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The title of our journal has raised a good deal of speculation. The wild onion is a common garden-variety weed, a hardy plant that grows almost anywhere and tends to spring up in unexpected places throughout the woods and fields and roadides in this part of the country. It blossoms into an unusual purple flower and its underground bulb, if tasted, yields a pungent, spicy flavor. The wild onion is a symbol of the commonplace yet surprising beauty that is living and growing around us all the time, the spice that though uncultivated, unexpectedly thrives and – if we only take time to notice – enhances life.
Welcome

Waiting can mean anticipation or it can mean suffering. Whether for an appointment, test results, a cure, better treatment, or even, a better healthcare system, waiting seems to take forever. Once the wait is over, we move on to the next thing. Along the journey, however, there are times to pause, think, and savor the moment. These moments provide an opportunity to make sense of our striving and to know each other. Viewing the world through others’ eyes gives us perspective and builds empathy; broadening our scope helps us to see options that were not previously apparent. The wait can be transforming if we use it well.

This collection of art and literature, Wild Onions, is a tool for transforming us. It gives us, its creators and its readers, a place to gather and share our human perspective. Whether you peruse its pages in your spare time, read it as a distraction, or search each entry to find an author or artist you know, this publication serves as a meeting place to share the triumphs and tragedies we encounter every day. We – as patients, families, staff, nurses, doctors and students – are the healthcare system, and in the end, it is our humanity that makes the system succeed or fail. As long as it remains imperfect, people will have to be creative, thoughtful, and patient as we try to make it better. As we wait for whatever comes next, the moments we spend contemplating the world are critical. Those moments are our chance to achieve understanding beyond ourselves and to reach beyond the next event. Use your wait well.

Elizabeth Sinz, M.D.
Professor of Anesthesiology & Neurosurgery
Associate Dean for Simulation
Director of Patient Safety Simulation
Director, Penn State Hershey Clinical Simulation Center
Associate Science Editor, AHA
Chemistry within waiting rooms is heated and volatile, yet invisible, compartmentalized and bottled up -- a world of crowded loneliness and unexplored anxieties. Determined to lift the proverbial silence of waiting rooms around the hospital, like lifting a lid off a pot to allow the steam of expression and emotion to escape and then capturing it as words and images on a page, we dedicate this year’s special section of Wild Onions as “In the Waiting Room.”

In an effort to solicit candid and intimate submissions, fresh with the commonly potent experience of waiting rooms, we placed submission boxes in waiting rooms throughout the hospital and personally encouraged patients to pen their works while they waited. These submissions, along with other works on the subject, make up this year’s special section of the journal.

We hope that reading this will help you see the individuals within the crowd and explore their anxious faces. Whenever you are asked to wait, when making others wait, when breaking news to or merely observing others waiting, recalling this special section and then acting with an added measure of compassion will be the hidden harvest we hope to reap.

Most Sincerely,
Vimal Desai and Clay Hess

Senior co-editors

Vimal Desai's gravitation towards the humanities stems from his diverse upbringing. It was a melting pot of Vedic philosophy, east African hospitality, Catholic grace, and Islamic peace. Born in Asmara, Eritrea during a revolution, his parents moved to Los Angeles in hopes of a better future. Throughout his life Vimal has been fortunate to meet prominent leaders -- from Mother Teresa to His Holiness the Dalai Lama -- whose touch has inspired his journey. After completing his molecular biology degree at UCLA, he attended Tattvagnan Vidhyapith, an institute inspired by Pandurang Shastri Athavale. Here he studied a vast spectrum of philosophy, literature, metaphysics, and world religions that have defined the human condition, something Vimal hopes to improve through his practice of medicine.

Clayton Hess, a southern-California native, graduated from Brigham Young University (Provo, UT) cum laude, receiving a Bachelor of Arts degree in Humanities with an English emphasis. He chose Penn State for his medical education in large part due to its humanities-focused curriculum, and he prizes how it helps him to “walk with kings, [but never lose] the common touch.” (Rudyard Kipling). For prospectively monitoring distress in radiation-treated cancer patients, Clay was awarded the K. Danner Clouser Student Research Endowment. He aspires to provide patient-satisfying care for those with cancer, perform quality-of-life and ethics-related research, and advocate for integrity- and charity-based decision-making within his chosen specialty, Radiation Oncology.
In The Waiting Room
© Sigmund J. David (Siggy)  Organ Transplant Patient

Those few minutes
While you wait
You wonder
Is your problem
Serious
Your mind roams
You see
Patients
Come & go
Are they as sick
As you feel?
They have family--
Loved ones
Who also may

Petulant Chair
© Jodi L. Bossler  Wife of Randall Bossler, Jr.  MS II

As I sink into the pseudo-leather seat, the chair hisses its same protest: a mutiny against the hundreds of bodies before mine, who await the next step, the next room, the next face. My chair is part of a room where one waits; it is a holding place that affords moderate comfort and isolation. The blue slate of the wall mixes with calculated decor, making the entire room weakly chic and desolate. There hangs an art photo opposite and it mocks my chair…

Waiting for News
© Angela L. Sedun  Mother of Pediatric Patient

Blissful memories
Hang in the balance.
Spring, come again.

Waiting Room Thoughts
© Diane Thiboutot, M.D.  Department of Dermatology and Mother of MS IV

Who waits for thoughts?
Doctors design rooms for this, But why?
Thoughts just come, invited or not.
To be welcomed, or not.
Who is the critic that makes these calls?
Is it you or is it the thought?
Diagnosis Dread
© Sarah Summer Shaffer Patient

It was late one Monday evening. I could tell something was wrong.
Things did not seem normal. Panic began to run coldly through my veins.
I decided to wait until the next morning to get it checked.
On the way there, my stomach began to turn.
I felt nothing less than nauseous.
Concerned, worried, anticipating the worst.

As I sat in the empty waiting room, Questions flashed through my mind.
Why didn’t I listen and respond to the warning signs sooner?
The magazines are ancient with articles missing.
The side tables are covered in a thin layer of dust.
I tap my foot anxiously on the stained tiled floor.
The air smells thick and stale.
Waiting… waiting… waiting…
Fearing the unknown results.

Hours have passed.
The clock continues ticking.
Suddenly I hear a man’s voice.
Shocked that I had fallen asleep.
I wake to find him standing in front of me.
With sincere compassion in his words, “You need to replace your engine.”
Oh, the pain to my bank account will be severe.

The Course of Compassion
© Heather King Patient Representative

I brought my six-month-old son in for surgery in December. He was to have an outpatient procedure – not really anything that could be considered life threatening. But the thought of handing my precious baby over to people I did not know so that they could essentially injure him in order to make him better – this horrified me.

We arrived at 6 a.m., my husband, my baby and I. I don’t remember much of what went on pre-operatively, but I remember walking down the long hallway leading from the Same Day Unit to the ORs. I remember seeing the green-clad OR/Anesthesiology personnel walking ahead of us as they allowed me to carry my baby boy to a certain point. Then one of them turned around and told me to kiss my boy, and that they would take good care of him. After they carried him around the corner, I turned to my husband and cried. I was so afraid of the unknowns – would he be OK with anesthesia? Would he be afraid? Would they make a mistake and hurt him? It was so overwhelming!

My husband and I went to the waiting room to do our time. I had brought magazines to occupy my hands and my mind. I knew I couldn’t concentrate enough to read a book, so I settled for looking at the glossy images staring up at me from People Magazine. We had been told the surgery would take about an hour. So at the hour mark, I became hyper-

From the Parking Lot
© Mohammad Bader MS I
Medical students commonly encounter persons with dementia in clinical settings as “patients” presenting with discrete cognitive, functional, and behavioral problems. In April 2010, my fourth-year students flipped the script and made four visits to the locked “memory support” unit at Country Meadows Retirement Community, located just east of the Medical Center. There, as guests, they joined residents in a group-based creative storytelling project called TimeSlips. Students facilitated these sessions, drawing out rich, whimsical narratives from residents, deepening relationships, and ultimately developing creative final projects based on the content generated by these elders -- persons who, in nearby medical settings, might otherwise have been regarded as “Alzheimer’s victims.”

A photo taken during one of our many trips to Country Meadows.
On January 1, at 11:30 a.m., our 15-year old son had an accident with a saw, whereby the possibility existed that he could lose a finger. We spent three hours in a local upstate emergency room and were told he would be taken by ambulance to another upstate medical center. However, we were also informed that there was, unbelievably, no surgeon on call at the hospital who could attempt a corrective surgery.

It was then that we opted to make the two-hour trip to the Hershey Medical Center. We were greeted with smiling faces and helpful and professional personnel. The emergency room nurses on duty at 5:00 p.m. on January 1 were the best we have ever experienced. I know they have probably seen hundreds of such cases, but this was our first, and it was our son’s finger that would be lost. They were empathetic, very professional, and sensitive, and they made us feel secure in our decision to come to Hershey. Our surgeon was also extremely courteous and professional. He answered all our questions and displayed a genuine interest in our son’s condition and our family’s concerns. We could not have wished for a happier ending in what started out as a tragic day.

I found my experience to be much more pleasant than expected. The staff were very nice, friendly, and helpful. The tracking system the Medical Center has in place is outstanding. I felt like I was on top of my wife’s surgery from start to finish. The doctors all the way down to admissions were wonderful. The only thing I can say is Hershey/Penn State is the only place I will consider having any type of procedure (ever).

Thank you very much for taking care of the person that means the world to me, my wife.
First Place

Hard to Say

© Scott Winner, M.D. Department of Radiology

I was 24 years old when I interviewed for admission to medical school. I wore a black suit, carried a leather notebook and had acne.

“What makes a good doctor?” the interviewer asked.

“Lifelong curiosity and education. Medicine changes and physicians have to keep learning throughout their careers,” I replied.

“What kinds of things do good doctors need to learn?”

“Things change in medicine. Doctors have to keep up with new treatments and procedures to serve their patients well.”

“What else?” she asked.

“Anything else?”

“Anything else?”

“I mean just what I said. Do you think you’ll need to learn anything else to be a good doctor?”

“What else is there?” I asked.

A young woman of 24 talked as if I were an old man. I thought this was strange.

I am an intern in the hospital. I have been called to help a young man who has been shot in the head.

When we arrive, he is dead. His hair is caked with blood and there is a large gash in the back of his head. The Chief Resident asks me to clean off the guy’s scalp and sew up the wound. I don’t understand why.

“It’s her son. How much longer?”

“It isn’t her son,” I said. “He’s dead.”

“She is his mother. How much longer?”

“No,” I said. “It’s his son.”

“He doesn’t understand any more.”

“I mean just what I said. Do you think you’ll need to learn anything else to be a good doctor?”

“Anything else?” she asked.

“I mean just what I said. Do you think you’ll need to learn anything else to be a good doctor?”

“What else is there?” I asked.

A fidgeting girl, pigtails and all, picks at her chicken pox until they bleed like late-June strawberries.

A recent widow, inconsolable, holds her husband’s scarf in a vice-grip, reciting Hail Marys and Our Fathers at breakneck speed.

A fidgeting girl, pigtails and all, picks at her chicken pox until they bleed like late-June strawberries.

The details of my own story feel unimportant.

I place the needle in the sharps container and throw the other supplies in the trash. I grab a towel, get on my knees, and clean the blood off the floor. I lift his head and wipe off the gurney. I see some blood on his ear and quickly clean it off. I gently pull the sheet up to his shoulders and smooth the wrinkles. He looks good.

My two minutes are up. I walk over to the nurse’s station and stand there, not sure where to go or what to do. I hear the automatic doors open and look to my left. I see the young man’s mother. I watch her eyes scan the room. I see her face change as she recognizes her son. She moves towards him. She quivers. She twists. She places her hand on the side of his head and chants about how beautiful he is. And the gash is invisible. And there is no blood on his ear.

Judge’s Comments:

This very moving story recounts how a physician remembers the time when, as a medical student, he had approached the suturing of a dead man’s skull as mere skills practice, but found himself glad instead that he had made the young man’s body more presentable for his grieving mother. Although describing a dramatic situation, the story is understated, and it emphasizes the way that memory may echo through the years. The third-year medical student who sutures understands “what else” it takes to be a good doctor, something he could not have begun to understand three years earlier when he interviewed for medical school; the mature physician, looking back on both these periods in his life, understands more still, as he reflects on his own development. This story shows how so often the things that seem to have no obvious medical benefit—even things that seem to be done in vain—may be very important.

Second Place

Collective Anonymous: Sketches from the Emergency Waiting Room

© Derek Reighard

Exhausted copies of Newsweek keep me company here, amid the sad silk flowers and acanthine tangle of my unkempt hair.

The real news is that there isn’t any. At least not yet. Though the hour grows impossibly old. I’ve watched a dozen or so medics, bleary-eyed somnambulists, wander through this waiting room, their movements liquid and erratic like underwater pinball.

Sleep is a test, they’ll say, and only the losers acquiesce.

Pacing for an instant, I survey the human architecture of this space, an air-conditioned refuge for transient souls:

• An old man snores beneath a newspaper blanket, talking in his sleep about a war that may or may not have occurred.
• A recent widow, inconsolable, holds her husband’s scarf in a vice-grip, reciting Hail Marys and Our Fathers at breakneck speed.
• A fidgeting girl, pigtails and all, picks at her chicken pox until they bleed like late-June strawberries.

This disparate group is my new family, and the suspense of waiting holds us together like a fibrin meshwork in an ever-expanding clot.

As my head wars with my neck to remain upright, I see an apparent godsend. Someone’s made coffee thick as La Brea tar, and I probe its murky depths for mastodon bones before taking my first sip. I’m not fossilized, not yet anyhow, and I elbow Sleep in his pillowy gut.

The real news is that there isn’t any.
I might be awaiting news of my father, heart attack victim at age 50; or news regarding my ailing partner, whose hellish fevers and headaches have kept us both awake for three nights straight; or perhaps the prognosis of my best friend, whose thin frame suffered a spontaneous pneumothorax while driving to school one unsuspecting morning.

What matters most are the intangibles, the silken nets that catch us when Disaster strikes, rearing its toothy head and daring us to fall apart completely.

There are tires floating in the Susquehanna and smoke plumes rising above Hershey’s candy skyline. There are fires in Hell, red balloons in Heaven and uncomfortable chairs in Purgatory.

And there is certainty that life goes on. Because it has to.

Judge’s Comments:
This author uses nuanced and complex description and strong metaphors to create a vivid portrait of the emergency room. The copies of *Newsweek* are “exhausted” like the people waiting, and a girl “picks at her chicken pox until they bleed like late-June strawberries.” This is a place that we can see and hear and feel. The narrator connects strongly to the patients he sees, acknowledging that we are all in this together, that there is sadness, finality, and hope waiting for all of us.

Third Place

**After the Office Visit**

© James Thomas  Patient

One tissue—wipe the eyes, the runny nose, and—
Should I toss it? Don’t like waste.
Maybe use it one more time.
The “sensation” is here again.
Just slight. Not to worry.
Clean up the kitchen—two steps to the garbage:
If I take all this from the bar, I can make it in one trip.
Efficiency: Make each step count.
There it is again.
Not to worry. (The stents were years ago.)
60-40. Good odds?
One more trip to find out.

Judge’s Comments:
This poem captures with subtlety and grace the uncertainty inhabited by the chronically ill patient while at home. Every detail is called into question, every slightly odd sensation could augur a serious problem. There is a sense here of the person outside the illness (doesn’t like waste), but it shows how every moment of his life is invaded by anxiety and waiting. The last line makes great use of double meaning – the “one more trip” may be to the garbage can, to the doctor’s office, to the hospital, or to the edge of fear.

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**Honorable Mention**

**Allegheny General, 2005**

© Anthony K. Sedun  Son of Yvonne Sedun, R.N.  Pain Clinic

“I’m sorry.” Unlike her head and hands, her eyes were ill-trained for giving news like this. Communicate clearly, be precise.

A teenage boy and his sister, a wife resisting her own imaginings—open-casket, crucifix in hand, nieces in floral dresses—a black-cassocked man sat in the waiting room outside the ICU.

He was young, uncomfortable—but trying hard to be adequate.

This was his training.
He opened his Psalter, haltingly searching for the one psalm that would make everything right. His fingers flipped too quickly; all ceremony was lost.

Steady Deliberate movement. Try again. He began: “In you, O Lord, I have taken refuge, let me never be put to shame.”

Bellevue, Northside, Pittsburgh. He was no more a priest than a doctor.

At least a doctor, a custodian could assess and act on knowable things like disease, dystrophy, the various states of anatomical catastrophe.

Theophany, January, snow. What was he waiting for?

A moving experience? A crisis? What could he possibly bring to the waiting room but a Psalter, a shadow of the message: Even this will be redeemed.

His voice carried on: “Though you have made me see troubles, many and bitter, you will restore my life again.” The boy looked down, hands tightening. The sister leaned toward the woman. “From the depths of the earth, you will bring me up.”

The Psalter closed. He sighed, stayed a moment longer, mouthed “I’m sorry” and left, convinced training like this might break him long before ordination.

The woman—at once, relieved and surprised—heard herself voice lightly, Amen.

Judge’s Comments:
A young priest attempts, in this poem, to comfort a grieving family, although he isn’t quite up to the job and his attempts are awkward. However, the brief pause in the wife’s fearful imaginings of her husband’s funeral, in the momentary reading of a Bible verse, brings the family back together and gives the woman a moment of peace. The unexpected but natural ending makes us see the work of the clergy in a new light.
Winners of The Doctors Kienle Competition in Photography

Prizes are awarded yearly to photographers and visual artists whose works are considered to be of exceptional artistic and humanistic merit. This year’s judge is JT Waldman, a comic book illustrator and interaction designer based in Philadelphia. A graduate of the University of Michigan, his illustrative work has exhibited in New York City, Miami, Baltimore, San Francisco, and Washington DC. Best known for his graphic novel adaptation of the biblical Book of Esther, JT also contributed to two books that detail the intersection of comic books and Judaism, From Krakow to Krypton and The Jewish Graphic Novel. JT is currently completing a graphic novel he began in collaboration with the late Harvey Pekar in 2007. To learn more about JT and his work go to www.JTWaldman.com.

First Place

Stranded

© Jesse Blank   MS I

Judge’s Comments:
Stranded is a textbook example of the seductive power of spirals and diagonal compositions. Even with its complicated structures and central focus, this photograph manages to keep the eye gliding across its surface in pirouettes. The combination of clear and blurry points with architectural and abstract forms makes this image both familiar and foreign. The wheelchair may be stranded by the snow, but the movement within this piece is anything but immobile.

Second Place

Inebriates

© Roger Ford   Patient

Judge’s Comments:
“Inebriates” is a puzzling image that demands attention. Like a mash-up of Animal Planet and Thomas Eakin’s masterpiece The Gross Clinic, this macro photo of bees dissecting a fruit is both grotesque and mesmerizing. The warmth of the high-contrast light in the background furthers the ephemeral nature of this photo. There is something very sweet and dangerous about this photograph, a juxtaposition of ideas that makes this image so powerful.
Third Place

**Medical Clinic - Haiti 2010**
© J. Spence Reid, M.D. Department of Orthopaedics and Rehabilitation

**Judge’s Comments:**
The warped perspective created by the fish-eye lens in Medical Clinic gives the viewer only an inkling of the devastation of last year’s earthquake in Haiti. The snippets of the corners of things, from the corner of sky to the yellow edges of the placard on the wall, points to the things left out of this picture—most notably, the rest of the medical equipment that goes with this chair and the adults to accompany the three children depicted in the image. The generally muted colors with punches of vivid hue also remind me of the work of Zoe Strauss.

Honorable Mention

**Boo!**
© Michael J. Green, M.D., M.S.
Departments of Internal Medicine and Humanities

**Judge’s Comments:**
This photograph is chock-full of whimsy and fun. The punched up colors in Photoshop add to the staged but cute cavalcade of costumed children. From the fairy and ipod to the tie-dyed twins, the gestures and faces capture the excitement and sweet joy of childhood innocence.
Winners of The Doctors Kienle Competition in Art

First Place

Self Portrait
© Daniel R. George, Ph.D. Department of Humanities

Judge’s Comments:
Precision in art and science reveals not just a knack for craftsmanship but alludes to something more liminal beyond verbal description. Although this painting quotes heavily from Chuck Close, I still found myself intrigued by the patient consideration of color, cellular fragments, and range in tonal values. Like a cover of an old song belted out with concise clarity, this work pays tribute to the original while also standing on its own merit.

Second Place

La Curación
© Lisandro Gonzalez Son of Mario D. Gonzalez, M.D. Cardiac Electrophysiology

Judge’s Comments:
La Curación is powerful illustrative work with an enigmatic narrative. The blue/brown palate establishes a somber tone while creating a feel of urban blight without any depiction of a building. The watercolor drips descending from pigeons, often associated with vectors of disease, and the meditative yet strained expression of the central figure, with his exposed heart and vascular system, suggest that maybe he is the carrier of the disease. With a mysterious title like “The Cure” this could be the cover of many dystopian comic books that have come out in recent years.
Third Place

Going Home

© Jeannette Landis  Daughter of Susan Landis, C.R.N.A.  Department of Anesthesiology

Judge’s Comments:
Going Home is another image with robust narrative qualities. Although I found the pairing of the postcard and the painting redundant, I appreciated the artist’s attempt to braid together meaning using text and image. With the teddy bear tucked in a suitcase, the train conductor and his pocket watch, the exaggerated focus on the girl and the man quietly reading, I had plenty of information to ponder. Simple yet complex, textured yet flat, this image has lots to tell.

Honorable Mention

Pennsylvania Farm Scene

© Taylor Olmsted  MS II

Judge’s Comments:
With a clearly delineated foreground, mid-ground, and background, this landscape painting effectively creates the illusion of depth. The diagonally vanishing picket fences help too. I most enjoy the sense of light and shadow in this piece, whether it’s the yellow glow of the fields or the dark shade under the trees. Pennsylvania Farm Scene succinctly captures the fresh and vibrant feel of rural Pennsylvania.
When dealing with life, the mind reacts in different ways. Some express their deepest struggles through a given emotion; others suppress their thoughts only to muster an uncanny strength. But each person in healthcare—whether it is the provider, the patient or the supporter—fights to maintain dignity. Pain and death are often called the most atrocious and dreadful aspects of life. However some, often those who have faced them, say they provide a window into understanding the secrets of human dignity. These eloquent poetic verses, vivid prose, timeless snapshots, and liberating brush strokes are their most accurate definitions.

---

“Third patient, SB is an 81 year old male with…”

*pause mode*

He is lying in bed. Breaths are rapid, like a swiftly meandering stream. But he is feeling OK. He pauses to catch his breath, but he does not feel short of breath. Next time I will have to pay closer attention to his eyes. I think, for a moment, I saw fear. *pause mode* His wife sits in a corner of the ED room. We ask him about her. They have been married 1½ years. He promised her 10 years. He says he is not going to disappoint her; he says he is not going to let her down. He is a fighter. He always was. *pause mode* He is quite the charmer with the ladies. I ask him for a tip. “Always get the last word in,” he says, “yes dear.”

*beep*

“…a past medical history significant for bladder cancer s/p bilateral nephrostomy and radical cystoprostatectomy.”

---

“Last dictation, BC is a 23 year old male with…”

*pause mode*

---

“Tropical Therapy”

© Ha Pham  Patient’s Son

---

“Opportunity”

© Heather Bowers  MS II

---

“Pause Mode”

© Blake Chin-Lee  MS III

---

“This is Blake Chin-Lee C-H-I-N HYPHEN L-E-E 3rd year medical student dictating Palliative Care consults.”

“First patient, CB is an 86 year old female with a past medical history…”

*pause mode*

I am standing in a room. A frail woman is sitting up in a bed. She is exhausted. Every breath is like a slow climb up a mountain, every spoken word a fight against a crashing wave. I try to speak to her. She speaks. Her words are soft and muffled. I do not understand. I lean closer. *pause mode* There is love in the room. Great-grandchildren fill the walls with laughter. They almost run in to me. I say “excuse me” and smile. They smile back. They run off again. *pause mode* The daughter stands by the counter. She is watching her mother with a gaze in deep reflection, or maybe she is just lost in thought. The granddaughter sits next to her grandmother. She is trying to hold back her tears. The son-in-law asks me a question. I answer, while holding back my own tears.

*beep*

“…significant for COPD, coronary artery disease, atrial fibrillation and presumed lung cancer.”

---

“Second patient, KB is a 45 year old female with…”

*pause mode*

There is silence. We talk in hushed tones not because we are afraid to wake her, but because the silence demands it. Only the beeping of the various machines punctuate our conversation. Unlike us, the numerous machines do not respect such demands. *pause mode* IVs, tubes and catheters spew out from beneath her gown. They flow like tendrils couring the contours of her body. I try to trace each one from their destination to their end. Somehow, I always get lost. *pause mode* I know “he” is in the room. I can see “him” in the blackening slowly crawling up her fingers. I can feel “him” in the cold touch of her hands. “He” is here, waiting. There is nothing we can do.

*beep*

“…a past medical history significant for polysubstance abuse and long-standing DM.”

---

“First dictation, BC is an 86 year old male with…”

*pause mode*
The Duel
© Bradford Kim  MS III

The two effete eyelids are in a match against the click without a bull to aid. Relentless manner, poised, each side to spring a violent fight--unyielding coup de grâce. The eyes stretch out against a heavy load. A twitching pull that teases and wears the mind, hands rise to rub and calm the nervous tick to soothe a small moment and gather vim. A tick, a tock, a click--the bell will ring. Unfocused eyes seek out the taunting clock, in fear of what the arms of time shall read; the lids contract to squeeze the shudder out.

House Call
© Elisabeth Hyde  MS IV

I got the call on morning rounds today: A new patient with tightness in his chest. They gave him drugs to take the pain away; it helped the heart but did not help the rest. He asked me why, and how, and what this meant. He counted years of fitness and watchful diet. He spoke of love and faith and time well spent. The same disease was how his father died. Tomorrow they will open up his chest, sew in new pipes to help his heart perfuse. He waits 'til then with angst, his body tense. He asks me how to break the frightening news. I give him words to tell the story right: “Don’t fret Dad, please. Just get some rest tonight.”

Bicycle Parked in Eternity’s Spot
© Roger Ford  Patient

The white coat signifies many things. The white coat is a credential that one wears. When I wear my white coat, my patient—a waitress at a local restaurant—hangs upon my every word as I explain how her diabetes affects her heart and kidneys, readily lifts her shirt for the cardiac and abdominal exams, and has absolute trust in my unskilled hands as I percuss for her liver and spleen. That night, when I am out to dinner with my friends, wearing a t-shirt and jeans, another waitress is examining my driver’s license, surprised that I am old enough to drink alcohol. The white coat is a bandolier, taut with the weight of the instruments of our profession. My stethoscope and reflex hammer go in the right outer pocket, my casebook in the left outer pocket, the article on sepsis for today’s journal club in another, chicken-scratch notes on my patients are crammed in yet another, and of course, in the breast pocket I fit the small essentials: a Maxwell’s guide, a mini-vision chart, tongue depressors, EKG calipers, and a collection of pens from which the residents pilfer. Fully loaded, the coat has a weight that is reassuring, and also substantial enough to make my shoulders ache over the course of the day.

The white coat is a fomite for disease transmission. Though the stark white color gives the impression of antisepsis, in reality it carries the rhinovirus of the attending who sneezed on me during morning rounds, the Staphylococcus aureus of the patient in contact isolation, the Escherichia coli from the ostomy bag I handled earlier, and the who-knows-what from the adorable pediatric patient who tugged at my coat-tails after picking his nose.

The white coat is a blanket. During a small break between OR cases, I sneak to the library, sprawl onto one of the couches, set the alarm on my pager, drape the white coat over my shoulders, pull it up to my chin, and then close my eyes to steal a few minutes of sleep.

The white coat is armor. Its austerity makes small children shrink away in fear, causes enough anxiety in adults to make blood pressure jump ten or twenty millimeters of mercury. My colleagues and I snap to attention when confronted by anyone with a white coat longer than ours. When my patient’s family asks difficult questions about his cancer, I cross my arms and shrink back into the coat as my attending struggles to answer; I stare at the floor and attempt to hide behind that same cold austerity, as if it could somehow deflect their grief and desperation, as if it could somehow protect me from my own emotions.

The white coat may be a bit archaic, yes, but it will forever be an indelible icon in the medical culture. As one of my colleagues put it, “We wear it because it tells people what we are.” When I return home from the medical center, I throw it carelessly over a chair. Usually, I forget about it for the remainder of the night, but sometimes I find myself pausing to look at it, to reflect, for my white coat is not only a reminder of another day at the hospital yet to come, but also a reminder of who I am, of who I am becoming.

Bloom
© Jonathan Chu  MS III

Symbol
© Jonathan Chu  MS III

The white coat signifies many things. The white coat is a credential that one wears. When I wear my white coat, my patient—a waitress at a local restaurant—hangs upon my every word as I explain how her diabetes affects her heart and kidneys, readily lifts her shirt for the cardiac and abdominal exams, and has absolute trust in my unskilled hands as I percuss for her liver and spleen. That night, when I am out to dinner with my friends, wearing a t-shirt and jeans, another waitress is examining my driver’s license, surprised that I am old enough to drink alcohol. The white coat is a bandolier, taut with the weight of the instruments of our profession. My stethoscope and reflex hammer go in the right outer pocket, my casebook in the left outer pocket, the article on sepsis for today’s journal club in another, chicken-scratch notes on my patients are crammed in yet another, and of course, in the breast pocket I fit the small essentials: a Maxwell’s guide, a mini-vision chart, tongue depressors, EKG calipers, and a collection of pens from which the residents pilfer. Fully loaded, the coat has a weight that is reassuring, and also substantial enough to make my shoulders ache over the course of the day.

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Faith in Haiti - January 2010
© J. Spence Reid, M.D. Department of Orthopaedics and Rehabilitation

Payment Delayed
© Anne Tantum
Former Employee of Continuing Education

It is 1948. We’re going to visit Dr. Biddle’s office.

It’s in one side of that big white house with the porch on Main Street across from the barber shop. He’s one of the four general practitioners in town. Office hours are posted on the door: 9 – 11; 1- 4; 7 – 9. No office hours Wednesday & Saturday evenings or Sunday. He makes his house calls after hours.

Inside, the waiting room is lined with dark-stained Windsor chairs. Life and Look magazines lie on the coffee table in the corner. Someone has dropped a tissue onto the linoleum floor by the coat rack.

Behind the waiting room door, there’s a small interview room with a big desk and a couple of chairs. The treatment room in the back has an examining table and a sterilizer that runs every night, filled with the day’s dirty needles and syringes. In the corner, the doctor has a brand new fluoroscope – it is the only one in town. Wide-mouth bottles filled with pills and capsules line a set of shelves. Dr. Biddle dispenses them in small envelopes.

The doctor may not be in because it is a few minutes after four o’clock.

In the waiting room, a woman with a large brown bag is sitting in a chair. The doctor’s wife has heard the door and has come to investigate. The woman in the chair insists on seeing Dr. Biddle. His wife explains that he’s sleeping – getting a nap before evening office hours. “He was up all night on a house call - delivering a baby - and I don’t want to wake him,” she explains. “May I help you?”

The woman gets louder, “I do not want to talk to you. I want to talk to the doctor.”

‘May I ask what this is in regard to?” the wife asks. “No, it is a private matter,” the woman rasps.

Reluctantly, Mrs. Biddle wakes her husband. He dresses, putting on his starched white shirt and tie, and heads downstairs into the waiting room. The woman with the brown bag stands up as he enters. “Hi, Doc,” she says. “Remember last time I was here? I couldn’t pay you. Well, today I can. Here are some fresh green beans.”

Yawn. Another day, another dol... another payment.
Failure of Heart
© Elisabeth Hyde  MS IV
He left AMA last week, mad. Now he stumbles towards the door, breathless, his brown ponytail stuck to the faded, clammy tee shirt. His feet bloated wineskins, his legs swollen like casks. With clenched fists and desperate eyes, he looks at the nurse who lost his slippers last time he was here. Brand new, $24.99.

My Secret
© Tory Miksiwicz  MS I
As I swallow my daily cocktail of promise, I remember my routine with dread. The gym calls my name, but my body is unwilling. Class is not an option if I fall back into bed. My peers see a brighter future full of hope. But I can only see the ominous decision at hand. Should I take cover in my room until tomorrow, or attack the day and take a stand? Courage gets me out the door, but fleeting is the feeling. I sit in the back of a lecture pondering: Does anyone here really know the meaning of healing? Could you treat my illness without judgment, and listen to my many frustrations? Ironically, in health-related conversations. My secret isn’t a secret if you ask, but ignorance is bliss for some in this town. I’ll continue living moment-by-moment, cherishing my time, and embracing the ups and downs.

Masks
© Ananya Das
Administrative Support Assistant
Department of Orthopaedics & Rehabilitation
She has taken to wearing masks now…. She didn’t always wear them. They seared her face when she first wore them, alien, stiff and cumbersome, hiding her from the world. But now they are a part of her, and feel like a second skin. Her mind no longer revolts when she wears them, her face no longer aches. Everyone sees her collection of masks. They have forgotten what she looks like and so has she.

Girl Unrecognizable
© Rollyn Ornstein, M.D.
Department of Pediatrics
Girl Unrecognizable
Waiting on line at the hospital Starbucks
Oh, that must be her!
Face bloated by the steroids
Head bald under a wool cap
Port jutting from her chest wall
I don’t really recognize her now
But her parents look familiar
Two years ago, she had body image concerns
She was being bullied at school for being fat
And now she’s a teenage girl
Fighting cancer
A far worse bully
Or maybe not
The way teens interpret things
Perhaps cancer is easier to fight
90% cure rate at five years
I can’t say that for anorexia nervosa
It seems much harder to put an end to bullying
Than Hodgkin’s lymphoma
What a crazy world we live in
Funny, she’s waiting with her mom
Smiling and laughing
Two years ago, she sat in my office
Crying.

Tears
© Ariana Iantosca  Age 15
Daughter of Mark Iantosca, M.D.
Department of Neurosurgery

Little Blue
© Dan Shapiro, Ph.D.
Department of Humanities
Orange Creature
© Emily Paul   Age 8
Granddaughter of John Neely, M.D., F.A.A.P., A.B.I.H.M.
Departments of Pediatrics, Humanities and
Family & Community Medicine

An orange creature,
seeing the world
Its eyes opening for the first time,
as it smells the world,
and smiles at everyone.
Halloween 2010

One Miracle On Mother’s Day
© Sigmund J. David (Siggy)
Patient
My daughter’s note said, “I love you, Mom.”
First she had struggled with her sounds--
Then her letters.
We read her aloud
So many books.
At some point,
The sounds, letters
And then words
Appeared.
Sometimes
Miracles only happen
In secret places.

Alphabet Soup
© Xiaowei (Bill) Su   MS II

I see a child
Playing in the Cancer Center
Holding a balloon
“Get well!”
Who is it for?
Grandma, uncle, cousin, brother?
Will he remember?
He tugs on the balloon, smiles.
I wonder if he’s hungry;
It’s cold – he wouldn’t mind some soup.
RB, Rao, Myc…
Does he like alphabet soup?
And if he had it,
Could he make sense of it all?
APC, p53, PTEN…
So much to digest.
If he does remember
Why he came with his balloon
In the dread January whitefrost
What else could he spell?
Years from now…
D-J-S-C-O-V-E-R-Y?
Today a distant lingering…
C-U-R-E?
Now he is running behind me
Where is he going?
Bounding towards the future?
Quickly, I get out of his way.

Safe
© Angela L. Sedun
Mother of Pediatric Patient
Dedication to a Healer

© John Neely, M.D., F.A.A.P., A.B.I.H.M.
Departments of Pediatrics, Humanities, and Family & Community Medicine

They say I have leukemia, I hear it’s something rare.
I really don’t know what it is, but Mom and Dad seem scared.
I’m going to the clinic now, I’m going to be better now,
. . . Because Janiece is there.
I’m going to the clinic, and I’m feeling kinda sick.
My stomach’s in a knot and I might need a needle stick.
I’ve only one thing to demand, I need someone to hold my hand,
. . . I’m glad Janiece is there!
The clinic is the place to go,
Where I can be myself, you know,
I’m missing school and all my friends,
And will my treatments ever end?
My Mom still loves me with no hair,
But I have a new friend who cares,
. . . Because Janiece is there.
I went to clinic yesterday, I went in with my Dad.
Janiece is now retiring, and everyone was sad.
I don’t know what “retire” is, but something I can tell you is,
. . . I’ll miss Janiece’s care.

Janiece Crovella was a Child Life Specialist in the Pediatric Oncology Clinic at Penn State Children’s Hospital from 1994 until her retirement in October 2010. She was a stalwart defender of the needs of children in their healing process. She was a friend and support to all who knew her. Janiece passed away on January 14, 2011 after a long illness.

Unseen Admirer

© Jeannette Landis  Daughter of Susan Landis C.R.N.A.  Department of Anesthesiology

Distorted Mirror Image

© Sarah Summer Shaffer  Patient

Thin legs
Fragile fingers
Parched lips
A skeleton covered in a layer of skin as sheer as a sheet
She looks in the mirror once more
Only to see a reflection of tear-stained cheeks
Only to see a fat monster glaring her in the eyes
The voice rings through the room again,
“you ugly girl. Don’t you see you will never be beautiful?”
With nothing inside her stomach...
An empty hole...
She falls to the ground with only enough strength to lean against the wall and weep
Looking to the ceiling in the bathroom
She can’t catch her breath
Gripping her hair
She screams out in anguish
The only thing she is able to control is what she puts past her lips
She holds onto this with all she has
The scale is her best friend
Only finding hope in the small numbers that show on the display
Blind to her destructive path
Every breath is one closer to her last

The Doctor Grows Up

© Elizabeth Sinz, M.D.
Department of Anesthesiology

There once was a doctor from there
Who cured folks with hardly a care
Since they weren’t acquainted
His work was not tainted
With feelings or empathy shared
One day came a patient well known
Whose illness did cause him to groan
The doctor was reeling
With all sorts of feelings
That never before he had owned
Impediments  ©  Steph Sullivan  MS IV

White hospital walls surround me
I am proud among the uniforms
Courage, compassion, and love quicken my step
Today I’ll make a difference

Different medicine, different thoughts
A mistake, a misstep with consequences
Just make it to the stairwell
There I can find refuge

My best intentions brought me here, impediments cloud the view
White hospital walls surround me
The criticism of the day relived
Exhaustion sets in at night, isolation, hunger
There I can find refuge
Just make it to the stairwell

Different medicine, different thoughts
Today I’ll make a difference
Courage, compassion, and love quicken my step
I am proud among the uniforms
White hospital walls surround me

Pebble in the Sand
© Praween Grover  Brother of Indu Sinha  Department of Biochemistry & Molecular Biology

Carving a Space  © Jodi L. Bossler  Wife of Randall Bossler, Jr.  MS II

I panic
when I remember
that it will be only three, short months
until he is here.
I must carve out a niche
in an avalanche,
build him a fresh nest of blue cotton
and the softest things that I can gather.

The reality is:
my life is hardly ever new or clean,
that my possessions are piled everywhere,
that dirt lives with me, joyfully,
and I hope he can abide it
I will make a home for him in the overflow,
amidst the chaos;
piled high on blue pillows and bfluff
between my girlhood dolls:
this one, real child.

Empty Spaces  © Julie Baird  Wife of David Baird, MS IV

They had been cleaning out the back bedroom all day. He had balked at the idea at first. There were still four months to go. It wasn’t as if the mess was going anywhere. But she had insisted. It was time to get things ready. So their Saturday was filled like the garbage bags they hauled out to the dumpsters.

Boxes of old clothing and used Tupperware were piled into the corner for Goodwill. Camping gear, cans of Campbell’s soup, and boxes of Frutopia Pebbles were all shifted around like a cornered chess game. Pieces were moving, but nothing was removed. But miraculously, slowly the shelves began to empty. Space emerged. He noticed her look around.

“Are you worried about getting things ready?”
“No. It’ll be all right. We still have time to get everything set.”

“I thought I was allowed to stay with her?” he asked, panic rising in his voice.

“Under the usual circumstances, you are. But in this case, sir, we need you to leave immediately.”

“But what if—”

“We will come to get you as soon as we can, sir,” the nurse responded. “You won’t be left in the dark. You just watch too much television.”

“I hope that they remember we’re here. I think they may have forgotten. Perhaps I should go find someone and ask.”

“The other day I was reading about something just like this and—”

Their conversation muted as he turned his head over, around, down. Up, over, around, down. The monotony was broken by the voices of others—waiting. His wife was not the only one in that space, despite the partitions. As quickly as the thought had come, he realized what a foolish assumption that had been. Of course there were others—his wife was not the only one in the hospital. Two women were closest to him. They spoke to each other, almost out of habit, barely listening to what the other had to say.

“These things are just standard procedure. You know that they do these types of things every day. Nothing to be concerned about. You just watch too much television.”

“I just need to lie down,” she breathed. “I think she must have moved. I’m having such a hard time breathing. I just need to rest.”

He sat down with her. He rubbed her feet with his thumbs. This always seemed to calm her down. She was on her feet most of the day, everyday, and they were a prime complaint. She smiled with her eyes closed, taking large breaths and blowing them out slowly through her mouth. The rhythmic rise and fall of her chest lulled her to sleep. He stopped rubbing and set her feet down gently.

She sat staring at the fake plant by his side. The plastic tubing that created the veins of the foliage was riddled with dust and dirt. His eyes traced over the detailing on the “leaves” again and again. Up, over, around, down. A young woman sat across from him. Her legs were crossed, and she flipped absently through the pages of a magazine. Occasionally she would pause, the page suspended in the air between her finger and thumb, before releasing it with a jerk of her wrist.

She assured him that she was just tired.

“The other day I was reading about something just like this and—”

Her hair was pulled up and out of her face, and she smiled with her eyes closed. She bounced her leg while she browsed. She appeared to be waiting alone, like him. But for nothing serious, she concluded. Her face was too relaxed. Her hair was pulled up and out of her face, and she smiled with her eyes closed. She bounced her leg while she browsed. She appeared to be waiting alone, like him. But for nothing serious, she concluded. Her face was too relaxed.
Two chairs away from the girl an older man sat with his arms folded across his chest and his chin slumped down to his sternum. His fine grey hair was parted at the side and his lower lip protruded outward, reminding him of a pouting child. The man’s eyes fluttered open occasionally, jerking his head upward.

“Mr. Connelly?” He jumped as he heard his name and rose to his feet. A young looking doctor motioned him forward. “Please follow me.” The space behind him was swallowed into the shallow corridor, but he was not sorry to leave the room. He trotted to keep up with the quick pace of the physican, asking questions along the way. “We tried to stop the labor,” the physican began, “but it has become necessary for your wife to deliver.”

“Deliver?” he questioned, “She’s only 21 weeks.”

“She’s dehydrated. She has looked like her mother. She had had her profile. He would try to catch his wife from the side, while she was cooking, perhaps, or getting ready in the morning. He would look at her and remember. And he felt his heart beating again.

Water! Water! Water!

The words of Croesus, the Lydian king
As the flames advanced
Closer atop the executioner’s pyre.
His empire vanished
And the conqueror Cyrus
Persian ruler, triumphant
Watching from the gilded throne.

But these words give Cyrus pause;
Who is this Solon?
What God is he whom Croesus calls in death?

“Sir, I am Croesus. I am the Lydian king.
I am at the height of empire.
Who told him Fortune is fickle.

Count no man happy until he be dead” Solon had warned.
This moves Cyrus
Croesus and I are one and the same.

As could his gaze
Filled with the wasted exhaustion of waiting
I look again into his eyes
And see only myself staring.

Save him! His words have pierced my being.

Remembering Croesus

© Xiaowei (Bill) Su  MS II

Solon! Solon! Solon!
The words of Croesus, the Lydian king
As the flames advanced
Closer atop the executioner’s pyre.
His empire vanished
And the conqueror Cyrus
Persian ruler, triumphant
Watching from the gilded throne.

But these words give Cyrus pause;
Who is this Solon?
What God is he whom Croesus calls in death?

“My liege, Solon is a man
An Athenian who visited Croesus
At the height of empire
Who told him Fortune is fickle.

Count no man happy until he be dead” Solon had warned.
This moves Cyrus
Croesus and I are one and the same.

As could his gaze
I look again into his eyes
And see only myself staring.

Save him! His words have pierced my being.

Lake Powell, Utah

© Lindsay Smith  MS I
The Odor of Love
© Elizabeth Sinz, M.D.
Department of Anesthesiology

Seeping into his clothes, his bed, his chair. We have become accustomed to it, still. It stings the nostrils as we first enter. His space, which used to be ours. Demanding to be noticed, wishing to be heard. Wanting control again, like before. When he was him and we were his and all was well.

Ernest
© Mariel Herbert MS III
The dapper gentleman adjusts his diaper.

As a Poet I Fear Little
© Linda Amos
Wife of Liver Transplant Patient

The threat of dementia
When words and vowels
And rhythm and rhyme
Will desert me.
The threat of arthritis
When it worsens and I can
No longer put pen to paper
making my hands useless to me.
The threat of death
When I can no longer wish upon a star,
Write my dreams down on paper,
Or kiss your lips, once more.
As I poet, I fear little
Especially not the empty words of a critic!

On Having
© Anthony K. Sedun Son of Yvonne Sedun, R.N. Pain Clinic

“Think of your ovaries like wine glasses,” he said, coolly with calmness rehearsed.
The rest of the visit felt empty, routine. Referrals and consults, his tests and mine.
No matter how many times I hear them say otherwise, I’ve failed.
The parking lot, the long drive home—seasons of sadness rolled in.
You should have taken more notes, prepared more questions, researched more sites before inevitability arrived.

New Diagnosis
© Julie Uspal MS III

four days in and I am telling him what he fears most:
the bone marrow does not look good
it’s what we expected: blasts and blasts and blasts
slow down: my Dad doesn’t even know what a blast is
now, I don’t know much, but I know enough:
Auer rods are unmistakable
I shift under the weight of the whitecoat
a bookstore jammed in the pockets
but there’s no manual for this
no way to wipe away the moment, wipe the marrow clear
I want to throw my arms around him
change the story:
remember that little shop on the way home from the bay—
pizza so good we forgot about our sunburn?
remember playing chess by the campfire—
just enough light to witness the fall of a dynasty?
remember biking along the canals last summer?
he clears his throat and I remember:
this is just my patient
this is not my dad
this man is not my father
thank God this man is not my father—
the moment is brief
I remember: he’s someone else’s

San Fran Man
© Eldhose Thekkethottiyil MS II

Reflections of Madison’s Montpelier
© Michele Morrissey
Financial Liaison
Financial Services

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I remember: he’s someone else’s

San Fran Man
© Eldhose Thekkethottiyil MS II

Reflections of Madison’s Montpelier
© Michele Morrissey
Financial Liaison
Financial Services
A man doesn’t leave
After vowing to stay
When his world caves in
He kneels down to pray
Before the mountain ever moves
He’s given God praise
And the easiest way through this
Is the hard way
Hearts will break
In this world we know
Tears like rain
Overflow
We’re broken
And we’re beautiful
All in the same way
And the easiest way through this
Is the hard way

When your turn 21,
fling open the door
or hand the skeleton key
to whomever you want
but
it should be
illegal at 2
to stick you
into that big magnet
so Big Brother
can get inside
your beautiful head.

Who do you talk to about dying?
Nobody’s been there.
Nobody’s done that.
There ought to be an expert, somewhere.
There are doctors and preachers,
Philosophers and counselors
Professors, astrologers and vets,
But they don’t know.
Some think they do.
But they don’t. Not really.
They just speculate.
So who do you ask about dying?
Speculation about the unknowable can lead to despair.
This I know.
I’ve been there.
In a cloud of exhaustion the train pulls into the station. The doors slide to the side, meeting the crowded platform full of mothers and boyfriends and children jostling for a clear vantage of their loved ones spilling from the door one by one like chickens from a narrow coop. The sun, still low in the sky, peels through the slots in the station roof. Rigid from the long night ride in artificial illumination, you stretch, raising a hand to block the morning sun, but you realize the futility of the act and lower your hand. You stare at the sun and the sun stares back.

The night ride wasn’t easy, a passage common enough, but this time your quota for hardship is full. You’re ready to be done. Now, once you’re finally stationary you drop from the train breathing a sigh, but your deliverance is drowned by the push of passengers, and you’re reminded of the unbearable absence of breathable air.

Coming out of the crowd, there’s a man in a gray wool sun holding a small piece of paper with your name on it. He raises his hand in greeting and leans forward to catch your eye. “I’m glad you’re here,” you manage to say reaching the man. He nods, “Now that everything is in order are you sure you’d like to continue?”

The man motions toward the parking lot. “How was the train ride? Did you get any sleep?” “The lights in the carriage were blinding,” you say “I couldn’t see the stars for my reflection.”

His car is waiting. Leather seats, water bottles, boxes of white tissue. A sweat of rain pervades the interior of white tissue. A sweat of rain pervades the interior. You put the glass to your lips, close your eyes and fatigue pulls on your body.

Back in your plush seat and the empty room you see the man in gray and he looks at you sitting in a cloud of dust and the colorless liquid in your hand. You put the glass to your lips, close your eyes and let the poisonous drink chill the back of your throat. It coats your throat, then esophagus, then gut and you can feel your arms and legs not feeling your arms and legs. And the air in the apartment suddenly wanes thin and frigid, lifting dust particles into the air in the apartment.

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The Presence of Her Absence

© Judy Schaefer
Member of The Doctors Kienle Center for Humanistic Medicine

Her absence is like a fast growing evergreen
planted too close to the house
Growing strong and straight
it becomes a weight supporting beam.

Soft tips brushing against the window at the slightest breeze
Fronds whisking the shingles and the eaves at the smallest gust
Fine sharp needles filtering the blaze of August sun
Dark fingered shadows reordering winter’s constellations

Resetting the stars
Reshaping the moon
A tap root deep into solid ground,
her absence at once acute and ancient
The "student managing editor" position is new to Wild Onions this year. Two student editors per medical school class were chosen to act as representatives for and recruiters/coordinators of their respective classrooms. We thank them for their efforts, which greatly facilitated the senior co-editors' strivings for efficiency and timeliness in the preparation of the magazine.

Jessica Lundgren, MSIII was born and raised in Du Bois, PA and graduated from Penn State in 2008 with degrees in English and Life Science. She enjoys fly fishing and, no kidding, gets absolutely colossal catches on every expedition. She also enjoys vegetable gardening, knitting, and exaggerating. During her two years as a Wild Onions editor, she has loved seeing the wealth of creativity and the passion for literature and the arts that comes out of our community.

Julie Usap, MSIII is from Wyominging, PA who has always had a keen interest in the humanities, especially contemporary poetry. Prior to medical school, she attended the University of Pittsburgh where she studied biology and English literature. She has had several pieces published in past editions of Wild Onions and, as an editor, enjoy sharing in the creativity of each submission and seeing the medical world from many different voices. While at Penn State, she has also been involved with the student-run clinic for the medically underserved in Harrisburg and has tutored pediatric patients in Hershey.

Xiaowei (Bill) Su, MS II, a resident of Connecticut before medical school, immigrated to the United States and China. He is currently a second year MD/PhD student and will join the laboratory of Dr. James Cohen in the Department of Neurosurgery in July. A biology major in college, he took courses in Shakespeare and Russian literature, and enjoys the worlds of Hugo, Flath and Charles Rozen. A believer in the importance of literature and the arts in medicine, he also admires the works of Temple Grandin and Kay Jamison, as well as the writings of Albert Schweitzer. He hopes readers enjoy the poetry, prose, artwork and photography included in this edition of Wild Onions, and wishes that they engage the mind, bring a smile, and touch the heart.

Wild Onions magazine celebrates expression of simple beauties found in the everyday. Like the wild onion blossom itself, the magazine values the efforts of the majority, and still rewards the extraordinary. Like the wild onion blossom itself, the magazine values the efforts of the majority, and still rewards the extraordinary. Like the wild onion blossom itself, the magazine values the efforts of the majority, and still rewards those submitting work for publication in Wild Onions, you are not alone. The magazine is almost entirely student-run with the support of the Department of Humanities. Medical students are responsible for recruiting submissions, placing advertisements, selecting submissions for publication, and assisting in design and layout. All submissions are made anonymous for judging, then read or viewed by different groups of our student editors who advocate for their choice pieces at our selection meeting. When all pieces have been discussed, the final decision to recommend a piece for publication is made democratically, where the majority rules.

Student Managing Editors

If you have ever wondered how submissions are chosen for publication in Wild Onions, you are not alone. The magazine is almost entirely student-run with the support of the Department of Humanities. Medical students are responsible for recruiting submissions, placing advertisements, selecting submissions for publication, and assisting in design and layout. All submissions are made anonymous for judging, then read or viewed by different groups of our student editors who advocate for their choice pieces at our selection meeting. When all pieces have been discussed, the final decision to recommend a piece for publication is made democratically, where the majority rules.

Student Editors - Literature A

(back row, left) Jesse Blank MSIII, David Currie MSI, Shana Colon MSIII, Julie Usap MSIII, Mariel Herbert MSIII, Jessica Lundgren MSIII, Diana Dinh MSI (front row) Winona Houser MSII, Zainul Hasan MSII, Karisweu Sy MSII, Bethany Edwards MSIV, Julle Hou MSIV

Student Editors - Literature B

(back row, left) Lisa Toran MSIII, Jessica Lake MSIII, Natalie Dugas MSII, Mohammad Bakar MSI, Eldhose Thielkerottthiy MSII, Michael Chau MSI (front row) Sarah Tisel MSII, Peter Eysuzaudeh MSI, Kyle Lewis MSI, Ashley Mo MSI

Student Editors - Art

(left) Arda Hotz MSII, Kimberly Bash MSI, Pamela Wagor MSII, Jonathan Chu MSIII, Sarah Smith MSI

Student Editors - Periodical

(left) Arda Hotz MSII, Kimberly Bash MSI, Pamela Wagor MSII, Jonathan Chu MSIII, Sarah Smith MSI

Student Editors - The Forum

(left) Jing Li MSII, Mohammed Al Khedhiri MSII, Eldhose Thielkerottthiy MSII, Michael Chau MSII (front row) Sarah Tisel MSII, Peter Eysuzaudeh MSI, Kyle Lewis MSI, Ashley Mo MSI

The Editorial Process

The student editors judging literature read all entries prior to our selection meeting, while those judging artwork see the submissions displayed on tabletops for the first time on the day of selection.

Those pieces recommended for publication go to the Editor in Chief and the Managing Editor, who add any additional pieces selected by our guest judges. Layout considerations play the last role in determining what is included.

Wild Onions staff are dedicated not only to literary excellence but also to giving voice to our medical community by publishing works from all submitting groups (caterers, parents, family, students, etc.) and by limiting the number of publications by any one author. Selection of award winners is made by guest judges who are professionals in the artistic community, and chosen for the honor because of their achievement and expertise.

In the end, Wild Onions is judged by both amateurs and professionals in order to maintain a special balance which values the efforts of the majority, and still rewards the extraordinary. Like the wild onion blossom itself, the magazine celebrates expression of simple beauties found in everyday places.
What to do in the waiting room?

Across
1. “Sure”
2. Star of a sort
3. Picnic pal
4. Rad
5. “Unto ___ gave five talents…” Matthew 25:15
6. Same: prefix
7. Title for
8. WE ___! Penn State
9. Strive for
10. Same: prefix
11. “Unto ___ gave five talents…” Matthew 25:15
12. Star of a sort
13. Substance ___
14. Substance ___
15. Substance ___
16. Substance ___
17. Substance ___
18. Substance ___
19. Substance ___
20. Substance ___
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22. Substance ___
23. Substance ___
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49. Substance ___
50. Substance ___

Down
1. Eur. map abbr
2. Deep breath
3. Giggle
4. Barnyard critters
5. Benefits service grp.
6. Note of a sort
7. Cad
8. Put down
9. Affirmative
10. Cold
11. Call out
12. “Unto ___ gave five talents…” Matthew 25:15
13. Offspring
14. Corpse
15. Oversight gov’t grp.
16. Cover in foil
17. Bully, at times
18. Bully, at times
19. Bully, at times
20. Bully, at times
21. Bully, at times
22. Bully, at times
23. Bully, at times
24. Bully, at times
25. Bully, at times
26. Bully, at times
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