

Mary Gainer Mariyampillai is a second-year medical student at the University of North Carolina. She received her M.B.S. in Biomedical Sciences from Rutgers University; and her M.S. in Medical Physiology, her B.S.E. in Biomedical Engineering, and her B.A. in English from Case Western Reserve University. She has served as co-president of Beyond Medicine Reading Club and she is the recipient of the 2023 Cross Social Medicine Paper Award at UNC. Mary is a student in the Humanities and Social Sciences scholarly concentration at UNC School of Medicine, where she hopes to explore the intersection of medicine with performance and other modes of narrative inquiry.

Eyes Half Open

Short Essay

BY DR. TIFFANY LONG

ISSUE 14 | WINTER 2023 | SPRING 2024

It is 8:30 am on a Tuesday morning and I am carpooling down I-40 east attempting to make small talk with my fellow passengers. These passengers happen to also be my first-year medical school classmates. We are each familiar with one another, but I wouldn't say we know each other well; a cordial hello in between lectures is the extent of our relationship. Having signed up for our autopsy today, we are forced together in the most unfortunate of circumstances. Questions and answers float between us and we manage to fill most of the trip with nervous chatter. After we inevitably run out of things to say, there are a few stretches of awkward silence.

Normally I would be all for cutting out small talk and being left to myself, but today the silence is unwelcome. It offers too much time to think about what is to come, what we are speeding towards. The silence made me acutely aware of a painful knot inside my stomach, and my anxiety worsens as I looked out the car window at the morning traffic headed to Raleigh. It seems like every car is going one hundred mph. I begin to feel nauseated.

"Don't throw up. Throwing up all over the back of your classmate's car would not make this situation any better. Just breathe, dammit..."

We pull into the parking lot and make our way inside. The building itself is surprisingly nice with plenty of windows. The sunlight in the lobby offers a false sense of comfort. After signing in, we wait; more nervous chatter, more awkward silence, none of us knowing quite what to expect. The tension mounts with each passing moment. Finally, we are led into the supply room to obtain our scrubs, gloves, booties, glasses, masks, and hairnets. After changing and feeling slightly victorious that I had managed to not puke on the journey so far, the time comes to enter the room where autopsies are performed. As if reading my mind, an employee points out a canister that we can vomit in if necessary. She seemed to have a smirk on her face. I wasn't sure if she was kidding or not.

Was she enjoying this?

I walk into the room and see the young man lying on the table. I realized that my tossing and turning overnight and the hours spent this morning attempting to prepare myself had been wasted –nothing could prepare me for this. It is more horrifying than I could have imagined. He just lay there, naked, eyes half open. He isn't discolored or grotesque like I anticipated he would be. He looks just like someone sleeping, as if at any moment he would get up and walk out of the room, perhaps apologizing for the inconvenience. But he did not get up. He continued to lie there vulnerable and exposed. I wanted to

cover him.

The pathologist tells us the man's age, race, and background information: "30-year-old Caucasian male found yesterday by his family on the sofa hunched over with a vomit bucket on the floor."

Found by his family? What does that mean? His parents? His wife? His children? God, I hope his children did not find him like that.

We learn that he had a history of IV drug use. The pathologist checks in between his fingers and toes for track marks. With the help of the technician, she repositions him onto the body block and the shift in pressure causes his eyes to bleed. Long streams of crimson red tears trickle down pale cheeks.

CRACK!

What the...?

CRACK! CRACK! CRACK!

What is that noise? Oh my... his ribs.

I look up and the technician is removing his rib cage. She is not fazed. The pathologist jabbars on about how she knew she wanted to be a pathologist in elementary school.

Who thinks about working with dead people when they are in kindergarten?

The pathologist receives the organs and begins examining them. She asks if any of us are interested in pathology. No one responds. I am shocked by the amount of liquid flowing to the bottom of the exam table. Suddenly, I get a whiff of the most horrible smell imaginable.

Is that the blood? The tissue?

It is the smell of death.

I feel bad that I am repulsed by the man. A day ago he was alive, just like me, just like everyone else in this room. Hell, he was alive when I signed up to attend this very autopsy. My breaths become shallower in fear that I will obtain another whiff of the pungent odor. This combined with the tight-fitting mask is sending me into a full-fledged panic. I think about the potential vomit container.

Just breathe... dammit.

I look around the room and realize that a couple of my classmates have stepped out into the hallway. The thought crosses my mind to step out too. It would be easy, only a few short footsteps and I could be free from this nightmare.

"We are now going to take out the brain," the pathologist says. "We have a specific way of doing this

to ensure that they can still have an open casket funeral.”

Well, that's good news.

I look over to find the technician making an incision at the back of the scalp. At this point I feel certain that I will leave at any moment. She begins to pull the skin forward. I look away while cringing, my jaw clenched. I muster up the courage to look back at him – and find that the young man’s face has been peeled down, allowing access to the skull and brain. I can no longer see his half-open eyes because of the flap of scalp folded over them. I take a deep breath and decide to stay. As horrifying as it is, I can’t bring myself to leave.

Authors Note:

I wrote this piece several years ago as a medical student. Now that I am an attending and I look back on the experience, I realize the anxiety and terror described in the piece is a metaphor for how I felt about medical school in general. This occurred early in the first year of medical school when I was attempting to adjust to a very terrifying time in my life. As a first-generation college student then medical student, I felt I made the wrong choice in attending medical school due to imposter syndrome and I felt an overwhelming sense of dread and anxiety for the first couple of semesters. I felt isolated and lonely and I think that may have been why I identified with the poor man found alone at home who was then alone and naked on that cold autopsy table. Perhaps the ending of the story- not leaving despite everything within me telling me to run, was a way of processing my feelings at the time subconsciously. I didn't tie any of this together until reading it back years later. I wish I could tell that terrified version of myself that everything would work out just fine.

A stylized graphic of an eye, rendered in shades of gray. The eye is composed of a central circle, an outer ring, and two curved lines representing the eyelids. The text is centered within the eye graphic.

a b o u t • a u t h o r

LONG

Tiffany Long, MD is an Assistant Clinical Professor of Medicine in the Division of Geriatrics at the UNC School of Medicine. She completed Medical School, Internal Medicine Residency, and Geriatrics Fellowship at UNC School of Medicine. She has an interest in medical student education and serves as a Patient Centered Care Instructor and Academic Coach to Application Phase students. She has creative interests in singing and narrative writing.

Omphalocele

Prose

BY ALLEIGH WIGGS

ISSUE 14 | WINTER 2023 | SPRING 2024

She was the last patient as the day was drawing to a close. Although, it had been a short day on the pediatrics floor. I arrived around 2 p.m., and it was my first time here. The jungle mural wrapped around the halls for something fun to look at, but the dim lights made it hard to see the details. Occasionally kids would go on walks around the floor, taking laps with all of the animals. I imagined what that was like. With the lights on I am sure it was uplifting, but now it was eerie, like taking a walk around the moon.

We had seen a baby with pneumonia whose parents had brought him in from Fayetteville. There was little for us as students to say; he was on the up and should be discharged soon. I talked to them about the drive from here to there, which I had done many times for less severe circumstances. We had seen a high-school girl who wanted to get back to running track. She was pretty good, her mother said. The kid with cystic fibrosis was too tired to talk to us.

She was behind some door that we had not opened yet, the only room in the museum left to see. So we lined up outside with our instructor and barged in.

It was almost empty. Every room so far had been full of people and things and pull-out couches. Usually there were take-out containers and sweaters which served as tangible proof of love. I looked around for a purse, a wallet— a sign of a parent. There was none. The edges of the room looked tidy and untouched, just the way housekeeping had left it, except for the small bed in the middle where a little girl lay, covered in white hospital blankets and a few bright Fisher-Price toys.

She was two and asleep, recovering from an omphalocele repair. *At what age do kids usually get that repaired*, I made a mental note to look up later. She also had a tracheostomy with a ventilator blowing air into her lungs. It was amazing to me that she looked so peaceful— the vent was loud, and tubes ran in and out of her whole body. We hovered over her crib in silence. If she opened her eyes she would see us peering over in a circle like some alien abduction or the Brady Bunch.

“Are her parents here?” someone in the group asked. It was the question haunting the room.

“That’s a good question; let me see if her nurse knows anything,” our instructor replied. She stepped out of the room, and we all lifted our heads to glance at one another. She caught the nurse as she was walking past with linens for another room.

“Yeah, she’s been here for a week or so. Her parents can’t be here at the same time as one another. I think her mom is going to get here around 9 pm tonight,” she told us with a sympathetic frown. She held the white sheets close to her chest.

Our instructor gave us some information about the girl in a soft voice. “She is on step-down from the PICU. From her chart it looks like she is trach-dependent and just had that surgery. Let’s take a look at her incision and see how it’s doing.” Our heads lowered back to the young girl.

“You know, I think it’s odd that we’re allowed in here with a kid without their parents,” the guy next to me said. *That’s not quite it*, I thought, but I couldn’t fault him. I imagine we were all trying to place the discomfort in the air. Here she was, a two year old in a hospital bed, who at this moment had nothing in the world but sleep.

Our attending peeled back the girl’s blankets, revealing a large surgical bandage and more tubes draining it. I held my breath; surely this would wake her up. I waited. The tracheostomy blew. Her chest rose. Nothing. Her eyes stayed shut, eyelashes flush with her skin.

We talked more about her history and hospital stay. I don’t remember much of it now. I’m not sure how much attention I paid in the moment. Maybe I thought about the difference between an omphalocele and gastroschisis. I likely didn’t. It was probably the picture of this room, its loud silence and unnerving neatness that sat in the forefront of my mind. Its inherent emptiness although we were there. Eventually the clock turned to five and we started to fade towards the door. As I inched away with the group, my eyes flashed back to her.

No one had put the blankets back. Her abdomen was out to the air, falling and rising with each machine-assisted breath. We started to filter out of the room, but I was pierced with the thought, *Oh god, what if she’s cold?*

A stylized graphic of an eye, rendered in shades of gray. The eye is composed of a central circle, two curved lines for eyelids, and a horizontal line for the iris. The text is centered over the eye.

a b o u t • a u t h o r

WIGGS

Alleigh Wiggs is a medical student at UNC School of Medicine. She received her BSPH in Nutrition at the University of North Carolina at Chapel Hill in 2022. She is interested in nutrition and preventative cardiology, and has completed research with the UNC SUDDEN Project and the Nutrition Research Institute in Kannapolis. She is published in the UNC Health and Humanities Journal with pieces including "Tailbone" and "To My Future Client."

His Daughter, the Caregiver

Short Essay

BY TRANG "CAROLINA" VO

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My dad had a stroke in 2015, leaving him paralyzed on the left, unable to walk, talk, or eat. The nursing home he was transferred to downgraded my dad's room when we applied for Medicaid. He was moved into a shared room that the nurses tended to much less often. Nearly every day, I was chased out of the building as I left, being asked when the next payments were coming. Staff stopped turning him every 3-4 hours and cancelled his therapies even though he was entitled to them while Medicaid was pending. My mom and I were caught in a war against them, with pressure on us to take him home.

So, my mom and I eventually brought him home. Everything he needed, from bathing, medications, insulin injections, PICC line infusions, albuterol treatments, and feeding tube maintenance, now became our responsibility. My mom was nearing retirement, but instead she quit her job and began working from home as a tax preparer. She had no other choice, given Medicare, Medicaid, and the nursing home could not provide adequate care. Her days with him started at six in the morning and ended around eleven at night, of course without compensation. I was 21, had just graduated college, and wanted to pursue medical school at that time. Instead, I gave up on my dream and found a job that allowed me to work from home. We managed since the cost-of-living in Fayetteville, NC was low. Together, however, we barely had enough to cover the cost of everything he needed: medications, medical equipment, diapers, gloves, oral care, etc. We now found ourselves fighting against the insurance company.

Luckily, the doctor who cared for my dad throughout his recovery supported us in this war with insurance. He used his knowledge of the system to manipulate insurance into covering more expenses. For example, our policy stated that oxygen tanks are only provided to those whose oxygen levels are consistently below 90%. My dad's oxygen, however, would fluctuate between 89% and 91% on a daily basis. His doctor reported all of the 91% as 89% just to ensure we could keep an oxygen tank in the home at no additional cost. If not for this, my dad would not have had the oxygen he desperately needed whenever he aspirated or experienced an asthma attack. On multiple occasions, his oxygen saturation would drop from 91% to 70% before an ambulance could arrive. Access to home oxygen saved his life.

Doctors like my dad's inspire me. The ones who do everything in the best interest of the patient, even if it means fighting insurance companies. But how many of those are there? If another patient were in my dad's situation and couldn't get the same support, then it would fall on the family. When you become a caregiver, expenses add up fast. Deciding between affording insulin

pens or vials, being able to provide eight new diapers a day versus four, reusing the same oral cleaning sponge or not... it adds up. Cutting costs comes with health risks, and it may be the only option if the only income is disability.

Another factor that eases the burden of caregiving is help from loved ones. However, my dad's oldest son played no role in my dad's care after the stroke. He claimed to have no obligation to help. In contrast, I was the youngest child and only daughter. Yet, I was willing to give up my future because I felt indebted to the wonderful stay-at-home dad who raised me. I never understood how my brother, much older, successful, and stable in life could refuse to help. It was clear that living in America changed him. The American dream, where we prioritize work, money, social obligations, and success.

In Viet Nam, however, family always comes first. For example, when my grandpa had a stroke in Viet Nam, his two sons and my mom carried him in a hammock through the watermelon farm and down the dirt road to the nearest hospital. All four kids and twenty grandchildren took turns visiting my grandpa in the hospital, even if that meant riding a bicycle or walking for two hours. Here in America, on the other hand, my brother was an hour away from UNC Hospital by car, but never visited once in the six months my dad was at the hospital. I was angry for a while, resentful almost.

Caring for my dad was not an easy task. The first few years were characterized by fear, being on alert 24/7, and just genuine busyness. Year four is when I got comfortable and started adding in normal components of life. I started seeing friends for lunch and went back to school. My mom and I took our first vacation together since my dad got sick. Still, I started to feel the regret of not having a truly normal life, and I began to understand why people choose not to enter the caregiver role. I had only been doing this for a few years and could not imagine the burden felt by parents of disabled children or spouses of disabled veterans who fulfill this role their whole life. I felt those negative emotions: whether it was the third trip to the emergency room for the same feeding tube problem in one week, or the 3:00 am coughing fit that snapped me out of a sound sleep to perform suctioning because I feared my dad would aspirate on his own saliva again. I couldn't always be that "inspiring" person who gave up their life to be a caregiver. It gets tiring. It wears you down. I never let my dad see that side of me though. I never wanted him to know how hard some days were. I never wanted him to feel any guilt.

Looking back on the six years as my dad's caregiver, I don't regret a thing. I loved every moment of it, whether it was shaving his beard and watching him run his one functional hand across his cheek feeling for stubble, cleaning him while reassuring him to not be embarrassed, or performing hand massages to keep the swelling down while reminiscing about holding his hand to walk to school as a kid. I always felt better at the end of the day knowing I gave my best for him. I love taking care of people, and being there for him gave me so much motivation in life. However, it's not for everyone. With the lack of resources, especially in cities with underdeveloped healthcare, it can be almost impossible to navigate. My minimal knowledge as a medical assistant gave me enough background to manage the tedious aspects of his care, but what about those who don't speak English or are aging themselves? What about the illiterate who cannot navigate a Medicaid application? What measures are in place to support families

that struggle paycheck to paycheck or can't find flexible work when they enter into the role of a 24/7 caregiver? What about the cities without wheelchair transportation? Or families in apartments, trailers, or homes without enough room to accommodate a hospital bed, Hoyer lift, or wheelchair? It is not an easy task. I only hope that there are more resources in the future to not only support the patient, but the family as well. As much as I love my dad and felt I could handle it, it was not enough. I still needed help, and so will many others.

A stylized graphic of an eye, rendered in shades of gray. The eye is composed of several concentric circles and curved lines that form the eyelids and iris. The text is centered within the eye graphic.

a b o u t • a u t h o r

VO

Trang "Carolina" Vo is a medical student at the University of North Carolina School of Medicine. She received her Bachelor of Science from UNC Chapel Hill and her Master of Physiology from NC State University.

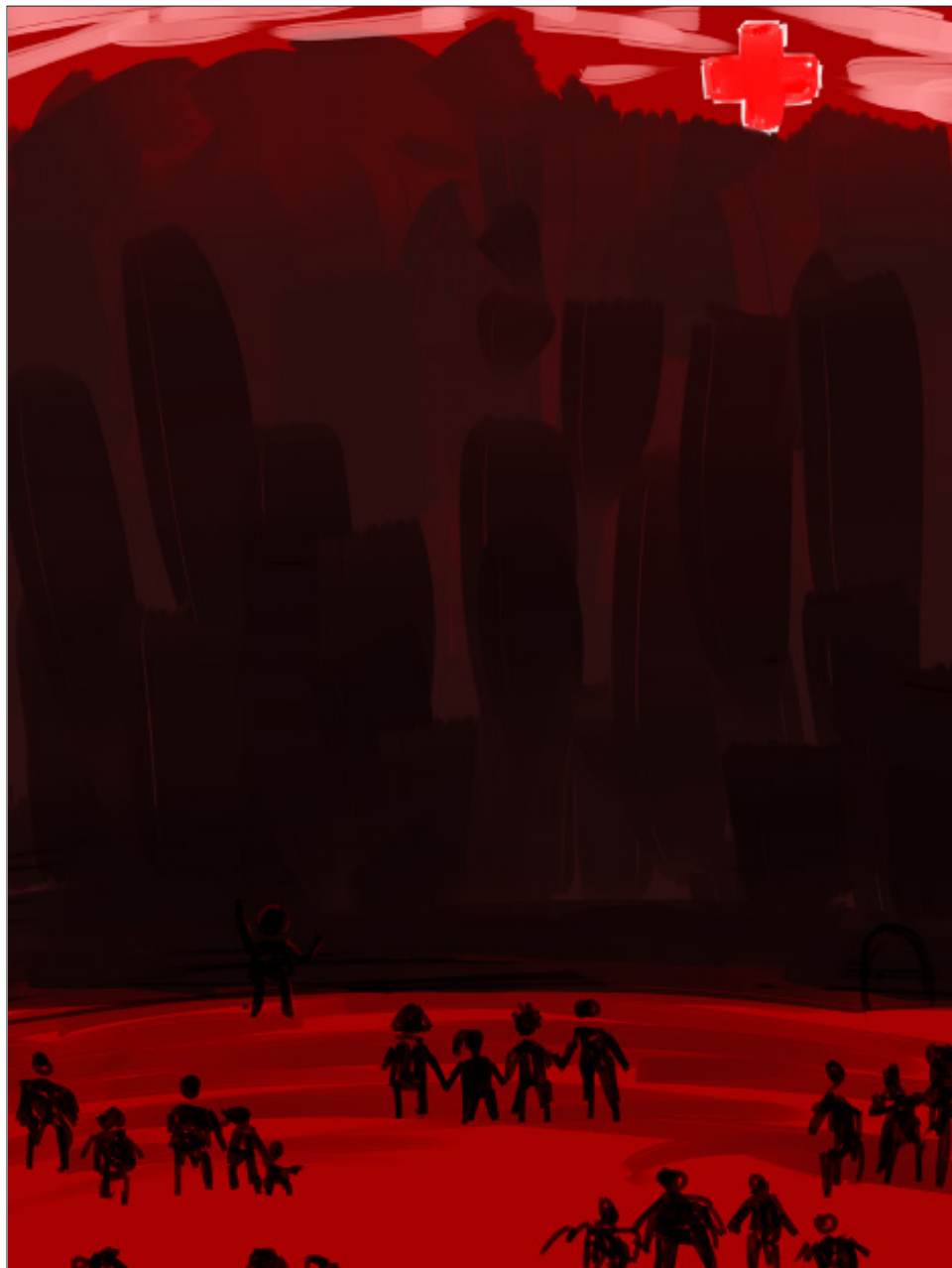
Her research focuses on the health of military children and she plans to become a physician specializing in Pediatrics.

Medicine is for others

Digital Art + Essay

BY ESTHER LEE

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I didn't know you were supposed to see a doctor at least once a year. I didn't know what a "primary care provider" was, let alone that many people had a doctor they followed for years. All I knew was that doctors were real and they existed to "heal" people who were sick...at least that's how it looked in TV shows and movies.

When I was in 4th grade, my dad came home with a construction injury where he sliced through most of the flesh on his left thumb. For months, I watched my mom take care of the mangled injury, using home CVS supplies in an effort to keep the flesh together. I cringed as I watched my dad in pain, the blood seeping through the bandages. I wanted to do something to help, but there was nothing I could do other than fetch supplies and painkillers for him.

It didn't cross my mind at that time that the injury required stitches. It didn't cross my mind either that my mom was not equipped to deal with such a wound herself. I just remember snippets of conversation: "-left the hospital before they-"; "-can't afford it on our budget-"; "-make do with what we have-"; and "-see someone if it gets worse-"

It wasn't until I got older that I pieced it together, those snippets, to discover that my dad was sent to the emergency department after the injury but left because we couldn't afford to pay for wound care. We didn't have insurance, and we were barely getting by day-to-day. My dad would rather have money to feed his family than spend it on unaffordable health care.

Today, it frustrates me even more to realize that there were options such as charity cases or social workers who could have helped connect us with resources to cover such expenses given our low income. But there was an added language barrier that prevented us from asking and a cultural barrier that made us unaware that there was something we could even ask for.

No one made an effort to help us.

.....

When I was playing basketball outside in 7th grade, I slipped on a puddle and slid my right leg sideways, resulting in my knee overextending inwards (since starting med school, I now presume it was likely a medial collateral ligament injury). It hurt a lot as I was taken to the nurse's office, sitting on the chair waiting for my mom to come pick me up. The nurse told me to translate and to inform my mom that she recommended I see a doctor.

My mom was very frantic about my knee swelling. Like any mother, it's never easy to see your child in pain. I wasn't the most outdoorsy type of child, so I rarely got hurt. This was probably my first big injury.

She looked conflicted as she called my dad to discuss what to do about my knee. I heard the similar discussion I had heard dozens of times before: do we have enough money to pay?

After assessing the state of my knee, my mom looked at me mournfully, "I wish I knew a doctor I could ask or talk to."

Instead of going to see a healthcare professional, my mom ended up taking me to a Korean acupuncturist that she knew from church. That was the closest thing my mom had access to in terms of “healthcare” for my injured knee.

As I gazed at the collection of needles poking various spots on my right leg, I wondered how effective these needles were for a stretched ligament. I think my mom questioned that, too. To this day, she still wears a forlorn expression on her face every time my knee aches or I have some difficulty walking straight.

“I should have just taken you to a doctor,” she laments. “If only we were in Korea.” In Korea, we could have seen a doctor for my knee without worrying about pay. In Korea, you even see doctors for simple things like a flu or a cold. In Korea, we can see doctors all the time, any time.

This reality only continued to solidify what I was becoming more and more aware of:

In America, healthcare is not for us.

.....

After college, I started scribing for the UNC Infectious Disease department to get more clinical experience. One particular day, I skipped breakfast and forgot to bring a water bottle. I had already walked 50 minutes to work (my typical commute to save on parking fees) before we even started rounding on patients.

As a consult service, we provided care to patients all over UNC hospital – which meant walking up multiple flights of stairs to multiple floors.

Sometimes, we would stop and talk to the primary team to discuss more about a patient’s care. That day, one particularly challenging patient required discussion with the full cardiothoracic ICU team.

While the ID Fellow I was working with started discussing patient care with the other doctors, I suddenly felt dizzy. My vision started darkening, and my ears were ringing. My hands were clammy, and I was struggling to stay upright.

I felt like I was going to faint.

Yet, the only thought going through my mind at that moment was: I absolutely cannot faint here. If I did, I could be taken to the ED. And I couldn’t afford that even with my insurance.

Out of sheer willpower, I kept my eyes open and leaned against the wall, hoping this dizzy episode would stop soon and mentally urging the ID Fellow to finish the conversation so I could walk it off or get water or anything.

The irony was not lost on me that I was surrounded by an entire team of UNC doctors, nurses, and other healthcare professionals in one of the biggest hospitals in the country, and yet, I felt that I couldn’t

receive care from any of them.

Even this close to healthcare, I felt a wall that separated me from those who can get care and those who cannot.

Medicine still felt so out of reach.

.....

For the longest time, I have felt that medicine is for others. I have far too many memories in which my family or friends didn't see a healthcare professional because it wasn't affordable. Or them showing me their enormous bill for just a single visit to a clinic, even if they had some sort of insurance.

A giant wall divides those who can get healthcare access in this country from those who can't, and it is a wall determined by socioeconomic bracket. There's a small door hidden somewhere within this giant wall that can be opened for those in the low-income bracket, but only those who know about that door can use it. The vast majority of people on this side don't even realize that there is a door.

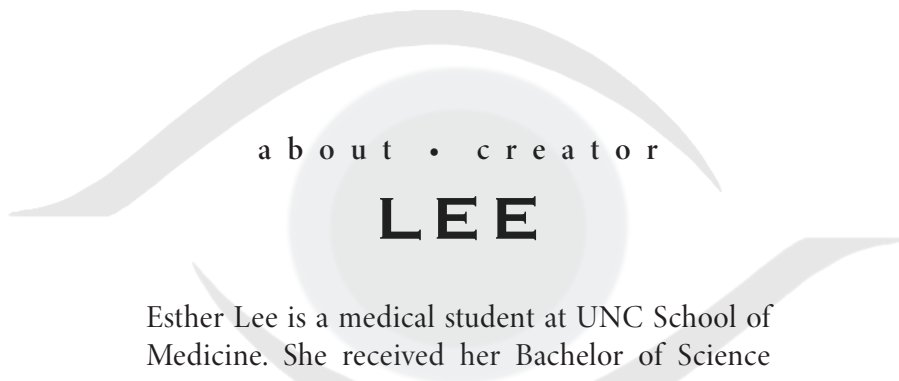
There are so many factors that led to my decision to become a doctor, but I think the strongest pull was ultimately my desire to make medicine accessible. I want to be that doctor who always considers socioeconomic status, making sure patients are aware of resources and connecting them to people who can help them find the secret door. I want to work with patients to create treatment plans that are feasible or select medications that are affordable.

I don't want patients to feel like they can't come to me because they don't have the means to do so.

I want to open more doors to healthcare for my patients.

I would like to be the bridge so medicine isn't for "others."

Medicine should be for all.

A stylized graphic of an eye, rendered in shades of gray. The eye is composed of a central circle, an outer ring, and two curved lines representing eyelids. The text 'about • creator' is positioned above the eye, and 'LEE' is centered within the eye's pupil area.

a b o u t • c r e a t o r

LEE

Esther Lee is a medical student at UNC School of Medicine. She received her Bachelor of Science in Public Health and Bachelor of Arts in Classics from UNC-Chapel Hill. During her undergraduate studies, she had the opportunity to combine her two majors on a Senior Honors Thesis researching about the "Environmental Health Perspective in Ancient Greece and Rome." She also obtained a Masters of Public Health from Gillings School of Global Public Health. She is more of an artist by trade, but interested in branching out into other media.



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