The Tempest

Mayo Clinic Alix School of Medicine
Annual Creative Arts Publication
COVER: Early morning light on the volcano Popocatépetl.

BY KENNETH VALLES

Tlaxcala, Mexico
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THE TEMPEST
Annual Creative Arts Publication
Foreword

Storms come in many forms. This year, we witnessed hurricanes and blizzards, tornados and hail, gentle rains and booming thunder, raging wildfires and devastating earthquakes. Right now, we are at the crux of the COVID-19 pandemic, the political storms of presidential primaries, and the personal battles in the storms of life we pay witness to in ourselves, our friends, and the vulnerable, intimate encounters we have with patients.

Of course, the Mayo Clinic was built in the wake of a storm. The tornado which ravaged our part of southeastern Minnesota in August of 1883 was the storm that motivated the establishment of a hospital. Our Clinic was borne in response to the needs of the patients, the people in our community and our world. Our tradition is steeped in stepping up in the face of uncertainty, in the face of need.

Storms and disasters necessitate a response, and as chaotic as the interim may be, it is the storms that bring forth the fruits of innovation, character, sacrificial care for one another, and responsibility of stepping up when the call is clear. Times of trying thread together with times of ease to make the tapestry of a meaningful life.

Medical education can be a storm in itself. The noble callings we aim to actuate are countered by moments of moral distress. We often encounter the finitudes of both time and human ability. There are times of stress and triumph through the highs and lows of the human experience in the hospital. Altruism sometimes prevails, while at other times, tremendous grief and loss can overwhelm.

We are proud to present to you the 2020 edition of The Tempest, a collection of poetry, prose, artwork and photography from students at the Mayo Clinic meant to provide a space for expression, exploration and paying witness to ourselves and others as we grow into the professionals of the next generation. Our publication’s name pays tribute to our history, as well as the “tempests” we encounter as we embark on this journey.

Patricia Bai
Co-Editor

Andrea Collins
Co-Editor

Kevin Miller
Co-Editor

Sam Rouleau
Co-Editor

Ericka Wheeler
Co-Editor

Noelle Driver
Editor-in-Chief
Introduction

The Dolores Jean Lavins Center for Humanities in Medicine is pleased to sponsor this sixth volume of the Mayo Clinic Alix School of Medicine Creative Arts Publication. The mission of the Lavins Center is to support Mayo Clinic’s primary value, the needs of the patients come first, by integrating the arts and other expressions of human culture into the healing environment.

At the time of this writing, the world is experiencing a global pandemic that raises many more questions than we have answers for, in virtually every area of our lives. The invisible virus is made visible in personal, public, economic and social upheavals that cause great uncertainty, unveiling our sense of human vulnerability and fear. But this moment calls us to acknowledge our personal responsibility to ourselves and each other, which requires us to admit our anxieties rather than push them away. Creativity can help us in this moment.

Recent Chinese shipments of surgical masks to Italy were said to be inscribed with part of a poem, “We are all waves in the same sea.” So, even as we are forced to keep our distance from one another, we must also find ways to foster presence. Our response to the other requires recognizing our own humanity in the other, just as our Mayo Clinic forebears did as they faced similar challenges a century ago.

The practice of the humanities in the healing arts provides respite from our best efforts to shun rather than embrace our vulnerabilities. In that embrace, we achieve a new personal connection to others and a moment of freedom from fear. As the digital world continues to change our practice in profound ways, we need the arts and humanities to color our thinking in new ways. And, by representing the creativity of students, The Tempest is an important part of a sustainable and integrative model of the healing arts and sciences. We are therefore honored to have the opportunity to foster original work by the future leaders in the practice of medicine in this volume.

Dan Hall-Flavin, M.D.
Medical Director, Dolores Jean Lavins Center for the Humanities in Medicine

In Act 2, Scene 1 of Shakespeare’s The Tempest, Antonio tells Sebastian that “What’s past is prologue.” These words have been invoked recently in reference to the current pandemic. In another interpretation, they can suggest a new beginning. Noelle describes the work presented here as the by-product of growing “into the professionals of the next generation.”

It has been an honor to witness this evolution which-- for those students represented here--is grounded in creativity and narrative expression. Echoing Dr. Hall-Flavin’s eloquent words, this journal manifests their presence and connection to one another, as well as to their future practice. We see this annual publication as a prologue to the remarkable journeys ahead for these future health care leaders.

Johanna Rian, Ph.D.
Program Director, Dolores Jean Lavins Center for Humanities in Medicine
Down by the Woods

BY ANGEL (AN QI) WU

Acrylic on Canvas
From Before

BY JENNIFER DENS HIGANO

I’ve never loved my body so much as when it’s been your home. From the first moment we knew you were there, being your shelter – your roof, your walls, your floor – gave me such joy and peace. How I wish there could be a window into that shelter so I could check on you, make sure you were okay, and maybe just give you a little wave to let you know that I am here, too.

How strange it is, feeling you grow inside. My body knows what to do even though I so often do not. Neural tubes, stem cells, somites – all of these new things transform into you. In a sense, my body is turning into you, just molecules a little rearranged. It feels like a second puberty, changing so quickly that my body is newly unrecognizable to me every morning. And yet the new curves in all the wrong directions seem exactly right. I love knowing where you live, and I love when you remind me that you are there, kicking and jabbing in every direction.

We travel together, you and me, you attached to me through your belly button, or what will soon become your belly button. We will remain connected through that invisible line of belly buttons, you to me, me to my mother, and my mother to her own mother, and so on back through infinite time. Soon we will begin that separation. While I am ready for it, I am also scared. It will be sudden and violent at first, and then I hope leisurely and sweet.

We are so intimate, and yet we hardly know each other. Can you imagine me? You hear my voice, you feel my movements, maybe you know my daily rhythms, but how would you know what I am? Your world is warm, dark, and soft. It is full of movement and rumbling noise. It is hard to believe that is all you know when there is a whole wonderful world outside for you to explore.

I can imagine you. I feel you move and see that you are growing. I have seen your liver on ultrasound dozens of times. I have watched your heart beat seemingly as rapidly as a hummingbird’s wings. I have seen you practice breathing, in preparation for our separation. But there is still so much that I wonder about you. Wondering who you will be, how you will grow, what we will name you, how we will adjust and expand our lives to make space for yours.

How will I adapt to this new identity? It feels distant and foreign, taking on this role of mother. How will I adapt this role to fit to me? In some ways the role is so obvious: I will give birth to you, thereby I am mother. Fact. In other ways it seems like the most nebulous and enormous role possible. I know it can be all-consuming, but I hope it won’t consume my other identities that are so important to me. And more than that, I hope that other people will still see my other identities, that mother will be just one of many.

I have loved you from the time I knew you as only a faint second line on a strip of paper. How that love will grow and change through the next lifetime I cannot even begin to fathom. As we approach the end of our time in one body I am trying to not be impatient. How excited I am to finally hold you in my arms instead of my belly. What a journey this has been, and we are only barely beginning. I can’t wait to meet you.
El Altar

BY KENNETH VALLES

Sangay National Park, Ecuador

A glimpse of the ice floes and lagoons along the slopes of the Ecuadorian volcano El Altar.
Buckingham Park

BY SAM ROULEAU

Dead grass pricked my ankle, through the holes in my blue blanket that is always in the trunk, covered by candy wrappers.

The sun peered through the bottoms of old coke bottles.

Her hair smelled like coconuts and a few yellow strands scratched my cheek. Hands clasped like always, her thumb hooked over mine.

The sky became black.

Sprinklers on at 9:03, we ran through streams of water wrapped in the blanket that I still keep in my car. It has lasted longer than you.

Rochester, Minnesota
28 April 2019
Cacti in a Crowd

BY JEFF MECHAM
Phoenix, Arizona
Juggling Life

BY SUZETTE ARIAS-MEJIAS
Acrylic on Canvas

Like an octopus in the sea, patients and their families may feel like they need eight different limbs in order to manage the burdens that come along with an illness.
Thriving in Uncertainty

BY MICAELA WITTE

I sat in the back of an ambulance on a cool April morning, listening to two EMTs chat about their weekend plans while sipping their coffee. It was my third day of shadowing the emergency medical service (EMS), and the morning had been slow. Already, I had watched two episodes of a reality TV show playing at the central EMS post and made a gas station run for snacks. I was beginning to worry that the rest of my shift would be another dull one.

Just then, we heard a radio dispatch: “distressed individual in a white sedan headed westbound on highway 14,” immediately followed by: “white sedan has gone over the guardrails at exit 54.” We were off, leaving conversations and once-steaming beverages unfinished.

At the scene, we found a teenager sitting alone near the wrecked car. She was not obviously injured, but was visibly upset, shaking in astonishment over what had just happened. The police had already arrived, so while one paramedic went to them for more details, the other paramedic and I approached the distressed teen. As we got closer, I could see that the girl was crying. There were shards of glass on her forearms and a small bump forming on the back of her neck. The paramedic sat down beside her, introduced himself, and began calmly asking questions. She seemed anxious and distraught, pausing before answering, as if our words needed to cross a vast distance to register in her mind.

The paramedic was gentle and compassionate. He did not rush her as she tried to find words and rested his hand on her shoulder as if to show her that she was not alone. All the while, he was assessing for physical trauma, checking vital signs, and preparing her for transport. When it was time to move to the ambulance, he calmly explained what would happen next before helping her to stand. He worked efficiently, but was not rushed, bringing the patient to the ambulance only after she seemed emotionally ready.

By the time we reached the ambulance, the other paramedic had set out the necessary monitoring devices and was behind the wheel. Within minutes, we secured the patient, shut the doors, and left for the hospital. I was amazed by how fast and thorough the whole experience had been. In less than 15 minutes, we had obtained complete information about the accident, assessed the patient, and headed for the emergency department, all while calming and preparing the patient for transport. In the midst of utter chaos, the paramedics demonstrated competence and compassion.

Before this shadowing week, my only experience with EMS had been through watching rapid transports on television, shadowing in the emergency department, or hearing about relatives transferred after acute events. I had a limited scope of what EMS providers were prepared to offer and which situations they were trained to resolve. I had never truly realized the breadth of their work from car accidents to wellness checks to cross-town transfers. Their days are as variable as their patient population.

The theme that kept coming up for me over the week was time. Some days were fast with no time to eat or use the restroom. Others were slow with hours stretching on end without a single call from dispatch. As a consequence, the EMS providers must be flexible not only with their skill set and ability to assess patient acuity, but also with their schedules and level of urgency. They could be asked to move locations at a moment’s notice, so they must remain alert even when they have not received a call in hours.

The other, more important aspect of time is response and transport time. Before this experience, I thought it was best to minimize both these times and transport patients to the emergency department as quickly as possible, using lights, sirens, speed, and any other technique available. I saw paramedics as rapid transporters, who tried to stabilize patients for as little time as possible. I was surprised to discover that this is not always possible or even desired.
For some of the patients we saw, the paramedics worked quickly (i.e. a man having a STEMI and a woman suffering from a stroke). These cardiac and neurological pathologies demand immediate action and lingering at the scene greatly reduces the chance of survival. However, other pathologies, like cardiac arrest, demand initial on scene stabilization, as CPR quality declines substantially in transport. For these patients, the literature suggests waiting 8-24 minutes before transport to ensure that the patients are stable. In these situations, the EMS providers must be far more than transporters; they must be life-saving care providers, better trained for stabilization than any other health care worker.

In situations, where rapid transport is necessary, traveling with lights and sirens may be discouraged. Specifically, lights and sirens create added stress for the patient, increase the chance of ambulance accidents, and decrease the quality of patient care, which may all lead to worse patient outcomes. For example, on one of the transports I witnessed, the patient became noticeably more distressed, and the paramedic had a more difficult time getting IV access once the lights and sirens were activated. In this instance, I realized that paramedics have far more to offer than transport.

The EMS providers are trained to thrive in uncertainty. They assess patients and provide the services needed to stabilize these patients for transport and further intervention. They go where no one else does, obtain crucial information, provide life-saving measures, and only then, bring them to the hospital, all while providing compassionate care. Shadowing with EMS helped me better understand this role of paramedics and hopefully will enable me to work more effectively with them in the future.

REFERENCES
Blossom

BY SANTIAGO RESTREPO CASTILLO

Dongdaemun Design Plaza, Seoul, South Korea
Dear Uncle

BY STEPHANIE YOUSSEF

Forgive me, Uncle, though I tried
I sadly cannot stay,
my fountain of good luck has dried
on this grim judgment day
and gold that we so keenly eyed
has burned to ash and gray.

My dignity has not survived
for I've been cast away,
the prize for which I fiercely vied
provoked their sharp dismay
and thus they chose to lynch my pride
in this cruel game they play.

Regrettably, I found no guide
and I have lost my way,
their choice by which I must abide
is fate I cannot sway
for in this trade my hands are tied
by rules I must obey.

We've reached the point our trails divide
as words I can't unsay
and many flaws I failed to hide
have steered my path astray,
my countless faults that won't subside
have finally claimed their pay.

My wilted soul can't be revived,
I am but helpless prey
for endless seas of tears I cried
have washed my strength away,
my iron will and sturdy mind
have withered with decay.

I'm sorry, Uncle, know I tried,
but all the prayers I pray
won't stop this road of death you ride
or save the time we've been denied
or let me stay here by your side,
an end I can't delay.
The Climb

BY SYDNEY LARKIN

Mount Kilimanjaro, Tanzania
North Shore Sky

BY JENNIFER DENS HIGANO
Grand Marais, Minnesota
My Dear

BY SAM ROULEAU

Your last letter was half-folded under the copy of Howl that lays on my desk, I stumbled across it while looking for my credit card. As I read those lines of cursive for the last time, your soft laugh echoed through my mind. I wanted to call you, so I could hear it again.

Your memory is the summertime fly that sneaks through the screen door. Tired of chasing it away, I’ve come to accept the buzzing in my ear.

I often dreamed, we sat on the porch together with legs entangled. Your toes wriggled like worms on the earth after a spring rain, while the grey mourning sun cast shadows across the pages that you turned with a flick, licking your thumb every few turns.

You planned a visit in the late fall, we would walk the streets together and sit on tan grass in the park. The thought of kissing you for the first time scared me, and the idea made me a high schooler again, frantically wiping sweaty palms on faded jeans. I still wonder what it would have been like.

A month ago, you told me you met someone and said, “I haven’t felt this way in a long time.”

Rochester, Minnesota
12 October 2019
From the Shore

BY REESE IMHOF
Stony Brook and Port Jefferson, New York
The third year of medical school was what I dreamed about during my first and second year, but it turned out to be a lot harder than I thought it would be. I took care of many patients whose names, faces, and stories I still remember: the man stabbed by his friend, the triplets finally going home, and the little girl who finally received a heart. I spent countless hours writing notes, checking charts, and gathering records from outside hospitals with sore feet before I learned about compression socks and clogs. I observed miraculous surgeries and miracles that never came. In short, I grew up during third year.

Although I had loved my surgery rotation in the fall, I left it feeling beat up. The attending on my rural rotation had been incredibly demanding, and it made me question if I was good enough to pursue surgery. No matter what I did, it never seemed right or good enough in his eyes. While I loved being in the operating room, my self-confidence wavered under my attending’s supervision. To be fair, we had an incredibly tough eight weeks; whatever could go wrong with a patient did, and we had a long hard streak of “bad” call nights and tough cases. One patient that stuck with me was an elderly patient who left against medical advice the week before we saw him. He had a bowel obstruction for seven days before getting sick enough to come in again. He really never had a chance. We spent all night operating and trying to fix the problem, but it was to no avail. He passed the next day from these complications. My attending operated like a machine, but often, nothing would have been enough to save them. It was neither of our faults, but I was physically, emotionally, and mentally worn out by the end of this rotation.

I started my obstetrics and gynecology rotation on New Year’s Day. My team integrated me very quickly into the OR bustle. By the end of the first day, I had held the camera during laparoscopic hysterectomies and had sutured closed laparoscope holes. It was an incredibly busy service, but I enjoyed it. I really appreciated the opportunity to learn in a safe, encouraging environment. After two weeks on gynecology, I was sold. I loved working in women’s health, and I loved the team I worked with for those two weeks. Following that, I had a fairly uneventful week of obstetrics and gynecology clinic, which I have to admit, was a little boring. The patients were great, but I didn’t get to do much more besides finding fetal heartbeats. I saw my first delivery on this service. We had been following a mother for two weeks, and one Friday evening, we saw her deliver her baby boy. I was overwhelmed with emotion. We all were. She had had one miscarriage and one stillbirth before this child, so relief filled the room after the successful delivery. My last two weeks were spent on the Labor and Delivery floor. I liked labor and delivery, but I still missed surgical cases. I found cesarean sections more exciting than vaginal deliveries. I loved encouraging the women while they were pushing, but I missed being in the OR. Looking back, it should have been clear which direction I would eventually choose, but I was enjoying being present in my experiences. It finally crystalized on the last night of my Labor and Delivery rotation.

It also happened to be the night of the 2018 Super Bowl. One of my favorite clinic patients came in for a vaginal delivery. She started pushing at kick-off of the Super Bowl, and delivered a healthy boy right before the halftime show started; she had really wanted to see Justin Timberlake perform. The rest of the night passed with patients coming in from the Emergency Department, but nothing urgent occurred. I got to talk to some of my favorite patients, but it was a calm night. I had become very comfortable with the obstetrics and gynecology teams, residents, and patients, so I was sad to change rotations. I changed out of my scrubs and bid the Labor and Delivery floor goodbye.

To break my habit of sleeping during the day, I decided to shadow my surgical mentor in pediatric surgery in the daytime after I was released from Labor and Delivery at 7am. Was this a faulty plan? Probably, but my sleep-deprived brain thought it would be a fantastic way to reset my internal clock. The sun was still not up when I slid through the doors to the main hospital to walk the four short blocks to the Children’s Hospital. I had not seen the outside world since the previous afternoon, so I did not notice it had started snowing that night, a rarity in the South. That early in the morning, even around the hospital, it was eerily quiet. There were
usually a few cars heading to park, people milling around, or patients and family members smoking cigarettes outside the doors. I didn’t see anyone else on my walk to the Children’s Hospital. It was peaceful and beautiful. The street lights caught the falling snow. The entire world looked like a snow globe, as the snow danced and spun in the yellow light of the street lamp. A strange calm hugged me and held me tight, as I stood transfixed, watching the snow. It was pure magic. I thought of a song lyric from a long time ago that I loved, “The smell of hospitals in winter / And the feeling that it’s all a lot of oysters, but no pearls” from Long December by Counting Crows. I always liked that line because I understood the feeling of constantly going through things looking for the pearl but never finding it. For a split second under those street lights, the world stopped spinning, and everything felt right. I am rarely calm, but in that moment, I just knew that it was okay if I didn’t find the pearl. I was waiting for a big a-ha moment that would never come, and I finally knew it was okay if it didn’t.

I had been waiting all of third year for the big a-ha moment that would come sweep me off my feet and tell me what I wanted to do for the rest of my life. I had seen it for others. I had seen people have torrid love affairs with specialties, the surprise love of something they never considered, or the slow burn of the thing they always knew they loved. I hated when people would say, “When you know, you know.” I felt happy working with patients. I felt happy with good mentors and teachers. I knew there were rotations that I didn’t love, but it was hard to feel enough decisiveness to pick something to love for the rest of my life. I had shadowed for hundreds of hours during my first and second year of medical school and hundreds before medical school to try to make sure I didn’t miss some hidden specialty that I would regret not exploring. At the end of one day, and the beginning of another, in that still dark, quiet morning, I knew that was the day I would decide. I had no concrete evidence why it would be that day, but it was just a feeling that wrapped around me.

I think sheer exhaustion brings a beautiful focused clarity to some decisions in life. I had been to the eighth floor of the Children’s Hospital countless times. I could find my mentor with my eyes closed. I picked up our usual coffee orders, and found her in her typical spot in the PACU. I found her easily and quickly fell into step behind her. I knew my day was going to start with a curt catch-up of our lives, concerts we had been to and trips she had been on, and then we would routinely fall into talk of surgery and patients. She didn’t know that I had been on Labor and Delivery the night before with no sleep. Apparently, my dark circles are permanent at this point. I fell into the all-too-easy rhythm of scrubbing in with her and watching her incredibly deft and elegant movements in the operating room. I would be lying if I said I remembered the cases that day. I think we did a few scopes and appendectomies. What I remember most was that the decision was clear. I had felt comfortable on my obstetrics and gynecology rotation, and I am sure I would love being part of an obstetrics and gynecology residency. However, what I loved most about that rotation was the surgery. I had missed scrubbing in every morning. I felt at home in the OR. I felt at home scrubbed in and fixing things. It was a relief. At the end of that day, after 24 hours of being awake, I knew what I wanted. I knew where I belonged.

I belonged in surgery. I know the path will not be easy, and I don’t expect it to be. I suspect that some days will be miserable, and it will drive me to the brink. At the core of things though, I don’t think I would be happy not doing surgery. I don’t always believe in miracles, but I do believe that sometimes, the path becomes clear, and you finally catch a glimpse of what you knew all along. For some, it will be a big wondrous a-ha, a big pearl, while for others, like me, it will be the knowledge that they knew all along, with a line of oysters to look back at. Deep down, I think I always knew I wanted to be a surgeon. It just took a cold, snowy morning to solidify that in my mind.
Rochester in July

BY ANJALI PANICKER

Invincible Summer

BY ANJALI PANICKER

“In the depth of winter, I finally learned that within me there lay an invincible summer.”

— Albert Camus
6:01 a.m.

BY JENNIFER DENS HIGANO

Pixar

BY LISA WU

“If you strive to understand the purpose and principles, the applications are endless.”

– Anonymous
Doctor, Doctor

BY SYDNEY LARKIN

Doctor, Doctor -
Can you help me?
Collect my teardrops.
Prick my veins.
Write a script,
To end the pain.
Explain my symptoms.
Help me sleep.
Take a second...
To feel it beat.
Listen careful:
Order a test.
Make me better --
I’ll never rest.
Something’s wrong --
I feel it in my bones.
Try to find it.
Patient always knows.
Doctor, Doctor -
Can you help me?
View from the 16th Floor

BY REESE IMHOF
Rochester, Minnesota
The Emperor Has No Clothes

BY VICTORIA EDMONDS

I have spent an inarguably inordinate amount of time ruminating over Hans Christian Andersen’s legendary short story, “The Emperor’s New Clothes.” For those unfamiliar, the emperor, a bombastic, self-obsessed individual with a penchant for finery, orders his weavers to create for him a new outfit of the highest caliber. The weavers — perhaps the most crafty craftsmen to ever exist — weave the clothes with a “special thread” that they inform the emperor will be “invisible” to fools and those unfit for their position. The emperor cannot admit that his new threads are invisible to him and reveal his incompetency, so he does the next most sensible thing and parades his new costume through the streets. Onlookers say nothing as the apparently nude emperor marches through town. Finally, a child in the crowd vocalizes what everyone else is already thinking: “The emperor is wearing no clothes!”

The story is meant to describe a logical fallacy, a faulty line of reasoning. But I have always been fixated on the power of the child’s words, which once spoken, wake the entire assembly up to the obvious reality of the situation. It is as though until the emperor’s nakedness is named, it does not exist.

It follows, then, that I believe strongly that the exploration and evaluation of the name of Siddhartha Mukherjee’s Biography of Cancer matters. Naming is an exercise in definition. A name, as in the case of the emperor’s new clothes, can bring a shadow into the harsh light of reality. With a name comes its origin, associations, and implications. The Emperor of All Maladies, I believe, is a poignant and important work, but perhaps more importantly, a revolutionary new title for, and rallying battle cry against, cancer.

Mukherjee illustrates early on the impact that a name can have on an entity. When recounting Virchow’s renaming of leukemia to weisses Blut from the antiquated “suppuration of blood,” Mukherjee comments, “An illness, at the moment of its discovery, is a fragile idea, a hothouse flower—deeply, disproportionally influenced by names and classifications.” I would argue that this truth could be expanded beyond the naming of illnesses.

Mukherjee later explores in depth the naming of the aggressive, revolutionary treatment regimen, “VAMP,” a four drug combination therapy championed by Skipper, Frei, and Freireich in the 1950s for the treatment of leukemia. “Vamp is a word that means to improvise or patch up, to cobble something together from bits and pieces that might crumble apart any second. It can mean a seductress—one who promises but does not deliver. It also refers to the front of a boot, the part that carries the full brunt of force during a kick.” Indeed, VAMP came to embody all of these things. At that time, chemotherapy was in its infancy and doctors and patients alike were unsure of whether it would reveal itself to be a “magic bullet” or simply poison. The VAMP treatment regimen seemed like an arbitrary mélange of drugs that in isolation were each inadequate and in combination were brutal and unproven. The doctors who prescribed it must have seemed less like physicians than like haphazard witches, bent over a cauldron, throwing in an eye of newt with one hand and a root of wild horse hair with the other in the vain hope of brewing a miracle stew. The name “VAMP” seems to contain an apology but also a promise. Vamp is American slang for a volunteer firefighter. It was as though Skipper, Frei, and Freireich lit their patients on fire only to pull them out of the flames at the last possible moment, unscathed and in complete remission, at least for a time.

With the relevance of a title now established, we can turn to the aptness of the particular name in question. The word emperor is derived from the Latin imperiatus from imperare, “to command.” In ancient Rome (circa 500 BC), the title “imperator” was given to victorious generals by their troops or the Senate. Cancer is an undeniably formidable force, one that Mukherjee describes as nearly human and certainly commanding: “It lives desperately, inventively, fiercely, territorially, cannily, and defensively—at times, as if teaching

“We reveal ourselves in the metaphors we choose for depicting the cosmos in miniature.”

– Stephen Jay Gould
us how to survive. To confront cancer is to encounter a parallel species, one perhaps more adapted to survival than even we are.” Our approach to treating and curing cancer is in many ways militant; medicine’s efforts, in fact, have often been referred to as the “War on Cancer.” Mukherjee draws a neat comparison between public perception of the Cold War in the 1950s, when the threat was external, and cancer in the 1970s, when “the rot, the horror... was now relocated within the corpus of society, and by extension, within the body of man.” If cancer is an emperor of maladies, then it is an evil and tyrannical ruler that flourishes inside of us and against which we have been waging war for decades.

The title emperor eventually morphed from a purely military to political office that was higher, even, than that of a king. In fact, some emperors were thought to transcend the mortal world and associate with divinity itself. While a monarch typically rules over a single nation, an emperor’s reach could span many—an entire empire. Cancer, in its many and varied forms, is certainly such an empire. And although referring to it as a single and expansive power underlines its strength, Mukherjee asserts its singularity also allows us to believe that “a monolithic hammer [could] eventually demolish a monolithic disease.” In the 1960s, when Mary Lasker and Sidney Farber were leading the charge against cancer, they were able to envision “a systemic, targeted war” against a single enemy.

Jimmy, the child “mascot” used to raise hundreds of thousands of dollars for Farber’s research fund in the mid-twentieth century, is a human manifestation of this monolithic hammer. The 1963 Pamphlet for the Jimmy Fund read: “Have you met Jimmy?... Jimmy is any one of the thousands of children with leukemia or any other form of cancer, from the nation or from around the world.” Jimmy was a consumable and sympathetic representation of a cancer patient that the public could envision, understand, and rally behind. It did not matter that his experience of leukemia was likely infinitely different from that of a patient with sarcoma, for instance, or pancreatic cancer. In any of these cases, the enemy upon which the public focused would have been the same.

Dr. James Hamblin, editor at The Atlantic and author of If Our Bodies Could Talk, writes, “At the root of the most virulent diseases and violent mistreatment of one another is ignorance, and much of that begins with fundamental misunderstandings of our differences—understandings of ourselves and others that begin with our bodies.” In an era marked by deep, impassable craters wrought by the fear and hatred of difference, a unifying fight, like the one against cancer, might have value. Mukherjee breaks down the word metastasis: “’beyond stillness’ in Latin—an unmoored, partially unstable state that captures the peculiar instability of modernity.” Cancer is the result of unstable mutations that run rampant in our very own cells. Our monolithic enemy is not an external pathogen but an internal pathology, a “flaw...deeply entrenched in ourselves.” A fight against cancer, against an “emperor of all maladies,” is not only a crucial medical and human endeavor, but also a metaphor for a larger fight against the flaws within us that wreak havoc on our world.

In medicine, we are trained to be competent, to have the correct answer, to understand the disease. It is equally as important, however, to learn to admit when we are not able to see our weaver’s invisible thread. In an age where some of our most powerful leaders resemble Hans Christian Andersen emperor in more ways than one, I think it is imperative that we continue to name our reality. I believe that nurturing our innate curiosity about the world, our differences, and the words that we choose to describe them will allow us to bring about a new era of human healing.

REFERENCES
Late Fall Triptych

BY NOELLE DRIVER

Whitewater State Park, Altura, Minnesota
Life Support

BY TALA MUJAHED
Digital Sketch on iPad
Jonathan

BY SABRINA SYED


He was a reflection of how intertwined life and death can be. To study life and to practice healing, we must learn of suffering, so we must begin with death. Dissection. We take a body apart to understand a whole. It’s fascinating, really. Morbidly fascinating. I can say with utmost certainty that there would not have been a comparable way to learn anatomy without Jonathan. I tried studying from the quite fancy Anatomage table they have for us in the library – while it was a truly remarkable form of technology, it just could not replace the learning experience I had with each dissection. Working with a cadaver, whether prosected or dissected, involved much more emotional oscillation. To humanize or to compartmentalize, that was always the question. “Sorry, Jonathan!” we would instinctively exclaim as we dug a little deeper, pushed slightly harder, and cut progressively faster. “Think of all the things these hands must have done,” said a teaching assistant. “I can’t,” responded a teammate, “I can’t think about that right now.”

It was a delicate balance to honor Jonathan whose decision to donate we ever so appreciated, and to maximize the body he had left behind. The cadaver itself is not much more than decaying flesh and bone. It’s the meaning we apply, the life we imagine, and the story we create that make it real. In that regard, anatomy is an embodiment of medicine. For all the pathology we study, each failed mechanism we learn, and the countless forms of damage we reimagine, there are lives affected by those very forces. As I broke through Jonathan’s thoracic wall one day, casually cracking his ribs, my teammate asked, “Have you ever done CPR?” Once. Only once, I had done it on the man who would become the first corpse I would ever see. “Is it possible to apply too much pressure?” I had asked the 911 dispatcher. “I doubt you could even break through the ribs, so don’t worry: breathe, compress harder,” he replied. I pushed harder, knowing my compressions were useless in the face of cardiac arrest. Almost eight years from that day, I was unsure how to answer my teammate. I vaguely responded to his questions, continuing to remove Jonathan’s thoracic wall. In a room full of death, I felt an even stronger pull to evade the story of how I continued the compressions on my father. Why add more death to the mix? Most people who go into medicine can tell you the story behind their decision. It always goes back to a moment, an experience, a realization that catalyzed the journey. I never imagined the hardest part of medical school would be engaging with reminders of my catalysts so frequently. Thoracic spine, transition vertebrae, nerve lesions, spinal cord injury. These first medical words I learned paralleled some of the first words I learned in anatomy. Only days before I sawed through Jonathan’s ribs, I sawed through the vertebrae, exposing his spinal cord. I had known its divisions and levels at barely three years old, reciting the details of my father’s T12 spinal injury when anyone asked why he was in a wheelchair. Like a parrot, I knew nothing more than what I heard — not much meaning existed behind the knowledge I seemed to have.

As I wandered through my journey to medical school, I made a deliberate effort to shield myself from truly understanding what those words really meant. I didn’t want to wonder what would’ve happened if his shooters had aimed a little lower to the left or to the right. Could that have prevented paralysis? If the spinal cord wasn’t fully severed, would there be potential for regeneration? Could my father have avoided 14 years of suffering? Would he still have suffered sudden cardiac arrest at 52 without this chronic injury? These were the questions I was forced to face as I learned vertebral anatomy. These were the things I couldn’t help but wonder about the
more I learned of nerve lesions and the more clinical vignettes I would read of patients presenting with gunshot wounds, stabbings, or rape wounds in the endless hypothetical scenarios we analyze. Behind each question was the possibility of another human being facing that very same predicament. Those sentences strung together another life changed by that very combination of medical jargon meant to test our knowledge. How else can one learn medicine? These questions are necessary and educational. That fact doesn’t make them any less painful though.

Surprisingly, I found solace in Jonathan. I had slowly become desensitized at times to the act of dissecting and found myself appreciating the magnitude of being able to hold a human heart, brain, or lung in my own hands. I could not imagine any other way to truly appreciate the human body and its connection to different parts of itself. When I had to link vasculature pathways or recall nerve function, I would visualize Jonathan and the way I had to find those very things on his body. Despite all the emotions anatomy brought up for me, I really appreciated having those personal struggles come up during a course where I had a remarkable gift to remember and appreciate another human being’s contribution. Had I faced these questions in a neurology block by learning material from textbooks and PowerPoints, the struggle likely would have been greater. As difficult as it was to balance the rigor of the anatomy curriculum with reliving the trauma from my father’s shooting during my childhood and his death during my teen years, knowing that there was another human who had died with a purpose to advance education and science made the process a bit more bearable.

As vulnerable as I felt at times through anatomy, I remembered how patients, donors, and cadavers, in all states of life and death come to medical professionals at times of similar vulnerability. Physically, mentally, and emotionally, each person is sharing a part of their body, their soul, and their story when they bring forward a medical complaint or partake in medical research. This vulnerability is a hard burden for physicians to bear. Some say it’s an honor. Others consider it irrelevant to patient care. To me, it’s both an honor and a burden, but utmost, it’s a responsibility. It is important to remember the gravity of those vulnerabilities not just as a courtesy to the patient or as extra credit to be commended for in the form of bedside manner — it is an utmost necessity in providing optimal care. For Jonathan, the donation of his body was an act of incredible vulnerability. Remembering the significance of what his gift meant, I hope my experience fulfilled some of the hopes Jonathan had when he decided to donate his body. Even if it did not, he has benefitted me more than he will ever know and for that I am grateful.
Leak

BY ADIP BHARGAV
Digital Illustration

Pith

BY ADIP BHARGAV
Digital Illustration
Containers

BY NOELLE DRIVER

the heron pipe
points toward the trees.
a mixed inhale,
his stream drops low and lean.

his reflection points down, down toward the heavens
reflected.
up and down all one,
from these eyes fragmented.

but consider his worn, unseen feet
pointing toward the flat, jittered fish,
toward the smoothened rocks, stable and not,
toward the roots which bind,
toward the earth which connects his feet to mine,

to many strong, fragile things:
flint and lava,
needles,
and soap,
dreams exploding in
germy play-doh.

and all the atoms in between.
all the atoms,
claimed by bodies,
and forms,
and dust.

mine
labels abound.

they know the vacuummite spaces,
the emptiness,
the voids inescapable.

ownership none.
Alone and Watched

BY RICHARD EBOKA

We are not so different,
He and I
The crusty student
And the homeless guy
To a certain extent
Of a particular degree
One lacks what the other wants
Equanimity
What are they saying?
What think they of me?
It matters not
When wit meets repartee
Paranoia of folk
Imaginary quotes
Delusion...from hunger?
Bewildered...from lack of slumber?
From dreams ripped asunder?
Who is who?
Am I you?
Who is he?
Is He Me?
Tee Hee Hee!
I’m in the clinic. Our current patient is a 26-year-old male with a beat-up right hand. His knuckles are torn. There’s more blood than there should be. With possible metacarpal fractures. Multiple. He had planned to go fishing with a friend today, apparently, but when the friend never showed, he raged and punched the bus station wall.

A young woman has brought him to the clinic for his hand. She isn’t his wife, but she appears to be pregnant. The sun is scorching, so I’m a puddle in my shirt, but I notice she’s wearing long sleeves and is sweating. And I see her wince inward a full eleven inches when Nurse Ana brushes past her and bumps against her shoulder.

Now, by this point, you already know what’s going on here. It’s obvious. You know it, I know it, and she knows it. He certainly knows it too, but he probably thinks we don’t. They usually think they’re clever, these guys. They usually think they know how to hide it. He’s big enough to make everyone else in the clinic nervous, and he looks like his hand thing has him raging.

So what do we do?

She isn’t our patient. He is. But we still need to talk to her without him. So how do we separate them?

I peer down at his battered hand, trying to look unimpressed. “You’ve probably had worse,” I tell him flatly. “Tough guy like you? I bet this is nothing for you.” My Spanish is crap, but he seems to understand because he grins and tells a quick story about this dog that attacked him once but then never attacked anyone else afterwards. “This is minor,” I tell him, gesturing to his hand. “We need to bandage you and get the bones back right – and you shouldn’t punch any more bus stations for awhile – but this’ll heal up just fine.”

I nod toward the woman who came in with him. “Su novia?” I ask. Your girlfriend?

He wrinkles his nose in disgust. “Mi hermana.” His sister.

“Es embarazada,” I notice. She’s pregnant. “If you want, we can give her a check-up while we’re fixing your hand – make sure baby’s okay. We can do both at the same time and get you two out of here real quick.” Hereluctantly agrees as long as everything is fast. Says he doesn’t want to lose the whole day here.

I shoot a glance to the doctor on duty, who has been tensely watching me work. “I can handle the hand,” I tell her, “if you want to go check the baby.”

She meets my gaze and nods. “Sounds good.” There’s meaning in her eyes here. She follows what I’m implying. She knows what’s happening. She knows what to ask. And she knows how to ask it a whole-hell-of-a-lot better than I know how to ask it, so she’s a better fit for the job than I am. I can bandage a hand and I can talk to tough guys. When fires fly, use the water you know. Know your limits. Trust others their strengths. She leads the girl one way, and I lead the guy another.

I wrap his hand, taking longer than I need, which doesn’t make him happy but it buys us some time. When we’re done, I bring him back to the waiting area, where I’m surprised to see his
sister already waiting for him. I freeze for a second with panic. Oh hell. I don’t know yet if he’s safe for her to leave with.

The doctor reads my hesitation and approaches us. She gives him his discharge recommendations and strongly emphasizes the vital importance of not punching any more bus stations — unless they really, really deserve it. She gives a nod toward his sister and says they can leave, the baby’s fine.

They vamoose.

Then the doctor pulls me aside and spills their story. The girl had been beaten, but not by her brother. The father of her fetus does not want a child. And the brother doesn’t like guys who pound on his sister, hence his hand. Apparently he hurt the other guy good, and the sister is scared her brother will go to jail if the police find out what he did. And the sister is scared of the father of her fetus. She’s terrified of what he will do to her if her brother isn’t around to protect her.

I can feel another dilemma bubbling. Report the assault? Don’t report the assault? Believe the sister? Don’t believe her? What do we do? What can we do?

If you were here, what would you do?

“I think this is above my pay grade,” I tell the doctor, knowing this next call is above me. Understand your role on the team. Always play your part.

She snorts. “Above mine too, but I’ll have to deal with it anyway.” She gives me a look. “Thanks for thinking to split them up. Made my job a lot easier.”

“Wasn’t him though,” I said.

“We didn’t know that then,” she tells me. “And it could have been him. Sure seemed like it was him. You helped us figure out that it wasn’t. It was a good move.”

I shrug. “Just another day on the job,” I tell her.

She sighs. “Just another day on the job.”
On Ambiguous Appearance

BY SABRINA SYED

They complimented me for looking more like them and less like me.
Saying I was prettier
for not looking like who I really am.

Telling me
it was better that way
because at least I wouldn’t be judged. Making me believe I was better
because you couldn’t tell who I was by looking at me.

You couldn’t tell
the richness of my roots from the color of my hair.

You couldn’t tell
the depth of my history from the color of my skin.

You would never know the world I come from seeing the freckles on my face.

And that
was supposed to be a good thing.
Because to be like them was better than to be like me.
Lilacs and Peaches; Mountains and Beaches

BY ANJALI PANICKER
Rochester, Minnesota
October in Chaska

BY ANJALI PANICKER

Change

BY RICHARD EBOKA

indecision represents the choice
to keep matters stagnant
because stability steels reality
like a magnet
Weather for Two

BY NATHAN CHOW

The clouds, plumbed,
burst;
now, they come
Drop
by
Drop,
Shards
of
Fog,
Stabs
of
Chill,
Wash
Today
Away
A flood of memories,
Begun

Down

BY NATHAN CHOW

One bulb by two
Red floats by blue
They each rise
They each strive
To join the lights,
To see the sights, to

Look down
on one balloon
still in the gloom
purpose personified
and my only pride
He tries and tries
and all that flies
~~away!
Are
his hopes,
his dreams.
Together

BY PATRICIA BAI
Artists and Authors

**Noelle Driver** is a third year medical student from New Jersey who will be pursuing residency training in anesthesiology. She is interested in the physical and emotional interplay in the experience of health and disease. She enjoys kids, bluegrass music, and being outside with her husband in all seasons.

**Patricia Bai** is a second year medical student from Baltimore, Maryland. She has a deep appreciation for great design like flat peanut butter spoons that scoop up every last bit in the jar and pirate-themed MRI machines. Her ideal Saturday would include exploring a farmers market or homey cafe, sipping on a Whole Foods smoothie, and ending the night with friends over a round of Unstable Unicorns.

**Andrea Collins** is a medical student pursuing a research year. She is originally from California and enjoys reading fiction, swimming, and arts and crafts.

**Kevin Miller** is a fourth year medical student going into internal medicine at Massachusetts General Hospital. In his free time, he currently enjoys the Star Wars Prequels (i.e. Episodes 1-3) and reading Erik Larson historical fiction books.

**Sam Rouleau** is a third year medical student. His favorite restaurant in Rochester is Flapdoodles South.

**Ericka Wheeler** is a second year medical student from Mississippi planning to specialize in psychiatry. In her free time, she sings in Ectopic Beats, practices Taekwondo, experiments with recipes, and binges Netflix.

**Suzette Arias-Mejias** is a medical student at the University of Puerto Rico and Master’s student at Mayo Clinic’s Graduate School of Biomedical Sciences. At Mayo Clinic her research focus is in melanoma and in creating a score that can predict risk of metastasis in patients. She was born and raised in Puerto Rico, and as an island gal she loves the beach. In her free time she also enjoys art, yoga and spending time with friends and family.

**Adip Bhargav** is from Ellicott City, Maryland but has bounced around from India to Wisconsin, Tallahassee and Atlanta. He is an avid tennis and ping-pong player and loves to write and draw. Adip is fascinated by the intricacies of the brain and the disease process of cancer. He hopes to find the intersection of these interests and incorporate them in his future medical practice.
Alyssa Brown is a PhD student at Mayo Clinic in Biomedical Engineering and Physiology. She finished three years of medical school at University of Louisville before taking a break to move north and get her PhD. She eventually hopes to pursue Pediatric Surgery. When she is not in the lab, she is attempting overly elaborate bakes she’s seen on the Great British Bake-off.

Nathan Chow is a first year medical student admitted to Mayo Arizona with existential dread and confusion. When he’s not fidgeting wildly in class, he’s probably trying to figure out what important things he’s forgetting. After giving up on that and accepting his reality by around 2PM, he likes to spend his time reading, cooking, and humming happy little tunes to himself. He’s currently interested in internal medicine.

Jennifer Dens Higano is a third year medical student from Brainerd, Minnesota. She likes getting outside for almost anything, but especially for biking, cross-country skiing, camping, and sitting on her porch hammock. In her free time, she also loves baking cinnamon rolls and drinking tea. In medicine, she enjoys health policy, physical medicine and rehabilitation, and environmental health.

Rich Eboka is a first year medical student. His love for Chick-fil-A is paralleled only by his fascination with Pokémon – but only the original 151. If you catch him on a good day, he may even recite the PokéRap. He is interested in psychiatry and aerospace medicine.

Victoria Edmonds is a third year medical student who wishes she could moonlight as a medieval knight. She is the primary caretaker of a sourdough starter and an expansive sand collection. She spends cozy evenings at home dabbling in knitting projects and light sorcery.

Brandon Ghislain is a novelist, short fictionalist, and former Shakespearean actor whose medical interests involve those parts of medicine that make us human, which he likes to think means neurology and psychiatry. His recently published short work includes a dystopian tale of genetically modified plants that grow counterfeit cash as leaves, printed in Analog: Science Fiction and Fact. He can be heard as the voice of Chester in the 2019 puppet movie musical The Princess Knight.

Reese Imhof was born and raised in New York. Before coming to medical school, he had a career in graphic design and owned his own business. He enjoys spending time with his wife Nicole and baby Eli, going on runs with his dog Wally, hiking, and photography.
Sydney Larkin is a fourth year medical student. Originally from Cincinnati, Ohio, she made the journey to snowy Minnesota for medical school, where she learned how to work a snow blower, made lifelong friends, and decided to pursue a career in dermatology. Her passions outside of medicine include spending time with family, running, soccer, tennis, and photography.

Jeff Mecham is a third year medical student planning to specialize in otolaryngology. From desert to desert, Jeff claims Las Vegas as home prior to starting at the Mayo Arizona campus in Scottsdale. When not in school, Jeff enjoys trying new things, dominating ping-pong, all things music, and spending time at home with his wife and two-year-old son.

Tala Mujahed is a third year medical student. She is from Phoenix, Arizona and she enjoys painting, drawing, and reading in her spare time. In the past couple of years, she has started exploring the intersection between art and medicine and seeks to merge the two in her work.

Anjali Jacob Panicker is a second year graduate student. On the weekends, you’ll find her experimenting with spices in the kitchen. She is all about hiking and basking in the summer sun, and sketching or painting through the winters.

Santiago Restrepo Castillo is a first year PhD student from Medellín, Colombia. He dreams of discovering or engineering a virus and calling it the santivirus, loves complicated caffeinated drinks and considers himself a peanut butter connoisseur. He can be found playing the piano at the Siebens Building every other Saturday at 3 am or voguing in a queer club in Minneapolis.

Sabrina Syed is a third year medical student. Originally from Southern California, she crossed state lines to explore all that is Arizona. While she found herself at home with Scottsdale’s thriving brunch culture and flashy nightlife, she also discovered new frontiers in the Southwest. Trading in stilettos for bedazzled cowboy boots and flip flops for hiking shoes, she found a new love of country concerts and the gorgeous desert landscape. While she is still unsure of her future specialty, she looks forward to figuring it out.

Kenneth Valles is a fourth year MD/PhD student who is interested in humanitarian and disaster medicine. Beyond medicine and research, he enjoys spending time in nature with his spouse and dogs, reading, and seeing new places.
Micaela Witte is a second year medical student. Originally from Rochester, she spends her free time snuggling with her puppy Winston, playing board games with her husband and family, babysitting, and watching Disney movies.

Angel (An Qi) Wu is a first year oral and maxillofacial surgery and medical student. When she’s not pre-occupied with medicine, she’s often wondering about what to air-fry next. She hopes that her avid enthusiasm for the air-fryer will result in them sponsoring her one day.

Lisa Wu is a dentist training at Mayo in advanced prosthodontics.

Stephanie Youssef is a fourth year medical student. In her free time, she likes to write and hang out with her uncle and cousins.
Night Sky at the Ranch

BY JEFF MECHAM
Panguitch, Utah