

COOPER MEDICAL SCHOOL OF ROWAN UNIVERSITY

JOURNAL OF ART & LITERATURE

VOLUME V // 2020-2021

THE ASCLEPIAN



A Note on the Front Cover

Changing with the Times - Telemedicine

Pencil on Paper

Zain Shahzad, Class of 2024

Seemingly out of nowhere, we have found ourselves in a novel and defining moment that the COVID-19 pandemic has brought upon us. The fact that any mention of the pandemic and its impact on daily life has become cliché testifies to the radical change that a single historical event has brought on all members of society. In medicine, the pandemic has forced the healthcare system to re-evaluate existing technologies and practices, and either adapt to new pressures or altogether disappear.

In light of just how drastically the medical field has had to adjust in one year, the cover-piece aims to satirically capture the portrait of medicine during the pandemic. At the center of the piece, the computer screen shows a patient and physician engaged in a video meeting – a depiction of the rise of telemedicine as a mode of routine patient-physician interactions. Beyond the screen, however, the boxy desktop, the flimsy microphone, and the loosely-placed webcam, are outdated technologies that contrast with advanced means of healthcare delivery. This comical juxtaposition underscores the adaptation of existing technologies and the resilience of healthcare professionals in serving the needs of medical-service delivery during the pandemic.

However, it is important to note that while serving as a vital bridge between healthcare providers and patients, telemedicine has also contributed to the distance and isolation created by the pandemic. Within this newfound interpersonal void lies a moment of introspection.

As we look hopefully towards a post-pandemic world, the future face of medicine remains to be seen.

Editor's Note

Dear Reader,

It is with great pleasure that we present the fifth edition of *The Asclepian*, a journal of art and literature, created by the students at Cooper Medical School of Rowan University and made possible by the wonderful work of the Cooper community.

The title of the magazine pays homage to the hero Asclepius, the god of medicine in Greek mythology. Asclepius was born from the dead and brought healing to the world. The life of Asclepius reminds us of the mission of Cooper Medical School of Rowan University, a medical school born to a devitalized city, cultivating the next generation of healers for the Camden community and beyond.

In an increasingly fast-paced world of medicine, the humanities provide an opportunity to slow down and reflect on the powerful experiences we encounter. As you come across the reflections in this edition, you will have the opportunity to view the world through many perspectives, each of which highlights the importance of empathy in its own unique way. We hope to see the power of empathy continuing to thrive in the practice of medicine because while our medical knowledge and skills may be limited, our compassion for those we serve is not.

We have been deeply moved by the abundance of creativity in our Cooper community and are pleased to share *The Asclepian* with you. We hope you all enjoy it as much as we have enjoyed putting it together.

Sincerely,

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In Communion

Natalie Morris, Class of 2024

I have not met much of the city I thought I would be calling
home.

My feet have rarely ventured throughout this place,
rarely have I met the individuals I may treat.

But I grew up in the Catholic Church, and I learned early on
that you do not have to see to believe,
that being in communion with others does not require a physical presence.

So, I connect in new ways now—laughing
as a child I tutor shares a joke with me,
grateful that although we are in different locations in the same city,
through screens,
we can see each other's actual smiles.

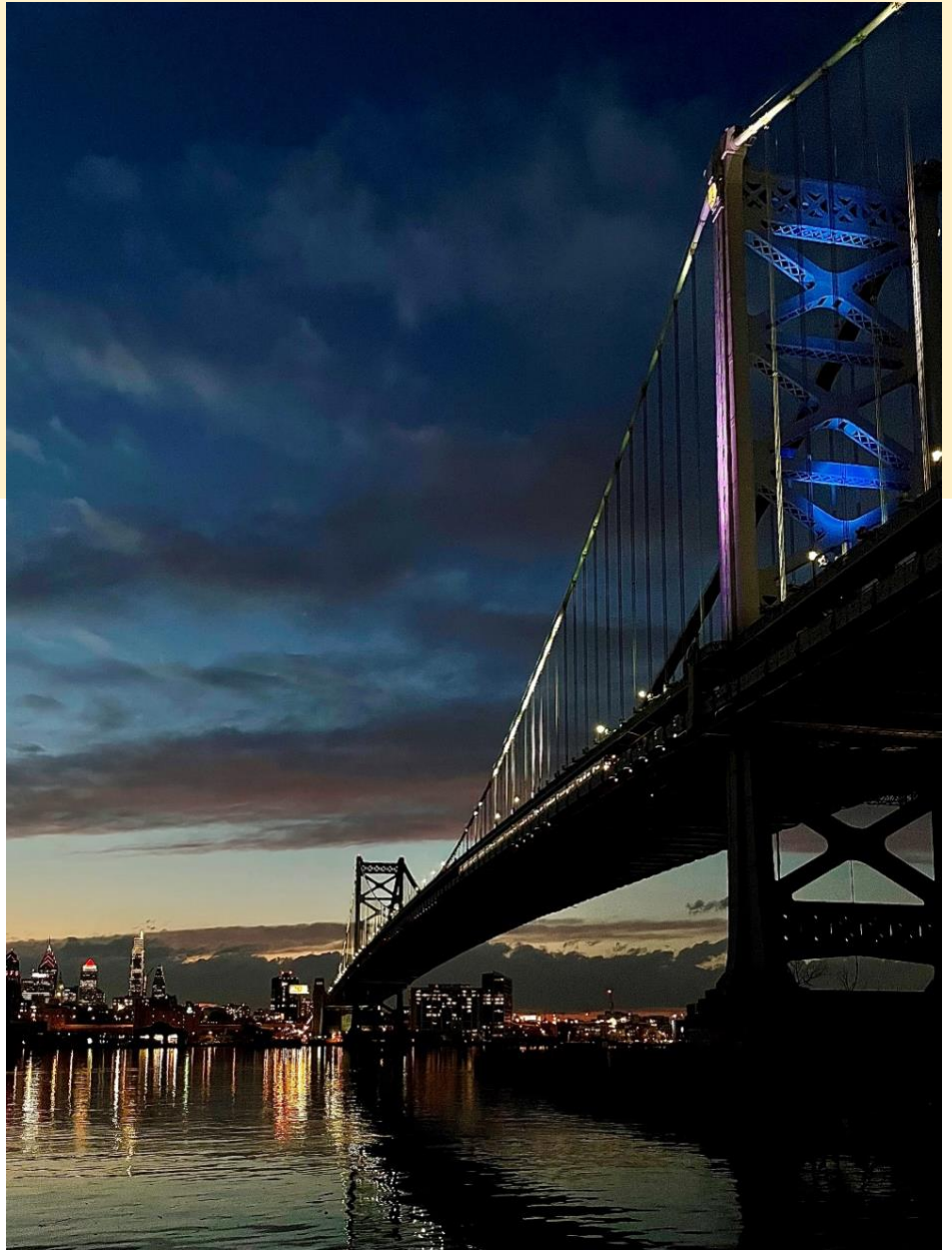
Note: A version of this poem appeared in written form in the Spring 2021 Center for Humanism Newsletter of Cooper Medical School of Rowan University.



Connections

Photograph

Nisa Mohammed, Class of 2023



Sonder

Jagathi Kalluru, Class of 2024

Be kind. At one point or another, it's a statement we've all heard and often brushed off as just an old adage. Nowadays, I find this frivolous saying situated at the forefront of my thoughts. Each one of us is a walking novel with an intricate storyline, complete with peaks and valleys, miracles and tragedies. However, sometimes we're so unintentionally caught up in our own narratives, that we fail to acknowledge the parallel paths unfolding around us. The emotions and thoughts that others display are accepted at face value as accurate and complete. Their obstacles and subsequent progress are blinded by our oblivion, assumptions, and tunnel vision. I'm inclined to believe that such disregard is human nature, but as physicians, we must make an active effort to recognize and displace this bias.

Years ago, in high school, a classmate mocked my aspirations to pursue a career in healthcare. He seized every opportunity to comment on my shortcomings which led to me characterize him as uncompassionate. Recently, I learned that he was hospitalized for a congenital septal defect (ironically, a literal *hole* in his heart). He had been silently struggling to succumb to the confines of time. He apprehended, perhaps loathed, to set goals and follow them through. For, what was the value in doing so if he was only destined to live until 40? How suffocating must it have been to be surrounded by youth eagerly awaiting their futures while he battled to find a sense of purpose. If I reached out to him with more thoughtfulness, instead of turning a blind eye towards his intentions, would his attitude have changed in the slightest?

I live by the motto that even the most modest actions have the power to inspire change. This principle, paired with the privilege to appreciate and explore human vulnerability, nurtures an empathetic non-judgmental space for our patients. To create such an environment, we must first listen to others through their search for stability, in addition to responding to their words and actions. For some, this stability lies in a career or in a family, while for others it lies in the miracle of waking up to the warmth of the sun another morning. Hence, when unsure of which path those around us are walking, what better step to take than to extend humanity?

I spoke mostly about showing compassion to others, although it is arguably just as important, if not more, to reflect that compassion inwards as well. In times of distress, gift yourself affirmation, consolation, and leniency. After all, in order to appropriately showcase compassion and understand its effects on others, you must first experience this kindness yourself.

Overcast

Photograph

Jagathi Kalluru, Class of 2024



Sonder: (n) the profound realization that each random passerby is living a life as vivid and complex as your own

Six Feet

Constantine Pella, Class of 2023

Six feet just ahead
Hordes of the fearful masses
Don with masks and gloves

Six feet to the right
Shelves once lush and bountiful
Gather dust and mites

Six feet to the left
Still streets, quiet and empty
No children at play

Six feet behind me
Signs and warnings lay in rest
Of the path ahead

Six feet below me
Bodies of the young and old
Sharing the same fate

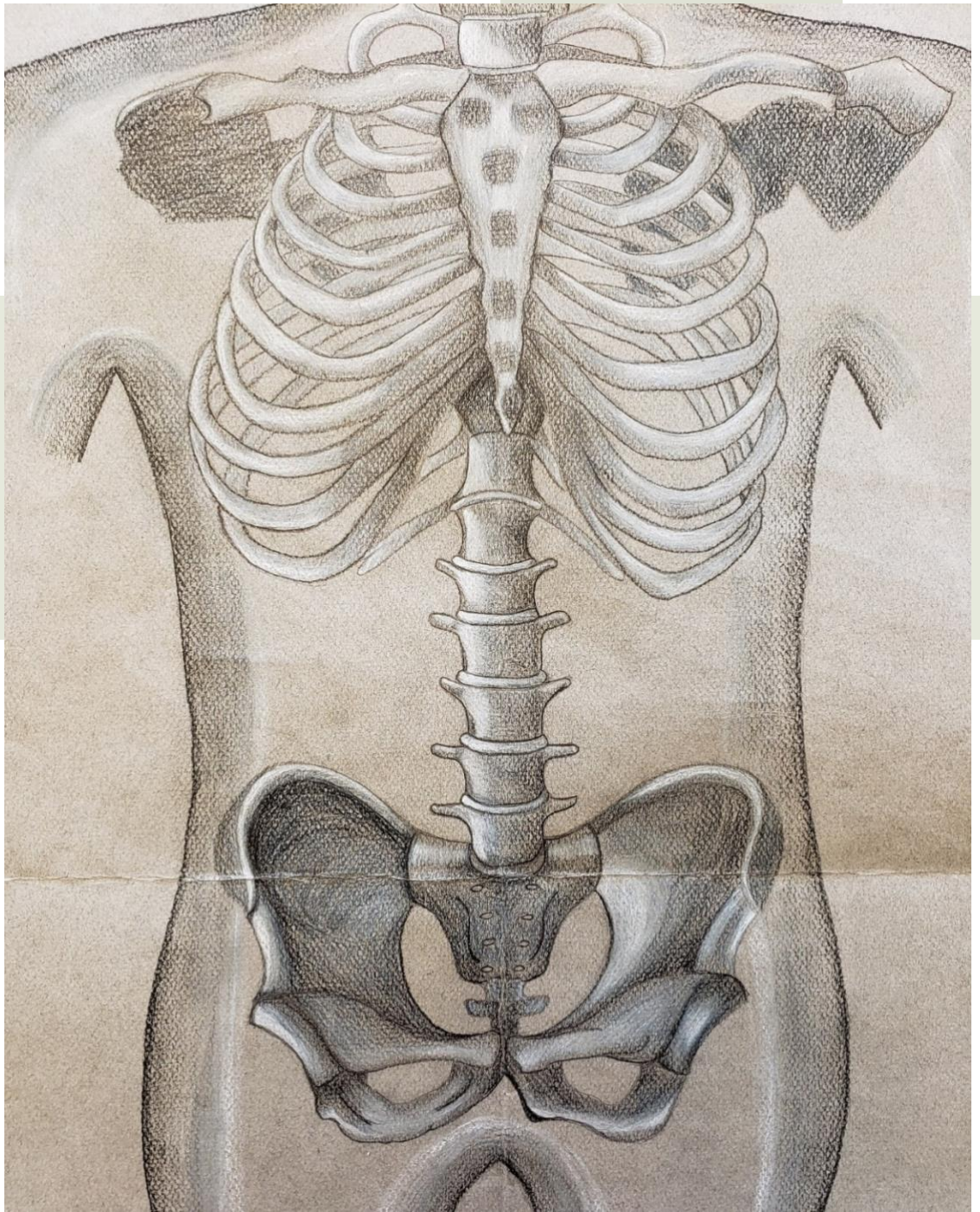
Six feet above me
I ask the sky for guidance
But still no answer

Six feet is too far
Just enough personal space
To feel so alone

Six feet is too close
One precisely placed droplet
And I join the rest

Six months, perhaps more
The status quo will return
We will overcome





Made of Sternum Stuff

Pen and Pencil

Meghna Bhattacharyya, Class of 2022

Elana Perlow, Class of 2022
As told at the third annual College of Physicians Story Slam

When winter days were cut short and the weather turned too cold to play outside, Carla and her cousins went to their uncle's family-owned funeral home. They would finish their homework on the wooden pews and play hide and seek down the aisles. They wove through the caskets, competing in tic-tac-toe on the maroon velvet lining as their animal cracker crumbs consistently sprinkled over the podium's shelves.

I met Carla 55 years later for her two-month follow up visit with Dr. Miller. From our first conversation, her conviction and aloofness were apparent. Carla's daughter, Rene, called the office the day prior concerned about her mother's drinking. After losing her father to alcoholism when she was only a child, Rene was appropriately scared that the daily half-dozen drinks would take her mother as well. "My husband doesn't want Mom around when she's like this, so she hasn't seen our girls in weeks," Rene had explained over the phone.

As Carla and I began to talk, she brushed off her daughter's worry and shifted the conversation toward her frustration with her son-in-law keeping her grandbabies from her. Now, unable to play hide-and-go-seek and tic-tac-toe with her young ones, Carla spent her nights watching her mind race across a dark ceiling and her days exhausted and monotonous. After finishing her Ambien, only alcohol was able to lull her into sleep's comforting hold.

"I'm tired." She sighed. "I'm just tired of all these long days alone in my apartment, of the nights creeping by, of not playing with my granddaughters, and to top it off... I slipped and hit my head on the bathroom floor this week. God help me."

Carla had been drinking on the day of the fall but no more than usual. When she came to herself, she was there, on her bathroom floor. No blood in sight, but fear pulsing through her veins.

"I just got up too fast, I'm just too tired," she stammered, immediately waving off other explanations. "That's all it was." Her eyes oscillated from me to the door and back again, finally settling on the floor between us.

I let the silence sit, unsure as a new 3rd year medical student how to approach a disease that crept beyond lab values into the vaults of our minds. I sat another moment with her, trying to stay in the comfort zone of an HPI, then left to update my attending.

Dr. Miller had been Carla's primary care physician for years and had seen her at both her highs and her lows. With my brief description, Dr. Miller knew that this was foreign territory for Carla and that this fall may indicate increased alcohol use or worse.

When Dr. Miller entered the room, Carla's tensed muscles slightly eased. "I'm worried about you... I'm worried about your fall the other day," Dr. Miller confided as she reached over to grab hold of Carla's hand. "Let's take this one step at a time. My number one concern right now is possible bleeding in your brain from the fall, would it be okay if you got a CT scan today?"

Carla froze. Her body stiffened and pulled back. "No," she replied tersely.

"What if Elana went with you?" Dr. Miller offered.

Carla looked at me, her mask sliding down her face. “Only if she holds my hand. The entire time.”

55 years prior, on a typical day of hide-and-go-seek in the funeral home, Carla crawled into a casket near the back, knowing her cousins wouldn’t dare approach the back rows. She climbed in; the padding soft beneath her sneakers. As she lay down with ample room at her sides, the lid wobbled and shut on her. Sudden darkness. Cold sweat pierced her skin as her eyes searched for cracks of light. Carla’s fingernails scratched at the crevices, attempting to pry it open, but they shredded against the mahogany. Her screams muffled by the tightness in her throat and the thickness of the casket. Trapped.

In the waiting room of the radiology department, Carla squeezed her plastic water bottle too tightly, unsteady water staining her stuffed purse. We sat together, allowing small conversation to pepper the time.

Eventually, Carla’s name was called, and I wheeled her near the back of the radiology department to the CT scanner. She climbed in. Sweat coated our fingers as she gripped my hand. Her nails chipped and mauve, mine blue and latex. Her round, dark eyes locked on mine through my face shield; a thyroid radiation pad jutting into my throat. Slowly, she slid away from me while her hand gripped mine tightly. With each whir of the machine, her hand squeezed mine harder. And I squeezed back: I am there and she is here, in this moment.

In medicine, we try to beat death at its own game of hide-and-go-seek. Hiding behind a computer screen, death seeks us out in a family member’s tearful eyes. Quick! Under the diagnostic jargon, surely death doesn’t speak that. But death’s sobbing down the hall muffles out the attending on rounds. Sometimes, it is unclear how the places we hide are any different from what we are trapped in.

In truth, maybe the only thing within our control is not the hiding but the seeking. My hand in Carla’s, we looked into death’s CT scanning casket only to find each other.

**details have been changed for patient confidentiality*



Retinal Holes with Lattice Degeneration

Colored pencil on paper

Lynda Zhang, Class of 2024

Hard Conversations

Poyani Bavishi, Class of 2023

This piece has been adapted from a previous publication on Poyani's blog, In the Same Vein.

In medical school interviews, it is considered cliché to say you want to be a doctor to “help people.” You are instead told by advisors to highlight your passion for service, or maybe some type of healthcare experience that changed your life.

Now that those days have passed, I think I am allowed to say it: I am becoming a doctor because I want to help people. The most fulfilled I feel is when I have made someone feel heard, understood, and seen. During our case studies, some may roll their eyes at “biopsychosocial” considerations; it is at this time, however, that I always feel most at ease. When I see the “interpersonal” part of a clinical skills assessment rubrics, I typically don't bat an eye. Not because I am some incredibly charismatic perfect human, but because I care. Which is usually more than half the battle.

Or so I thought, until today.

Earlier in the afternoon, I walked into the hospital prepared for our session on diagnostic experience. Our task was to obtain a focused history and physical exam for each patient. It was a low pressure exercise, just meant to get our feet wet and gain experience before launching into the hospital in the upcoming year.

Our first patient went swimmingly. We had a wonderfully chatty elderly gentleman tell us his past medical history, family history, all the way down to his wife's great grandparents (which none of us had the heart to tell him was most likely not medically relevant). I asked a question that got some brownie points with the attending; he gave me some quick pointers for improvement and we quickly carried on, onto the next one.

When we entered the next room, our patient was slumped over in bed. She was an older woman with light blue eyes, her head completely devoid of hair. Fatigue was written all over her extremely pale face and body. She appeared to be wasting away.

In our medical school training, we are often asked: “sick or not sick?” We receive this question relentlessly by professors, attendings, and facilitators alike. The reasoning is to develop that gut reflex, to get us to understand the severity of the situations we walk into. Which was why, when we walked in, that was the first thing to come to mind. Sick. Very sick.

We began the encounter by introducing ourselves. The patient had a mask decorated in cartoon characters, which I complimented. Her eyes lit up as she laughed in response, and our entire team smiled. We then proceeded in our normal methodical fashion, asking the reason she had come in, if this incident had ever happened before, what her symptoms were in the past. She let us know she had been diagnosed with uterine cancer, and had started chemotherapy treatment the month prior. I followed that up with a question: “Can you tell us a little more about your chemo?”

“Yes, of course. It's the one with the three pills... which ones, I'm not sure, I really can't remember right now... you probably know which ones I'm talking about right, but yes... I take those three and then sometimes they just make me feel nauseous but that's usually fine. My grandkids are actually the ones that made me start this stuff, they told me—“

Her voice cut off. She suddenly looked to the side, and I watched as her eyes welled up. She choked back tears and let out what sounded like a bark as she gasped for air. Her hands clenched the sides of her blanket, knuckles white from the intensity of her force. “I'm so sorry,” she whimpered.

The resident reached over and grabbed the nearest box of tissues. I could not help but think of our first ever medical school exam, in which we were given a scenario in which our patient suddenly began crying. *“What should you do in this scenario?”* Correct answer: lean in towards the patient, and offer them a box of tissues. I was astounded to see this scenario in real life, the multiple choice answers playing out before my eyes.

“I’m sorry,” she repeated, her voice still shaking. “I just can’t believe this is happening. I am trying to be strong, strong for my grandkids. They’re the reason I’m here today. I need to be strong for them.”

My heart dropped to the floor, and I immediately felt tears rush to my own eyes. Behind my thick plastic goggles and my unyielding mask, my face grew hot as I blinked them back. My throat closed up, like a massive fist was inside of it.

I tried to fathom what she was feeling, to process the enormity of her medical condition. I tried to picture her grandchildren, 4 and 15, and her children who she saw everyday. I tried to feel the weight of the strength she emulated, even now, that led her to apologize for her vulnerability.

And with over a year and a half of training, dozens of standardized patient encounters, glowing interpersonal evaluations, and hundreds of practice questions centered around this very topic, what did I say?

“I’m sorry.”

As soon as it came out, I wanted to take it back. *I’m sorry?* Was that really the best I could do? Immediately all of the phrases I had heard so many times in the past came rushing to mind. *“You are so strong.” “You can fight this.” “You are not alone.”* None of them felt right, platitudes thrown in the face of a life-altering diagnosis.

Others offered similar words, and we paused to allow her time to grieve. She wiped away her tears and briskly moved on, hurtling directly back into the narrative of her medical history.

Since that encounter, I have found myself mulling over what I could have said differently, what I would have wanted her to know. Here is the thing: clichés are clichés for a reason. They are the words found by so many to communicate what we do not know how to communicate ourselves, a linguistic common ground that speaks to the universality of our struggles. The fact they are repeated so often does not make them any less real, any less full of thought.

If I could write to her now, this is what I would want her to know:

You are *strong*. Not a generic ‘strong.’ You are strong for taking this treatment, even when it makes you feel like crap. You are strong for taking care of yourself so that you can take care of your family. You are strong for being vulnerable in front of a group of strangers, for allowing yourself to accept help. You are strong for expressing gratitude, even when life has dealt you a shitty hand.

I don’t have better words to say, and perhaps that is because there is nothing poetic about cancer or about chronic illness in general. It just sucks. And maybe that fact in itself is what is truly important to acknowledge. Maybe instead of originality, it is really the space that the words create that provide their true power- the space that says, “I see you. I am here to listen. I am here to support you.” The space that allows for responses in return.

So, if I have to be cliché just to sit in the shittiness, that is what I will do. Until maybe someday, I find the words that I am looking for.

**details have been changed for patient confidentiality*

The Fight

Matthew Nelson, MD

Cooper University Hospital

Internal Medicine Residency Program

A body well-worn

Ravaged to the extreme

By cigarettes, strokes, and Father Time

A war has been raged in this coliseum of viscera

The lungs little more than spider webs blowing in the wind, a little spider holed up in a cavity out of reach but best left undisturbed

The mind a skipping record, the grooves well-worn

He's still there, but the war is well past its climax, the capacity to fight a dying flame

He pleads to go home, to be with his family, to get out of this place

He's seen too much, a warrior who's seen too much bloodshed and ready for the comforts of home

A family well-worn

Ravaged to the extreme

By setback after setback

The so-called 'healers' saying, "we will not"

They hear the so-called 'healers' saying, "give up," but they will not

They know there's still a war to be fought, another battle to be overcome

Their coliseum a triangular network from phone to satellite to receiver

They are the only ones fighting, sending a desperate plea to an unforgiving healer

They want him home, but not without a fight

What goes ignored is the fighter himself, his body already a ravaged battleground, his desperate pleas for home not a part of the so-called fight being raged in the Pythagorean Coliseum

A medical team well-worn
Ravaged to the extreme
By pandemics, codes, debt, and burnout
Their coliseum a belching, beeping, braying cacophony of life and death
Stethoscope-wielding warriors
They walk through the valley of the Shadow of Death daily, but the wounds aren't always visible
Fighting illness is part of the job, but inevitably there are fights with the patient and the family
Why don't they see?
He wants to go home, he's ready and he knows it
The family just doesn't get it, they want to fight
But these so-called 'fights' are shadow fights, happening in the dark, the opponent elusive
If they'd only turn around they'd see the flame that's been casting their shadows on the wall

The war being fought is with no one but the sense of control
The real fight is letting go

Long Night

Charcoal on paper

Katherine Cerniglia, Class of 2024



The Serpent—a tale of the Marjolin ulcer

Jack Saddemi, Class of 2022

In its serpiginous trail, it wraps around his frail, gaunt body
Or at least what remains of it

A vice grip, a constrictor, squeezing its prey from the outside in
Tearing away at skin & flesh, with an appetite for bone

It oozes. Purulence and putrid, decaying tissue, a formidable scent
Emanating down the hall

He lay still, in pain, while the beast consumes him
Can it be hampered? All hands are on deck

But nature is a fierce, cruel beast
And often bites without remorse

In Memory of RD



Cataclysm

Digital

Simran Kripalani, Class of 2022

5 Seconds

Niharika Padala, Class of 2022

A dimly lit room with humming beeps

Empty visitors' chairs in a corner

Right...COVID rules

Eight white coats surround the bed

The long one speaks:

"We'll have to keep you for another day..."

Eyes scan the room to hide bewilderment

"... another carotid angiogram...stenting..."

Trembling hands fumble with the lunch menu

"... risks to this procedure..."

Toes curl and uncurl under the layers of sheets

"... stroke, blood clots, or bleeding..."

A subtle line of perspiration lines her forehead

"... possible... may not improve..."

She looks him straight in the eyes

"I don't want it"

Sighs of exasperation reverberate through the phone

"Mom just listen to the doctor"

Fists clench with resolve

"No. I don't want anything."

The entourage of doctors and students straighten up

"... think it through... tonight or wait till Monday"

It's an hour past rounds, the room starts clearing

I wrap my hand around her cold one

A strong yet gentle squeeze of reassurance

And I wait...

5

Her fidgeting stops

4

Her breathing slows

3

Her grip loosens

2

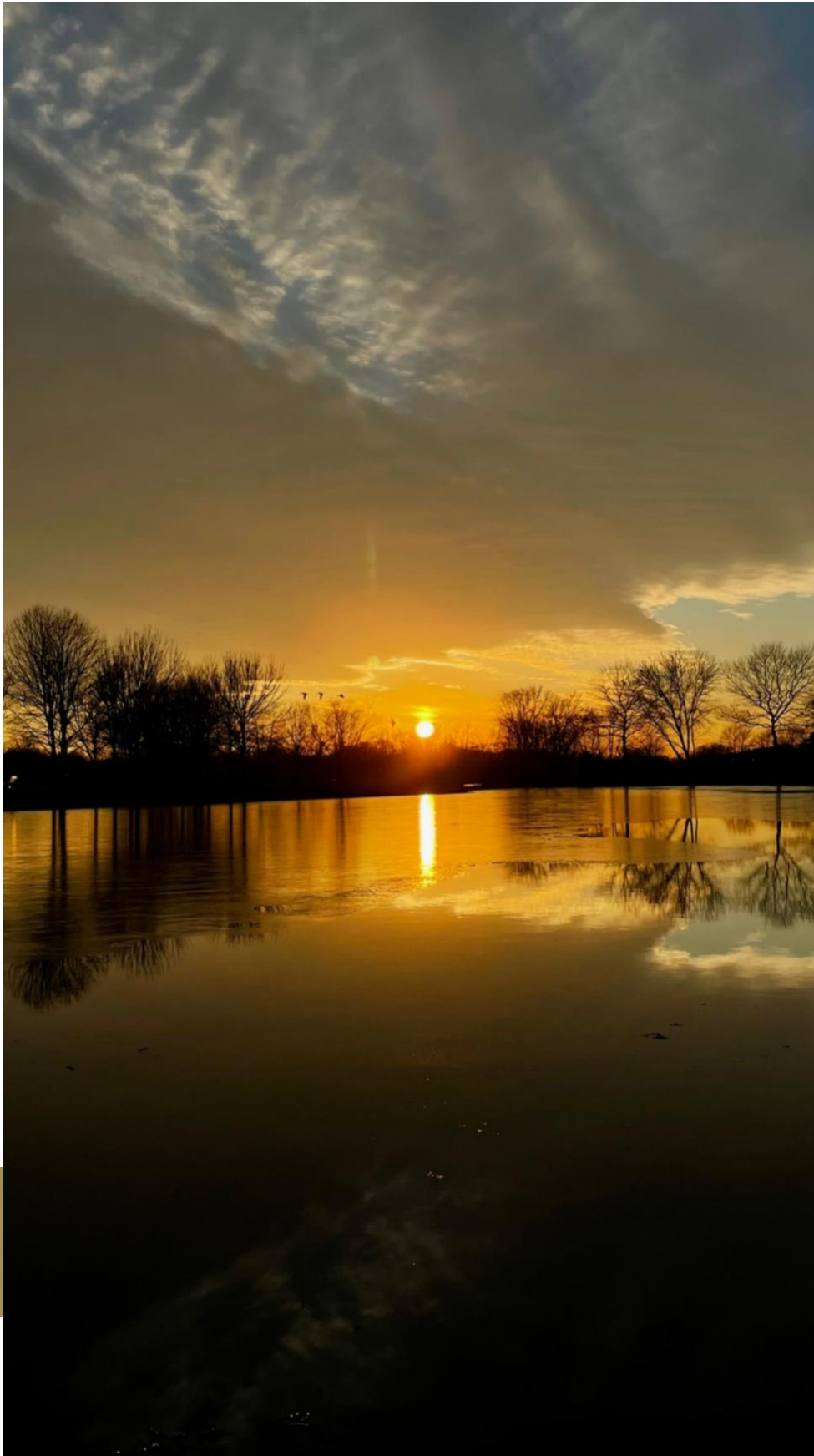
Her toes uncurl

1

Her eyes focus on mine and the fog of fear clears

Rest & Rejuvenate

Photograph
*Nisa Mohammed,
Class of 2023*



From MD to Flight Attendant

Tarek Nakhla, MD

*Associate Professor of Clinical Pediatrics
Cooper Medical School of Rowan University*

*When flights traveled near and far connecting,
and the world got smaller with cell phones and texting,
we felt a little closer connected with a ring.
No matter how far we are, you recognize that ding.
“I am in the store, how about milk and bread?”
What used to be “Why didn’t you bring it?”
You get Thumbs up & “thank you” Instead.*

*In medicine, I learned to look for the evidence.
In books and studies, I searched every reference.
The years then taught me when there were no stats,
how to deliver bad news with feelings and facts.*

*When Corona came and the sky was about to fall,
with nothing in my books or an expert to call,
it was a time for me to take on a new role.
I am no longer the expert, can’t even pretend
No longer an MD but now a flight attendant.
“Please be seated. We’re in an emergency landing,
I don’t have experience, but my pilot passed training.”
They can say it so calmly when a disaster is nearing.*

*When we thought that being together makes us strong,
and Giving a helping hand should help us live long,
we needed to stay at a six feet distance
in order to be safe and keep our existence.
Checking on the elderly every day and hour,
is now don’t even come near your grandmother.
It went from, no need to panic or cover your face,
to stay home, flatten the curve and contact trace.*

*The challenge for me was harder than ever,
hiding my tears while telling a new mother,
“Your newborn is sick, and you can’t come near,
your baby in the NICU* your place is not here.
You are Covid positive, luckily, only lost your smell,
Come back in two weeks and when you feel well.”*

*We thought we were dreaming when we hoped for vaccines.
When the science was young, it was best to quarantine.
While managing the passengers, my pilots worked and worked.
I followed the rules and hoped that my prayers were heard.*

*The emergency landing is maybe a success.
But It is too late for some, who suffered then left us.*

*NICU=Neonatal Intensive Care Unit

Spanish Lessons in the Pandemic

Mara Gordon, MD
Assistant Professor of Family Medicine
Cooper Medical School of Rowan University

Note: A version of this essay appeared in audio form on the radio show LIVE, hosted by WXPB Philadelphia and the University of Pennsylvania Writers' House.

In the early days of the coronavirus pandemic, I wired a couple hundred dollars to an address in Quetzaltenango, Guatemala, and I started talking to Doris.

Doris is my Spanish teacher. For two hours a week, we talk on video chat, conjugating verbs and discussing the weather. We've been doing two lessons each week since early on in the pandemic, when things in our part of the world started to get bad.

I'm a primary care doctor in Camden, and many of my patients prefer Spanish to English. I had been meaning to start learning Spanish for years, so when the COVID-19 pandemic hit, it felt like the right time to get started.

When Doris and I began, COVID-19 cases were climbing fast in Philly, and going to work filled me with dread: dread about being exposed to the virus, then exposing my family. But I also felt dread that I wasn't doing enough. Family and friends texted me with war metaphors: "Thank you for serving on the front lines!" But I wasn't on any battlefield, I was just sitting in my messy office, crying with frustration about telemedicine, trying to reassure my panicked patients. But I knew as little as they did about what was coming next.

Spanish class with Doris became a respite. We started, as many beginner language lessons do, with the vocabulary of the *cocina* and the *supermercado*. With the muscle memory of an experienced teacher, Doris would laugh at my jokes, seem genuinely interested when I enumerated my favorite fruits and vegetables. What a coincidence that we liked the same ingredients in our smoothies! How funny that we both like red nail polish! The new words floating around my brain -- *huevos*, as I opened the fridge; *zapatitos*, as I laced up my sneakers -- gave me a sensation of forward motion, of progress.

At my request, we started practicing medical vocabulary. I learned the words for heart attack and pap smear. I learned the word for coronavirus: *coronavirus*. The stress of the pandemic was causing me to experience, for the first time in many years, anxiety as a physical sensation. I liked having the words to explain to Doris how I was doing: "I have pain in my chest. I have nausea in my stomach." In Spanish, I simply didn't have any linguistic tools to talk myself in theoretical circles, as I might do in English. I didn't have the language for abstract ideas or dependent clauses. My problems were tangible and simple.

I liked learning the subtle grammatical differences in the way my patients might explain their symptoms in Spanish. The construct is, "I have pain," not, "I am in pain." They'd say, "I have fear," not, "I am afraid." This meant that fear and pain might leave us one day, they weren't immutable qualities. When I studied the present progressive tense, my daily activities started to feel more like choices. "I am studying Spanish," I'd tell my patients. "I am helping people who have coronavirus."

I then learned *soy* and *estoy*, both verbs that mean “I am.” *Soy* means “I am, forever,” while *estoy* is temporary. My childlike understanding of the Spanish grammar helped me clarify my own disordered thinking, clouded by the uncertainties of 2020. “I am sad” is temporary. But “I am a doctor” uses the permanent version of *to be*. “I am Mara,” is forever. So is, “I am a daughter, a friend, a wife.”

I told a bilingual colleague that I had accidentally used “soy” and told one of my patients I was permanently, eternally happy about her controlled hypertension, and my colleague laughed. “It’s quite philosophical, isn’t it?” she said.

As my vocabulary improved, Doris and I started talking more about current events, and we’d compare and contrast our situations. Our neighbors in both Philadelphia and Quetzaltenango seemed to struggle with consistent mask-wearing. Both of us appreciated the benefits of wearing *licras*, or leggings.

It moved me to hear the news of George Floyd’s death and the Black Lives Matter movement was a constant topic of conversation for Doris and her family, the world watching as Americans grappled with the epidemics of racism and police brutality. And as both the president of Guatemala and the president of the United States tested positive for coronavirus in the fall of the long year of 2020, we compared their approaches: Alejandro Giammattei, a retired surgeon, chose to quarantine away from his staff and supporters. Our *presidente* spread the virus further.

Amid all of this anxiety, as winter approached, we still hadn’t ventured much into future or past tenses. In Spanish class, I could only think about my present. Instead, Doris returned, week after week, to the imperative. When I bemoaned my difficulties working from my kitchen table, on the days when I don’t see patients and instead teach and write, she had lots of advice.

“You need to put on clothes. No pajamas,” she told me, her grammar simple and directive. “You must not read Twitter.”

I would nod to her on Skype, her pixellated image jerking across the screen as she showed me flash cards, each one a kind of guidance: sleep, cook, walk, friend.

“You are my Spanish teacher and you are my therapist,” I told her in Spanish, laughing.

“*Esta bien* to have a therapist who speaks a foreign language,” she said. “It’s good to understand only half of what your therapist is saying.”

Hope

Colored pencils
Jen Garefino, Black Belt PI Specialist
Cooper University Hospital



We Will Kick COVID!

Handcrafted, fiber and yarn

Jen Garefino, Black Belt PI Specialist, Cooper University Hospital



COVID-19 kickball, turned into a COVID-19 pumpkin spider for Halloween

Amazon: The Clandestine Burden to New Jersey's Public Health System

Gabrielle Miller

Patient Access Center, Cooper University Hospital

As I moan about working the most sedentary job in my life as a 'Patient Access Navigator,' a euphemism for call center operator for Cooper Hospital, I remember this choice was a calculated sacrifice in exchange for a life beyond that of working poor. I developed my pleasantries on my feet in the restaurant industry before learning what heat exhaustion and dehydration does to a body while working on farms in the North Carolina summers. On one occasion, I remember a piece of dirt scratching my eye and learning that filing a workers compensation claim could change significantly how a small family business operated in the next year. So my employer, a fellow spectacle sporter, took me to her friend, an optometrist, in our small town and paid the \$40 copay required by my father's group health plan which would result in less trouble for her. With plausible deniability, the country doctor did her a favor by not documenting where the injury occurred.

Not long after, I moved to Southern Spain and laid awake many nights (partly attributed to the heat) once again ruminating on and contemplating when and how I would stop earning my living at the expense of my body. Being in nature does wonders for mental health, but I felt objectively dumber after a couple of untreated concussions incurred through bumping my head on workbenches. The only reason I know this to be problematic in hindsight is through scheduling appointments for Cooper's orthopaedic and neurology departments.

However, because we cannot advise every member of the working poor to just get hired by Cooper Hospital earning above minimum wage with a quality group health plan, my solution inherently cannot be ethical. Despite what the administrative bureaucracy would have us believe, every American does not have the luxury of working in an air conditioned office behind a desk. As such, lawmakers, insurance companies, and health care institutions must hold employers accountable when they exploit the public sector to support the growth dictated by private interests.

In 2013, Amazon was forced to close a loophole that prevented New Jersey from collecting sales tax on items sold on their platform after 2 years of negotiations. The bargaining piece ultimately became citizens of New Jersey when, then governor, Chris Christie marketed Amazon warehouse construction as resulting in thousands of part time and temporary jobs. Christie has since led an unsuccessful presidential campaign and become a lobbyist in Washington DC whose firm earned nearly \$250,000 in three months in 2020 lobbying the federal government for coronavirus aid on behalf of New Jersey hospital systems.

Unfortunately and ironically from what I have seen in my role at Cooper, these negotiations have taken some of the burden of health care from the third most valuable US company and placed them back on to their employees, the health care systems they frequent, and taxpayers. At each Amazon fulfilment center, workplace injuries are handled with first aid care fitting of a school nurse's office who determines who receives treatment from outside physicians. I have heard numerous reports of Cooper patients being sent home and told to come back when they felt better after spraining their ankle delivering packages away from the triage courtesy of the warehouse. If an employee were to suffer a displaced fracture, they would be unable to call 911 for themselves as cell phones are banned on the warehouse floor. In my time scheduling Amazon employees for their orthopaedic injuries, the only time I've heard of an employee being informed of their workers compensation policy was to let our patient know that claims were invalidated if submitted later than two weeks after the injury.

When I tell my patients they can not use their personal insurance for these issues, they resign themselves to living with chronic pain because filing a claim with their employer is too intimidating and fruitless. Those that do receive treatment for their injuries are filing it under their state Medicaid plan. Amazon markets competitive benefits such as staying active on your feet and on the job training but excludes the option for employees to buy into a group health plan.

Injuries suffered at the expense of Amazon's business model make it difficult if not impossible to work positions within a white collar world that many are striving to break into - much less continuing to earn a living performing manual labor. State legislators are effectively robbing Peter to pay Paul - only Paul's company makes him the richest man in the world, and Peter is a nonconsenting populace who will be responsible for Paul's employees' medical bills and upcoming disability claims.



**Community Health Clinic in Mandalay,
Myanmar (c. 2017)**

Photograph
Jack Saddemi, Class of 2022

How Many Socks

Marina Najjar, Class of 2023

Once per week we make our rounds

And meet with those who live un-found

On street corners and through wooded terrain

To meet where they are, but where they need not remain

We ask what they need and offer them socks

A blanket? A jacket? We brought the whole lot!

If more people saw how they live and survive

Would it move us to action or further divide?

We document which items we left with our friends

How many socks until their poverty ends?

They deserve more, much more than just food scraps

After all, it's impossible to pull yourself up by your bootstraps

We need to do better. We need to build bridges

They'd tell us how, if only we'd listen



**Much of what I know
Of our friends out in Camden:
What we don't bring back**

Photograph
Marina Najjar, Class of 2023

Lice

Charisa Gillette, Class of 2023

I checked someone's hair for lice today. I have never felt so much love for a stranger before.

I have had head lice four or five times throughout my life. I remember vividly how much shame I felt every time. This woman in front of me was so embarrassed that we had to walk out of the sight of the others who live at her encampment under the bridge before she would ask for my help.

You feel dirty, like it's your fault that one little bug decided to move in and raise a family on you. You cover your head in mayonnaise, in chemicals, in peanut butter, in hair dye - in anything that could make you feel clean again. You comb so often, from root to tip, that your hair falls out in clumps. You don't let anyone too close, afraid that they might see something crawl across your scalp. Or worse, afraid that you might make them dirty too.

It felt familiar to run my hands through her hair, unafraid of what I've lived so many times. It felt neighborly to be at her home, present with her at that moment. It felt sisterly to tell her about all the times I've scratched my head in terror. It felt human to tell her about all the times it turned out okay.

I have gone on Street Medicine outreach week after week, month after month, doing my best to connect with our homeless community members in every way I can. I make sure that my smile is audible because it can't be seen behind a mask. I offer an outstretched hand to remind my neighbors that they are worth being touched. I ask how I am making someone feel because I know how often they have been dismissed by doctors.

But today was the first day I really loved someone.

One Person

Niharika Padala, Class of 2022

It takes just one person
Just one person to hear my voice
Just one person to touch my hand
To smile and say good morning
And ask if I slept well
Maybe I'll lie
Maybe I'll say I didn't
Maybe I'll smile back, too
Or maybe I won't answer at all
Especially to you
But I'll keep hoping you ask
Perhaps not today, or tomorrow
It could be a week or a year
But the ice around my heart
And the furrows in my forehead
Melt with your every hello.

It takes just one person
Just one person to look into my eyes
Just one person to feel my clammy skin
To frown and wonder if I'm alright
And ask if I understand
Maybe I'll nod hesitantly
Maybe I'll be embarrassed
Maybe I'll throw a tantrum
Or maybe I'll ask you to explain
For the hundredth time.
But I'll keep longing
For you to see through my walls
Of indignity and impatience
And find me cowering
In fear and guilt and shame
And take it apart brick by brick.

It takes just one person
Just one person to cover my breasts
Just one person to feed me a meal
To ask if I have a family
And ask if they love me
Maybe I'll say I don't need them
Maybe I'll tell you I have none
Maybe I'll admit no one wants me
Or maybe I'll just say I'm not worthy
Of love or happiness or life
But I'll keep wishing
You'll pull aside the curtains
Sit in the chair next to me
And tell me I'll be going home
A home that will wonder where I am
On a cold winter's night.

It takes just one person
Just one person
One moment
For me to see a tomorrow.



Solitude

Photograph

Belle Lin, Class of 2023

I Must Have Missed You

Aarushi Chopra, Class of 2021

Hi Dada! It's Rushi. I must have missed you. I wonder if you even know where your phone is. Or if you have it, have you forgotten the password again? Remember, just hit 'Forgot Password' and they will send you a reset link.

Anyway, I just wanted to check in. It has been over a year without you. Somehow, we have learned to live without you here. The day we lost you it was hard to even stand. I sat beside a photo of you thinking it would make it easier to write your eulogy. But here we are, Dada! Everyone is okay - I want you to know that.

Can I tell you all that has happened?! I'm graduating medical school soon! This whole journey has been everything you said it would be. So many ups and downs but always full of wonder. Remember when you told me that God must have spent extra time on the kidney because the nephron is "magical?" That still makes me laugh out loud.

You know every interview I had, I told them about you. I told them how being a doctor was your life's greatest honor and privilege and how I wanted to be just like you. If I hold my degree up to heaven, will you be able to see it? I hope so.

I miss you so much, Dada. I always try to nap directly in the sun just like you used to. The blinding light is worth it for the warmth of your memories.

We think of you everyday and talk about you all the time. Your picture is hanging in the family room and sometimes when the sun shines on it just right, you glow like an angel would.

Guess what else? I saved the wooden sign from outside your old office. DR.R.P.CHOPRA. I want one just like it. Same paint. Same font. Same everything, if I'm lucky.

Okay, I think your voicemail is going to cut me off soon. I really hope you remember your password so you can listen to this message! I love you.

—

Dedicated to: My grandfather and anyone who has suffered loss. After some time, your first thought is the good instead of the bad and you laugh far more than you cry. I'm not sure if it gets easier, but you do get stronger.



Hey Google

Marker pen and pencil

Shrina Patel, Class of 2022



Within the books and lectures and PowerPoints, I found myself getting lost in 12 point font. Scenarios that normally elicited natural, human responses caused me to sift through mental computer files; and when I did call upon emotion, it left me stranded, alone in a deserted wasteland of highlighters and printed ink. Now that emotion is joining me once again, I can't help but remember how it once was. A time when my trust was in the machine rather than myself.

HOME

Nisa Mohammed, Class of 2023

Home is within you.

Home is thankful for your

Knowledge
Resiliency
Bravery
Warmth
Breath
Peace

It is thankful for your loss and for your growth.

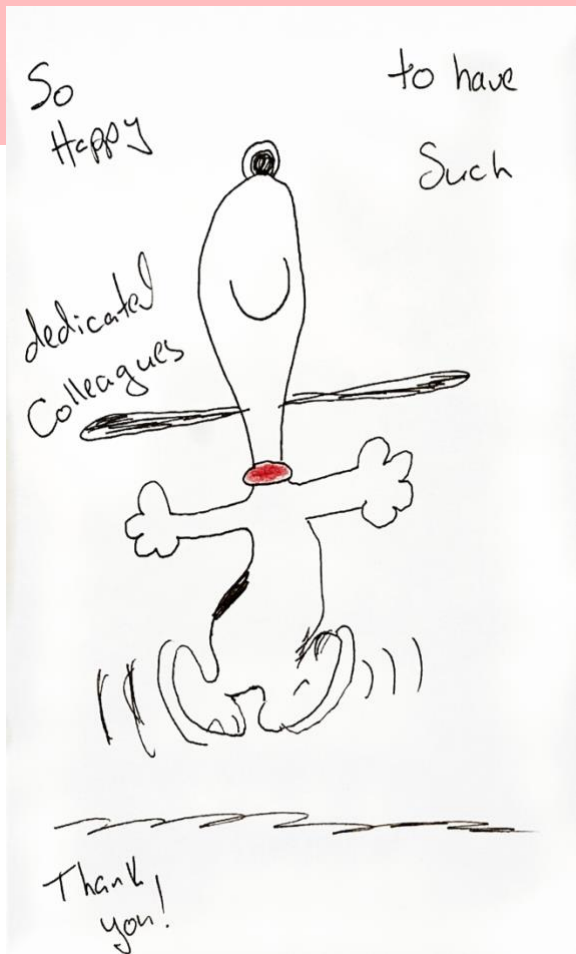
Its current disposition is temporary, and that is okay.
Home knows everything is transient

Happiness
Love
Anger
Numbness

Your home understands and will stay within you even when you do not realize—
It adjusts with you and embraces it all.

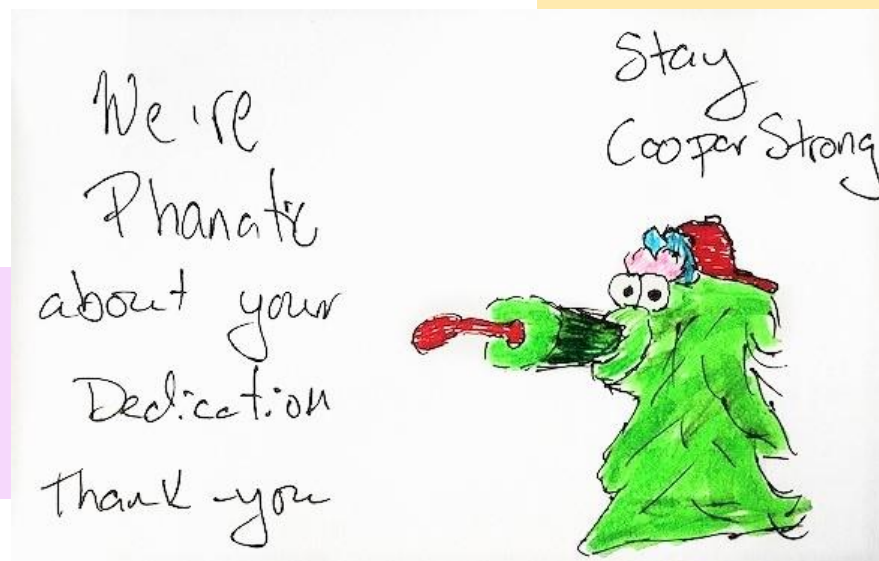
Home knows your worth and your belonging because it lives within you, in your heart.
Your heart, a cushion for you to rest on, for you to take everywhere.





Lifting Spirits

Colored pencil
Jen Garefino
Black Belt Pl Specialist
Cooper University Hospital



Special Thanks

Our Editorial Team would like to extend our gratitude to the following groups and individuals, without whom this curation of artwork, prose, and heart would not be possible.

The CMSRU Center for Humanism – for the support they provide to the “soul” of our school and the continuation of the arts at CMSRU.

Dr. Mara Gordon – for her enthusiastic and unwavering support in all areas of the medical humanities.

Dr. John F. McGeehan – for his endless patience, mentorship, and the gift of his stories.

Dr. Elizabeth Cerceo – for her willingness to jump on board and her exuberance in doing so.

The talented Cooper community who contributed to this issue – We are humbled by your courage to share your work and in constant admiration of your endless potential. The patients who cross our paths – This is only possible because of you. Thank you for continuing to teach and inspire us every day.

