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Ad Anima

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AUTOBIOGRAPHICAL
NARRATIVES/MEMOIRS
FROM HEALTH
PROFESSIONALS

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LETTER FROM THE EDITOR

Ad Anima embarks on its maiden voyage at a unique time in medical history. In the shadow of a global pandemic, medicine welcomes distance in a manner and to a degree that it never has before. From routine healthcare visits conducted with miles between patients to online lectures leaving classrooms empty and beyond, space is an evolving aspect of our work and lives.

We founded Ad Anima because we wanted to explore the spaces we don't always get to see ourselves. We wanted to give healthcare practitioners and trainees the opportunity to tell the stories that aren't always told. We wanted to listen, and we weren't disappointed.

Many more stories than we could put on paper landed before our eyes, written by dedicated physicians, nurses, medical trainees, and others from across the nation. This volume holds just four of these stories which moved us: we could not be more excited to share them with you.

I could not have anticipated the immense engagement that followed my proposal for Ad Anima just over a year ago. It is the first free-to-access, free-to-publish, nonfiction literary medical journal affiliated with a university. I merely assumed that supply was low because demand was low. But as the dedicated authors, editors, designers, and media contributors for Ad Anima often reminded me, there is something delightful in being wrong, in overlooking a hidden gem only to have your gaze redirected—re-centered—to what was always there.

“To see the miraculous in the ordinary is a more precious gift than prophecy.” - Abraham Verghese, *The Covenant of Water*

I hope that you come to love Ad Anima as I have, that the stories of these authors move you as I have been moved, and that you see in these stories (or in yourself) something that you had not seen before.

All My Best,
Rajeev Dutta
Editor-in-Chief

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WHO WE ARE

EDITOR-IN-CHIEF

RAJEEV DUTTA

Raj is an M.D.-Ph.D. student at the University of California, Irvine. He's finishing a Ph.D. in philosophy before returning to medical school in hopes of applying insights from philosophy to medical practice. In his free time, he plays the piano and sings poorly.

LEAD DESIGNER

MAI-LINH TON

Mai-Linh Ton, Ph.D. is an Orange County native and second-year medical student at University of California, Irvine. She enjoys combining science and art as a double major in Human Developmental and Regenerative Biology & Animation from Harvard University. She worked as a Designer and Illustrator Comp Director at The Harvard Crimson, the undergraduate student newspaper. She became interested in working with narratives within medicine while completing her PhD at the University of Cambridge in the midst of the COVID pandemic. She enjoys oil painting, photography, making science-themed stickers, graphic design, travelling, snowboarding, and rock climbing.

MANAGING EDITORS

ZOHAL NOORI

Zohal Noori is a fourth-year Human Biology major at UCI with an Associate's degree in Biology and Chemistry, aspiring to attend medical school. She does research in a molecular biology lab and has previously presented neurobiology and microbiology research at conferences, such as Stanford University's Bay Symposium, with publications in NCHC Undergraduate Journal and UCI's Building Bridges Journal. Zohal is involved in ASUCI, UCI's Campus-wide Honors Student Council, Tribeta Honors Society, Flying Samaritans, and more. Outside of academia, she is a third-degree black belt in Taekwondo and teaches mixed martial arts as an instructor. She enjoys competitive dance, surfing, playing the guitar, and hiking with her dog.

VANESSA LE

Vanessa is a second-year medical student. As of right now, her specialties of interest change daily, anywhere from cardiology to forensic pathology. She's a Washington State resident who did her undergrad at Brown University and ended up here in Irvine. In her free time, she enjoys writing and gaming.

EDITORS

KAVERI CURLIN

Kaveri Curlin is a third-year medical student at UCISOM. She attended Yale University for her undergraduate studies where she first discovered science writing in a class titled Writing about Medicine. After graduation, she worked as a freelance science writer and did volunteer archival research at the National Library of Medicine in Bethesda, Maryland. During medical school, Kaveri participated in the American Association for the Advancement of Science Mass Media Fellowship and spent 8 weeks as a healthcare journalist at the Philadelphia Inquirer. She cares deeply about the humanities in medicine and is honored to join the editorial and design staff of Ad Anima.

MEDIA CONTRIBUTORS

JANET NGUYEN

Janet Nguyen is a third-year medical student at UCISOM. She is interested in psychiatry, addiction, and neurology. She loves her cat Tilly. She has enjoyed making art since she was in elementary school. Currently she uses a digital Platform and likes illustrating people, stories, food, etc.

PIROOZ FEREDOUNI

Pirooz Fereydouni is a second-year medical student at UC Irvine School of Medicine. He is interested in pain medicine, specifically focusing on chronic back pain, and is also passionate about medical education and mentorship. His research interests are diabetic neuropathy, chronic back pain, and generative AI implementation in healthcare and medical education.

Pirooz is originally from Shiraz, Iran, and grew up there until he emigrated to the US at the age of 14. He lived in the Bay Area (Walnut Creek, Berkeley, and San Francisco) for 9 years before moving to Irvine. He graduated from UC Berkeley, majoring in Molecular and Cell Biology in 2021. He then worked as a clinical research coordinator at UC San Francisco for an NIH-funded chronic low back pain study before starting medical school.

In his free time, Pirooz enjoys brewing coffee, photography (portrait, landscape, and astro), camping, and stargazing.

EDITORS

JEN YEE LIM

Jen Yee is currently pursuing her first year of Doctor of Nursing Practice--Family Nurse Practitioner (DNP-FNP) degree at the School of Nursing of UCI. She has been practicing as an oncology infusion registered nurse for the past three years and is absolutely fascinated by the evolution of chemotherapies-immunotherapies along with their ability to bring about hope for some patient populations. Jen Yee is also passionate about providing personalized health education, especially to her local community through active participation in health fairs. She is curious about life, having intentional conversations, and being outdoors.

SARAH O'DELL

Sarah O'Dell, Ph.D., is an M.D./Ph.D. candidate at the University of California, Irvine, where she is the first MSTP student to complete a Ph.D. in English. As a future physician-scholar and psychiatrist, she is passionate about how the activity of the imagination—as shaped by literature and the arts—helps heal the mind.

ALISON LAWRENCE

Alison Lawrence is a second-year medical student at UCI who is excited to integrate the humanities into her future medical practice. She is originally from a small city in Illinois, where she received a Bachelor of Arts in Biology and Women Gender & Sexuality Studies at Augustana College. In addition to Ad Anima, Alison is involved in the Cariño Student Outreach Clinic, the Orange County Transitions in Health Program, and the Medical Student Research Program.

EDITORS

ISABELLA

BUENAVENTURA

Isabella Buenaventura is a third-year Biology major at UCI, who plans to pursue a career in the medical field. She has had a lifelong fascination with the life sciences, and used to dream of working as a vet; however, she found that she had an even greater passion for studying human health and wellness. While she currently intends on applying to medical school in the following year, she works hard to maintain a relaxed work-life balance—when in need of respite from academics, her favorite hobbies include drawing, playing the piano, and going to the gym. Usually, she spends her time either in class, in her research lab, or at home with her family. As (technically) the oldest of four siblings, her go-to fun fact is that she is a triplet.

HASSAN SHAIKH

This is Hassan Shaikh. He graduated from UCI in Spring 2024 with a Bachelor's in Biological Sciences. In his free time, he loves to play badminton, try out new food recipes, and hang out with friends. His day never ends without a hot cup of green tea in a crisp, and captivating nature setting.

S. HERSCHEL UCHITEL

S. Herschel Uchitel is a second-year M.D. student at UC Irvine School of Medicine. His clinical interests include care for LGBTQ+ individuals, innovative primary care delivery systems, and thoughtful approaches to aging and end-of-life care. In his spare time, he reads, makes pickles, and spends time with his cat, Etrog.

EDITORS

LIZ STRINGER

Liz Stringer is a visual inter-disciplinary artist and arts administrator based in Long Beach. Stringer uses science fiction as a way of world building, one that references scientific research to create a hybrid language. Fiction becomes a landscape to traverse through, a collapsing of micro and macro realms into non-hierarchical narratives, her work is grounded in the rearticulation of narrative boundaries that are physical and metaphysical. The imaginary world of fiction pervades into reality transforming, exploding, and rearticulating new bodies. She received her dual Bachelor's degree from UC San Diego (BFA & BS, Visual Art and Human Biology), and is currently working towards her Visual Art MFA at UC Irvine, she is in her final 3rd year. Stringer is a participant of the Cold Read, an online critique group and artist collective that engages in gestures of care and support through writing. She is a co-founder of Group Practice, an initiative that aims to provide an affordable platform to facilitate experimental programs for working artists. She is currently involved in the sixth and ongoing version of INSITE.

THUY-LINH TRAN

Thuy-Linh Tran is a 2nd year medical student with a passion and interest for scientific writing catered to general public audiences. She graduated from UC Davis with a degree in Biochemistry and Molecular Biology and minor in Professional Writing where she studied the rhetoric and composition of writing in the sciences. She incorporates this interest with medicine through patient education interactions at the clinic and in the community. As an editor of Ad Anima, Thuy-Linh is excited to cultivate the stories of medicine, learn about the experiences of others, and elevate voices of marginalized communities. In her free time, Thuy-Linh enjoys playing the guitar, crocheting, and eating with friends.

AD ANIMA

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FEED ME

WRITTEN BY IRFAN HYDARI, M.D.



“*Kya khaiga, beta?*” my grandmother asks.

“What would you like to eat, my dear?”

“Paratha!” I proclaim, eagerly requesting the flaky pastry-like flatbread that makes my mouth water to this day.

I’m two years old, sitting in my highchair with pudgy feet dangling, intently observing her prepare her workspace. She neatly arranges whole wheat flour, vegetable oil, salt, and water into separate bowls, ready to mingle with her arthritic hands.

Starting with the flour, she adds water in a stepwise fashion and uses the tips of her fingers to begin mixing. She adds a pinch of salt and a tad of oil via her right hand, simultaneously blending with her left. As the flour thickens, she uses the heel of her hand to assist the phalangeal effort, kneading the malleable ball to the appropriate consistency. The rolling pin emerges and she flattens the dough, sprinkling flour intermittently between rolls. Once flat, she cuts the large circle into strips, each one eventually giving rise to an individual paratha. She drizzles drops of oil and

folds each strip several times - the critical step that lends to the flakiness of the bread - before rolling each one a final time. I watch closely, all the while my grandmother verbally entertaining me with sweet nonsensical children’s songs passed down through generations.

“*Chiri chiri, yaha bhet,
Chiri ka papa, yaha bhet,
Mummu khaa, paani peeow
...Purrrrse urja!*”

“Birdie, birdie, come sit here,
Birdie’s baby, come sit here,
Eat this food, drink this water,
...then flutter and fly away!”

“Let me eat. Please let me eat, doc.”

Our palliative medicine service has been consulted to help treat George, particularly to gain a better understanding about his goals of care. Through blind eyes, George seems to stare into my soul and repeats his simple plea.

“Let me eat...please.”

“George, do you understand that when we feed you, the food ends up in your lungs and makes you very sick?” I ask.

George’s older brother Anthony paces silently by the bedside, his focused gaze skewering my forehead with skeptical scrutiny.

“I don’t care. Let me eat,” George replies.

“George, do you understand that if...and when the food ends up in your lungs, you will eventually die?”

I shift uneasily in my seat as Anthony eyes me with continued ire. *You can trust me, Anthony, I’m brown like you, can’t you see?* Shrouded in my gleaming white lab-coat, I immediately cringe at my wishful thought, my desire for gaining Anthony’s confidence desperate, my attempts failing miserably.

A nasogastric tube trickles beige nutritional sludge into George’s stomach, an unsuccessful attempt at adding weight to his shrinking existence.

“I don’t care. Let me fucking eat.”

“Haat se kilouw?”

Even after I had learned how to adequately feed myself, I remember my mother sometimes asking me whether I’d like her to feed me.

“Should I feed you by hand?”

In my memory, my overwhelming response was yes, although that faded as I aged and felt too old and too human for such bird-like nurture. She would gather precise amounts of aromatic basmati rice, stewed lentils, cumin-ginger-garlic ground beef, and savory sautéed vegetable in one perfect morsel resting at the tips of her four fingers; placing it at my parted lips, she used her thumb to gently push the nourishment directly into my mouth, the oil of her skin professing the love that she didn’t have the propensity to express verbally in English, in Urdu, or any other spoken language for that matter.

George is the youngest of five siblings, three sisters between him and Anthony. They grew up on the east side of Austin, in a neighborhood their grandparents were forced to one-hundred years ago as part of the city’s infamous master plan to confine black people to an area just six square miles in size. During one of several meetings with George’s family, his eldest sister Michelle described him as the jokester of the family, jovial and lighthearted as a child and adolescent. An avid EARTH WIND & FIRE and FUNKADELIC fan, he enjoys dancing at every opportunity he gets. He fathered six children, all of whom are estranged. He lives with his girlfriend, who Michelle describes as “nice, but problematic.” He made his living performing odd jobs, able to fix anything broken before he became sick. He always worked for himself. He became a brilliant chef over the years, thrilled to cook for his friends and siblings during weekend and holiday cookouts.

“And he still loves to eat,” Michelle states definitively.

Fifty-seven years ago, George took his first breath as his mother simultaneously took her last.

Twenty-five years ago, George was diagnosed with type 2 diabetes and hypertension; self-employed and uninsured, his ability to comply with his prescribed medication regimen proved inconsistent at best.

Ten years ago, he lost his eyesight to diabetic retinopathy.

Six years ago, he began dialysis for renal failure.

He thereafter averaged two to three hospitalizations per year as elevated glucose levels, gram positive bacteria, electrolyte fluctuations, volume overload, and dysregulated blood pressure wreaked havoc on his body. Each sickness rendered him progressively weaker, each year that passed steadily decreasing his chances at surviving the next.

Seven months ago, he fell off his backyard porch and

broke multiple ribs, requiring intubation on initial admission and several reintubations during subsequent bounce-backs to the hospital. He never regained his previous level of function, each readmission leaving him more frail as he spiraled down the vicious cycle of recurrent aspiration, pneumonia, respiratory failure, intubation, further deconditioning, and worsening aspiration.

George will die next week on a Wednesday at 4:32PM.

“*Kya khaiga, beta?*” my mother would ask me over the phone weeks before I stepped off the 13-hour flight from Houston to Dubai.

“What would you like to eat, my dear?”

The year I completed residency training, my parents moved to the Middle East. Lentils made with garlic, onion, and turmeric topped with lightly fried mustard and cumin seeds, curry leaves, and dried red chilies. Tender goat chops swimming in tomato yogurt gravy. Squash and potatoes sautéed with coriander and cumin. Ground beef stewed with ginger, garlic, onions, and peas. Samosas made from scratch, stuffed with potatoes or ground meat, deep fried to a golden brown. Garbanzo beans, onions, serrano peppers, and potatoes wading in a tangy tamarind sauce. No matter what time I’d arrive, my mother would invariably have a feast waiting for me as the familiar comforting scent hit my olfactory nerves the second I walked into her space. I would sit with her at the kitchen table, eyes heavy from the day-long journey and belly full from her handmade meal.

“*Or khow, beta?*” she’d say.

“Eat more, my dear.”

“Starve a man long enough, of course he’ll say that. So how can you say that he has the mental capacity to make that decision? And if not—making me his decision-maker—I sure as hell am not going to let y’all off the hook and designate him to *comfort care* so you can just let him die...that’s not going to be on me.”

Anthony is visibly angry.

“I still wanna know how the hell he got this way. He clearly did not receive the right care over the last year, or ever for that matter. He was eating steak 7 months ago, how the fuck you gonna tell me a few broken ribs made him so weak that he can’t swallow without choking?”

I read his entire health record, each hospitalization diligently documented to implicate the familiar metabolic and infectious culprits of his acute on chronic illnesses - hyperkalemia, bacteremia, uremia, hypoxemia, hyperglycemia. His medical narrative, however, doesn’t mention his greatest chemical foe, the opponent that Anthony was hinting at, the menace that sealed George’s fate long before diabetes or high blood pressure set in. The basal cells embedded in his epidermis producing melanin in utero served as premature nails in his coffin, hammered in place by the hands of the American system, his opportunity for decent health behind the eight ball as black as his skin before he was even born.

Anthony shows me a picture of George on his phone, a photo of a polaroid taken twenty years ago. He stands heavyset in front of a barbecue grill topped with various meats smoking over visible flames, a smile stretched across his round face from ear to ear. “This is George,” he declares. “That is not,” his voice shaking, finger pointing down the hall at room 464, where a sixty-eight-pound man withers away.

My grandmother lays in a hospital bed in my aunt’s house in Buffalo, New York. A blood clot that formed in the fibrillating left atrium of her heart traveled to her brain while she slept, lodging in her right middle cerebral artery and thus cutting off the delivery of glucose, oxygen, and nutrients to a sizable portion of her brain. She would remain confined to that bed for a total of five years before finally passing away in the middle of a

blizzard, choosing the coldest February day in decades, a frigid climate unknown to most who were born in a tiny village in Nagore, India nearly a century ago. I beat two eggs, add salt and pepper, and fry up a fluffy omelet while the store-bought frozen paratha warms in the toaster oven. Her appetite steadily deteriorating, she refuses most everything save for a few longtime favorites, paratha included. She accepts my hand-fed bites reluctantly, chewing the best she can from the left side of her mouth before slowing down, coughing weakly, then

refusing the next bite, the egg now cold and the paratha flakes dry and hardened.

“Aik or nivala, Amma.”

“Take one more bite, grandma.”

Chiri chiri, yaha bhet,

Chiri ka papa, yaha bhet,

Mummu khaa, paani peeow

...Purrrrse urja!



WORKING DOGS

by Maya J. Sorini

Sun unrisen, coffee still hot, I slip into a hospital conference room and open the electronic chart to check on my patients before rounds. I don't get far, because on my "Previous Patients List" a name now has a bed number next to it, instead of the "—" meaning "home."

Mr. Park is in the emergency room again. I hide my coffee behind the monitor, don my short white-coat, and jog downstairs, checking my watch reflexively and calculating how much time I have before the residents start looking for me.

I have known Mr. Park since his first day in our hospital, when he didn't yet know about the cancer gnawing at his sternum, before inpatient medicine had taken its rasp to my psyche. He only knew he couldn't breathe, not that we would find a mass tucked in front of his heart, shielded by bone, spewing fluid that pressed his lungs and made him windless. He didn't know we would find masses in his liver, his pancreas, scattered to the far reaches of his body's bones, and that it would take weeks to get answers. I never revealed to him that he was one of my first patients as a medical student, on my first ever clinical clerkship.

I walk into the emergency room where Mr. Park lies on a cot behind a curtain. Mrs. Park holds his hand, with eyes fixed to his face. She and her husband both look twenty years younger than their early seventies, though Mr. Park is starting to catch up to his age as the cancer digests his fat and muscle. My medical instincts kick in and ask, how sick? I parse his jaundiced skin, his fast breath, his lack of sweat or screaming. I have seen him better; I have seen him worse. Mrs. Park looks as worried as ever, like her eye contact is his last remaining tether to the living world. Mr. Park looks up at me and his expression moves through shock at seeing a familiar face in this hostile landscape, then settles on a watery smile.

He breathes fast and speaks softly, saying, "Maya! You're back! I am so, glad to see you!"

Mr. Park's warm brown eyes have the effect on me of a drop of water on dried paint; my feelings start to bleed. In an instant, I flash to and from my parents' foyer, where my father always greets me with the same words, "I am so glad to see you!" and a hug.

Mr. Park does not resemble my father in looks but evokes similar feelings: I want him to live forever. I want to make him proud. We are not related by blood, but he treats me with a parental love, offering encouraging words about my progress as a student over the weeks we know each other, like I imagine my own father would if I were his doctor. I see the way he views his children with adoration and great pride, and how his love is their entire world.

In another place I would say, “it is wonderful to see you too,” but I hold back. It is unkind to wish ill upon patients, to imply I want them sick enough to return to my fluorescent house of horrors. I am supposed to be learning to be a doctor, to be a professional, and it is unprofessional to reveal how lonely it feels when he leaves, since he’s one of the only people here who consistently remembers my name. More often, I am just referred to as “the medical student.”

Instead of revealing the truth, I ask, “What are you doing back here, Mr. Park?”

He tells me about the trouble breathing while I pull up his chart. We sent him home for Christmas just days ago, but he couldn’t make it to the holiday before his chest filled back up with fluid. I check the biopsy results—multiple myeloma, confirmed. I wonder if the oncologist has told them yet. As a clerkship student, it is not my place to give news. Usually, my job is to stay out of the way. I waver momentarily and decide not to mention this development.

“I am so sorry you can’t breathe,” I tell him as I listen to his chest, one hand’s fingers pressed to get his radial pulse, which bounds toward me with premature ventricular contraction after contraction.

The wife, with her limited English, peppers questions about prognosis with gratefulness that I have shown up. I am un-stranger among strangers, the first person they have recognized today and likely the only one who has touched him without the distance of gloves since his arrival.

“I can’t, believe, you came, all the way, to see me,” Mr. Park says between labored breaths. He seems to want an explanation, a way to rationalize why I traverse our hospital to find him whenever he returns.

“You matter to me. I am trying to treat you the way I would want my father to be treated in the hospital.”

Fear melts off his face, replaced by a watercolor of gratitude and melancholy.

I could go on, but I stop myself. It is true: I am trying to treat Mr. Park as if he were my father, but I do not let him know in words how important he is, how I teared up when his name popped back up as an inpatient, how fear curled in my own chest while we awaited his biopsy results. The professional distance my physician preceptors keep reinforcing has disappeared between the Park family and I, for me at least, because I am not the only caregiver in the relationship.

It is not a patient’s family’s job to check in on their doctors, but time and time again, as I enter her husband’s room, Mrs. Park asks how I am doing, thanks me for coming, offers the sweets her son brings each day after work. I let Mrs. Park hug me, let her rest her hand on my waist while I examine her husband, let myself be a physical anchor when she is a psychological one for me. Across his admissions, I sit for a long time with each of his adult children, carefully explaining the significance of abnormal lab results that pop up in his MyChart account, something only I make time for.

The Park family is warm like mine, welcoming to a fault, offering smiles even though I know they are strained. They use my name, they say thank you, they never let their loved one spend more than an hour or two alone. Unlike so many of my patient’s families, this one behaves like mine in a crisis—by coming together, not tearing others apart.

Mr. Park is more than a patient among dozens. He is like a rescue dog that pulled me out of rubble. Internal medicine is my first clerkship, my first experience on inpatient floors. What I see every day is destroying me—elderly people becoming sicker by the day with no visitors, with family members who let our calls go to voicemail over and over, day after day. Seeing the absence of love in my patient’s lives starts to chew at my own bonds. Will this be my fate, me who spends more time with my patient’s nurses than I do with my own mother? Who is working so many hours I rarely can muster the energy to call my sisters? Who, like my patients, lives far from family and doesn’t make time for friends?

I think of those videos of disaster sites, the search and rescue dogs pulling dusty children from crevasses where once apartments stood. Like one just saved from a building’s collapse, Mr. Park found me before I was altogether crushed. I stand in the wreckage of

inpatient medicine wrapped in a shiny mylar blanket made of his family's compassion—it holds my warmth in, cuts the chap of wind, reminds me I am not invisible. Mrs. Park's softness gives me permission to be soft. Mr. Park's smile gives me permission to smile. Their bare hands reaching to hold mine give permission for me to remain ungloved, unsterile.

I am trying to do right by this patient, by all my patients, but I have come to the emergency room this morning because I am selfish. I am unwilling to let go of Mr. Park because that is the first step in losing him, and when I lose him, I need it to be the cancer's fault, not because I stopped coming to visit, or worse, stopped caring about his fate. I have not gotten to hug my own parents in six months, neither my sisters nor brother, neither my best friend. I am desperately alone in this small community hospital, where I am often the only medical student on service for weeks at a time. Everyone calls me "the medical student," not Maya; at the end of the week, they don't remember I was with them at all. I internally justify my trip down those many stairs. When your entire life takes place in a hospital, is it so wrong to find a family there, even if

family is only yours because of their own tragedy?


I let my grief remain unspoken. I speak instead of his, retain at least that shred of professionalism my preceptors must assess me on. I tell Mr. Park to breathe easy, and that I will be watching over his chart and visiting when I can. I run up the stairs to another patient's room, a patient without a family, a patient whose pain will stain me, but whose name I will soon forget.

It is the start of another day of clerkship, another day marked by not-knowing. I still have so much to learn. I don't yet know that my first ever patient, a tiny old woman with cancer, has died despite the oncologist's fantasy that she could live years longer. I don't know my aunt will be struck and killed by a truck in Italy, and that I will not be able to travel for her funeral. I don't know that this week, Mr. Park will be discharged and readmitted, and that again I will find spare minutes to see him twice a day, every day, when he is in our hospital. I don't know that his family will begin to view me as a seeing eye dog—guiding them through the loud and awful world of medicine as only a medical student can: truthfully and without power.

THE STRANGE PART OF DYING IS BEING ALIVE FOR IT

WRITTEN
BY RUSTY GREENE





In 1977, I built a snowman with my uncle. I found a grainy picture of that day in a shoebox in my mom's closet. My uncle wears work jeans crusted with deer blood. His mouth is a cartoon grin. The snowman's nose is charred kindling, his hat a battered hunting cap. I mug beside my uncle, tongue out, arms stretched wide and hug ready. I'm a 5-year-old astronaut in a silver snowsuit. My uncle and I saw Star Wars that summer and I dressed for space travel.

The last time my mom and I looked at the photo, she clicked her tongue and told me his tumor must have been the size of a golf ball that day. But the glee on his face tells a different story. In the background of the picture, my grandma walks among a row of skeletal birch trees. It's hard to see the details, but I think she's smiling.

My 26-year-old uncle was dead a year later. By the time he saw a doctor, the cancer that started in his scrotum had chewed up his liver and filled his lungs. When I look at the picture now, I search for clues, small details that betray the joy of that moment. I wonder if he's scared, in pain, if his grin is a grimace. I wonder if my grandma knows, if her amusement is a steely disguise. As a nurse practitioner, I've read enough to know that young men rarely die from testicular cancer.

Save for my uncle, there was no cancer on my dad's side. My paternal grandparents were saddled with mental illness and diabetes. My grandpa pattered into old age with episodes of mania and depression that were clear signs of bipolar disorder. My family did its best to redirect his rants about World War II, gas prices, and bank tellers. My grandma seemed immune to the noise. She was happiest in her rocking chair, willing to jab herself with insulin if it meant she could have

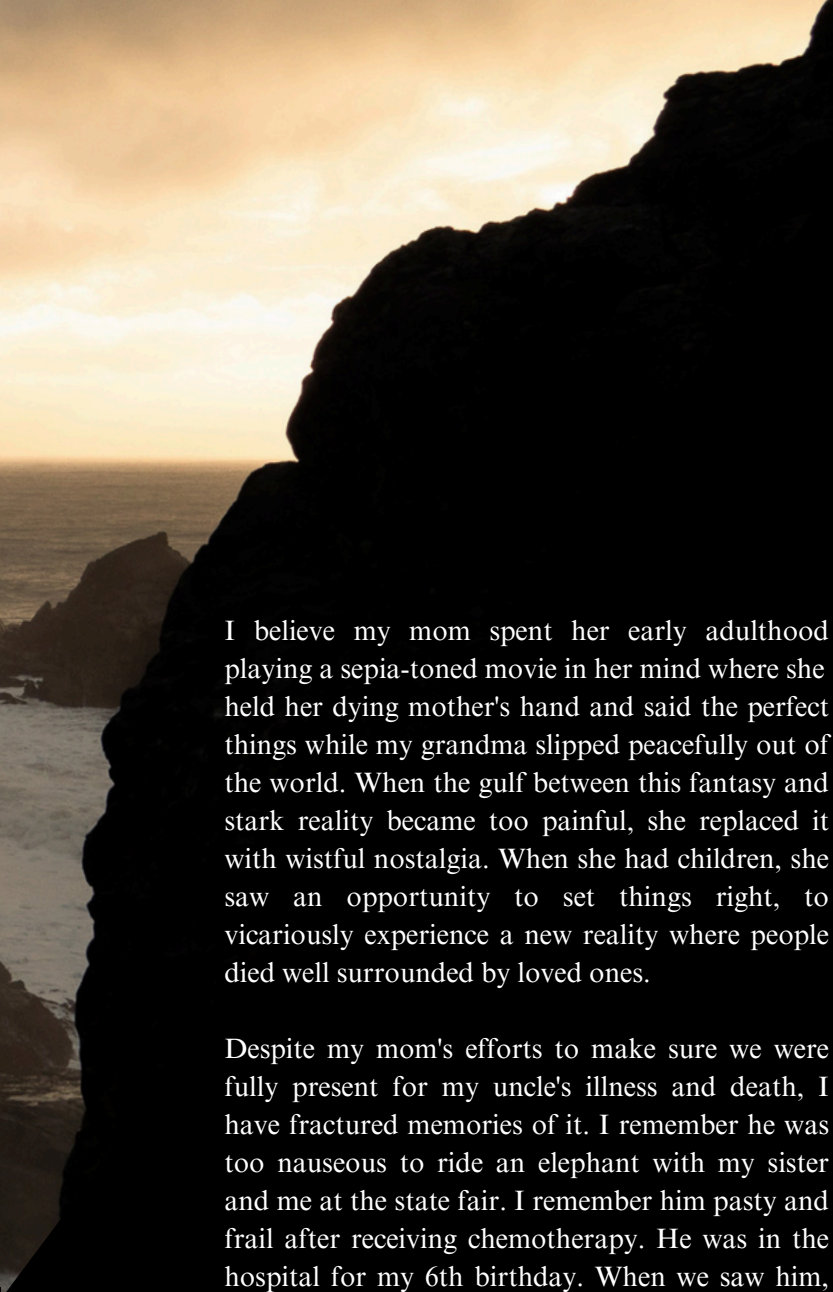
an occasional cookie. They both died in their 90s.

My maternal grandparents weren't so lucky. My mom was twelve when her mother died of breast cancer. My grandma spent her last days on a morphine drip, encased in a small bedroom at the end of a long hall. My mom didn't understand what was happening and wanted to visit her, but my grandpa thought it would be too traumatizing for his daughter to see her mother so ill. Instead, my mom said goodbye to a dead woman in a casket. In her 40s, my mom survived her own battle with cancer only to watch it take her father a few years later. She didn't make it to the hospital for his last breath.

My mom was haunted by her mother's death. Mostly because she wasn't allowed to witness it. She was determined to make sure her children never carried that kind of sadness. We weren't only shielded from death, we were actively exposed to it. My mom wanted us to have every opportunity to say goodbye.

My mom's grief manifested in curious ways. She was a small, temperamental Irish woman with a boundless capacity for glee. But she also carried a deep melancholy that often turned maudlin. After I moved away from my home in Idaho, she turned my bedroom into what I snidely called the Hall of Memories. It was stuffed with family heirlooms, old photos and chipped knickknacks. Once I found her staring at her iPad, weeping at the mournful sounds of bagpipes. On the screen, ocean waves crashed against a cliff in Ireland. "Ma, you know bagpipes are actually Scottish, right?" I said.

"Oh, shut up," she muttered and shoed me away.



I believe my mom spent her early adulthood playing a sepia-toned movie in her mind where she held her dying mother's hand and said the perfect things while my grandma slipped peacefully out of the world. When the gulf between this fantasy and stark reality became too painful, she replaced it with wistful nostalgia. When she had children, she saw an opportunity to set things right, to vicariously experience a new reality where people died well surrounded by loved ones.

Despite my mom's efforts to make sure we were fully present for my uncle's illness and death, I have fractured memories of it. I remember he was too nauseous to ride an elephant with my sister and me at the state fair. I remember him pasty and frail after receiving chemotherapy. He was in the hospital for my 6th birthday. When we saw him, he was lying hairless on a sweaty pillow, the straps of the oxygen mask cutting bright red lines into his white cheeks. He wheezed like Darth Vader. I tried to sit on the edge of the bed, but my mom pulled me away. I looked up at her, ashamed. He shook his head, patted the bed beside him, and pulled a bright yellow birthday card from under the covers. I don't remember opening it.

I held his index finger. My sister grabbed his thumb. We told him we loved him and looked up, waiting for instructions that never came. His eyes fluttered shut.

I have no recollection of the hospital staff, no green scrubs or white coats. I'm certain that the staff, like my mother, were hoping for a good death. I've been there many times. We do our best to explain things in hushed tones under low lights.

The air settles like a blanket. Fathers stare out


windows, sons count tiles on the floor. No one cries.

When nothing more can be done, we start morphine drips. If we have a quieter, empty room at the end of the hall, we move the patient there for more privacy. Family members talk to us about the weather or a TV show to anchor themselves to a world that is strangely still spinning. Some mornings they scream at the staff, scream at each other, or sob in the bathroom. When the time comes, they circle the bed and wait until it's over.

My family did the same in my uncle's hospital room. I was very young, so the last hours of his life are murky. I do remember my grandpa was in the middle of a manic episode. He wandered jagged paths, chattering about his time in the Navy, a doghouse he built for a stray, and the sickly trees in the apple orchard across the street. My uncle opened his eyes and tapped on his oxygen mask. My dad leaned down and gingerly moved it to the side so my uncle could speak.

My grandpa leapt from his seat. "Good!" he yelled. "Don't need the oxygen anymore? Feeling better then? We'll come back tomorrow and see how you're feeling! Even better I hope." My uncle looked at his brother and rolled his eyes. My dad, in a tearful rage, left the room. My mom followed with my sister and me. My grandparents left moments later. My uncle died alone in the dark.

After he died, everyone wondered how he let the cancer get so far before he sought help. As a clinician, I understand. I have compassion for those facing the chaos of serious illness. It can be horrifying to contemplate. When people are well, they feel they control the alien landscape of neurons, synapses, and proteins firing and sliding inside them. When they're unwell, they sometimes disregard odd lumps and dull pains; warning signs that keep them awake at night just to be minimized in the morning. In the most tragic cases, family members ignore their loved one's visible symptoms until a serious illness becomes terminal. Then there is precious little time for the dying and those around them to make sense of what is happening, let alone prepare for what they hope will be a good death. Until the fatal diagnosis, they



check their phones, binge Netflix, swipe left, change the subject, build snowmen with their nephews.

I remember my uncle's wake. There was a table with a book and a pen with a feather. My uncle's dark brown suit matched the walls, his yellow shirt matched my birthday card. The chair's velvet cushion wasn't big enough for all of us, so my sister sat on the floor. From my mom's lap, I stared at my uncle's nose poking up from the open casket. I looked up at her. She held a crumpled tissue to her mouth. "Can I touch him?" I asked.

"Sure you can," she said.

I padded across the carpet, grasped the edge of the casket with my fingers and stood on my toes. His hands were in his lap and his suit was too big, but I could still see the edge of the seahorse tattoo on his wrist. I reached out and put my palm on his cold forehead. It felt like plastic.

I scurried back to my mom and jumped in her lap. She smiled and held my hands.

At my uncle's funeral, there was a folded American flag and candid snapshots of family camping trips and barbecues. Like the picture of the snowman, they eventually ended up in a shoebox. The funeral pictures are still packed away in my mom's closet in Idaho, but the picture of the snowman now lives on my refrigerator in Queens. On a phone call with my mom a few years ago, I confessed that I'd stolen it, and she snorted. "Why is that stealing? You're going to end up with it when me and your dad are gone," she said. "No reason not to take it now."

"Cool."

"How's work?" she asked.

"Good. Busy," I said and then offered up a few anecdotes that hit the sweet spot of grisly and heart-breaking so she wouldn't ask any questions about how I was doing. She liked the stories. But when the conversation turned to how proud she was of me for being such a sweet caretaker, I bristled. She still lived in a magical world where dying patients faded into the night surrounded by loving families and angelic nurses. In that world, my mom had reduced me to sainthood. It couldn't be further from the truth.

To be fair, being a nurse practitioner is a good fit for me. Being a health care provider just doesn't scare me. Even in my early days as a registered nurse, terminal illness didn't make me anxious. I was deeply grateful for my mom's insistence that I be exposed to sickness and death. It came in handy. I occasionally worried if my advice for

patients was sound, if rare side effects from treatment regimens and prevention measures didn't merely cause more illness. But I believed in the science that matched the circumstance.

But knowledge and decision-making are only half the story. Being a professional caregiver is tricky. For those of us called to it, compassion is the easy part. It takes far more practice to be completely present in clinical settings. I'm still awed by the strength and resilience of people with devastating illnesses. I'm still moved to tears by acts of kindness. But sometimes I don't like my patients. I don't show it. Sometimes they don't like me, and I switch assignments. I'm not always nice before I've had my coffee. Like all health care providers, I am a flawed person caring for another person on the worst day of their lives. None of us are angels.

While we aren't angelic, I'll agree we are courageous. That word welcomes imperfection. Two years into my career as a nurse practitioner in infectious diseases, my colleagues and I watched tiny red spots on a map of China spread across the globe like a bad rash. We checked our computers every morning, curious but unthreatened. Early on, we didn't lose sleep over it. COVID was a distant crisis in another language, happening in other places to other people. Until it suddenly wasn't.

There were no weekends that summer. My colleagues and I rushed around the city, administering emergency meds to dying bodies tethered to respirators in operating rooms. Masked nurses held iPads of weeping children in front of their unconscious mothers. I kept all my patients on a spreadsheet so I could sort through their labs to make sure it was safe to give additional doses of drugs that weren't working. I deleted the patients when they died. I opened an empty screen one morning and couldn't stop shaking.

I taught my mom to Zoom so I could see her face. From her living room in Idaho, COVID remained a distant crisis on TV. While my state map was an inflamed red block, hers was relatively unblemished. She still went to the grocery store

and the salon. I ordered in and passed refrigerated trucks full of corpses every morning. I told her to wear a mask. When the vaccines rolled out, I urged her to get one. I explained that her rheumatoid arthritis, septal heart defect, and cancer history put her at extremely high risk not just for infection but death. "Are the vaccines safe? I mean, they haven't really studied them," she said.

"They have studied them," I said with a sigh.

"They've been using the same technology for years."

"I read they have microchips," she said. "Like tiny robots?"

"Lay off the iPad, Mom," I said.

She cocked her head from a square on my laptop screen. According to her fake tropical background, she made a quick trip to Hawaii. "Well, you got it for me. What do you want me to do with it?" Her hair flickered in a palm tree.

"Schedule an appointment for a vaccine," I said.

She did. I exhaled.

Three months passed. The variants wreaked their havoc on the spring of 2021. But then the curves flattened. Restaurants in my neighborhood snapped awake and got to work. One morning I woke up with a voice message. My mom said she loved me and needed to talk. She didn't answer when I returned her call. My chest tightened.

I left my dad three voicemails before he returned my call. "Yeah, well, we have a problem here. She passed out in the bathtub last night. I couldn't wake her up," he said with a soft chuckle. It was denial primed for mania if I said the wrong thing, so I waited for him to start again. "So it took me about an hour to get her back to bed," he said. I could hear him moving to the next room. "And then I found her wandering the hall this morning. She peed on the floor," he finished.

“I just fell asleep in the tub! I was relaxed!” my mom yelled in the background. “Let me talk to him,” she said. I heard the muffled scraping of a phone changing hands. I asked if she was short of breath, if she was dizzy, if she hit her head, if she had any unusual pain, if she was taking her meds as prescribed. I asked if it was COVID. “My test was negative,” she said.

“From when?”

“This morning!” She said it like I was an idiot.

“Can we go through your meds?”

“Sure.” More shuffling on the other end.

“Toradol... simvastatin... a little pink pill... something else that I know but let me ask your dad. There’s a big white one.” She sounded dazed.

“Do you have a fever?” She didn’t answer. “Mom, do you have a fever?”

“I can't find the thermometer,” she said. She set the phone down. I screamed hello until my dad picked it up again. I told him they needed to go to the emergency room right away.

“He said we should go to the hospital,” he yelled into the other room. I could hear his mind whirring, fury just below the surface.

“Tell him I need to clean the house first!”

Through gritted teeth, my dad said he'd call back and hung up. When he did, they were in the car on the way to the hospital. Moments earlier, she had fallen and hit her head trying to pull the vacuum cleaner from the hall closet.

I spent the next few weeks pacing wet subway platforms on calls with primary care physicians, cardiologists, interns, and nurses. They spoke quickly, but slowed down when my voice cracked. They got excited when I said I lived in New York City, a galaxy far, far away that they'd only seen in movies. I hesitated to tell them I worked in health care until I wanted to cut the chitchat.

My mom had had a mild myocardial infarction in the bathtub. Her team initially sent her home with a beta blocker and a baby aspirin. After a few days on her new meds, her blood pressure tanked and she went back to the emergency room. They told my family a pacemaker would help and my dad consented. After a successful surgery, she was back in the hospital before the wound healed. I asked the doctors if it was COVID. They assured me her PCRs were coming back negative. After a few days, her blood cultures showed gram-negative anaerobes. She was infected with *Enterococcus faecalis*, an extremely unusual bacteria to find in the bloodstream. Her team was shocked and concerned that it was sloshing around her weak heart. They removed the pacemaker and started lobbing antibiotics at the infection. They said she might be in the hospital for a while. When I told them I would fly home, our conversation ended with a tedious chat about the weather out west. I put them on speaker and gave them one-word answers as I bought a plane ticket.

I flew into Idaho's fire season. The sky was a hazy, pink sheet as I climbed down the steps of the Cessna and onto the tarmac. I looked at my phone to check the weather and it simply said: SMOKE. Not partly sunny, no chance of rain, no freaky hailstorm on the horizon. Just the acrid fog of burning pine.

When I got to the hospital, my mom was napping. My dad looked up from his phone and smiled. He came in for a hug, his face an anxious mask of puffy eyes, red skin and broken blood vessels. “Hi, baby,” my mom said. I pulled away from my dad and sat down on the bed beside her.

“What the hell happened to you?” I said, grabbing her hand.

“I think I got old,” she said. “So stupid.”

“Well you’re not old enough for all of this nonsense.”

The clinicians came after dinner for evening rounds. A hospitalist, a cardiologist, a

nephrologist, and two interns lined up in white coats to discuss my mom's case. The hospitalist, a tall, graying man with thick glasses and thin fingers, shook my hand. He asked me about my flight and I told him it was fine. When he realized that was the extent of our pleasantries, he launched into his care plan. "As you might know, an infection like this is going to be really tricky. It's probably best to consider long-term placement for IV antibiotics. It wouldn't be forever, of course. But I can't imagine it would be any shorter than eight weeks or so."

"Why can't she just go home?" my dad asked. "I can give her antibiotics." He squinted at the care team. If things went off the rails, cursing was around the corner.

"Well..." The doctor scratched at his cheek with a long finger. "You'd have to give them every four hours. I think you'd be better off with a subacute rehab."

"So a nursing home," my mom said.

"No, no, no. A rehab," the doctor said. He smiled, but his eyes apologized.

"Okay, then. Rehab it is," my mom said. She looked at me and shrugged her shoulders.

The next morning, a young nurse was busy unwrapping bowls and flatware on a breakfast tray as I entered the room. "Well hello," the nurse said, tossing a plastic lid in the garbage can. She sounded appropriately caffeinated. "Top of the morning to you."

"She's Irish so that's what we say now," my mom said to me, nibbling a piece of toast. "I could tell by the red hair."

"Cool. Top of the morning indeed," I said. I dropped my backpack in the chair.

"So... New York City, huh?" The nurse leaned against the wall with her hands behind her back.

"Yep," I said. "Been there for over twenty years." I sat down and sipped my coffee.

"Do you go to Broadway shows?"

"Tons."

"Oh my god. Did you see *Wicked*?" the nurse asked with wide eyes.

"Twice."

"I saw it too!" my mom said from the bed. "With him." She gestured at me with a spoon.

"I am so jealous," the nurse said. "I want to go so bad. I've been trying to talk my boyfriend into going to New York with me. But it's not working."

"Get a new boyfriend," my mom said and sipped her tea. We all laughed.

"You may be on to something," the nurse said, heading toward the door. "You guys let me know if you need anything. I'm right outside." I thanked her and leaned back in the chair. A tiny, almost imperceptible knot, buried under layers of stress, unraveled in my chest and I smiled.

That afternoon, my mom got busy preparing for the rehab. She wanted to walk. The physical therapist was off duty, so we did it together. I grabbed the gait belt around her waist and pulled her gently to her feet. The walker sighed under her weight and we creaked toward the threshold of her room. My dad didn't look up from his round of *Angry Birds*.

We rolled down the carpeted hall lined with dormant monitors and devices. To the left, knotted, plastic leads of an EKG monitor dangled from a black screen. We turned the corner and met a row of IV poles wrapped in clear garbage bags. They looked like metal sentries ready for a battle that would never start. My mom shuffled forward and took two deep breaths. She nodded at an open door in the corner. "Remember? That's where your uncle died."

I looked in. Orange sunlight broke through the slatted blinds onto an empty bed. The IV pole was new and the TV was a flat screen, rather than a wooden box bolted to the ceiling. But the dimensions of the room were the same, big enough for a few adults and a couple of kids to gather for

a terrible day. My eyes got hot. “Mom, make sure they keep you moving in the rehab.”

My mom’s nurse looked up from her computer as we rolled by. I could feel her smile under her mask.

“Looking good, you two,” she said.

“Thank you,” my mom said. “Working hard?”

“Maybe. Or maybe I’m getting a ticket to *Wicked*.”

“Aha. There it is,” I said. “Make that shit happen.”

I sat my mom on the edge of the bed, put my arm around her shoulders and lifted her swollen feet onto the mattress. My dad stared out the window. She asked me if I could get her a headband with the buttons like her nurse was wearing. She wanted a blue one, pink if it’s all they had. She didn’t want yellow. She grumbled about her hair; the roots were showing. I looked at her and told her she wasn’t wrong. Blond wisps corkscrewed from her head in all directions. I told her I’d check Amazon for a headband and handed her a comb. “That nurse is adorable, right? So sweet,” she said, picking at her hair.

“Not my type,” I said.

“That’s not what I meant. Don’t be stupid,” she said. I laughed and started packing her bags.

At the rehab, I wheeled my mom through double doors. A dowdy administrator put his hand against my shoulder and informed my dad and me that we weren’t allowed to enter. The staff had COVID, so in-person visits were suspended for the foreseeable future. He said they would put her in a room with a window facing the patio so we could see her there. “You’ve gotta be kidding me,” I said. “We didn’t even get to say goodbye. She’ll be here eight weeks! We’re all vaccinated, your staff’s vaccinated.”

“Our facility doesn’t have a vaccine mandate,” the administrator said. I pulled away from him and

walked into the parking lot. I leaned over with my hands on my knees, a thick wave of nausea bubbling into my chest. I turned, still bent over and watched my dad throwing a tantrum that descended into lunacy. He screamed at the administrator, venomous veins throbbing in his beet red neck. He screamed that he was going to get a gun. The administrator fled. My dad stumbled to his car and tore out of the parking lot.

When I got home, I spent a moment in the car trying to steady my shaking hands before I went inside. I found my dad shirtless in the kitchen.

“What did you do? Did you agree to it?” he asked. His green eyes blazed. My silence was enough.

“Did you put her away to fucking die?” he raved. “You fucking put my wife away to die! You hear that?”

“It’s the best we could do,” I said. I tried to keep it soft.

“You put her away to die!”

“Yeah, you said that. So listen, you just forced me to make one of the hardest decisions-“

“To fucking die!”

“Stop! Fuck you!” I screamed, swiping tears from my face. I lowered my voice. “You’re psychotic, man. Seriously. Get help.”

I packed my stuff and went to a hotel. I lay in bed listening to kids splashing in the pool outside while *Seinfeld* blinked on a screen across the room. I stood and opened the windows to ward off panic. I took a deep, chlorinated, smoky breath and stared at the ceiling. The icy blue reflection from the pool danced and lapped above me.

One night when I was a kid, my mom hollered from the deck in our back yard. My sister and I ran out, thinking she was hurt. But she was laughing. “Look,” she said, pointing at the sky. A million stars stood watch over massive green sheets of light that rippled and shimmied into

cottony beams of blue from horizon to horizon. "It's the northern lights," she whispered. "So cool, right?" We stayed there until they dissolved into the night.

In the hotel, I climbed under the sheets and wondered if they still appeared, or whether the forest fires and light pollution had snuffed them out forever, leaving the dark skies in the realm of the mundane and over-terrestrial. I closed my eyes and waited for sleep.

The next morning, a voicemail from a doctor in the rehab said that my mom's kidneys were failing. He spoke like I was a child, explaining that he thought she was discharged too soon and she needed to go back to the hospital. At the rehab entrance, the administrator told my dad and me that insurance wouldn't cover another ambulance. I moved into a parking lot full of cars coated in a thin layer of ash. I didn't thank a sheepish nurse who wheeled my mom out and helped me swing her swollen legs onto the muddy floorboard of her Volkswagen Bug. I had made a mess of her car in the past three weeks, but she didn't notice. I wanted her to yell at me.

I reached for her hand with its chipped purple nails. It was 103 degrees and the sun struggled to break through a sickening orange haze. A small plastic daisy spun in the vent of the air conditioner. The burnt atmosphere distorted our surroundings. Trees glowed in the shade, brick houses turned to mud, gray flower beds sagged. She stared out the window and I squeezed her hand. She didn't move as we passed the high school, the drive-in that's now a Walmart, the A&W that's now an Arby's, the grocery store, the gas station. But her eyes were alive, taking in every detail. I tried to comprehend what it feels like to see the world for the last time. I wanted to say something. I wanted to shut up. I wanted to cry.

"The smoke turned the world the wrong color, Ma. Like we're on a different planet," I said. She squeezed my hand.

In the emergency room, a radiologist invited me into his office to look at X-rays. My mom's lungs were a finite gray nebula, pocked with tiny stars of infection. I looked at her lab results. She was

filling up with poison. The radiologist snorted and said, "Wild right? I can't believe she's still breathing." I caught fire but said nothing. We weren't reading a diagnosis. We weren't looking at a crazy picture. We were watching my mom die.

I left to tell my family that we needed to make some decisions. I used the stairs to go to the vending machine because I didn't want to cry in the elevator. I met my mom's doctor between floors. "Oh hi there," I said. He surprised me. I attempted something cheerful, a half-joke. It felt morbid.

"Hello," he said, wrapping his long fingers around the aluminum banister. "How are we doing?"

"I just," I hitched for air. "I just don't think there are many options left. I think we need to figure out what the goals of care are here."

"Agreed." He moved his hands to his hips. I looked at the photo on his ID. He was younger then, beaming for the camera. "So which direction do you want to take?"

My mind clicked through pathology. My mom's heart was pumping infected blood through every organ and having a field day with her kidneys. The antibiotics weren't helping. Diuretics weren't helping. Her kidneys were sending toxins back into the blood stream, overloading her vasculature, which was putting pressure on her heart which kept pumping the infection back through her kidneys. It was a slow grind until systems inevitably failed. I wanted to tell him what I knew, explore futile options, offer an educated opinion about the unavoidable. I had nothing.

"We want her comfortable," I said and looked at the floor.

"Of course," the doctor said. In his soft voice, I heard the sleepless nights, the tortured phone calls to sons and daughters, the grief over wrong decisions, the joy over right ones, the agony of navigating the end of a life. "Of course." He put a warm hand on my shoulder and left it there.

"Thank you so much," I whispered. I patted the hand on my shoulder. He didn't move until I did.

My mom's last meal was ice cream, but she wanted a taco. She begged me to let her go home and clean the house. She sat panting on the edge of the bed. Her oozing central line left a wet, bloody mark on her gown. I asked her if she wanted to change it. She said she was too tired. She couldn't catch her breath. She pushed her forehead to mine and sobbed. "I wanted to do so much more," she cried.

When the nurse brought morphine, my dad climbed in beside her. My sister and brother took seats by the door. Her breathing slowed. I whispered in her ear. She smiled in my direction with closed eyes. "Ma, just squeeze my hand if you're in pain," I said. "I'm right here." She nodded, stopped responding, never squeezed. The morphine came every hour. Her breathing slowed. Her lips stretched over her teeth until she didn't look like her anymore. Her breathing stopped. I kissed her cold brow. She never got that headband.

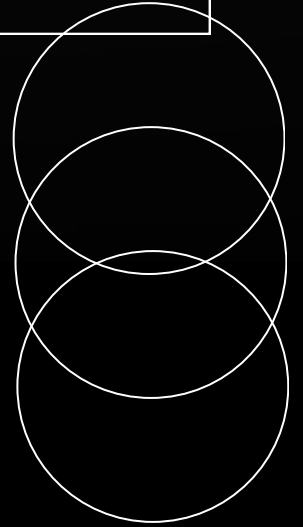
I wrote the obituary. I said that since she wouldn't have been caught dead without her nails done, she wanted to be cremated. She would have loved it. Two years after her death, we took her ashes to her favorite spot in the Idaho wilderness. My eldest nephew tagged along. We all sat on a huge, weathered rock where my mom loved to relax on camping trips. We stared quietly at the crystal-clear water churning under a brilliant blue sky. We took a selfie that ended up in the cloud, not a shoebox. My nephew stripped off his shirt and cannonballed into the icy water. My brother did the same. My sister and I tried to figure out where to get lunch on the way back home.

When it was time, my dad stood and opened the plastic bag with my mom's remains. After a short prayer, he tossed her into the air. She caught a light breeze. For the briefest moment, what remained of her shimmered in the blazing sunlight. She settled into the water with a quiet hiss, twisted through a series of gentle rapids, turned a corner, and headed toward the sea.

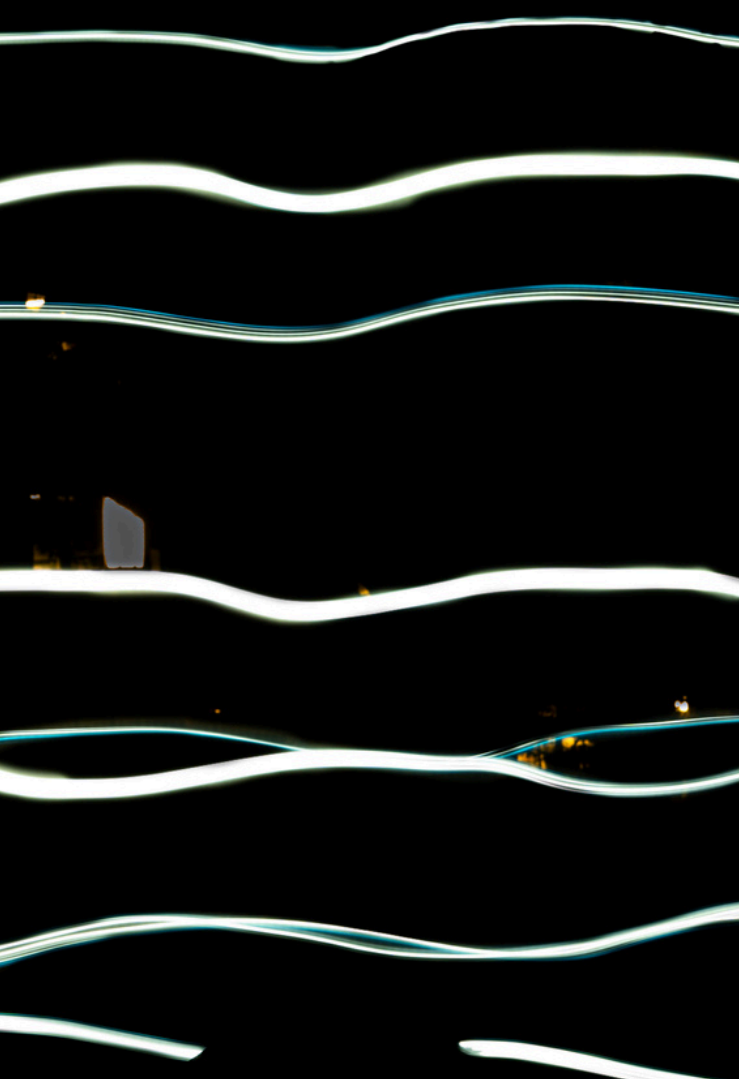


MUSCLE MEMORY

BY ALISON LAWRENCE

A dark, artistic photograph of a person's body in a dark space, illuminated by a small light source, possibly a candle or a small lamp. The person's body is partially visible, with a focus on the lower half. The background is black, and there are some glowing, wavy lines on the right side. In the foreground, there is a stone pillar with text on it.

HONORING OUR
SILENT TEACHERS
WHOSE BODIES
TELL A STORY THAT
WORDS CANNOT



Ad Anima

Today is the day I will dissect a human body for the first time.

I turn the key in the steel tank in the middle of the cadaver lab, heft the weight of its wide doors as they swing down to be secured under the table. The walls and floors are a stained shade of white; there is a drain in the floor. Something is always oozing. The body is in a blue tarp-like bag. It could be one of those zipper IKEA bags, if IKEA smelled like death and chemicals. Slowly, I unzip it. The body is shrouded in a blue-and-yellow striped sheet. The lines rise and fall in tandem with the sheet's drape across the body, forehead to nose to chest to hips to legs to feet. A mockery of breath. Or an homage. I know what I am going to see, but I don't really. A breath, a gentle lifting of the sheet.

The card attached to his ear: "Patient information: 88, male, basal cell carcinoma of the tongue."

I have seen a body before. I have been to plenty of funerals. I anticipate attending a few more soon. Death is simply life when you have an aged family like mine. At a funeral, the body looks like a wax sculpture, carefully carved into the sleeping image of someone you loved. Nobody hands you a scalpel; nobody expects you to cut.

My eyes are immediately drawn to the man's face, except it isn't a man's face; some other pre-med students have already peeled it off. There is always a shortage of donors, so we have to take turns. After removing the skin, the students likely pulled on the

small muscles and rattled off their names (*buccinator*, *mentalis*, *levator labii superioris*). Everything is exposed, from the muscular rings around the mouth (*orbicularis oculi*) to the flat forehead muscle that helps raise eyebrows (*occipitofrontalis*). Strangely, though the head was almost entirely cleared of skin, the man's eyebrows remained, perfectly cut out into half-moons above his naked eyeballs. The brows were thick, with scraggly salt-and-pepper strands jutting out and tangling together like bramble.

My great-grandpa Sargent had wild eyebrows like that. He used them often. He would lift them to the sky in surprise (action: *occipitofrontalis*) when my sister and I stung him with our stuffed-animal bee; he would scrunch them together (action: *corrugator supercillii*) in mock-anger when we did something naughty. I liked them best when he was scheming. Grampy, in his infinite whimsy, would raise one eyebrow and dart his eyes toward the kitchen, then wink (action: *orbicularis oculi*). That was the signal to run for the NesQuick and Cheez-Its, his and our favorite snack. Afterward, we'd always beg to see the singing fish he kept in his basement. Without fail, he'd give us a chuckle and another wink, leading us down the stairs for the thousandth rendition of Big Mouth Billy Bass's "Walkin' On Sunshine." We'd perch on the steps and listen to the song, turning over in our small hands Grampy's other knick-knacks that we found on neighboring shelves. Grampy loved to collect things, but the criteria were that they had to be funky or funny. He collected toys, dioramas, laughs, and catchphrases. His favorite was, "You're fired!" whenever somebody in the family did something he didn't like (he usually secretly liked it, though). Grampy could make anything into sunshine. One time, I asked him about his time in the military during World War II. He sat me on his lap, a sparkle in his eye, and regaled me with tales of stifled laughter when his commander barked "Sergeant Sargent!" during roll call. From his lap, everything shimmered, and laughter was a commandment.

I never got to say goodbye to him. Grampy died at the breakfast table when he was ninety-four. He had a box of Cheez-Its in front of him. Sources say that he's off pestering God, merrily following him through the clouds, belly laughing and shouting at angels, "You're fired!"

I look at the eyebrow-islands again; they're elevated on the man's forehead, as if he were teasing, "Well, what are you waiting for?" If his eyes were open, I

swear they'd twinkle at me.

I'm still not ready to cut, but I suppose I could start by simply looking around, getting a feel for touching the dead. My instructor advises me to look in the man's mouth. Basal cell carcinoma of the tongue. Tongue cancer. Gently, slowly, I reach out to touch his face with my fingertips. But really, it isn't his face, it's the muscles behind it (*temporalis*, *orbicularis oculi*) because his face is gone, except for the eyebrows. The muscles around his mouth (*zygomaticus*, *masseter*, *orbicularis oris*) hold it closed with the pressure of a tightly-clenched fist, except colder and even more unyielding. Gingerly, I press my thumbs to the back angle of his jawbone (*mandible*) and thrust forward. The mouth is now open enough for me to see inside. A sunken, warped lump of tongue sits among his teeth, like a chewed-up piece of light pink bubblegum. Polyps scatter across the surface of the mass, frozen in various stages of rot. I wonder if one could still talk with a tongue like that.

If anyone could, it would have been my great-grandma Sargent. Hers was a wild tongue. Strong and sharp as a knife, Grammy's voice rose clear over even the loud cacophony of Grampy's laugh or Big Mouth Billy Bass. Grammy ran the show, and the whole family knew it. Every holiday, her orders echoed around the kitchen as if the delegated sous-chefs were actively trying to sabotage the meal with their imprecise cooking tactics. Those of us who were lucky enough to be banished to the living room loved to snicker at her bold remarks. "Why are you holding the spoon like THAT?" "No no, the sauce has to be poured like THIS!" "You'll never find a husband if you keep whipping the eggs so fast!" Still, we always looked forward to her last command of the evening, "Stop lollygagging and come to the table!" We would squish the whole lot of us into her tiny dining room and crowd around the comically over-decorated table. Grammy didn't smile often—she had pretenses to keep up, for God's sake—but a careful eye could see the corners of her mouth turn upwards (action: *zygomaticus*) as we squawked and squabbled over politics around mouthfuls of her famous pumpkin pie. You would think that once dinner was done, she would finally let her tongue rest. But even Grammy believed there were exceptions to proper housewifery, silence being one of them. She gave her opinion on everything. "Mark, I still can't believe you married a Catholic!" "Wayne, you've got more holes in that shirt than Roger has dollars in debt!" In all her brutal honesty, she loved us meticulously, down to the finest details.

I never got to say goodbye to her. Grammy died in a nursing home when she was eighty-nine, where she had lived, sick and confused, for months. Her last words were likely some scathing yet much-needed critique of her nurse's dating life. Sources say that even God listens to her. If he knows what's good for him, he should.

Gently, I close the man's mouth. The room seems quieter than before, as if I stopped him mid-sentence. Then, I realize it's because my instructor is looking at me, holding out the end of a scalpel.

It's time. Scalpel in one hand, I brace myself with the other against the man's chest. Slowly, carefully, ceremoniously, the blade draws a chasm down the midline. I can feel the metal scraping along bone (*sternum*). Next, I free a small flap of skin and begin to pull, wrenching the tissue away from the midline and toward me. I peel fascia from the major muscles of the chest (*pectoralis major*, *pectoralis minor*), then sever the medial ends and reflect them back so that they are splayed out like dusty-pink wings. I count the spaces between the ribs, rub away more connective tissue to get a good look at the accessory muscles of respiration (*external and internal intercostals*). The pair of muscles form a lattice embedded in the ribcage, bundles of tiny fibers crisscrossing all the way down. The ones angled down, like putting your hands in your pockets (*external*), help with inhalation; the ones angled up (*internal*) help with exhalation. They are small, but mighty, working hard every time you need to breathe a bit more deeply.

My great-grandpa Dunphey's intercostal muscles worked overtime throughout his life. A chaser of thrills, Grandpa Cliff flew airplanes and jumped out of them, perpetually gasping in exhilaration (action: *diaphragm*, *external and internal intercostals*). He loved the feeling of flying, of freefall, because it made him feel untethered like a bird. When he wasn't up in the stratosphere taunting the eagles, he was always moving down on earth, biking and running down by the river as if he were perpetually inhabited by some unshakeable energy. He was equally as active with his grandchildren. When the kids came over to visit, he would get down on his knees to play with them, chasing them around the lawn and encouraging them to dig in the dirt when nobody was looking. Resting in his armchair, he was always stealing glances toward the window, as if something more exciting awaited him outside. When he turned sixty, Grandpa Cliff's vision started to rapidly decline. He went blind within a year. He stopped going outside; the sounds and smells of a crisp morning, his favorite time of day,

became mockeries. He could no longer fly away from his boredom, no longer run from his troubles. One morning, when the sky was its clearest blue and the birdsong swelled like an orchestra, he decided he'd had enough. Grandpa Cliff closed the garage door and turned on the car. Inhale (action: *external intercostals*). Exhale (action: *internal intercostals*). Silence.

I never got to say goodbye to Grandpa Cliff because I never met him. I don't know whether he was a pilot, or whether he ran or biked or loved mornings or watched birds. Nobody in the family talks about him, perhaps fearing the seeping sorrow in his lungs to be contagious. I am convinced, however, that he loved, and was loved, with a ferocity for the ages.

I take a big gulp of formaldehyde-smelling air, realizing that I had been holding my breath throughout those last few cuts. The lungs and heart are guarded by twelve pairs of ribs, a boney cage. I eye the massive shears on the table next to me.

To open the chest cavity, every rib must be snapped so that a single breastplate of flesh and bone can be removed from the cadaver's thorax in one piece (*transversus thoracis*, *sternum*). I used to use shears like these to help my mother in the garden; I tell myself this is no different. One by one, I close the blades around each rib and snap the lateral end. I am not ready for the sound. It's like when two children snap a wishbone at Thanksgiving, only bigger, louder, releasing more stale air. The remaining bone fibers splinter loudly as I pull up the chest plate, exposing the lungs underneath. They look like big, gray sponges, sopping up into tiny internal pockets (*alveoli*) whatever moisture—or gas—was in the air during life. I root around for the outermost branches of the lungs (*primary bronchi*) and sever them with the scalpel. I pull each lung out of the cavity, set it to the side. The heart is all that's left. I tear the translucent veil around it (*pericardial sac*). Carefully, I slice the large vessels connecting the heart to the rest of the body, and tenderly draw the sacred organ into the lab's bright light.

Out of everyone in my family, my great-grandma Dunphey has the most courageous heart. Widowed by blindness, a car, and a closed garage door, Grandma Lu carried on supporting her two children and grandchildren with her head held high (action: *trapezius*) until they, too, were all grown up and had children of her own. Then, her daughter was diagnosed with breast cancer. Grandma Lu, in her early nineties herself, took care of her until the end,

driving back and forth between the hospital and the store to deliver goodies and remedies, pausing only to gently stroke her daughter's cheek as she slept. At the funeral, she shed a few tears (*lacrimal glands*), then carried on. Living alone in the same house she grew up in, Grandma Lu takes comfort in routine and ritual, the quiet but consistent actions of daily living. She wakes up at the same time every morning, spends an hour reading her book, spends an hour watering her plants, cooks breakfast, spends an hour reading, goes to bowling practice, cooks dinner, watches an hour of baseball before bed. Every month, she writes a letter to me and my sister, reporting the mundane excitements of her week and wishing us well on our exams. Whenever I go to visit, I leave with a plant; Grandma Lu's green thumb (action: *opponens pollicis*) is something of legend. Everything she touches drips with patient love. She's one hundred and six years old now. When people ask for her secret, she shrugs her shoulders. "I drink a glass of red wine every night; they say it's good for the heart."

I am terrified that I will not have the chance to say goodbye to her.

For a moment, I am convinced that the heart in my hands has merely skipped a beat. It will pulse again any minute now, thumping in tandem with my own pounding heart.

My instructor flickers the lab lights, signaling that our time is up. I carefully return all the parts I've examined to their rightful places. Heart first, then lungs. Replace the chest plate. Reflect back the pectoral muscles. Flip the skin back into place. I smooth the flaps together, letting my hand linger for a moment on the man's chest.

I wonder who he was. I wonder who his heart beat for, what made him catch his breath, how he spoke, how he laughed. Before pulling the sheet back over his head, I lean in close to him. I lean close, and I whisper,

"Goodbye."

A photograph of a dense forest of tall, thin evergreen trees, likely spruce or fir. The trees are dark green and reach high into the sky. Sunlight filters through the canopy, creating a soft, hazy atmosphere. The ground is covered in a thick layer of green ferns and other forest floor vegetation. The overall scene is serene and natural.

Ad Anima