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Evanescent - Volume 4, Issue 1

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EVANESCENT

ISSUE 4: SUMMER 2023



From the Jefferson Center for Injury Research and Prevention

EVANESCENT:

A Journal of Literary Medicine

Issue 4, Summer 2023

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Content Warning: This publication contains discussion of gun violence. Readers who may be sensitive to this topic, please take note.

ABOUT THE ARTIST: Ben Fleet is a third-year medical student at Jefferson originally from West Lafayette, Indiana. He attended Indiana University where he remained engaged with arts alongside his studies of the brain. He is very interested in the role art has in sharing stories within healthcare and plans on continuing his creative endeavors as he pursues a career in psychiatry.

ARTIST'S STATEMENT: The cover image and illustrations in this issue are inspired by how we experience and process tragedy. The cover represents how "earth-shattering" traumatic experiences shatter our psyche. In the moment we experience so much, but in memory we only remember in pieces as a defense mechanism. While processing a tragedy in its aftermath, we may stray towards isolating ourselves from community. It seems impossible for anyone to understand our experience, but holding in our feelings allows despair to ruminate. In the best scenario, we find our loved ones, or we find help to support us in processing trauma. The illustrations following the cover represent this journey and are meant to remind readers "you are never truly alone." As an aspiring psychiatrist, it was an honor to create work that promotes community and psychological healing.

EVANESCENT ISSUE 4

Evanescence: A Journal of Literary Medicine is the journal of the Eakins Writing Project, which also sponsors the Drs. Theresa and Charles Yeo Writing Prize. The Eakins Writing Project is supported by the Jefferson Center for Injury Research and Prevention, located in the Department of Surgery of Thomas Jefferson University, Philadelphia.

The *Eakins Writing Project*, named after artist Thomas Eakins who painted the renowned *The Gross Clinic*, offers programs that facilitate writing as a conduit for healing and self-reflection. It seeks to provide space for the incredible stories witnessed every day by the members of the Jefferson community.



The Drs. Theresa and Charles Yeo Writing Prize: The annual prize invites all members of the Jefferson community—including all current employees, faculty, volunteers, and students of Jefferson at all campuses, sites, and offices—to engage in the empowering act of writing.

The mission of the prize is:

- To encourage and enable writing as a conduit for healing, self-reflection, and interconnectedness both for the individual and the community
- To highlight and value the many diverse voices of the Jefferson community, including Jefferson patients and the communities they represent, and to foster a sense of belonging in these individuals and communities
- To promote and demystify writing as a powerful tool for self-empowerment for all in the Jefferson community, not only to those who consider themselves writers
- To communicate and celebrate our diverse stories and experiences to the larger community

For more information about *Evanescence*, the *Yeo Writing Prize*, and *Eakins Writing Project*: www.jeffersoncovidstories.com/writingprize. Direct inquiries to evanescent@jefferson.edu.

Souls Shot Portrait Project: This Philadelphia-based organization links fine artists with families or friends of victims of gun violence. The artists meet with the victims' loved ones to learn about the lives they lived. The Project's goal is to present diverse works that in some way relay graphically, or through narrative, the essence of the person being portrayed. The Project's mission is to bring attention to and memorialize the lives lost and tragically altered due to gun violence. Portraits have the unique ability to call out the souls and profoundly affect those who see them.

<https://www.soulshotportraitproject.org/>

We thank Laura Madeleine for kind permission to reprint images from the Project.

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Editorial Statement

Welcome to issue 4 of *Evanescent*. We, the editors, found the theme for this issue in the midst of the recent and unending cycles of violence devastating society, both nationally and internationally. Violence thrives in the absence of empathy, which led to the question that became the theme for this issue: Where is our empathy? And the Jefferson community answered with characteristic courage and vulnerability in essays, poems, and artwork that explore empathy from many angles to discover where empathy resides.

At its heart, empathy means the ability to see things from someone else's point of view. It requires us to set ourselves aside for a moment to enter into the experience of the "other." The other may be your neighbor, a coworker, a stranger, a person you encounter on the street, or even an enemy. This issue presents content that shares some hard realities about relating to those outside of our experience. One former EMT writes of the jarring encounter with white supremacists that presents a reminder that healthcare professionals face the challenge of caring for the patient without judgement. Contributor and medical student Connor Crutchfield, in an essay titled "How Was Your Summer?" defined empathy in this way, "Real empathy, I have found, is hurting for someone else, even wishing you could bear the pain they feel." His essay focuses on pain, but empathy can access any emotion within the human spectrum, making it a powerful tool for understanding others.

Empathy takes shape in surprising ways in this issue, showing us that we may find the other's point of view in unexpected places. You will find it in the submissions to the annual Drs. Theresa and Charles Yeo Writing Prize that answered a call for voices of those whose lives have been touched by gun violence. Blindness to the intrinsic value of the other leaves devastation in its wake. A busy doctor leaving the hospital after a shift has a gun pointed at her. A night of fireworks in Philadelphia turns into a nightmarish escape from a weapon turned on a crowd. A surgeon speaks to the patient he tried to save, and a jeweler shares the story of the bullet that changed everything.

Empathy can manifest as both thinking and acting. It takes shape through portraits created by local Philadelphia artists who partner with bereaved family and friends to memorialize loved ones through the Souls Shot Portrait Project. It can take the shape of handmade quilts, created to comfort patients with cancer and imbued with prayers by and for strangers. In an astonishing essay, a young man brings the reader along as he begins to have a new perspective on the voices in his head. This creates a cascade effect, with the reader receiving valuable insight as well.

These and other perspectives will not be light reading. We invite you to enter this experience with an open mind and heart. We also caution you that to be open to the other may make you vulnerable. Your perspective may change. You may see things you'd rather not see. Your heart may break a little. And we invite you also to reflect on what empathy means for you. Can you see things from a different point of view? We hope so. *Get ready.*



SHIFT WORK

DANIEL BORON-BRENNER

Physician (Fellow) | Family and Community Medicine and Emergency Medicine

The glare of the lights overhead can be overpowering, but you forget it after almost eight hours at work. It's 10:45 pm, nearly closing time for the mid-shift team. It's hot outside, with a lingering humidity settling over this part of the city after a week of steady rain. For a Wednesday in June, tonight has been mercifully slow.

There's a man in Red 11 who stuck his hand into a meat cutter while drunk at work. The tips of two mangled fingers are dangling at odd angles, and an orthopedic resident is getting ready to anesthetize the fingers before sewing them back together. A few curtains down, a woman is screaming in Red 14, tied to the bed, her eyes bulging wildly, and a new nurse patiently explains to her (or tries to) that she's restrained "because it's not safe for you to be wandering around when we don't know what's wrong yet." When EMS brought her in, they told me she was found lying face down on the sidewalk, reeking of PCP. They said they thought she was dead until someone roused her, and she woke up and tried to bite them. On the other side of the pod is a little old lady in Red 4. She's from the nursing home down the street with the pastoral name and the substandard care. She has a raging urinary tract infection, and she's likely to become awfully septic soon, but for now, she's resting comfortably. She's received her antibiotics and fluids, and she's admitted, so if she does get sicker, it's an issue for the team upstairs to deal with, not us.

The attending is up and walking around, checking on patients before his relief comes in. Our computers are grouped behind a low-slung beige wall, like you might see lining a cubicle. The wall is festooned with paper, mostly organizational charts detailing how to admit someone to the hospital when you're stuck for an answer on where they should go. Sometimes, someone in a hallway bed on the other side of the wall will poke their head over the top and ask if you're their doctor. If they're nice, when you tell them no, they'll just ask for a cup of water. Other times though, they might tell you to "go fuck yourself" when you indicate it's someone else.

The intern is sitting by his computer in the corner, dictating his chart and staring dreamily off into space. It's the end of the night for us, the end of several clustered shifts in a row for some, and we're all a little tired from having been here hour after hour, day after day, years on end in some cases. There's a reason they call it residency—for better or worse, it can start to feel like home. But in fifteen minutes, we can sign out and get out of here to sleep.

There's a radio mounted on a concrete pillar that stands redoubtable next to the computers. The radio is often silent but has a tendency to go off at odd intervals throughout the shift, announcing some new calamity hurtling towards the department and making everyone jump a little in their seats. As the attending settles down and opens his mouth to ask a question, the radio goes off.

"Attention, attention. Medic 10 en route with a trauma alert. 20-year-old male, GSW to the chest, in cardiac arrest," the radio says.

Often the dispatchers are calm, even sedate. Words are parsed out judiciously and with little emphasis on the severity of what is being conveyed. Not tonight. There is a strangled quality to the message spilling out of the speaker. Maybe the dispatcher is new. Or maybe it's just bad.

"ETA five minutes," the radio says. "Repeat, trauma arrest, ETA five minutes." And then silence.

Everyone stands up. The attending calls out to the unit clerk that it's a Level 1, and people slip on lead-lined aprons, put on goggles, and stride over to the trauma bay doors just a few feet away from where they were previously sitting.

The trauma bay doors swing open. It's essentially a big cube. There are three beds—Red 1, Red 2, and Red 3—lined left to right. The ceiling here is high, and the back wall reaches all the way to the top. This wall is a series of cubbies stocked with anything people might need to take care of someone who has been wounded: splints, chest tubes, pelvic binders, tourniquets, soft beige neck collars, glistening metal racks containing row upon row of surgical instruments that wouldn't be out of place in a well-stocked OR. Set against the wall to the left is the crash cart. There is a defibrillator on top and several drawers underneath, each zip-tied closed to indicate they are ready to go. The lights on the ceiling here are even brighter than they are outside, and it's warm inside the bay, almost hot. Inside my apron, I'm starting to sweat.

People are moving. Nurses and techs are putting on blue plastic gowns over their aprons, hands slipping inside fenestrated sleeves and then finally into nitrile gloves. A senior resident is standing at the head of Red 2, already dressed and touching a suction catheter to her gloved hand to see if it is working. The intern trundles the glidescope over, a flat screen mounted on wheels with a special fiberoptic blade attached to the base that the senior resident will use to put a tube down the patient's throat if they're not breathing.

The resident puts down the suction, satisfied it works, and looks towards the bay doors. So do a few other people. People have settled into position, and you can feel a hum in the air.

"How long are they supposed to be again?" A nurse says.

"Five minutes." One of the techs says.

"It's been ten." The nurse says.

The attending motions for me and him to go to the ambulance bay, and we walk outside, already damp underneath the layers of plastic and lead and masks and goggles and gloves and the night itself, humid with a hint of rain. There's a paramedic talking on his cellphone by the far end of the bay, a cigarette between his fingers, the cherry glowing brightly in the darkness. Two ambulances idle on either side of me, the parking space in the middle unoccupied. A little flash of heat lightning

catches my eye, and, as I track it, I see an ambulance coming down the hill from the main road. This is Medic 10.

Medic 10 pulls up into the middle space and through the dirty rear windows you can see a man performing chest compressions. The rear doors open, and a paramedic gets out, slower than you would have anticipated, and you watch his partner bounce up and down on the chest of a skinny guy on the stretcher below him. There's a fire department lieutenant at the head of the stretcher, squeezing a bag of saline into the patient's arm, and he looks the attending straight in the eye and shakes his head side-to-side. The first paramedic releases the bottom of the stretcher so that the wheels quickly descend to the pavement, and they all get out together, the compressor pushing with one hand now as he helps guide the patient out of the rig, the lieutenant pressure-bagging the fluid into the guy while lifting the EMS defibrillator onto the stretcher, the other paramedic by his feet, pulling him into the department.

We walk ahead of them. We don't run.

"They're here." Someone says.

"Everyone quiet for EMS report," the attending says.

The paramedic at the foot of the stretcher begins speaking as he helps guide it to run parallel with the trauma bay stretcher, so that the two are lying side by side like ships in port, or lovers asleep in bed. People reach over to grab the sheet underneath the patient. His partner is still performing chest compressions, but he's stepping away from the runners on his stretcher. Many hands are on the patient now, and he is being lifted into the air as the report is given.

"20, maybe 25-year-old male, shot once in the chest after a card game. He was talking to us on-scene and then he coded en route. We began CPR, no shocks, one epinephrine. Asystole on the monitor the whole time," the paramedic says.

The EMS lieutenant is in the front of the bay, away from the bed, standing by the x-ray techs and the person from the blood bank carrying their little cooler full of packed units. He shakes his head again.

People have transferred the patient over to our stretcher, and the team descends on him, many hands full with the business of trying to save a life. Our resident puts the breathing tube in his throat. Someone grabs the chest tray, putting it heavily on a table next to the patient as I produce a scalpel from somewhere deep in my rumpled scrubs. The patient is completely naked now, his chest exposed, blood oozing from the wound to his sternum. There is no sound as the housing covering the belly of the 10-blade slips away. I place it to the left side of his chest; it bites, and I slip it down towards his armpit.

Time passes. Heroic efforts are made, but in the end, all we can do is bear witness. The attending calls the time of death, 11:23 pm, and people scatter. Someone walks over to the patient and lays their hands on his foot. They ask for a moment of silence, but only I can hear them. The moment dissipates quickly, a few words about death

and life said quietly under the breath. I look back one final time before leaving the bay. This is a case for the medical examiner now, and the corpse, despite everything we've done, must remain undisturbed. The breathing tube sticks straight up from his mouth, erect, almost obscene. At least someone has closed his eyes.

I step outside to people taking off their PPE just outside the bay doors. Hands are being washed, and small pieces of bloody equipment are carefully wiped down. The attending dictates furiously into his computer, trying to finish the note because his relief is here, and he wants to go home. The intern, who was in the bay helping out where he could, is back in his chair, still speaking dreamily into his microphone. The teams, one outgoing and the other coming in, assemble and sign out the patients still active on the board. I stand up and leave my seat so that someone else can occupy it. Stethoscopes and pens and other personal equipment are put away. It looks like we're done for the night.

"One more thing." The attending says.

I follow him to the family room just off the main corridor. There's a small window on the door, and I peek inside, seeing an anxious family sitting there. A husband and a wife. Someone says this is Dad. We step inside.

"I'm Dr. Bloom," the attending says. "My first name is David."

Dad looks up.

Dr. Bloom confirms a name and birthdate and then crouches, sitting low on the balls of his feet.

"How do you know the patient?" Dr. Bloom says.

"I'm his father," he says. "This is Lorraine, my wife."

"I'm afraid I have some bad news." Dr. Bloom says, taking his mask off. In the corridor beyond, I see the chaplain and a few security guards. I am holding the door open, just in case.

"Your son is dead," he says.

"I'm sorry." he says.

"We did everything we could."

And that's it. Dad screws up his eyes, and when he looks down again, they're filled with tears. Lorraine puts her hand to her mouth and then buries her face in Dad's shoulder.

"I'm so sorry." Dr. Bloom says again.

At that moment, hurtling in like a cannonball, comes another woman. The energy is inverted in the room, from quiet shock to something else, crackling, livid. She looks at Dad.

"WHERE IS MY SON," she says.

"Shayla," Dad says.

"WHERE IS MY SON," she says again.

"Shayla, he's gone." Dad says.

Shayla collapses to her knees, keening. Dad walks over to her and puts his hands on her back, and she bats them away, still screaming. Dr. Bloom has stepped outside, passing the chaplain and a few of the larger security guards as they slip inside. They don't say anything. They too are witnesses, watching the news rip through the family and seeing something essential disappear, as we have just seen a soul lift from the dead. Dr. Bloom and I gather in the corridor. As we walk away, the sobbing continues. The sound lies flat as it mixes with the screaming from Red 14, the lady still going at it despite all the counseling from her nurse.

"Now we're done." Dr. Bloom says.

He walks away. He'll be back tomorrow, same shift, same part of the department. Now it's my turn to leave. I walk to my car in a distant parking lot. I get in. It's a beat-up old Subaru wagon, but it gets the job done. I buckle my seat belt. I guide the car out of its space, down the ramp, and to the parking gate. I show my ID, and security presses a button, the barrier lifting. The security guard raises a hand as I pass. I raise my hand back, and then I'm gone, out into the night.

I'll be back tomorrow too.

VIOLET BLUE

DAVID PETERS

Physician (Resident) | Family and Community Medicine

"She's dying, so you have to say something right now," my dad said hurriedly as he answered the phone. My next breath was, "I love you," to my great aunt Violet. She passed away in the next few seconds after I got the words out. My dad and I held the line, but neither of us broke the silence. We were paralyzed.

I had just returned to my dorm room, having spent all day in the library studying for exams. For the first and last time in my life, I had purposely left my phone behind in the room. Despite being well-intentioned, that decision was the costliest mistake I've ever made. I returned to dozens of missed calls and texts from my family, their urgency and frustration with me mounting throughout the twelve hours for which I was unreachable. Violet was dying, and I unwittingly ran out of time to make it to the hospital for my goodbye.

After I hung up with my dad, I instinctively reached for my headphones and walked out into the December midnight. I sat alone on the cold stone curb, no soul to see the soft cloud of my breath. I pressed 'shuffle all,' hoping to hear "Clocks" by Coldplay, an arbitrary song that popped into my head as one suitable to match the mood—and then appeared on the screen as the first of nearly a thousand randomly queued songs in my library: "Clocks" by Coldplay.

I was instantly swept into the ethereal atmosphere of its opening piano riff and airy synth. From the first line, "Lights go out and I can't be saved," Violet was talking right to me. She shared the despair of "Closing walls and ticking clocks," the time we could have spent together elapsing without my awareness; "Curse missed opportunities." I searched the cryptic lines for more traces of her. As the song ended, she emerged clearly through crashing cymbals and gave her epitaph, repeated four times: "Home, home, where I wanted to go."

"Clocks" is a song with an enduring popularity that hinges on ambiguity. Though there are many interpretations, I have always heard it within that last moment I shared with Violet, as a mournful separation that yields an eventual embrace of an existential impermanence.

My great aunt Violet and her sister Mary were my grandparents growing up. My biological grandparents died of cancer when I was between ages 6 and 8. For as much as I wish to have really known them, I am incredibly grateful to have had Violet and Mary.

Born to Albanian-immigrant parents, Violet and Mary grew up in the West End of Boston. They were the primary caretakers of their sister with severe cerebral palsy, Sophie, who was given a life expectancy of just 3 years at birth, but who, in their loving hands, lived until the age of 45. Sophie never had a single bedsore. In committing their lives to caring for her, Violet and Mary never married or had nuclear families of their own, but they became mother figures for my father and his

sisters whose mother was absent and abusive. They grew naturally into my loving grandparents, a last extension of their remarkable matriarchal role in our family tree.

Violet and Mary, having such a great capacity for love and self-sacrifice, bonded together and so intricately sewn into the fabric of our family, lived out their last days inside of a hospital. I didn't understand from the phone-call distillations of Violet's clinical course that she may not ever leave the hospital, and I, to such deep regret, never made a trip there to see her. I am still distantly tethered to the ache of not being there to hug her one last time.

I often think about that phone call with my dad, now almost eleven years ago. It's like a photograph that captures the abrupt, permanent loss of my tangible connection to Violet—it feels supernatural. When I listen to "Clocks," I fall into an ephemeral space between our connection and the imprint she left behind. The song is the momentary press of her warm hand into my sidewalk concrete, to set eternally within me.

On my walks home lately, I've been trying to figure out what is wrong with me, reaching, as usual, for my headphones. "Clocks" is back in my current rotation of my most played songs.

Recently, a 93-year-old man was admitted to our inpatient family medicine team with recurrent malignant effusions. After fighting a long ten-day battle, he was transitioned to a "comfort measures only" care status. Throughout his stay, he never had a visitor.

As a senior resident on the team, I saw him only briefly every day for a physical exam. We had a high patient census in the hospital, so most of the day I spent behind a computer, engineering patient care, typing notes, pressing buttons for pills, troubleshooting each glitch in the clinical circuitry. Over time, the healer in me yearning for emotional connection has been buried beneath my long white coat. Now, healing is copy-forwarding myself through chart notes and orders. Healing is not sleeping. Healing is obsessing over lab values, dosages, and the other quantities of life. "Healing" is what kept me from sitting beside him in the afternoons.

A few hours before he died, I went to see him and found him resting quietly in the dark. For a few minutes, I stood at the foot of his bed watching him. Nested between his neck and shoulder was a doll given to him by his nurse, made of towels and bearing a thin, sweet smile drawn with a marker. It seemed to bring him peace; a companion cradling him in what I recognized, after all these years, as the familiar space between connection and impression.

My mind flooded with thoughts of Violet in her last days alive. I hoped that in the times when no visitors were there, her doctors spent time with her. I hoped they had been gentle with someone who was of such great importance to generations of our family. I hoped that she never had a doctor like me.

Every day that this patient spent in the hospital, he woke up at 4 a.m. to needle sticks. Shortly after, he was brought a heart-healthy breakfast with the notable omissions of bacon and sausage, which, according to his daughter, were favorites of

his. Most often, his tray went untouched. He was on high-dose diuretics, laxatives, and blood thinner injections that bruised his belly. For the several hours of the day he was awake, his window shades were drawn, and he sat alone. I was like the sanitizer that evaporated from my hands when I entered his room.

I used my stethoscope many times to listen to his chest, but never did I stop to hear his stories or learn about his family. I watched fluid fill his lungs on serial chest x-rays, but I missed every minute of the serene slowing of his breath. My fingertips produced many notes and orders for him, but never did they feel the warmth of being wrapped around his hand. In all the inevitably failed efforts I cast to preserve his body, I trespassed upon his soul.

"Clocks" will always make me think of Violet. It was part of grieving her loss and now commemorates her in a welcome and beautiful way. But as it plays on my walk home from the hospital today, there are two lines that I can't stop thinking about:

"Am I a part of the cure? Or am I part of the disease?"

WEATHERING THE STORM: WHEN PROVIDER BECOMES PATIENT

JOSLYN TROVATI

Social Worker | Oncology | Sidney Kimmel Cancer Center

It all started with a small, hard lump on the back of my head.

It was August 2021. I was a normal, healthy 25-year-old. I had graduated from my master's program in May and was just a couple of weeks away from starting my first job as an oncology social worker at Jefferson. I would be working with breast cancer patients on the outpatient side, and I would be assisting with the free breast and cervical cancer screening program for uninsured people. I could not have been more excited.

The lump was about the size of a blueberry. It was firm, immovable, and not painful. I was definitely concerned and knew I needed to get it examined, but I was between primary care providers and figured it could wait until I settled into my new job. So it wasn't until late November that I finally got an appointment with a new PCP.

I am so grateful for that PCP. She took plenty of time with me, listened, examined the lump herself, and wrote me a script for an ultrasound. I left her office that day feeling glad that I had found such a great new doctor and ready to find out what exactly this lump was.

Unfortunately, the ultrasound was unrevealing. Determined to help me figure out what this little lump was, my PCP then referred me to a head and neck surgeon, who did a needle biopsy in early December. That biopsy ruled some things out, but ultimately didn't offer a definitive answer, so we decided to proceed with excision. On February 1, 2022, I had the surgery to remove the lump. And on February 13th, a Sunday evening, I received the pathology report on my health portal app: the excised lump, which turned out to be an enlarged lymph node, showed Non-Hodgkin's follicular lymphoma, an indolent B-cell lymphoma that is usually diagnosed in people in their 50s and 60s and that is currently incurable. The cancer does respond well to treatment and remission is possible, but it always comes back.

I truly couldn't believe what I had just read. At 26 years old, just six months into my career as a cancer social worker, a job that had already brought me such joy and fulfillment, suddenly I was a cancer patient, too. My questions were limitless and frenzied. Where did this cancer come from? How long had it been in my body? Where else in my body had it spread? Would I need treatment? What would this mean for my day-to-day life? What would this mean for my job? Could I still provide my patients the best care possible? In a matter of days, my entire life had been thrown into a tailspin.

I had a PET scan a few days after finding out my diagnosis, which revealed that the cancer had spread to lymph nodes all over my body, making it a stage III disease. My oncologist, who I was lucky enough to see the day after my PET scan, recommended that I start treatment rather than taking a watch-and-wait approach, based on my age and the number of lymph nodes involved. She also recommended fertility preservation. Sitting in the exam room that day, dumbfounded by all that I had just learned, I thought, first cancer... and now I have to freeze my eggs, too?

I knew a few things for sure as I began processing this unimaginable news. I knew that in order to navigate this new reality, I had to tap into every source of support I could find. I quickly shared my diagnosis with my family and close friends, as well as my supervisors here at Jefferson. I knew that starting this conversation early and coming up with a support plan was essential. I knew that rest, patience, and self-compassion, none of which come easily to me, were necessary. I knew that I would need my community to keep me afloat.

And how did I know all of this? Well, I learned it all from my patients.

Time and time again, my patients have unknowingly taught me life lessons that carry me through my days. They demonstrate the enormous courage and vulnerability that it takes to be a person with cancer—to undergo treatments that can be physically debilitating. To be vulnerable about the mental health impacts of their cancer. To ask for help when they need it. To lean on their loved ones on the tough days and celebrate the victories, big and small, on the good days. To infuse some humor into deeply unfunny situations. To connect with others with similar diagnoses who can relate to what they're going through. To set limits for what they can accomplish in a day and what can wait until another day.

I have followed the lead of my patients in these ways and so many others in these first few months since I learned of my diagnosis. I am halfway through my immunotherapy treatment, and I generally feel good. I have minimal side effects and most days I have enough energy to work, see friends, and do errands and chores (with the occasional nap in between). My friends, family, and colleagues have stepped up and supported me in ways I never imagined possible. I have never gone to an oncology appointment alone. I am never without a trusted listener to call or FaceTime. I have a wonderful therapist, and I have attended three different support groups—two for young adults with cancer and one for people with leukemia and lymphoma.

My patients have modeled for me what it takes to weather the storm that is cancer. Though I generally choose not to share my story with my patients, as I prefer our work together to focus on them, I have taken their words of wisdom, their strength and resilience, and their perseverance and altruism with me on my own “journey.”

Though I still have a long road ahead of me with this diagnosis, I am so grateful for the armies of people I have behind me, for the privilege I have to be able to access quality healthcare, and for the unexpected opportunity to understand firsthand some of what my patients go through. The road ahead is long, but I am prepared to go wherever it takes me.

Update, March 2023

At the time of this writing, I am proud to say that I completed my immunotherapy treatment in August 2022 and my PET scan in November showed complete response to treatment! The joy and relief that comes with finishing treatment and reaching remission is beyond description.

Moving forward, I will have appointments every three months for bloodwork and every six months for scans. The hope is that my lymphoma will not return for many years, but close monitoring will ensure that any recurrence is detected and treated quickly. The “scanxiety” I have come to know so well always creeps back in the days leading up to my follow-up appointments, but I do my best to respond to it with compassion and gentleness. I prioritize extra rest. I turn to friends and family for support. I indulge in my favorite food, pasta, a little more than usual.

Although I know my cancer will return at some point in the future, I have no doubt that I will be ready to weather any storm that comes my way. My patients continue to show me how to face the gusty winds and pouring rain with the utmost grace and tenacity and how to find shelter from the storm when I need it.

EVERYTHING CHANGED WHEN...

JASON TAPSCOTT

Peer Specialist | Einstein

I took that final trip to the hospital. I had been to the hospital for psychiatric reasons before. Mostly depression which was caused by the pressure of the voices. You see, I am living with schizoaffective disorder and have a long line of institutionalizations in my checkered past. This trip was no different...voices telling me to hurt myself and me getting depressed that I had to deal with that while other "normal" people did not.

At the time, I was living in a mental health residence. I had resided in many of those in my past with mixed results. But this time was different because of the level of empathy of the staff and because I was in a place where I was vulnerable enough to receive it.

I was starting to make some real changes in my life and in my perspective on said life. However, at that moment, I was not yet completely over the wellness/recovery hump. The voices were getting bad that particular day, and I told an empathetic staff member named Mr. D. there at the drab institutional house.

Mr. D. was one of my favorites. When I found out he was a Broncos fan like my dad, that started an immediate bromance between us, except he was still a respected authority figure, again like my dad. We would play basketball on occasion; he, my roommate, and I would mix it up in the cul-de-sac of a driveway using a hoop that was shorter than regulation but high enough to make it interesting. During those pickup games, usually in the too-hot summertime, my roommate with the impish wry smile, who had the delusion that one day he would play basketball at the University of Memphis, would routinely try to dunk on us like Shaq. A steely determination could be observed in him on those occasions, the smile nowhere to be found. Unfortunately for him and Mr. D., after a couple days of him winning, I stepped up my game and won routinely, sometimes dramatically, though never did I blow them away. Suffice it to say that it was always a good time.

Usually, after a game of basketball in the hot Philadelphia summer, I would graciously offer to go to the store and, with food stamps, buy everyone Gatorade. Despite being able to beat him at basketball (Mr. D. usually ended with the least points between the 3 of us), he was still respected by me and a major support for me because of his empathetic attitude.

That fateful day, Mr. D. was the one who showed grave concern and yet calmly walked me out to the residence's vehicle and drove me the short distance to the hospital. We sat there in the waiting room with its white walls, waiting for me to be potentially admitted. All this time, the voices had been getting progressively worse, and at that point, they were nearly unbearable. They were descending on me so incessantly; it felt like my vision was even starting to darken. I could nearly hear nothing else but their susurrations telling me how stupid or bad I was or calling me a fuckup or a clown and subsequently saying I should put myself out of my misery.

My mood understandably was suffering at that point; however, that is when the change happened. As I sat there with the concerned staff member, I noticed that my mood and the voices were playing off each other, that as my mood descended the voices got noticeably worse. Eureka; bingo! I found the connection between the two. I found that I could masochistically make them louder and worse by filling my mind with self-hatred and hateful self-talk. Well, I realized that I have some control over this and that the reverse was probably true. Scientist that I was (and still am), I decided to try to lighten my mood to test my theory, and sure enough, the voices quieted some and lost some of their power over me and my mood. I realized that one could feed the other, and knowing that relationship made all the difference.

That was my final trip to the hospital, and I have been on a meaningful, though sometimes bumpy, road to recovery ever since. I have met several empathetic souls on said road that have helped me unfathomably to the depths of their own souls. They have been strangers, mental health workers at residents, case managers, therapists, even occasionally a psychiatrist or two (although sadly some psychiatrists lacked the necessary empathy, but I have interacted with more "good" ones than bad). They all helped me so much. And now I am in a part of my recovery where I can pass along the message of empathy. Empathy is a key tool for a Peer Specialist, and now I work at a hospital instead of being potentially admitted to one. One could say that empathy has come full circle.

THORACIC ANATOMY: A SESTINA

NATALIE PERLOV
Medical Student

A scalpel cuts clean lines through
the fibrous pericardium peeling away
delicate slices at the vena cavae, looking
out for the phrenic nerve. A gloved hand
plunges in, pulls out the heart. We marvel
at the hypertrophied chunk of flesh in front
of us, a perfect example of pathology. Front
and center, differential diagnoses: diet through
smoking, the usual suspects come to mind. Marbled
fat courses through the coronary sinus, weighed
down by clotted blood crumbling in our hands
as we trace the great vessels, looking
for muscles and nerves, looking
for clues of who lived here before. Front
and center, differential diagnoses hand
themselves over: those loved through
those lost, the ones who got away
like blood sludging onward. I marvel
at the lacy chordae tendineae, marbles
of blood tugging on heart strings. Looks
like mitral valve prolapse, leaflets weighed
down by a broken heart, affronts
etched into pectinate muscle through
loves gained and lost. I handle
the heart carefully. Who handed
themselves over to this heart, marveled
at its capacity and flaws. Through
good times and bad, who looked
here for comfort? Who was confronted
instead, locked out, shooed away?
Dissection is over. We put his heart away,
nestled back into the cardiac notch, handed
over to the thorax, the sternum closing in front.
Formaldehyde rags laid, threads of fascia and marbles
of fat collected and disposed. Our cadaver looks
asleep now under his plastic sheet. Gloves thrown
away, gowns discarded, the marvel
of the extraordinary fading. One last look
at his heart, a stone's throw from our own.

A SIMPLE ACT OF KINDNESS CONTINUES OVER 100 YEARS

ROSEMARIE CAPORALE

Executive Secretary | Methodist Hospital

In an ever-changing world, a group that started in 1887, originally to make bed sheets for an unopened hospital, still makes a difference in the lives of patients today. Our Women's Association ladies' group creates beautiful lap robes, prayer shawls, and prayer blankets for our patients in the hospital free of charge. What a wonderful blessing to have a unique item given to someone in the hospital in an uncertain time in their life. These blankets are crocheted, knitted, or quilted, and prayed upon during the making of them. Before distribution, they are again prayed upon for the patient's healing. A double blessing.

We receive many thanks, but my most memorable letter was from a patient's daughter who wanted to thank us for the peace that swept over her father's face when one of our prayer blankets was put over him. She was so touched and overwhelmed that someone would do such a selfless act for a total stranger. She was so impressed that she wanted to start her own group to do this so that someone else could experience what she did with her father. She said she would never forget that special moment that we created for her.

Just recently, we were told that when presented with one of our blankets to warm her child, even though the person did not speak English, the look on her face and in her eyes said it all. The person who told us this said that this moment will not easily be forgotten.

The hospital serves many different people from all over with many different beliefs, and languages can also be a barrier; however, kindness and love are universal. What a blessing to leave the hospital with physical, emotional, and spiritual healing. What a special place to care for your whole self.

You may never know how one act of kindness, however small it may be, can affect someone's life going forward.

THE DUALITY OF A BROKEN EMPATH

CHLOE EDWARDS
Physician Assistant Student

Am I a good person? When I think about my path within the medical field, this is the question I ask myself the most. It crosses my mind more than, *“Am I smart enough?”* or *“Am I capable of this?”* My definition of success lies within the question of my morality. If I were to ask my mother this question, she would smile and roll her eyes at me, countering, *“Chloe, you have the biggest heart I’ve ever seen.”* I don’t get it, though. I don’t see what she sees. Sometimes, I do see myself practicing with the compassion that my mother adores, but when I lack it, I feel evil.

When I found out my aunt died, I laughed. Hard. It was the type of laugh that bubbles up from your stomach and bursts out to fill the noise in an empty room. I know it sounds bad, but it’s true. It was a cooler day during the summer of 2020. Life was far from normal, but for the first time, the world was able to exhale and start enjoying little moments within quarantine. Throughout the pandemic, I found myself enjoying my time alone. I would sit in my room and wait for the sun to peek through my window so I could feel its warmth on my skin. Suddenly, my twin brother barged into my room, and before I could roll my eyes and tell him to leave me alone, he said it,

“Ms. Marley’s dead,”

“Huh?” my mouth dropped.

“Ms. Marley’s dead,”

Silence.

Really?” the corners of my mouth raised.

“Yeah,” his mouth mimicked mine. We stared at each other for a few seconds, fighting the urge to do what we knew was so immoral. Silence again. I looked down at my fingers; he stared at the window. He sighed. I sighed. Our eyes met again and instantly the contact broke the silence. The room was filled with noises that come from a family reunion or other events of joy. Despite the lack of happiness in the situation, I couldn’t help my reaction. I was in no way excited by her passing. She was a staple figure in my childhood who drove my love for the arts and creativity. If anything, I knew I would miss her. So why did I react so cruelly?

To examine the why and how of this, I began thinking back on other tragic events of my life. I was 16 at the time, almost 19 as I write this. As I reflected, I realized my entire life was surrounded by sorrow, pain, and struggle. My family lived in the lower-class part of town. Here, the weeds grew faster than grass, the walls of buildings were covered in graffiti, and shootings and stabbings were common. As a member of Generation Z, I grew up in a post-9/11, height-of-gun-violence, and prejudice-

against-all type of world. And as a 16-year-old, I witnessed a lifetime high of racial tensions following the death of George Floyd, all while I was bound to the corners of my room for months at a time. Even now, as a student in Philadelphia who has run from the sound of bullets at parties, I barely bat an eye at the death and violence spewed all over the media.

It feels sickening to lose a part of myself to overexposure to violence. Despite this, I know that part of myself is not all gone. Somewhere inside, there's a little Black girl, hugging her knees in a corner. Her hair is in pigtail braids and her face is round and chunky. If you approach her quietly, you'll see that she's crying, grabbing her body harshly for any form of comfort. This little girl mourns everything. From the bug she stepped on outside and her dog who squealed when she picked him up to the death of unarmed Black men and women and the children locked away at the border. She feels it all, and she is so tired of the world she lives in. So, she created the almost 19-year-old that I am today. The quick and sometimes cruel girl who laughs when she should cry. But through my laughter, I hear her sometimes, the sniffles and the shuffling. When I do, I pause. I think about how quickly she was forced into the gruesome light of the real world and how much she suffers for it. And in the dead of night, I cry for her.

I am broken. This is a hard phrase to accept, but it's true. I think to myself, "How can I have a successful medical career if I feel this way?" I'll pull myself apart for hours, doubting every ability I've ever had. Although, in writing this, I discovered what motivates me. I never want anyone else to feel the way the little Black girl inside of me does: alone, afraid, and upset. I realized that I have to care. I have to feel. Because if I don't, who will?

So, I say this: Cry for your patients, cry for your loved ones, and cry for the corrupt world that we live in. I say to explore every feeling attached to that pain and label it. And once you've finished, as you wipe your tears and throw out your tissues, think. Think about what you can do to change it. Accept the world for what is it, but never accept defeat. Define who you are, what you are capable of, and who will benefit. Feed those words to the little person that exists inside of you, and never let them forget it. I'll begin:



My name is Chloe Edwards. I am going to be a physician assistant, and I am going to bring medical equity to the communities that need it most. I will never stop listening and advocating for my patients and their needs. I am going to change the world.

And don't you forget it, Chloe.

I'M IN THE CITY

JANITA AIDONIA
MPH Student

Pick up the pace you're in the city
No time to waste you're in the city

One foot in front of the next
Bag on you swinging closely by
Stepping to a pace that helps you get around
Drifting vigilantly, quickly to the youthful sounds

Pick up the pace you're in the city
No time to waste you're in the city

The smell of cigarettes reaches my nose
I lift my head briefly to see if the culprit is close
As the smell wooshes and swooshes and swiftly drifts by
I'm met by the smell of the trash unit nearby

Pick up the pace you're in the city
No time to waste you're in the city

I hear a bang a pop and a pow
I see the dump truck picking up trash now
I hear a bark and see a pull of a leash
A pigeon perched in front of a dog is bound to cause a scene
I smile at the dog and stay clear of the bird's way, as it flies off into the distance not
giving me the time of day

Pick up the pace you're in the city
No time to waste you're in the city

I began to zone out
Mind strictly on the route
Focused on the lights, changing to green
Carefully crossing the street so the cars do not scream
I hear honk, it was my turn to go
I turn to the car who beckons a show

Pick up the pace you're in the city
No time to waste you're in the city

As I walk hearing just the rhythm and beat of the sounds my headphones bring
I feel small in a space so large
as I begin to reflect
a "weerrr weerrr" sound is off in the near distance
a siren
an ambulance, I break the gentleness of my thoughts to pray for the recipient

Pick up the pace you're in the city
No time to waste you're in the city

Pick Up the Pace you're in the City
No time to waste you're in the City!

I hear a different sound now, the click clank of coins,
I look down now, to see a cup
a sign
a somber, solemn face
Pick up the pace
you're in the city

No time to waste you're in the city

I see a man lying with no shirt
I see clots and bounds of real dirt on this man

who is he?
who left him all alone?
Who is he?
and why is he so poor,
how, how is he this broken
who, left him here all alone
why—

Pick Up the pace you're in the city

My body slows down
Do I have coins?

No time to waste you're in the city

I pass the man who needed money

yet

here a woman stands with the same plea
I see her eyes going back and forth and then up at me

Pick up the pace you're in the city
No time to waste—

I can no longer move faster
I am stuck

lost in this city of hope

lost in this city of tall towers
and
fancy flowers
that line grandiose buildings
buildings that in between the creases hold the bodies of God's man

Lying
and
needing

I can no longer breathe in the smoke
I can no longer remotely pass by
I am slugged down
bombarded with the truth
I just paid ten dollars for coffee and a muffin but have nothing left for you—

PICK UP THE PACE YOU'RE IN THE CITY
NO TIME TO WASTE—

time...

no, time I am stuck in

I am frozen
because after your eyes met mine
I was reminded

no
I was scolded by the truth

you
are no different than me

I
no different than you

my brother
I am sorry, my sister I do weep

for spaced in the pace of the city that is so sweet
no one left any nectar for you.

pick up the pace you're in the *City*

HOW WAS YOUR SUMMER?

CONNOR CRUTCHFIELD

Medical Student

How was your summer? Like many of us, this was the question I dreaded as I began my second year of medical school. I didn't know what to say, what to tell everyone. I wondered, "do people really want to know; do they really care enough to know the truth?" Do you want to know that I spent my summer in a Boston ICU because my dad almost bled out on an OR table? Do you really want to hear how I watched my parents exchange their wedding vows for what they thought was the last time or that I prepared myself to say goodbye to my dad before each of his surgeries? Do people actually care that a priest performed the Anointing of the Sick at his bedside or that my family lived in a hotel next to the hospital for weeks?

No. A simple, "It was great! How was yours?" is customary and preferred. Don't be dramatic, just exchange the requisite niceties and get on with your day. I don't blame anyone, though; it's a nice gesture to reach out and catch up with someone, a pleasantry among friends that communicates interest, I suppose. God knows I wouldn't want to hear all that if I were them. The problem was my own, and it was only because I didn't know what to say this time.

Last winter, my dad was diagnosed with chronic myelomonocytic leukemia (CMML), a rare and poorly studied cousin of CML. Now, you have to understand, this is a man that played a Division I sport, worked out twice a day—bike in the morning and weights at night—and even gave up meat in an attempt to optimize his health. I mean, the guy had abs at 62 years old. Needless to say, the diagnosis blindsided my three siblings and me when he told us over Zoom one night. A year ago, my dad had been having intermittent flank pain for some time, and his PCP discovered that his spleen was enlarged. The pain waxed and waned, and he was initially diagnosed with Epstein-Barr virus until his blood labs had worsened at a routine follow-up. One referral, two bone marrow biopsies, and three oncology consults later, and he was diagnosed with CMML. It wasn't until a more recent episode in late June that my dad, the archetypal stoic, woke up in the middle of the night with side pain so bad that even IV Dilaudid couldn't placate him. My loving mother rushed him to our local ED, where he was later transferred by ambulance to the closest major academic institution so that his diagnosing oncologist could oversee his care. This was the beginning of the longest summer of my life.

My dad has now been in a hospital bed for over 50 days, during which time he underwent a complicated and emergent open splenectomy. There's no doubt he'll remain there well past the two-month mark and, if we're lucky, that's all it will be. The day of that first surgery, I was at my internship across town, observing in another OR coincidentally, when my older sister called to give me the news, "Dad is stable, but critical." Her quivering words still echo in my head.

"O-o-okay," I stuttered, "w-what does that mean?" My older brother, sister, and mom had fielded the postoperative call from his lead surgeon. "It was a very challenging

procedure," he had told them repeatedly, "Your dad lost A LOT of blood." We later learned "a lot" meant 4L of the 5L in the human body, or about 80%.

He had the biggest spleen they had ever seen, and in order to remove it, the surgeons had to move aside his other enlarged and inflamed organs, debride adhesions, and staple back his diaphragm, which had torn during the removal process—it was the procedure of his surgeon's career. After the surgery, he somehow made it back to the SICU on a ventilator, complete with acidemia, hypothermia, and hypervolemia, having received four blood transfusions and six more medications that were coming in by IV. The surgical team also decided to leave his abdomen open with only a wound vacuum to cover his viscera, since they were concerned the one surgery wouldn't finish the job. Everyone knows it isn't good to be the interesting one in a hospital, but that's what my dad was, and I found myself paradoxically terrified and intrigued by his case at the same time.

Upon fielding that call from my sister, I immediately left my hospital for Dad's and went upstairs to find my mother in a hallway outside the SICU. She had been waiting to see him. I arrived, still in my scrubs, and anxiously gave her a hug seconds before we received a call from the attending physician caring for my dad on the other side of the double doors. The doctor insisted she had to install a central line and needed our consent to do so. My mom proceeded to ask the doctor what the line was needed for, and, as she received her explanation, I felt her legs give out when the word "resuscitate" came through the phone. Naturally, the doctor meant fluid resuscitation, but my lay mother heard, "Your husband's heart has stopped, and we need your permission to perform cardiac resuscitation." Exacting diction as a physician was the first of many lessons I would receive in that hospital.

When they finally deemed my dad stable enough for visitors, we were permitted to see him. I went in first with my mom.

... I'd never seen anything like it...

The scene was straight out of a movie, except worse because it was real, and it was my dad. Upon looking down at him, I knew instantly I was amidst the throes of a liminal moment in my life, one after which nothing would ever be the same. The veins in his face and neck were distended from the excess volume he'd been given (he was holding >15L of extra fluid), he had catheters stemming from all over his body, EKG leads crossing in every direction, one of his eyes was open and rolled back, and there were blood products in coolers at the foot of his bed "just in case." Beepers sounded from all over the room, and blood was seeping from the multiple IVs they'd placed in a hurry. He had survived surgery, but only just. On that day, though, life itself was all that mattered to us.

After about 15 minutes of horror and relief, the surgeon informed us that his blood pressure was not rising as expected. The surgical team suspected an internal bleed and ultimately decided that another trip down to the OR was needed to stop the hemorrhaging and save his life. We reluctantly agreed; what option did we have? Knowing it no longer applied, they rescinded the two-at-a-time visitor rule to let us hold his hand and say what we needed to before they took him back down to the

operating suite. Suddenly, SICU staff were rushing around his room like we weren't even there, pushing boluses of medications and hurrying to prepare for his second of what would become 4 procedures. I couldn't restrain the tears that poured freely down my face as I stood there amidst the chaos in total disbelief. Crying had never come to me as easily as it did on that Friday afternoon.

I'm sure the crowd of junior residents watching from just outside his room, too nervous to enter, got quite the show. The whole day was absolute pandemonium, yet to those doctors, it was a perfectly orchestrated gameplan. "They know what they're doing!" we reminded each other, "They know what they're doing!" It was all we could say to comfort ourselves. I don't know how long we were in the room with him before he went back down for surgery, but it felt like time froze for a moment as I took in what I knew might very well be the last time I saw my dad alive.

Miraculously, he made it through once again. My dad was on a ventilator for weeks postoperatively and went on to have three more surgeries to address a myriad of medical sequelae, all successful. During this time, I watched the last person I had imagined experience everything I had learned during my first year of medical school: inflammation, necrosis, tachycardia, bradycardia, hyperkalemia, dysphagia, refeeding syndrome, wound dehiscence, hypophosphatemia, septic shock, Stage III heart block, cardiac tamponade, blood clotting, tumor lysis syndrome, pleural effusions, pneumonia, bacteremia, PEEP, antibiotic stewardship, insomnia, adverse effects of medications, rapid response teams, diuresis, pressure sores, malabsorption, altered mental status, cachexia, and neuropathy. You name it, we lived it. Throughout it all, I was both student and family member, studying how elite physicians delivered news through the pain of receiving it. Every day that I sat in that 8th floor waiting room outside the SICU with my mother and siblings, I was reminded of two things: 1) that cancer is unprejudiced and does not care who it affects, and 2) that life is short. A major theme in the Stoic tradition is the idea of "memento mori," a reminder of ephemerality that loosely translates to "remember that you have to die." This entire experience has helped me reflect on that, and I hope this story does the same for you.

I never thought I would be the guy whose dad has cancer, in spite of its overwhelming probability (1 in 3 adults in the U.S.), yet here I am. I now find myself with a life experience I would never have learned in medical school or any future training, even if one day I become one of those residents outside Room 52 looking on as mayhem unfolds. Unfortunately, this is a lesson that took first-person experience to learn, and what strikes me most about it all in retrospect is that people go through this all the time. Every day, people are diagnosed with disease, and every day, people die. In fact, I will almost certainly treat a patient and their family who have an experience identical to mine at some point during my career. When that happens, though, I will be ready. I will have stood where they will stand and felt what they will feel—terror, helplessness, numbness, uncertainty—and even if their story has a less auspicious ending, they will know that I understand them, and they will have my empathy.

Empathy is a funny thing, though. It's taught didactically in the classroom and explained with definitions and patient panels in an attempt to synthesize it through

viewership. Real empathy, I have found, is hurting for someone else, even wishing you could bear the pain they feel. There is no doubt that my family conjured feelings of sympathy from hospital staff, perhaps a good deal of empathy too, but the reality is that one is offered while the other is felt. And as the recipient, you know which is which. Empathy can only be taught superficially in a classroom; knowing emotional principles and behavioral symptoms is useful only up to a certain point. To provide genuine care for another person, we must immerse ourselves in lived experiences. Whether it be through JeffHOPE, volunteer work, mission trips, or dare I say embracing adversity, go out and live the oath we all take as healthcare providers, because ultimately, that is the only way to do it right. That is the only way to learn the empathy that saved my family. Akin to the Stoic philosophy, there is an art style in Japan called kintsugi, wherein the seams of broken ceramic vessels are repaired with lacquer, gold dust, and the understanding that the piece is more beautiful for having been broken. One of my favorite things about medicine is that our cracks only make us better at it, helping us become more empathetic and compassionate caregivers. Relish those cracks and wear them triumphantly.

One may think that after the summer I had, that I would want a break from healthcare, but honestly, I feel the opposite. If anything, I am more fascinated by the science of medicine, more appreciative of its art; I've been reminded of what the body is capable of overcoming, and I feel more confident that I will be able to provide deeply empathic care as a future doctor. I now have an even more compelling reason to study hard and train with intention because there will come a day when I myself am making that phone call to a family pacing anxiously around a city at midnight because they can't sleep while they await results. And as their future doctor, I will do everything I can to dictate the direction of that conversation.

When this was written, my dad was working with physical and occupational therapy and recently had his surgical staples taken out. He is not out of the woods yet, but our spirits are as high as ever. He has not stopped smiling since he was admitted.

To my dad, the strongest person I've ever known, and the incredible hospital workers who have cared for my entire family.

A PATIENT FIRST, AND ONLY LATER A PHYSICIAN

CHRISTOPHER HAINES

Physician | Family and Community Medicine

Il look back at the photo now, and I recognize the boy. One hundred-and-three pounds of sinewy early-teen muscle standing on the awards platform at the Gloucester County wrestling championship. Not quite on the top spot; that spot was taken by the wrestler from Paulsboro, like it was most years since my dad was a kid. No, I finished second, edging out the kid from Clearview by decision (5-4, I think) in the semifinal and then losing in the final to the kid from Paulsboro. However, he couldn't pin me like he had the year before, and I was confident that sometime in the next 12 months, I would turn the tide on him for good.

I was blonde, really blonde, with hair split down the middle in a crooked part. I held the trophy like a goose's neck, not too tight as to kill the goose, but not too loose as to let it get away. My singlet was short, my socks super high. I was a vision of long, muscular thighs. My shoulders were wide, and my waist was thin—the product of hundreds of hours in the wrestling room, hundreds of hours making my body strong and my will stronger. At 14, I had control of my life.

I was in eighth grade and had finally settled into middle school. I was editor of the school newspaper and a pretty well-liked guy. Girls were beginning to change into young women before my eyes; I noticed this with delight but without the courage to do anything about it. The previous year, my baseball team had won the town league. I was going to be an engineer. I believed in God, America, and the inherent fairness of the world.

In eighth grade, we still wrestled in the junior program. The high school program was entirely different and entirely inaccessible. However, after our season was over, the high school coach invited us incoming freshmen to practice with the team. It was a great honor, and I was excited. However, little did I know that the first practice of my high school career would be the last time I'd ever wrestle.

I remember the practice well. It was not held in the dank, sweaty, tiny field house where I had toiled since the third grade. Instead, it was held in the expansive high school gym, with the wrestling mats only taking up a part of the massive hardwood floor.

I remember the particular drill well. We were working on shooting in for a takedown. A proper takedown sees the wrestler drop to one knee while shifting his weight to the other knee, essentially sashaying himself across the mat. I was paired with Jared, a kid my age and size who was a pretty good wrestler. These were light drills, essentially no contact. Jared's job was to try to evade me when I shot in; my job was to get in as deep as I could on the takedown, but I was only to make light contact with Jared as I did so. As I came in, I would arch my back and neck, as quickly as a cat.

There is a line in Pink Floyd's "Comfortably Numb" which has since brought me to tears. "When I was a child, I had a fever. My hands felt just like two balloons." What happened next is the reason for those familiar tears. I shot in on Jared. Suddenly the right side of my body went limp, and I collapsed to the floor. I couldn't speak. The words were there, and I was so scared, but I could not get them out.

In wrestling, when you get pinned, they say you are "counting the lights." I remember staring at the lights on the ceiling of that enormous gymnasium, pinned down not by an opponent, but by my own body's inability to move. My strong, lean body, of which I was so proud, had become a trap. My mind, of which I was also proud, had become a prison, in which thoughts could be formed but had no way of escaping.

Within a few minutes, I could say a few words. I don't think I ever fully lost consciousness. I remember people asking me their name, and I had no idea. I did not know where I was, and I could not describe what had happened to me.

This must have gone on for a while, because the next thing I remember is my mother being there. I cannot begin to imagine the terror that she felt as she drove the three miles from our home to the high school after receiving that phone call on what was probably an otherwise ordinary weeknight.

My mom stood in front of me, and someone asked me if I knew who she was. I answered "Mom," but that was all I knew. I still didn't even know my own name.

An ambulance came, and my mom rode in the back with me to the ER of the local hospital. I don't think I was there for too long before they realized that my case was too complicated for the local general hospital. They arranged to transfer me to CHOP, the Children's Hospital of Philadelphia, arguably one of the best hospitals for children in the world.

CHOP was this big, gleaming palace where all the best doctors and the sickest children went. Fortunately for me, my symptoms completely resolved after about a day. I could speak again. I could move my right side again. My hand no longer felt like a balloon.

Of course, as I've learned since I've become a doctor, this was just the beginning. The biggest fear with a neurological event that resolves is that it is just a harbinger of a coming, more devastating, and permanent event. In my case, my "episode" met the medical criteria for a stroke, although no one used that phrase with me. Instead, it was referred to as my "incident," my "episode," or some other euphemism. Only years later, when I reviewed my records as a medical student, did I discover that it was a stroke.

Now began the quest to figure out exactly what had gone wrong. I ended up staying at CHOP for about three weeks, and I underwent just about every test you can imagine. Imaging was in its infancy in those days; MRIs were not available, and CTs were of poor quality. Essentially, if they wanted to know what was going on inside me, they had to stick a catheter in my arteries and shoot in some dye.

One day, I had a cardiac catheterization, a procedure mostly experienced by older people after a lifetime of smoking, fats, diabetes, or just decades of living. Another

day, I had a cerebral angiogram, a direct way of viewing the blood vessels that fed my brain. My parents only told me years later that the doctors had informed them I had an approximately 3% chance of dying or having a permanent stroke during that procedure.

I remember I had a couple of roommates during my stay at CHOP. As I mentioned earlier, CHOP drew the sickest kids, and my roommates were no exception. I remember one boy with whom I shared a room; he was older than me but tiny, incommunicative, and malformed. I never knew what was wrong with him, but it was difficult to feel sorry for myself with such a person in my midst, particularly because my function had fully returned.

That became a mantra for me in my life: at least you don't have it as bad as the next guy.

I can remember going to my cardiac catheterization. Now I was aware that they were looking for subtle sources of blood clots that might be making it to my brain. However, at the time I had no idea what could possibly be wrong with my heart, this heart that easily carried me through intense wrestling training and onwards to success.

Now that I have children, I imagine what my parents went through with a sense of dread, and I remember with admiration how they handled themselves. My dad had been a sick child himself and spent the sixth year of his life hospitalized with polio. He was in a relatively new job the year I got sick, working to haul new cars from their rail yard to car dealerships. My mom was working as a medical secretary in the private practice of a gynecologist. My brother David was in ninth grade, and my sister Susan was in fifth. Despite my parents' responsibilities, and even though we lived about 25 miles from CHOP, I do not remember a time when I did not have a parent by my side.

My mom and dad, although inwardly terrified, exuded a sense of calm and control, off of which I was able to feed. Their message was that with these great doctors, and with faith, everything was going to be okay.

"It's going to hurt when the catheter turns the corner around your shoulder into your chest." The catheter was placed near my right elbow, and it hurt as it came towards my heart. But soon I was asleep, and that is all I remember.

My cardiac catheterization was normal. My cerebral angiogram was not. It showed a tortuous left vertebral artery, one of the four major arteries that supply blood to the brain. Essentially, as I now understand it, during puberty, that artery grew a bit faster than the rest of me. Since that artery sits in a bony casing as it climbs the neck, the effect was a bit like stuffing a 12-inch straw into a 10-inch-tall bottle: something must give, and inevitably, it is the straw kinking.

So that was the diagnosis: a redundant left vertebral artery that became acutely kinked when I arched my neck during that takedown drill. The reason that my symptoms had resolved after a time is because of the ingenious system of redundancy in the vasculature of the neck. There were case reports of others, mostly teenage boys, undergoing similar episodes. The hospitalization was over, we finally had a diagnosis, and now it was time to head home.

The presumption was that I would grow out of this once the rest of my body grew to catch up to my vertebral arteries. However, I was done with “contact sports,” or sports that could manipulate the neck. Wrestling, football, and rugby were out; thankfully, soccer could remain (although with headers this probably wasn’t so smart).

Wrestling was by far my favorite sport, so I was very sad that my career was over. However, I did recognize that I was quite lucky with my outcome, and with all of the truly unfortunate souls I had met at CHOP, how could I even just for a moment allow myself to wallow in self-pity? I don’t remember my return home or back to school, but I do remember that my general approach was to fearlessly pour myself back into my studies and into baseball, which was starting shortly.

I remember one baseball game that year on a sweltering day. I pitched the game and pitched it well. After the game, I grew lightheaded because I was clearly dehydrated. I sat with my mom afterwards on the grass while she got me to drink. I soon felt better. I can’t imagine how terrified she must have been. She didn’t let on.

School ended, and summer followed. I had a few local jobs cutting lawns, but mostly it was shaping up to be a lazy summer. My older brother made the all-star team for baseball, and I did not. I remember being okay with that because I had just been happy to play.

My brother’s team had a game at our local field one summer evening. I sat and watched with my friend and neighbor, Scott. Suddenly, I felt disoriented. Everything seemed to have a halo around it. I turned to reach for Scott, but he was not there. I remember asking, “Scott, where are you?” My world went black. That was all I remembered.

I woke up in another ambulance, again taking me to CHOP. Again, my mom was riding with me. I learned later that I had suffered a “grand mal” seizure. Grand mal is quite a useless term; it basically means “big bad.” Today, such a seizure is referred to as a tonic-clonic seizure.

There were hundreds of people at that game. In front of all of them, I shook, foamed at the mouth, and made animal sounds. My parents assure me that I did not wet my pants, but I have my doubts. I’ve seen lots of seizures since, and that seems to be the norm.

Now we had a whole new disease process, one that suggested that something was wrong with the brain itself. The testing was more limited this time and much less invasive. The rudimentary CT scans of the time reasonably excluded a brain tumor, and the thinking at the time was that the stroke in March, and perhaps the testing done to evaluate, had left some damage that served as a focal point for seizure.

The treatment for seizure disorder (it was never epilepsy; one needs a second seizure to get that diagnosis) is anti-seizure medications that slow down nerve conduction. In my case, I was given Dilantin, an older medication that was effective but fraught with side effects. Dilantin made me a bit sluggish, but the side effect that I feared most was gingival hyperplasia; essentially, one’s gums swell up to such a point that they can completely hide the teeth. That scared the hell out of me.

Fortunately for me, the medical story basically ends there. I tolerated the medication reasonably well, and the follow-ups with my neurologist were unremarkable. The real test, however, came when I was sixteen and we needed to wean me off of the seizure medication so that I could drive. Over a period of months, we weaned down the dosage of my Dilantin, each dose decrease lowering my seizure threshold a little more and making it more likely that a seizure would pop through.

Luckily, no seizure popped through, and soon I was off the medication altogether. There was a tremendous amount of worry when I began driving, but fortunately, I was okay. I've never had another seizure. Follow up testing done in my twenties was completely normal.

Those are the facts of my illness. What compelled me to revisit these events was an opportunity to examine how I handled this and how my illness shaped who I am today. I remember being at CHOP and trying to handle the fear and uncertainty with intellectualism. To everyone who asked, I was a little doctor-in-the-making, taking in all the information as if what was happening to me was knowable and rational, as if by understanding what was happening to my brain, I could control it.

In 2020, when the unknown "Coronavirus" was poised to attack my community and my hospital, I poured myself into understanding everything about it, from the virology to the epidemiology, in an effort to calm my fears.

I now look back and realize that in my teens, I glossed over my fear and feelings of helplessness. However, I don't believe it is a mistake that I ended up a physician (although I took a meandering road to get here). There were other events that contributed, like my best friend's leukemia when we were nineteen. However, I think my path to medicine was cast during those earlier years, even if it was as much out of fear as it was out of fascination.

It was only later that I realized fully how scared that fourteen-year-old boy was. For the first time in my life, things were completely out of my control. To deal with that lost control, I developed a "just deal with it" attitude that didn't allow the fear to seep through.

Empathy is the ability to understand and share the feelings of another. I've always thought that I had a bit of a head start with the empathy we need as physicians, since I was there—scared, weak, and at the whims of forces that I tried to understand but could never fully control.

Overall, I think that my coping mechanisms have allowed me to survive, and I hope they have made me a better physician. Each day, when attempting to help the scared and the sick at the hospital, I remind myself that long before I was a physician, I was a patient.

THE CITY OF BROTHERLY LOVE

SABRINA BOUNADER

Graduate Student | Community and Trauma Counseling Program

A Thursday night leaving
Work, a l o n e
It's late but I'll make the last
SEPTA subway. Market-Frankford line
is empty, yet full of rage.
Are those fireworks or –
Never mind.
I feel safe
If others can see me
But I don't feel safe
Around strangers.

"I'm on my way home"

"Get home safe."

"I'll try"

I see a lonely man.
He is talking to himself
I hope he is okay
But what can I do to help
And keep myself safe?
Everyone is walking over him
Do they not see him? Hear him?
I see and hear him.

"Are you okay?"
Homeless, hungry, & hurt
"Please help me."
I need support"
"I'm not sure what I can do but
I could call the Crisis-Line for you"
"I need help. I want help."
Tears running down a traumatized face
"Help is on the way."

I would want someone to help me
if I were homeless, hungry, & hurt.
So, why not help others?
That could be
Me.

"Got home safe"

He is safe now, too.
You
are not alone.
I
am not alone.
We are seen. We are heard.



THE DRS. THERESA AND CHARLES YEO WRITING PRIZE:
HONORABLE MENTION

WHEN THE FIREWORKS POP OFF

NANCY DINH
Medical Student

I used to think gun violence was something that happened in books and on screens. Even on the news, it never really hit me that this happened in the same world I lived in.

And honestly, all it took was a series of bad mistakes to make me realize. The universe had a funny sense of humor.

My friend had gotten a text from her dad, warning her to stay away from large crowds. Something about Chicago. We were just talking about the prompt for a writing contest, a story about gun violence, during dinner. I had several stories to choose from and didn't know which would be best. None quite seemed to fit.

The irony of that conversation did not escape me.

After dinner, my friend and I were at a dessert shop when we decided to see the fireworks together. It was a couple of blocks away at a parkway, maybe a thirty-minute walk from where we were. Besides, there was a concert right before, and I had never been to a concert. It was really a spur of the moment decision.

I have never really been a spur-of-the-moment kind of person.

Mistake number one.

The walk there was enjoyable. The concert was enjoyable. Soon, the sky dimmed. We hardly noticed it before I looked down to try to see the time on my watch.

The city had promised fireworks at 9:45 pm. They were late. As we waited on the side of the street, my friend and I debated calling an Uber afterwards. I said streets would be too crowded with people also trying to call Ubers. Besides, many of the streets would be closed.

Maybe we should leave now? We looked at each other and decided to stay for a few minutes.

Then the show started.

Mistake number two.

We couldn't see much, so we moved to the middle of the road. Many people had the same idea, and we all squished together. It felt slightly claustrophobic. I was too short to see much of anything except the shoulders of the people immediately in

front of me and the pretty lights in the sky above. My friend took out her phone to post some pictures later.

Then, movement. A small, white dog leapt from its owner's arms in front of us and ran back towards us. Several people scrambled out of the way as the owner lurched towards its leash.

Ha. Hopefully this dog wouldn't cause a panic. It wouldn't be funny, but maybe a little funny. In an ironic kind of way.

I began to laugh. A closed-eyes kind of laugh where I couldn't hear much other than the sounds of my own voice and the bombs overhead. I was distracted.

Mistake number three.

Suddenly, my friend grabbed my hand. She had never been a touchy person. I turned to ask her what was wrong when she dragged me down the street, running faster than I had ever seen her run.

I screamed at her to calm down. It was just a dog. She didn't stop.

I saw the masses begin to run, scattering like little ants.

Wow, I thought. The power of a dog.

Then I saw the abandoned strollers. The people jumping fences. The police telling people to run.

It clicked. I began to speed up.

We sprinted over flower beds, up stairs, past streets with blaring horns ringing in the humid air. Get away from the others, get away, get away. If the shooter didn't get us, the stampede would.

By the time we stopped, we were around four blocks away. It took me a few seconds to figure out where we were. I had never been on this street. Thank goodness we were still heading east, somewhat towards home.

We slowed to a rushed walk, both breathing heavily and still holding hands in a death grip.

I remembered wishing for a hair tie.

Then, several people ahead of us began to run back towards us. Was there another shooter? At City Hall? We didn't stop to ask questions and ran west.

My friend tried to cross the street again before I pulled her south. We weren't going to run back into the arms of shooter number one to get away from shooter number two.

Another three or four blocks down, I ran out of steam. My cursed blisters hurt.

The streets were dark, and the shops were closed. There was nowhere to hide. I took out my phone and called a high school friend for intel. I wasn't about to run blindly again.

I gave him keywords to look up. Then I gave him our location, my friend's name, and our descriptions in case of the worst possible scenario. As we jogged what was probably a good 14 blocks back from this location, I kept him in my ear. My voice, steady and objective, started to quiver.

This was really happening to me.

I bit my lip to keep from crying. Around us, people still ran, although I was unsure whether they were from the concert or just saw us running. "Pop, pop, pop," went the fireworks, lighting the sky, spurring us to run again. For a good few minutes, I legitimately believed we were going to die.

I squeezed my friend's hand. My friend squeezed back.

Around two blocks from our destination, a truck sped past a pothole and rattled. We only heard a loud clack. My friend sprinted, lurching me forward.

The next thing I knew, I was on the sidewalk. Blood pounded in my temples. My hip and ankle throbbed a little. My hands and elbow peppered themselves with some blood that seeped through the skin. My phone laid a few feet away, still with my high school friend on the line.

What an odd place for a phone. Why was it on the ground? I was panicky. Why was I panicky?

I just sat there, confused.

My friend picked me up and grabbed my phone. It wasn't until another block that I remembered what we were doing and that my high school friend was probably worried sick from the scuffle. Once I reassured him I was safe and could see my apartment from there, we hung up.

My friend made it home safe, and we parted to our respective units to shower. By then, the adrenaline had worn off. My ankle nearly gave way when I tried to step into the shower.

The next morning, my friend walked me to urgent care to ensure I actually went. In the fall, I had sprained my ankle. I didn't know whether I had hit my head or not.

At the doctor's, at work, even at the local restaurant I frequented, I hated the pitying looks. I reassured them it was no big deal. There were no casualties, and I was really in no danger the entire time.

I was lucky. Not that I knew it at the moment. It easily could have gone south.

Needless to say, I don't think I'll be attending a concert or watching fireworks anytime soon. I am still jumping at the smallest of noises. I don't stay out past 9 o'clock anymore. My ankle still hurts.

It was a mistake to celebrate the Fourth of July.

LUCKY TO BE ALIVE: REFLECTIONS AFTER A HOMETOWN SHOOTING

NAVA BARMAN

Medical Student and PhD Candidate

"Honey. Wake up. Dear, something happened. Last night, at the theater. They're saying there was a shooting. We don't have all the details. I wanted you to know, because... it's going to be a tough day. I love you."

Though my mother woke me softly with her whispered words, what she had said pierced through me. I was just another high schooler on summer vacation. My older brother, Jeet, and I had discussed just the day before how excited we were to see the movie, *The Dark Knight Rises*. Although we only had a movie-goer's (not comic-book-level) appreciation for Batman, we knew that this movie would be one of a kind. This film deserved to be watched the moment it was released—at midnight.

My hometown of Aurora, Colorado, had several movie theaters, the busiest being the Century 16 Theater in our Town Center. From the outside, it was your run-of-the-mill shopping mall, but tucked inside was this hidden gem bringing the community together in a hodge-podge of laughter, drama, and buttery popcorn. My brother and I had searched for tickets to attend the midnight showing, but our excitement dampened when we found that they were all sold out. At the time, we called it our own "bad luck."

In the dawning hours of July 20, 2012, my hometown theater became the site of the deadliest mass shooting in U.S. history at the time. Twelve people were killed, and 70 others were injured. One of the victims was only 6 years old. Her mother, stroking her daughter and screaming desperate pleas for help, was shot in the back, carrying her second child in her belly. She became paralyzed for life in her arms and legs. She miscarried several weeks later.

The day after the shooting felt like a summertime Colorado wildfire, but instead my soul was the thickest. Frantic texting and calls to loved ones in the area. Eyes pinned to the news, ears glued to the radio. Somehow, we all had a connection to that theater; either we almost attended the showing or we knew someone who did. Anger, sadness, and confusion spiraled out of me as we waited for answers.

"Why did this happen?"

"Who was the culprit?"

"Was this an act of insanity or a pre-meditated plot?"

"Why is this not being called an act of terrorism?"

"I'm lucky to be here."

My emotions were complicated, but I was not alone. In the years since, I've become noticeably hypervigilant to hearing about shootings in residential communities like my own. I no longer can walk into a crowded space or large public event without feeling slightly anxious. My eyes wander to find the quickest exit, and my mind flashes crazy scenarios about how I could flip a coffee table to create a barrier against bullets in the case I'm caught in the country's next calamity. I'm not alone in my new anxieties because with each passing year, more lives will be touched by gun violence.

In the 4 weeks since I first heard about this writing competition, there have been 127 mass shootings in the U.S. In Philadelphia alone, a shooting on June 4th on South Street killed 4, and another shooting during the fireworks celebration on July 4th injured 2 police officers. My own friends, wanting nothing more than to celebrate this country's blessing with fireworks and music, were instead forced to run for their lives in a state of chaos and fear. For some, this life-or-death moment may not be their last.

Shock and anger tend to overshadow grief in the immediate aftermath of a mass shooting. We get lost in the details of such a tragedy, as if the details will bring us closer to a solution to this uniquely American crisis of gun violence. The details of my essay may not harbor the solution to this American problem, but I hope reading this will empower others to share their stories of loss, bravery, and resilience. With these stories, I hope we may paint the fullest picture of what is happening to us and our children and move toward change.

THE DRS. THERESA AND CHARLES YEO WRITING PRIZE:
SECOND PLACE

ONE SURGEON'S STORY OF GUN VIOLENCE

ADAM FRANK
Physician | Surgery

The consequences of gun violence are abhorred universally, but for the surgical trainee, the benefits to training are also a reality of these cases. Aggressive surgical action was highly encouraged in my residency. The trauma bay was an area where large central lines, chest tubes, cricothyrotomies, and emergency anterior thoracotomies were performed. It is in this context that I will relay the story of a gunshot victim that I encountered as I finished my fourth clinical year.

It was a hot early Sunday afternoon between Mother's Day and Father's Day in 1999. I was in charge, being the most senior surgical person present in the trauma bay as the patient arrived. I think back now and suspect that I was full of bravado. I thought I had seen a lot. By that time, I had accumulated a few saves for which I took genuine credit. As the patient rolled in, I thought I was going to be the hero again. I was wrong. I did have attending back up, and I know he came in, but it would be after all that could be done had been done. The time constraints were just too short, as my patient really didn't have a golden hour left.

The African American teenager was still talking on arrival, but he was super scared. He knew he was in trouble. I didn't get much of a story from him; that would come later. He had on nice clothes, and I distinctly remember a nurse in the bay being concerned about properly protecting a stylish, simple gold chain with a cross he wore around his neck. I remember that he struggled to follow an early request to lie down. We knew that he been shot in his left chest. I saw the centimeter sized hole in his left mid axillary line at around the fifth rib level. It was not an easy wound to spot considering the activity in the bay. Even if he couldn't lie down, everyone else in the bay was doing their job. A seasoned nurse was picking a target for a 14 gauge IV. The anesthesia resident was already present and setting up, and the ER physicians were also helping. I had a second surgical resident with me, and I distinctly remember a female ER resident, two years junior to me who had rotated with me on trauma when I was a PGY 3 and she a PGY1. I knew her to be conscientious. She knew how the trauma team functioned and knew the hierarchy. I had good help, but that wouldn't change things. Our patient tried to help too, but some things just weren't going to go right. He suddenly vomited, involuntarily creating mess that had to be addressed at least in some manner. We got him to lie down and soon we had his airway secure. But, as soon as one thing was achieved, something else went awry. His first recorded

blood pressure had been normal, now it vanished. I could not feel a pulse anywhere. Everything seemed to happen faster than it should.

I knew that the next step in his management required me to transition from being a team leader to performing an emergency anterior thoracotomy. We had our roles, and that was mine. I can save him, I remember thinking. We had seen his whole body by now, and he definitely had come in alive. All that was visible was that small wound on lateral left chest. It seemed so small. "I can fix this!" I thought. "With that small a wound, perhaps he just has tamponade, and then when that's relieved, we will get him back!" I proceeded with the well-versed physical steps of a procedure that I had probably done ten or so times previously. Soon, I was in his left chest. A moment later, the descending aorta was clamped. And then I opened the pericardium, which was bulging. "Don't hit the phrenic!" I thought. But it wouldn't have mattered. So much blood!! The hole in his skin was so small. How could there be so much bleeding! We had good intravenous access, and the blood was running in. But the blood was coming out so much faster. I extended the thoracotomy to the right, fracturing his sternum. Suction was there, I had help, but it didn't matter. I was too slow; I couldn't find the bleeding, and his life literally raced around my fingers, pouring out of his heart as I desperately lifted it, praying that I could find the wound. Almost immediately, his heart had no fill. The blood darkened and then darkened further still, and then it slowed down as my inadequacy became more and more evident. I could not figure out where the blood was coming from other than from the back of his heart. After some time, I looked up and saw the ER resident, who was still valiantly trying to clear the field with suction, crying. Her disappointment in our failure was so apparent and so painful. We desperately continued to search for the bleeding source, but by now it became so much less meaningful. As his blood passed out of his body, so did his life. He was dead.

I finally found the injury, but by the time I did, it was pathetically academic. In fact, I truly remember today, two decades later, how the blood welled up frustratingly around my hands, as I searched frantically for the wound on his posterior heart, when he still had a chance to live. But I have no recollection of seeing the actual cardiac wound, even though I know I saw it, in likely a near bloodless field. I closed him for the coroner, but I don't remember doing that either. I know that I did speak to his poor parents with my attending. But I do not remember their faces. I am pretty sure that is the result of ingrained defense mechanisms against the incredible pain of loss they experienced. Soon, I heard the preamble behind his shooting. It made me want to puke just like he had. He had gone to church services with his parents, dressed appropriately for the occasion. Services finished, and they went to lunch together at a nearby restaurant. There, two other young men unknown to our patient, decided to resolve their argument with guns, and our patient, an innocent bystander, got hit by a stray bullet. A bullet that bested the team and me, even though he had come to the ER talking! He was an honors student and a good athlete. He had a very promising future, which was abruptly cut short on that warm Sunday afternoon.

I cannot envision walking in his grieving parents' shoes. The moment I truly try to enter their pain, I skirt it and hide emotionally. Oh, how unfair, and how wasteful. How can this be endured? Today, it is the reality for more than a few parents. This is not part of the natural order of things. It is unbearable and unjust. We are obligated to do something, anything to lessen the chances of this happening again.

THE DRS. THERESA AND CHARLES YEO WRITING PRIZE: HONORABLE MENTION

NEW NORMAL

ABDUL WARIS KAZI

Physician (Resident) | Internal Medicine

The first thing I noticed was how small the bullet holes were, almost invisible. Scattered small tracings of charred flesh hidden along the young man's dark skin. Years of film and television had misled me to believe that the wounds would be gaping, oozing with bright red blood announcing their locations. It was unexpected, the same way it's unexpected when your foot hits the ground when you're anticipating an extra step and it isn't there. A moment of confusion and disorientation until your mind rewires and you understand. You understand how two inconspicuous wounds can do so much damage.

There was no bleeding, just some punctured holes in his leg that sent shocks of pain through his body. He was grimacing with every movement, the contortions in his face interrupted with short, staggered aspirations. It is common to see people yell out in pain—the loud release of air from our lungs is strangely cathartic. But there is a degree of pain that stuns us so quickly and so vociferously that all we can muster is a short breath in.

I could see that pain on his face. Pain from the wounds and pain from the question of if he would walk normally again. He calmed down and told me more of what happened. He was stepping out of his car, walking towards the corner store when a scuffle had broken out nearby. Shots were fired, and he was hit.

He was minding his own business, just in the wrong place at the wrong time. America in the 21st century. Where gun violence is commonplace and routine.

I told him I would redress his wound once I found some gauze and sterile dressing. I had no idea where it was since I wasn't in the trauma bay. I wasn't even in the hospital. I was at my outpatient primary care clinic. My patient had been shot two days prior. He was stabilized at a nearby emergency room and then discharged to follow up with me. The absurdity of the situation contrasted with the banality of our setting. Gun violence so common and routine that all it required was a PCP follow-up.

Empowering patients with the knowledge of their disease is important—explaining why their body is sick and what can be done for treatment or prevention. But there is no coherent pathophysiology for repeated gun violence. We ran out of hypotheses a long time ago. And there wasn't much I could do for him other than reassurance and surveillance, our version of thoughts and prayers.

After the visit, he went out to the waiting room and blended amongst all the complaints of sore throat and back pain. The last thing I noticed was this gunshot victim limping away into the crowd, almost invisible.

THE UNKNOWN DRIVER

DEVINEY RATTIGAN
Physician | Surgery

Every time his heart stopped and I heard that characteristic monotone, I would beat his chest and pump him full of chemicals to get it going again. Maybe his heart was beating, but I knew he wasn't really back; not in any way that mattered. I wanted his people to know. If he had people. Not everyone does, which is the bleakest of truths. I told myself that I wanted his family to be able to see him, to touch him, to say goodbye. Deep down, there was probably some selfish desire to dilute the responsibility of his mortality.

As the "code leader," I am the one everyone looks to for guidance. I've done the training, and I know the steps. Bringing him back is the easy part. The hard part is choosing to stop. It can be a heavy burden to say it's okay to let go and to have no one else share in that decision. He was alone, and I was alone, even though the room was full of people. I reminded myself that it was not about me.

Miraculously, despite the car having been ransacked of all identifying information, we found his family. They rushed to the hospital just as a machine was forcing him to take his last breaths. They were there when I turned off the machine and his death became clinically official.

Time of death. Write it down. Stamp it in the ledger. Charting and paperwork. Very important.

And yet, the time of death wasn't actually important at all. The time that an angry stranger ripped a giant hole through this man's life, his family, his community was the important one. That's when who he really was and everything he could have been and could have given died. His family said he was lovely, hardworking, and kind. I wish I could have known him.

I don't know what he used to look like. I never met him before that day. I do know that he didn't look the same. I didn't need his wife to tell me that. Or his kids. I let them of course. Whatever they need to say, they should get to say. They thanked me. His wife threw her arms

around me in gratitude, which strengthened the pull of the sinking guilt inside me. I hadn't given her anything.

It was road rage, they said. He was driving the company van, and he was in a hurry. Cut someone off at the traffic light, they said. The person he cut off was so consumed with anger that they shot this man in the head. I think a lot about this person's story. The shooter's story, that is. What terrible things must have happened to them to mold them into such a hateful shape. To make them so brutal. An eye for an eye. A life for a traffic inconvenience. I hope wherever they were going, it was somewhere important. I wish I could help this person. Maybe they don't deserve help, but that doesn't mean they don't need it. I don't think bad people come out fully formed

and itching to destroy. I think the ugly hate inside is fed from the outside until it outgrows the host and comes bursting out. I think hurt people hurt people, broken people break people.

I am supremely lucky, at least thus far. I have not had to feel the violence. I haven't seen it rain on my family or friends. It has not ripped apart my community. But I do see it every day. People riddled with holes by enemies and by strangers. I save who I can, but my part comes too late. I am the reaction to the problem, not the proactive solution. Honestly, I feel powerless a lot of the time.

I don't fear the violence itself. There is no point living in fear of random acts you can't predict, plot against, or protect from. I fear the shift to the new normal. It's already happening. A shooting was national news for weeks once upon a time, the victims canonized, and the perpetrators denigrated. Everyone knew the faces on both sides. Now it's maybe a news alert on my phone if the body count is impressive enough. Another day, another shooting. I fear this onslaught of exposure to real-life violence will integrate despondence so thoroughly that eventually we will all be complacent.

Someday, I will tell this man's story and it won't elicit a dramatic response. No shock, no anger, not even surprise. I fear the day when I tell someone their husband has been shot in the head by a random stranger who was thwarted in an effort to catch the green light and they have no reaction at all. They expected something like this might happen one day—after all, it had happened to so many others. We are too far gone, nothing we can do.

But, if you are brave and motivated, there is always something you can do. To be complacent is to be complicit. Because this is not normal. I continue to hold onto the hope that it never will be.

THE DAY OUR LIGHT BLEW OUT

ALISHIA RAVENELL

Lead Medical Assistant | Family and Community Medicine

We, as humans, are never prepared for the tragedies in life. No matter how many upsets we have as people, we are never prepared to receive that heart-wrenching phone call that a loved one has been murdered.

As 2021 slowly reached the Thanksgiving and Christmas holidays, my family and I were preparing to finally have a small, vaccinated-only gathering. The pandemic shut down a lot of simple things in life that some, if not many of us, took for granted, including being in the presence of relatives under one roof, just enjoying each other's company. What came next no one—not even me—ever thought would be something we would have to endure.

My husband and I had been with each other for 15 years at the time. He was and has always been the "Light" of my life and our families. The level of optimism he has and had was amazing to watch. At times, I even envied his ability to always think positive and carry this unbothered personality about anything negative. My husband never got angry or upset, but for some reason could hold his composure through anything. Sometimes I would just stare at him as he slept so peacefully at night, because stress was something he never let take over his life. "Who are you?" I would think after 15 plus years. I truly admired this personality of his. I wouldn't say he feared much of anything, but he never let fear stop him from living life to its fullest potential, nor did fear ever hinder him from accomplishing the greater things life has to offer.

My husband was and still is a people person and so family oriented. My husband's closest relative was his cousin Raymond. Like my husband, Raymond was a joy to be around. Every visit to our home, Raymond would be full of energy and joy, and he had this huge smile. These two were inseparable. Although my husband had many friends that he grew up with in Erial, New Jersey, and had known still since elementary school, his cousin Raymond was something special to him.

Raymond Eugene Lighty was a father of six beautiful girls. They say a man that creates all little ladies is a man who has charm and a huge heart. That Raymond had a huge heart is an understatement. Wherever my husband went, Raymond was by his side. There were many nights that these two would be hanging out and I would call just to check on them, and the moment my husband would answer the phone, Raymond would be shouting in the background, "Mrs. Ravenell, it wasn't my fault, I told Joe he need to be heading home, but he don't listen to me." I would always reply, "Hello, Raymond!" He would just laugh because no one called him by his first name; he was always known by his childhood nickname that his older sister gave him, "Butt." So, when I would call him Raymond, he would laugh because no one else would dare call him by his first name, but he allowed me to call him this because he knew I would refuse to call him "Butt." "Alishia, you are the only person I let call me by my government name." Raymond and I were birthday twins. He was born January 22nd, and I was January 24th, so he understood my personality to the

fullest. My husband always joked about how weird Aquariuses were, but he knew deep down that he loved Aquariuses the most out of the zodiac signs.

It was November 1, 2021, that forever changed our lives. Throughout 2021, every morning, I faithfully woke up at 5:00 am to watch ABC Channel 6 news. I felt I always wanted to be in-tune with what was going on in my city and community. Every morning for me became repetitive because every morning the news broadcast was flooded with incidents of gun violence. There were moments when I was just so mind-boggled at how our city was becoming a complete war zone. I couldn't help but wonder where the city had gone wrong. Why was this city so angry? Why has the solution to the anger of my city become gun violence? On November 1st, I proceeded with my day as usual and arrived bright and early to work at Jefferson Family and Community Medicine. I did not anticipate the heartbreaking news I received when I clocked out of work that evening. It was around 6:45 pm. I was at work, working with one of my favorite primary care providers, Dr. Barbara Cymring, MD, when my husband called and said he was on his way to Jefferson Emergency Room and that Raymond, "Butt," as he always called him, was shot. Those words pierced my soul completely. I was so nervous because I didn't have the full details; I didn't know if my husband was harmed or was with Raymond or if anyone else was harmed. All I knew was that, as a wife, I needed to get over to the emergency room immediately. As my last patient was done with their provider and was discharged, I was literally walking right behind the patient to clock out and run to the Jefferson emergency room to meet my husband. As I was running down Chestnut Street, I was praying that Raymond was okay and so was my husband. While I was running, I was trying to get ahold of my husband, and he didn't answer, which made me even more nervous. The moment I turned onto 10th Street, I felt my knees buckle and my heart skipped beats because all I saw was people and cops outside the emergency room. It was almost as if for a second I was going to pass out, but I saw my husband's frame from a distance and ran faster. "What happened?" I asked my husband. "Someone shot and killed Raymond," my husband replied. Raymond being shot and killed still leaves a very uneasy feeling in my body. Just writing these words still brings an instant shock, and I even experience my heart skipping a beat anytime I think about that day.

As we got in the car, the air was so thick. I have witnessed many tragedies in my life, but the hurt I felt wasn't so much for myself—it was for my free-spirited husband, my "light." I didn't even know what to say. My husband was silent; it was so hard to read where his emotions were. I have never witnessed this type of silence within my husband. It was like the "light" in him had faded or blew out. I instantly knew that my husband was full of unsure emotions. That night, both of us sat in our living room quietly and in this awkward silence for a whole hour. Finally, the silence was broken with my husband's voice, "I just talked to Butt. Babe, like I literally just talked to him an hour before I got this phone call." As my husband began to pull out his cellphone and show me his call log, it was such an eerie feeling to see the last phone call my husband received from his cousin, informing him that he would be stopping by as soon as he dropped off his daughters.

I knew this was going to take time for my husband to process. This was the first time that gun violence hit home for him. Raymond and my husband, prior to him

being murdered, had made arrangements to hang out at our house for a few hours. Raymond had let my husband know that he was getting ready to drop his two daughters off home to their mother's house and would be heading to our home right after. My husband agreed and told him to call when he was outside our home. Instead, the phone call my husband received was from Raymond's brother telling him to hurry to Jefferson because someone had shot Raymond with the girls in the car, right in front of their mother's home. How? Why? How did this happen? Why has this happened to our family? Better yet, what type of person would shoot at someone in their own car with their children in it? Who would be so angry to do such a thing, and why were they so viciously angry to take an innocent life? Raymond was no drug dealer, he was not into violence, and he had no enemies or fear for his life. He didn't even own or like guns. Was this a mistaken identity? So many questions hindered our family. Being that Raymond's last phone call in his call log was to my husband, the City of Philadelphia police investigated the nature of the call, and my husband had to give a statement. That night left a dark cloud over my household, and it was a cloud I never thought would cause so much confusion and uncertainty.

The next day, my morning routine began the same. I turned on the television to the 5:00 am morning news, and this time the breaking news was gun violence again within the city, and this time it was Raymond's story. "A 41-year-old man shot ten times and killed in his car with 13-year-old and 16-year-old daughters," the news reporter said. The video took my breath away, and I began to feel my heart skip beats. I just couldn't believe that my husband's first cousin was on our television and was the victim of gun violence. Raymond was shot ten times in his car, and, by the grace of God, his two daughters were unharmed. The level of anger this individual had to do something so ugly was sickening. In the days after the murder of my husband's cousin, I could tell that my husband was battling a severe level of hurt. That week was so hard because there wasn't anything as a wife that I could do to fix this or even begin to do to put a smile on his face. In the 15 years plus that I have known my husband, I have never seen him as distraught as he was about his cousin being senselessly murdered. Everyone in our family called that week asking me how my husband was doing. As his wife, I couldn't tell; I just knew that some evil person stole and turned my husband's life upside down, and that his shiny light was dim. I turned to spiritual aspects and just prayed to God to heal our broken hearts, particularly my husband's. Each day, I prayed to God to protect us and to watch over my husband as he went through this grieving process. I even turned to my Team Nurse, Ms. Renea Berry, BSN, at JFMA to give me spiritual guidance and send prayers my family's way to help us heal. Weeks went by, and the silence and this thick black cloud seemed to show signs of fading away. Throughout that week, my strength and humbleness became stronger because I knew at some point my husband was going to have a breaking point, and, as his wife, I needed to be strong enough to catch him. Just strong enough to understand the hurt he was dealing with and to be right there when his light began to shine bright. Just when I thought joy was so far from sight in our household, after the funeral, joy slowly appeared. After the funeral, investigators explained to the family that this was a horrible case of mistaken identity and just Raymond being at the wrong place at the wrong time. Investigators explained that cameras were being investigated and viewed. Once

we found out that this was a mistaken identity, my husband felt a little relieved to know that our family wasn't being targeted and that there weren't individuals out in the city wanting to harm our family or my husband, but this didn't take away the pain from the loss we had faced and felt. My husband even began to go out a little and enjoy his nights with his other cousins and friends because, before we knew anything, my husband wasn't sure if this was a targeted act of violence and didn't know if his own life was in jeopardy just by being cousins with Raymond.

Gun violence is at an all-time high in the City of Philadelphia right now, and I would never wish that anyone I know would have to get those disturbing phone calls that one of their relatives was a victim to gun violence. No one ever deserves this form of tragedy that so many families are facing today. Gun violence has grown beyond the urban community and has reached schools of innocent children, even targeting specific nationalities and ethnicities. Enough is enough. I close this story with something that I repeatedly read each day through our tragic loss.

"Our Father who art in heaven, hallowed be thy name. Thy kingdom come, thy will be done, on earth as it is in heaven. Gives us this day our daily bread and forgive us our trespasses, as we forgive those who trespass against us. Lead us not into temptation but deliver us from evil. For thine is the kingdom, the power, and the glory, forever and ever.

The Lord is my shepherd, I shall not want, he maketh me to lie down in green pastures. He leadeth me beside the still waters. He restoreth my soul. He leadeth me in the paths of righteousness for his name sake. Yea, though I walk through the valley of shadow of death, I will fear no evil for thou art with me. Thou prepares a table before me in the presence of mine enemies. Thou anointest my head with oil, my cup runneth over. Surely goodness and mercy shall follow me all the days of my life and I will dwell in the house of the Lord forever."

-In loving memory of the gracious life of Raymond Eugene Lighty. May this world find peace and comfort in love as humans for one another.

STOP THE GUN VIOLENCE!



ZIY ZIY MAN, FUTURE LEADER, Portrait of Zakiyy Alford, By Laura Madeleine, Batik painting on wool, enamel, collage



AN UNTOLD STORY, PORTRAIT OF GUY ANTHONY GREEN, By Karen Schechtman Cole, Acrylic, collage, charcoal, encaustic



REMEMBER WHEN WE WERE TOGETHER, Portrait of Darryl V. Singleton, By Meri Adelman, watercolor, ink, and gouache on Pellon

THE DRS. THERESA AND CHARLES YEO WRITING PRIZE:
HONORABLE MENTION

ADDENDUM: ANOTHER MASS SHOOTING

LYENA BIRKENSTOCK
Medical Student

Buffalo. Uvalde. Tulsa. Highland Park. These are only some of the most recent tragedies that come to mind when I think about gun violence. I listened in horror to the breaking developments for each of these mass shootings, all of which occurred since I started my fourth year of medical school 3 months ago. The mass shooting at Highland Park actually occurred after the first draft of this essay was written. I have no doubt that there will be other shootings to add to this list in the coming weeks. It is deeply disturbing that this has become the norm in the United States, and there is no end in sight. Most frighteningly, shootings are occurring closer and closer to my personal life, as they are for every American.

October 4, 2021. A gunman enters Thomas Jefferson University hospital overnight and shoots and kills a nurse assistant on the ninth floor. I am thankfully not present in the hospital that night, but the news spreads quickly. My fellow medical students and I walk into the hospital the next day to face increased security, including metal detectors, at the entrances to the hospital. Memories of that night live on in the minds of residents who were working that shift. The residents in internal medicine discuss how their peers working the overnight shift heard the Code Blue and rushed to the ninth floor, unaware that they were walking into an active shooter scene. Even months later, I meet a surgical resident in the elevator who tells me that she was on the trauma service that night, when an already brutal service was made insurmountably worse by the fear and trauma of a shooting happening within her workplace.

May 1, 2022. I wake up to the sound of a series of bangs. It is 4:00am in a hotel in the Gold Coast of Chicago. I'm spending a quick weekend out of Philadelphia to meet up with my high school friends before some of them move out of the windy city. We're all piled into a Sonesta Suites hotel room and have been having the time of our lives so far. I close my eyes, hoping the banging sounds might be attributed to an early morning chauffeur moving luggage in a utility elevator. I decide that I will wait five minutes and listen for the sound of sirens before I truly consider that the sounds might have been gunshots. As explained on social media, gunshots really do sound like fireworks. It only takes three minutes before a series of ambulances, firetrucks, and police vehicles come streaming down the street to stop in front of the hotel entrance. I check my Citizen app, and sure enough, there are people livestreaming news of gunshots and at least one person shot in this very hotel. There is no context to how or why. Another friend wakes up to the commotion. We tiptoe

to the door to confirm everything is locked and bolted. We decide there's nothing more to do but stay quiet in the room and wait out whatever is going on, hoping that the incident is isolated. We try not to panic that there may be an active shooter prowling the halls. The anxiety sends me to the bathroom before returning to bed. I hold off on flushing the toilet until later, not wanting to create any noise that could draw any amount of attention to our room.

We leave the hotel later that morning. I am shocked that nothing is amiss in the front lobby. No caution tape, security, or even a lack of breakfast items. Everything is exactly as it was yesterday. I scan the latest news in Chicago on my phone, finally finding confirmation that a teenager was shot and killed in our hotel, just 3 floors down from us. Depressingly, I can only find news of this event within articles listing "shootings this weekend in Chicago." I learn that the shooting in my hotel was only one of 13 shootings that occurred that weekend. The death of an 18-year-old did not even warrant an article on its own, but the bangs I heard linger with me long afterwards.

June 4, 2022. My parents are over, helping me move out of my apartment at 8th and South St. this weekend. After a long day of moving, we settle on Thai take-out at a restaurant near the corner of 4th and South St. Walking to pick up the food, the air is full of smoke and people are growing increasingly rowdy in the streets. I end up turning off of South St., uncomfortable with the rising tension and anticipation in the air despite the formidable police presence. Just a couple of hours later, a mass shooting occurs at 3rd and South St., leaving three people dead and eleven wounded. I was sleeping just blocks away, and I wake up in the morning to a string of texts from friends who were out and about that night. Several were headed towards South St. for cheesesteaks when they heard the gunshots and screams and witnessed people stumbling and running from the area. Thankfully, everyone I talked to was safe, but they missed the incident by mere minutes.

July 1, 2022. Finally having a free moment, I sit down on the couch and turn on the latest season of Stranger Things, which everyone has been talking about. I press play. Instead of Netflix's signature red "N" dancing onto the screen, white text flashes on a black background. It's a warning to audiences: "We filmed this season of Stranger Things a year ago. But given the recent tragic shooting at a school in Texas, viewers may find the opening scene of episode 1 distressing. We are deeply saddened by this unspeakable violence, and our hearts go out to every family mourning a loved one." The message is, of course, referring to the recent shooting at Robb Elementary School in Uvalde, Texas, where 19 students and two teachers lost their lives. I feel a lump in my throat, immediately sickened by the stark reminder of the pervasive gun violence overwhelming this country. I turn the television off. I will tackle Stranger Things another day.

July 4, 2022. A shooter opens fire on an Independence Day parade in Highland Park, Illinois, killing seven people and wounding 46 others. There are fireworks in Philadelphia that night, but I worry about the possibility of shootings in crowded areas. I decide to opt out of the fireworks this year. The next morning, I find out that two police officers were shot on the Parkway, and I am validated that it is increasingly

dangerous to gather in crowds. A time for celebrating this country transforms into horror and devastation at what is happening over and over again.

Today, I live with the constant worry of a mass shooting. I check the news before I venture somewhere, and I think twice about going to crowded places. We are now living in a country where shootings are too numerous to count, and news reports cannot keep up. The recent gun safety legislation is not nearly enough and not nearly fast enough to save the lives that continue to be lost. It is unfathomable that the question for those living in the U.S. has shifted from "will a shooting happen again?" to "when will it happen again?" and now, "when will my friends, family, or myself, be next?"

FLEEING A SCENE OF CELEBRATION

RASHIQAH SYED

Medical Student | Clinical Research Coordinator | Jefferson Headache Center

Toddlers and elderly couples alike oohed and aahed as the bright shots of red, white, purple, and blue illuminated the sunset backdrop over the Benjamin Franklin Parkway. The light shone upon the festive crowds of Philadelphians, the magnitude of which I had not previously seen all together in the city. The laughter of children on parents' shoulders and the chatter of friends joking with each other melded with the echoing booms in a pleasant concert of Independence Day celebration. Fireworks were a nice way to end the day full of barbeques and picnics with friends and family.

As I stood in the crowd and passed my purse to my partner, I saw one of my other friends look overhead. "Is that a drone?" she asked, pointing to a rapidly moving dot in the sky.

All five of us looked up to the dancing pinpoint moving in quick pirouettes along the center of the fireworks, its lights seemingly moving in deliberate sweeps.

"No, that must be a helicopter. Must be cameramen for the fireworks," my other friend replied.

"Or Nicholas Cage must've escaped after stealing the Declaration of Independence and hid nearby."

"They're definitely looking for someone," I quipped with minimal laughter and several eye rolls.

Having solved the issue of the out-of-place aircraft, we redirected our attention to the extravagant display of annual patriotism. Out of my right periphery, I noticed several people walking down the parkway towards my group. I assumed they must be moving to get a better view of the fireworks, which were hidden at certain angles by the flowing trees lining each side of the street. I tried to refocus my attention on the display, but it reverted to the bodies walking purposefully away from the main crowd. I could not understand why moving farther away would get a better view. Perhaps those few people knew a secret I did not.

Behind the five people walking at a seemingly leisurely pace, five more people started jogging. I looked through the red-white-and-blue clad crowd to decipher the facial expressions of the joggers, my mind no longer able to register the bright bursts above my head. Numerous faces around me reflected my own diverted attention, as I saw others similarly glance towards the commotion to our right. Loping down the parkway sidewalk, those joggers repeatedly looked back over their shoulders, but I was too far away to see what fixed their attention.

“Do you see that? What’s going on??” one of my friends called to us, the concern almost palpable in her voice as we all struggled to understand the scene unfolding away from us. The five joggers turned into ten; ten turned into fifteen. The isolated handful became a burgeoning crowd of confusingly identical behaviors seemingly in reaction to something I could not see. An obscure sound of anxiety slowly emanated from the commotion, its increasing tenor and blurry resolution infiltrated our minds and stoked the uneasiness in our brains further.

I looked to my friends, they looked to me, and the five of us looked around for any authority to provide clear instructions to temper our rising discomfort. The police officers standing at the perimeters merely added to the confusion, their austere demeanor in stark juxtaposition to the escalating situation.

Slowly, I could hear my heartbeat racing, each lub-dub feeling like a discrete ricochet off my ear drums, blocking out the auditory discordance of my friends’ discussion of what could be happening. Amidst the backdrop of my panicked thoughts, I heard the stampede of screaming mothers from the top of the parkway. Clutching small toddlers to their chests, they sprinted away from a nameless danger towards us in the standstill confusion of the lower parkway. The imperceptible expression I failed to recognize in the joggers became immediately and glaringly clear on the countless faces of these stricken mothers.

Fear.

It was the fear of imminent danger plastered across their faces.

I had to run. I had to move. I had to do something. What was going on? Where were my friends? My phone, its battery at 1%, was still ensconced in the purse my partner held. I didn’t want to be lost without it. Where was my partner? I couldn’t see. What was happening? Did someone just yell active shooter? Were people overreacting? Was this another Highland Park Parade? Was it true? What could I do? I was so unprepared for this. I couldn’t run in my \$20 knock-off Birkenstocks. Where do we go? Where is safe?

Seconds ticked by during the onslaught of my internal interrogation. I felt one friend yank my hand toward her, and I barely registered the familiarity of her face. As we fled toward a general notion of safety, I worried for the other friends I’d lost sight of.

We ran several feet before I felt someone grab onto my other hand. It was my partner. It was such a relief to see him okay. I felt my friend’s hand slipping through my other hand’s haphazard grasp. I was slowing them down, and I had to let go. I was no longer able to hold both parts of the group together as we weaved through the deserted belongings of the previously joyous crowd. My friend’s nimbler body drifted farther and farther away. I hoped they reached safety ahead, even though I couldn’t then comprehend where or when that would be.

We no longer needed any deliberate rationale for why we ran—the shooting earlier that day that had left 6 dead and 30 hurt in Highland Park, Chicago, slammed into our collective conscience, and was reason enough. No matter how fast any of us ran, bullets could still rip through us faster.

I could sense my terror delicately contained behind the force of my shock. As we ran north from the outside gates of the event to Spring Garden Street, I saw countless preteens hanging onto toddlers, torn from their parents during our collective reactivity to the chaos. I hoped they found their families. I could only wish them the best, as there seemed to be nothing I could do for the innumerable civilians who shared this experience of horror with me.

My partner and I stopped running after 5 minutes, time that will be rewritten in our memories as taking far longer. We found a reprieve of calmness a few blocks north of Fairmount Avenue, in an alcove between two brownstones with a roof of vines and perennial flowers. We looked back at the booms and bursts of the firework display, its cacophony persisting without concern for the citizens it celebrated.

The previously undoubted safety of our homes felt precarious after escaping a place where the threat of heedless violence destroyed that certainty. We turned on the TV to see helicopter footage of SWAT teams searching buildings and TV reporters listing piecemeal facts of who was shot or injured. All we could do was hug each other tightly, fearful that next time one of us would not return home.

BEN FRANKLIN PARKWAY, 4 JULY 2022

BRIYANNA HYMMS
Research Technician | Pathology

There was a tremor as a wave of chaos rippled out. In an instant, it went from awe to terror. People began to rush radially, pushing others out of the way. News helicopters overhead whirred and beat their metal blades and more kept coming in, spotlights in full search for the center of commotion. We began to run with the crowd, lest we be trampled. I've never experienced such immediate visceral tangible gripping fear. My legs carried me over barricades and around people faster than my brain could process what was happening. All the while, other people ran without a sense of where to go. Just get away. Get off the main road. Get back to the car. Stay out of sight.

We held on to each other's hands tightly while informing our loved ones and looking for the rest of our group. I remember calling my friend to make sure she was out of the Parkway and headed home, away from the panic.

As I hang up, a little boy comes up to me and asks to call his mother from my phone. He lost his mom. We stay with him and he's shaken from either panic, exertion or fear, each taking turns as front runner in his mind. It'll be okay and we'll get you back to your mother. Drink some water, it'll help you feel better.

We end up heading back down towards 18th and Arch, by the new Comcast building, to wait for his family, all while making more phone calls and more reassurances to friends broken apart. A group of college girls come by and hide where we are. Are you all okay? Are YOU okay? Yes we're okay. Good, I'm glad you're okay. You don't know the boy? No. What does the news say? How is there nothing yet about what's going on?

I don't know how long we waited and I don't really care how long it took. Once our young ward was safe with his family, I began coughing my lungs out as the adrenaline ebbed. There is a gritty texture to breathing after heavy exertion and disuse. We made it to our car and headed home, trying for that night to rest.

For the 24 hours post-traumatic happening, my body was rejecting the idea of panic, fear, and the unknown. As if my stomach and brain were tied together. As soon as a thought arose, my stomach roiled. This kind of storytelling only tightens the memory of what happened as I tell it more often, but writing has always been my way of making sense of how I feel.

I feel helpless that we, singular, cannot do anything to make things better. I feel betrayed by the people who do have power, that their words have no merit because their inactions speak volumes.

I feel small because guns have more rights than women, children, Black people, Asian people, Indigenous people, migrants of central America, people of the

LGBTQ+ community, and matter more than clean water access, the homeless, the disabled, people of minority religions, veterans, and people of low income.

Does any of that resonate with you? How many of those things do you identify with? None? Consider that the luck of your birth. With the church dictating to the States, we cannot even celebrate anything because we are less free unless we are of the correct color, capital, and creed. Independence Day, but not for you, you, or you. Sorry.

In hindsight, there were moments of humanity, bits and pieces of genuine concern for a stranger's well-being. There's nothing before that I can ever compare this experience to. I am angrier for it. Once it becomes personal, something inside ignites. Even with one or two degrees of separation, the experience feels personal.

THE DRS. THERESA AND CHARLES YEO WRITING PRIZE:
SECOND PLACE

YOUR LAST SHOT

KEYUR PATEL

Physician (Resident) | Surgery

The loudest moment of the night was not the police sirens or the clangs of instrument trays opening. Not the cries for blood and supplies. Not the heroic effort to save a life. Not even the shots that were fired. It was the silence. The silence after the pronouncement of death. The acknowledgement of life lost.

I met you minutes before you were dead. With no warning, the police pulled up in an SUV. I was told signs of life. Life but fleeting. I went outside to find you. There, in the back of the SUV, you were covered in your own blood. Dried. But breathing. Chaos ensued as we brought you from your world to ours. Into the operating room. We did the dance. You were intubated and breathed for. You were coded. Your chest was opened. Your heart was beat for you. All your visceral organs were starved of blood as we tried to get your heart and brain perfused. We said we'd deal with the consequences later. We tried to identify holes and trajectories to put together this puzzle that was you. But it didn't work. We couldn't catch up to your injury. We had lost too much blood; your heart did not know what to do with itself. Each piece of you that we found missing was more and more vital. Even finding a bullet wouldn't do us any good. We couldn't solve you.

So began the mutters. Whispers of what to do if there was anything to do. Words almost reached our lips that we dreaded to say. I spoke up. Recounted our story of how we met and where we'd gone. How I'd gotten to know you, organ by organ. Then I asked if there were any objections to ending this story. So, with that most difficult of three-word phrases, "Time of death..." it was closed. That was the pang. The rub. The silence. You felt heart rates slow down. You heard the dust settle. The previous cacophony of sounds finally reverberated out of the operating room. And I looked down at a life that once was. You were a task before. A victim of a gunshot wound. A set of tried and tested steps against hurdles to save your life. But you died as a person. The moment ended, and slowly, the room emptied. The machines were turned off. The tools were packaged up. And so were you. The silence that encircled you so profoundly was lost once again to the orchestra of the hospital.

I talk as if I knew you. But you were forced on me. Through senseless violence of metal slugs against human tissue. Metal often wins against man, but sometimes we like to think we can defeat the odds. And we do. But you, like so many others, didn't deserve to die. So that moment of silence after you bowed out, it wasn't only for you. It was for each person that has died alone, without an audience to care. It was for me, so I could find the composure to keep going because the next one was not too far away.

SAFE AT HOME

ABIGAIL O'CONNELL

Nurse Practitioner | Surgery

Growing up the children of a fourth generation Philadelphia Police Officer, my siblings and I were oddly familiar with guns. Our mother was the first female police officer in our family. Her father, grandfather, and great-grandfather served before her, leaving her a legacy in the department. One of five children, four of whom were males, our mom, my grandfather's only daughter, was the only one of his children who carried on the tradition of wearing the badge. A gun was a key component of Mom's uniform, along with her bulletproof vest, holster, night stick, riot helmet, badge, hat, blue shirt, and those signature navy-blue pants with a bright blue line running down the center of the outer side of each leg. Mom had a service revolver and an off-duty gun. Mom carried a gun both on and off the job—often tucking her off-duty pistol in the back of her pants and pulling her shirt over it before we headed to the grocery store. None of us kids gave it a second thought. Mom always carried a gun.

We didn't know where Mom kept her guns and, as a kid with many interests and with zero curiosity about Mom's guns, I never gave their whereabouts a second thought when Mom wasn't carrying one of them. My older brother, one year and nine months my senior, did possess that curiosity about Mom's guns. One night, while Mom was out of the house, leaving my older sister, eight years my senior, in charge of me and my brother, my brother's curiosity kicked in, and he went exploring upstairs in my mom's bedroom, unbeknownst to my sister, who was downstairs with me in our Philadelphia rowhome. There was a loud BANG, and a suffocating cloud that smelled of sulfur filled the air. My sister ran up the stairs to find my brother in my mom's bedroom, her off-duty revolver on the bedroom floor. Panicked, she checked my brother for wounds, and by the grace of God, he was untouched. There was always some argument that he didn't actually fire the gun but that the gun fell and misfired. The fact remains that a child, maybe 8 or 9 years old, was that close to harming himself or someone else—close to accidentally killing himself or someone else. All because Mom had guns that were not safely stored.

Growing up, knowing Mom was a cop, I was always scared that she would get hurt on the job. As a very young child, I would have nightmares that some bad guy would shoot and kill her. Mom often complained about how uncomfortable the bulletproof vest was for a woman to wear, and she would sometimes forgo wearing it. This only fueled my fears that she would be seriously hurt or killed on the job. Every time she came home from a shift, I would say a quiet prayer of thanks to God for knowing the fears deep in my heart and bringing my mom safely through another shift on the streets of Philadelphia. Growing up with guns in the house, I never feared the guns in our actual house—I feared the ones on the streets. The guns in our house were there to protect us from the bad guys—I never imagined one of those guns could hurt any one of us. The incident with my older brother was eye-opening and life-changing, and whether or not he actually shot it or it misfired when it fell, the undeniable truth is that my brother was extremely lucky, as were our neighbors in

the rowhome next door that a brick wall stood between them and that fired bullet that was never recovered. Headlines across our country often paint a different, much graver picture when it comes to situations sadly and eerily familiar to the one in which my brother found himself many years ago—a child of a gun owner getting his or her hands on that gun, which should be locked away, and coming within seconds, inches, centimeters even, of a tragic event.

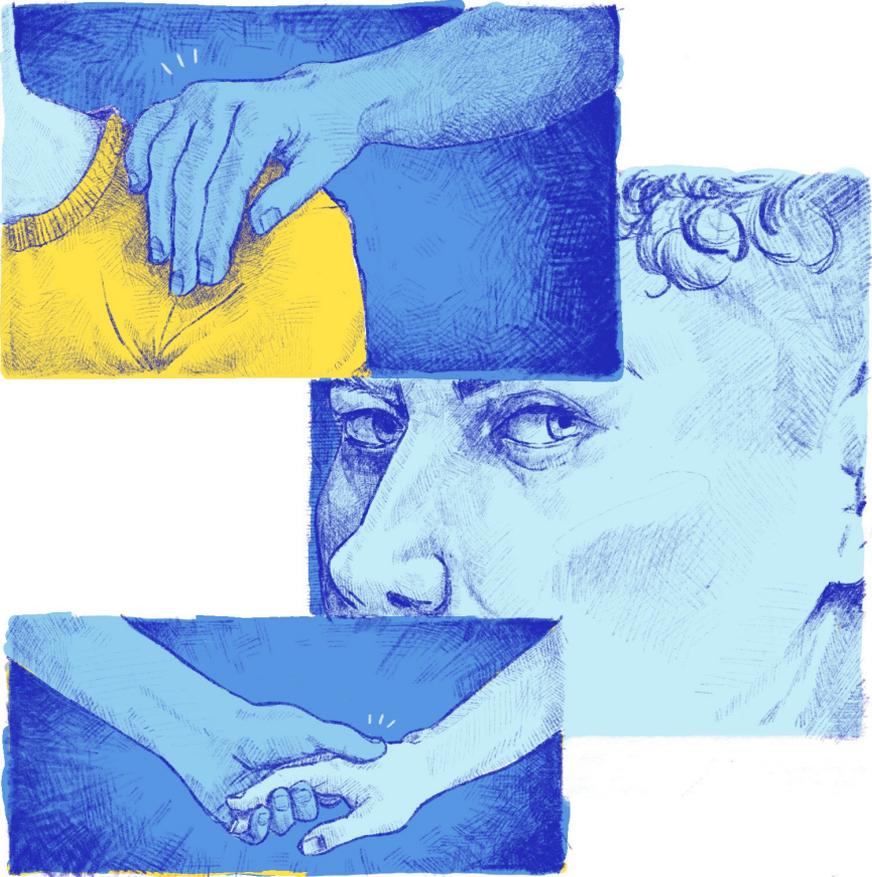
Events like the one that took place with my brother and my mom's gun change the lives of those impacted by it forever. Thankfully, my brother was unharmed, but this is unfortunately not the outcome for many children in similar situations. My siblings and I went from just knowing that Mom carried a gun and not giving it a second thought to fearing not just the guns on the streets that could harm our mom while she was working, but also the guns in our home that were supposedly necessary to protect us. This incident with my brother could have ended much differently, and this was not lost on anyone in our home. Mom bought a new safe; only she knew the whereabouts of the safe and the combination to access her guns.

The incident described here took place when my brother was 8 or 9 years old, meaning I was 6 or 7 years old—this was 33-34 years ago, and the impact it has had on my life is permanent. My mother, now retired from the Philadelphia Police Department, still has guns in a safe, and now I know that the safe lives on her closet floor. My children, 5- and 7-year-old curious and inquisitive boys, are not permitted to sleep over at my mom's house without me at the Jersey Shore where she now resides with her guns (and the addition of my stepfather's guns). We visit the house, but I am always aware of the proximity of those guns to the location of my children. The incident that took place with my brother was a terrible accident with a miraculous outcome. That one night was the night Mom put the gun a little too low on a high closet shelf, and my brother was able to reach it by climbing the shelves below. My mother would never knowingly put any of her children in harm's way, just as she would never put her grandchildren in harm's way. While the likelihood of my children finding that safe and using the combination, which they do not know, is extremely low, being in that house when my brother found my mom's gun as a child will not allow me to take that chance that my children find themselves in the same scenario. When these things happen, no one ever really does mean it, do they? It was the one time they didn't store the gun in the safe or the one time they put it down with the intention of putting it away safely and it slipped their mind. One time is too many times.

I love my mother and respect the tough profession she chose by carrying on our family's name in the Philadelphia Police Department, but I love my children more. Does my firm stance on no sleepovers for my kids at Nana's house place a strain on our mother-daughter relationship? Maybe. Is that something I can live with? Yes. Once I became pregnant for the first time, the maternal instinct to protect my children was instant. This instinct only grew with the births of my two children—once they were in this world and outside of the controlled protection I felt I could offer them in the womb, I was instantly aware of the great responsibility placed on me as their mother to protect them.

With gun violence ravaging our country and invading our schools, I, like so many parents, occasionally think “what if?” What if someone with a gun gets into their school? What if they don’t remember what they’re taught during the active shooter drills? What if they don’t know how much I love them? What if they are scared? What if they are alone? What if they can’t find a safe place? With so many “what ifs” in this world, I routinely yet reluctantly and a bit fearfully send my children out every day, but I choose to control the “what ifs” at home and at the homes of family members and friends. What if my children find my mom’s guns like my brother did is not a question I ask myself.

“What ifs” like the ones mentioned above might seem obsessive or extreme. They’re not. The terrifying truth is that kids can’t go to school, citizens can’t go to a parade, shoppers can’t go to the mall, moviegoers can’t go to the theater, patients cannot rest in hospitals, teachers cannot teach, and someone cannot go for a drive without the possibility of someone with a gun hurting or killing them. Countless tragedies and innocent lives lost. The hopeful eyes seen in pictures of children, from happier times in days gone by, flashing on television screens as known victims of the latest school shooting, massacred in Columbine, CO; Santee, CA; Red Lake, MN; Nickle Mines, PA; Dekalb, IL; Blacksburg, VA; Oakland, CA; Chardon, OH; Santa Monica, CA; Isla Vista, CA; Sparks, NV; Roseburg, OR; Santa Fe, TX; Parkland, FL; Benton, KY; Mobile, AL; Oxford, MI; Uvalde, TX; and so many more. What if gun laws in this country received the reform that is so desperately needed? That is a “what if” that would put all of those other “what ifs” to rest. What if the change we need comes to fruition? Talking about it is a great start; doing something about it will get things done. What if it was your child?



SCATTERING

KATIE CHIN

Pre-Medical Student

Ash-red brick lines the city of Philadelphia, deepened by the blood that ricochets from metallic casings. Echoes of anguished screams resonate against the streets, places in which ice cream trucks no longer sell sweet treats during sun-drawn hours. Tirelessly, a mother seeks her son, plagued with nativity, in which the child has been taken in broad daylight. With our glassy eyes and sympathy, we gasp while we watch the late-night news pan to a yellow-taped sidewalk and thank god that it was not us. This is the reality that we have become accustomed to. White lies within a screen, spectating from the comforting nooks of our homes. They say violent crimes bring the community together, yet politicians get lost in their tongue-tied lies, dismissing broken families by failing to remedy the root cause with 'justice.' Violence is pervading, beyond artificial simulations and rated games. Homicide recordings are broadcasted in the media as a means of satiating the public's hunger and peaking interests. After all, no one can stop the news from spreading reality.

Bang. A shot rings out against the concrete wall scaring birds away as onlookers pierce their flickering eyes upon the scene. They lay frozen—cemented to the ground as bystander syndrome devours their identity and becomes sheer dependency. They search for someone to become a savior—a messiah to revive the wounded. Absorbed by their cell phones, they watch against their pixelated windows, recording from afar and making sure they are obscured from view. She calls out towards the crowd, yet instead, they recede like an ongoing tide, merely leaving ripples behind. She lies in a bed of crimson as her wound flows red ribbons down her legs—just like the ones she used to perform with on stage. Twisting and turning, her eyes waver between her legs and distant sirens as emergency personnel pick her up onto a flashing vehicle.

Bang. Bang. A shuffle between two men occurs within the block of Kensington and Allegheny. In their hands lies a tiny plastic bag with white powder. An inching back and forth arises between the two men until a subtle glance turns sour. An ebony-colored pistol aims and shoots—piercing through hopes and dreams—and through hearts of family and friends. The price of curiosity.

Bang. Bang. Bang. Sleep. They tell themselves pretty white lies in their pretty white nightgowns under the pretty moonlight. The same moon that was here in times of life and death and where prayers reside from restless families that long for their sons and daughters. They hear noises reminiscent of haunting times but flood themselves with melatonin vitamins and nighttime teas to drown impeding thoughts to reunite with loved ones. Pieces are lost within the exchange—blood, money, time. Nothing is beyond reach.

Beyond the brick linings of Philadelphia lies gun violence that permeates the entire nation as a social and economic epidemic. Within the gunshot sounds lie stories of lives lost within seconds due to bullet wounds and punctures that do not

discriminate in their success rate. These stories are ever common when we turn on the news or feeds; no matter how hard we try escaping such topics, they run rampant as a replica of society. The gun regulations must become stricter for the sake of preserving friends and families in our neighborhoods and beyond. When we do, victims may have just one more yesterday.

INTERSECTION

NATALIE PERLOV
Medical Student

The story of my uncle's scar was a bedtime favorite during my childhood. As a young girl, I sat spellbound while my mom described how, at the age of 19, my uncle accidentally shot himself right next to her.

It's a regular evening: my mom and her future brother-in-law are having tea while my dad is out playing soccer with some friends. My uncle wants to show my mom the gun he just bought. She tenses on the couch, asking him why he hasn't locked the gun in the safe.

"Don't worry," he assures her, "there aren't any bullets in it." He smiles as he jokingly waggles the gun around.

POP!

The two of them spring to their feet.
Oh my god. I've been shot.

My mom's head is fuzzy, swimming with adrenaline as she locks eyes with my uncle. He is white as a sheet before he collapses to the floor, grabbing his bloody foot in agony.

She comes back to her body and calls 9-1-1, holding a cold washcloth on his forehead and telling him everything will be okay. The paramedics arrive and whisk him to the hospital for emergency surgery. According to the doctors, my uncle was just millimeters away from blowing his foot clean off. Instead, he has a small scar, barely noticeable unless you know to look for it.

As a young girl, I never wondered why my barely pubescent uncle had a gun. I never probed deeper as to why he carried it on his person and didn't lock it up in a safe. I never questioned my mom's tone, the way she described his gun ownership the same way she described my dad's hobby of soccer. The way tea can turn into turmoil, a regular conversation shattered with a pop, smoke, and collapse. This story captivated me every time because it seemed like a bizarre work of fiction, something that would never happen where I lived.

I'm told that this was normal. In fact, before immigrating to America, nearly every male in my family carried guns. My parents told cautionary tales: *Where we come from, stop signs and red traffic lights are just suggestions. If you linger for too long, you get car-jacked or worse.* Every day, there were new stories of generalized crime, murder, and sexual assault—many of them at gunpoint. This violence was woven into the fabric of my family's daily life. Decades later and an ocean away, the lasting effects of this trauma are still visible in my parents' behavior and how my siblings and I were raised. All of us go through the world in a state of hypervigilance, conditioned to be more sensitive to loud sounds and warier of strangers than our American friends.

That teatime terror almost 30 years ago changed the course of my life; it was one of the catalysts that drove my parents to leave behind their loved ones, immigrate to America, and raise our family here. Because of this sacrifice, I had a very different childhood than what my parents endured. We do not live in a violence-free utopia, and gun violence is no less complex here, yet there is a world of difference. I remember this every time I stop at a red light, thinking that in another life I'd be flying through the intersection.

THE DRS. THERESA AND CHARLES YEO WRITING PRIZE:
THIRD PLACE

ONE LUCKY DAY

MARGARET KREHER

Physician | Family and Community Medicine

“Excuse me, do you know what time it is?” My back stiffened. I knew he didn’t want to know the time. It had been a long day of office hours and hospital rounding. I was still adjusting to the pace of work after the birth of my third child. I was feeling guilty about being late getting home. It was closing in on 8:00 pm, the end of hospital visiting hours.

I gripped the car keys in my hand. A large red pickup truck with fat muddy tires was parked next to my car and blocked the full view of me from the sidewalk and street. I turned around to see a young man with a baggy shirt and shorts standing between the back of the truck and the back of my car. He pulled a gun from his belt and pointed it at my abdomen. My throat became instantly dry. I opened my mouth, but I could make no sound.

I was at once both participant and observer. All surroundings were in hyper focus. He was talking to me; I was meeting his gaze. He had a soft hairless face and doe-like eyes. I was struck by how young he was. I opened my bag. It contained billing cards, a diaper, wipes, a lollipop, and no money. I meekly offered my credit cards. He didn’t want them. He was talking with anger. I tried to listen to what he was saying, but I was seeing and hearing everything around me with intense, loud clarity. I could see over the truck bed. Visitors were leaving the hospital and going to their cars across the street. I could not speak, and no one looked my way. I watched as an elderly woman folded a walker and put it in the trunk of her car. She got in her car and drove away. It was a normal evening at the hospital.

He looked into my car. I thought—maybe he can’t drive a stick shift. I kept trying to look into his eyes, still unable to speak. If he shot me, it would be messy, I thought, because I would be injured in my abdomen. How long would I lie there between the parked vehicles before someone found me? I would surely die there unnoticed. I heard a voice saying, ‘let him get out of this.’ I sensed his hesitation. He tucked the gun back into his belt. He turned, walked away, picked up a bicycle that was leaning on a fence nearby, and rode off. Stunned, I took a breath, unlocked my car, and got in. I put the keys in the ignition, but then I saw him. He was on his bike and had pulled up to the driver’s side. The truck was still blocking the view to the street. Now I was fully out of view. I thought, I am to be killed in the driver’s seat! I could not pull forward because a light pole was in front of me. I would have to start the car and put it in gear to back up. Too much time, I thought, to escape safely without being shot. I heard myself say in a high-pitched, unrecognizable whisper,

"God help me!" He held out his right hand; there was no gun in it. He said, "open the window." He pulled the gun with his right hand, I thought; if he used his left hand to shoot, maybe he'd miss. I opened the window. "I want to shake your hand," he said. I shook his hand. He pedaled off.

The city police visited my office the next day. By that time, I had decided my gunman was a boy, an adolescent. I concluded that he had not been angry enough and chose not to harm. Still, I wonder to this day why he did not shoot. Why was I so lucky to escape injury or death? Was it because the car was a stick shift, and he couldn't drive it? Was it because he saw my sheer terror, felt empathy, and thought twice? I thought for a long time that it was the latter.

I am anxious.

The Uvalde and South Street shootings have brought my memory of that long ago parking lot encounter back to my mind. I tell my adult children to avoid crowds when going out. The shootings were too casual and easy. A teenager killed children. He chose the school randomly and chose the most defenseless. Teenagers may have randomly inflicted the most harm on South Street. On South Street, the lack of humanity and empathy can be seen on security cameras. The shooters randomly shot into the running crowd. They didn't hesitate. They looked no one in the eye.

I am angry.

Why are there rules for driving a car and rules about who can legally buy and imbibe alcohol? Usually, we drive a car and drink alcohol without the intent to cause harm. The only reason a gun exists is for harm, whether it's self-defense, putting meat on the table, or sport. Why are they so easily available? Why are they designed to make it easy to kill so many at once? Why are there no rules to mitigate harm in any meaningful way? Why are we hostage to the thinking and needs of the 18th century? They were using flintlock weapons. Is it the price we pay for our freedom to bear arms? Yet, we are terrorized by the proliferation of random mass casualty events. The people out enjoying an early summer evening, the children going to school all thought they had the freedom to do so safely. Whose freedom are we talking about? Is it kill or be killed? More guns do not make our lives safer.

While families grieve, we should commit to getting back the freedom to enjoy the normal things adults and children do to socialize; to learn; to participate in the community; and to be good, productive citizens. We need to look deeply into the myriad social, psychological, political, and ideological problems that have put weapons of mass destruction in the hands of humans who lack the capacity to demonstrate the maturity, empathy, and humanity to responsibly bear arms.

We can't depend upon luck like mine. The luck that a boy will make eye contact, hesitate, think twice, and put his gun away before causing harm.

SISTER

MANUELA TRIPEPI

Associate Professor of Biology | CLS

Run!

Find an exit. Take them with you.

Run!

Send them first. You will be last to exit.

Run!

And if you can't, then hide!

Hide!

Be silent.

Make sure they are quiet.

Hide!

Make yourself small.

Take them to the furthest wall, away from the door.

Hide!

And if you can't hide, then you will have to fight.

Fight!

How? You are 5 feet 6 inches tall, not a muscle in your body.

And was this what you imagined when you said yes to being a teacher?

Dream,

Of a better future for you and the little ones.

Play,

not fear.

Teach,

New things to open the minds.

Teach,

Of great humans, to avoid past mistakes.

This was your mission, but then there was fear.

Fear,

that we did not know, we did not experience as kids.

We, from countries that don't wrap themselves in flags, holding guns to show the love for our land.

Love,

tainted love,

guns over kids, flag over rights, terror over joy.

And so,
with a bleeding heart,
I say farewell to you,
my sister.

Return!
Go back home.
Avoid the fear, the anxiety, the idea that you could die while doing your job.
One of the best jobs in the world: Teaching new minds.

Return!
To a land where guns are enemies, and humans come first,
where we don't hide,
run,
or fight.
Where we play, learn, and smile.



NIAM'S CROWN OF LIFE, Portrait of Niam K. Johnson-Tate by Chenoa McDonald, acrylic, graphite, on wood



16 MARIGOLDS (DIAMOND), Portrait of Diamond Santiago, By Lauren Vargas, oil, acrylic, spray paint, and paper collage on canvas



WILLIAM BETHEL IV, Portrait of William Bethel IV, By Garth Herrick, oil on panel

THE DRS. THERESA AND CHARLES YEO WRITING PRIZE: **FIRST PLACE**

IT WAS ONLY ONE BULLET...

MARK CHILUTTI

Office of Institutional Advancement | Magee Rehab

For almost three years, I used to park my car every morning and walk around the corner to my jewelry store, looking forward to a day of helping people with meaningful purchases and providing the best customer service that I could. It was a daily routine, done six days a week, and one that I had worked towards for a long time.

I never imagined that when I walked around the corner to my store on December 5, 1996, it would be the last day that I would ever walk again.

With the holiday season in full swing, it was a busy morning, and I finally got to take a quick break around 11:30. I sat down to rest and quickly finished my breakfast. A few minutes later, the door opened, and a man walked in. I greeted him as I would every other customer, saying, "Hi, how are you?" He didn't answer. The man behind him quickly pulled a gun and pointed it right at me.

Having spent 9 years in the retail jewelry business (the first six years working for others), and being an Eagle Scout, I was always taught to be prepared and take the best precautions that I could, knowing something like this could happen one day.

I quickly threw my arms in the air while saying, "Please, take whatever you want. Just don't hurt me." As scared as I was, I knew that everything in that store could be replaced; everything except for me.

I was hoping that my willingness to cooperate would work. It did for a few minutes. The guy with the gun took me to the back of the store, keeping his gun pointed at me, while he took jewelry and cash out of the safe. He also started taking the jewelry that I was wearing while he gave orders to the guy who came into the store with him. "Tape him up. Tie him up. Break the cases, and take the jewelry," he yelled.

Surprisingly, each of these commands was met with, "I'm not going to do that." These answers seemed to anger him, and, at that point, he turned around and shot me.

For the next several minutes, I laid on the ground while I heard him go to the front of the store and break a few cases, take some jewelry, and eventually leave. I was bleeding, but I was awake, alive, and conscious. I tried to get up, and I couldn't. It was at that point that I knew something was wrong with my body.

Rather than lay still, I managed to pull myself into the next room and pull a panic button to alert the police that I was in trouble. I stayed there, yelling for help, while

the waiting began. It seemed like forever, but in reality, it was only about a minute or two until I heard a familiar voice. It was Charlie, the bike cop, who routinely patrolled the avenue.

“Mark, are you okay,” he asked. “No. I got shot,” I responded.

It was only one bullet, but, as I would learn later, it went in my chest, in and out of my lungs, and severed my spinal cord, leaving me paralyzed from the chest down.

More police officers started to arrive, and they made a quick decision to safely load me into the police car and transport me to Nazareth Hospital. I was alert and conscious for the ride and was able to provide them with a description of the guys, and also told them the robbery was captured on video, which, in 1996, was not as common as it is today.

I remember getting to Nazareth and being rushed from the police car into a noisy room. I was still alert until they inserted a chest tube into me. Shortly after that, I got my first helicopter ride, as I was flown to Thomas Jefferson University Hospital.

Meanwhile, back on Frankford Avenue, the neighborhood was in shock. Things like this just did not happen often, especially to nice guys. Officer Charlie knew that my brother was also a cop and had someone contact him. I have three brothers and two sisters, and they all started to receive the news. My brother Keith was the one who had the tough assignment of finding my parents at their weekly senior citizens meeting at church and telling them that their son got shot, and, contrary to what they would have guessed, it was not one of the two who were police officers; it was the jeweler.

I woke up around 8:30 that night after successful surgery, surrounded by my family. Nobody had to tell me that I wouldn't be able to walk again, as I'd already figured that out. The good news is that I was alive. I was lucky.

I know it sounds odd that after getting shot and losing the feeling and control of over 70% of my body that I could feel lucky, but I did then, and I still do now, over 25 years later.

After two weeks at Jefferson, I was transferred to this magical place on the corner of 16th and Race Streets called Magee Rehabilitation Hospital. It was there that I would learn how to begin to live a meaningful life in a wheelchair. I was 28 at the time and knew that life had too much in store for me to give up.

After six weeks at Magee, I was finally able to go home, though I continued outpatient therapy for several months.

I could write you a book of all the good things that have happened in the 25+ years since that bullet changed my life, but, for the sake of this essay, I will just share a few of the highlights:

- I started driving again less than a year later, in a car equipped with hand controls that was purchased by friends and members of the community.
- I began working at Magee Rehabilitation Hospital in 2001, and since then, our team has raised over \$40 million to improve the quality of life of people who, like me, have had their lives turned upside down in an instant.
- I got married in 2003 and, together, we have traveled the world.
- I played wheelchair tennis and won 2 national championships in my division.
- I continue my involvement in the Boy Scouts of America, working hard to mentor and impact the lives of young people.
- Finally, the best benefit of working at Magee is that I can be a real-life example of someone who had something terrible happen to them but could find a way to make something positive out of it.

One important detail that I saved for the end is that I had a license to carry a gun, was properly trained, and had a gun hidden under my vest the whole time. However, with his gun always pointed right at my chest, that did not really matter. This disproves the idea that if more people had guns, they could better protect themselves.

Even though I might make living with a spinal cord injury look easy, I sincerely hope there will come a day when this senseless violence ends. I got shot, but it affected so many others too.

I am a lucky man, as I lived to tell you this story. For that, I am eternally grateful. Too many people do not have that chance.

THE HAUNTING HURT OF GUN VIOLENCE

MYRA HAWKINS

Communications Officer | Public Safety

I feel fortunate that I can share my story with you. I share my story of gun violence to find peace, not only in my head but in my heart. I will forever be haunted by my memories of those that I have loved and lost to gun violence. It is ironic, when I reflect on my life, that I had to carry guns as a tool for both my military and law enforcement career.

I grew up and have lived most of my adult life in Philadelphia. At an early age, as I was coming home from Holy Communion practice with my grandmother, she was pistol whipped and robbed as I watched in horror. Thus, my first encounter of gun violence on the city streets.

Due to the violence in my neighborhood growing up, I decided to seek refuge and joined the United States (US) Air Force Reserve at the age of 19. This was a way for me to escape and an opportunity to travel the world. Then, I became a single parent at the age of 21. Needing another job, I took the City of Philadelphia Police Officer test and passed with flying colors. There was something that kept pulling me toward a career helping others, and maybe I would be able to save someone's grandmother from experiencing the same thing that happened to mine.

After a year with the Philadelphia Police Department, in August of 1990, I was activated to serve in the US Air Force Reserves during Operation Desert Storm. The war had begun, and I was deployed to Ramstein, Air Base, Germany, a move that would change my life. Part of my duties were to take pertinent information from wounded soldiers and report to my superiors. After almost a year of seeing the atrocities that guns can inflict on a human body, all I can say is that God gives us eyes to see, but sometimes the things you see become embedded in your mind and in your dreams. I closed my eyes, yet all I saw were injured soldiers. Later in life, I realized I had Post Traumatic Stress Disorder. I live with it, but traumatic events make it rear its ugly head.

At the end of 1991, I returned to my young child and my police career. I was assigned to the 25th District, which was one of the roughest and toughest districts to work in due to the high number of incidents of violent crime. A gun was a part of my everyday uniform. I had many assignments, but the one I loved the most was being a Community Beat cop. On January 2, 1996, my dear friend and fellow police officer, Lauretha Vaird, and I were working inside headquarters. Laurie, my nickname for her, was running late and accidentally left her bullet proof vest at home. No vest meant no working on the street.

Therefore, Laurie worked in the Operations room, and I was in the captain's office. Laurie offered to do a coffee run, and I still remember telling her what I wanted in

my coffee. She took a vehicle and radio and was in route to our local Dunkin Donuts when a call came out over police radio of a bank robbery in progress. Usually, it was a regular alarm that was pushed accidentally, but not today. Laurie responded to that call, "25 Op I'll check that out. I'm right here on location." The Dunkin Donuts was two blocks further. Laurie parked her vehicle, entered the bank during an armed robbery, and was shot in her abdomen at point blank range. Although Laurie was taken to a hospital nearby immediately, they could not save her.

Her killer was later identified as local rapper "Cool C." He was a popular rapper in Philadelphia with a hit single titled, "Glamorous Life." There was nothing glamorous about the fact that my friend was now dead and her children no longer had a mother. Another incident of gun violence had me draping the American flag over her coffin, folding it on that frigid day, and then presenting it to her mother.

Life went on. I met, fell in love, and married my husband. At this time, I had two children, a daughter and a son. My husband added two more sons, 10 and 11 years old, to our brood. I was so happy—I had everything I wanted in the family. In 1997, I was working undercover in the Narcotics Division, which became my way of cleaning up the streets from drugs and the inevitable violence that comes from drugs, money, and guns. I really wanted to have my children grow up in a better urban environment than the one I was raised in.

Our children were now older, and my husband's two sons lived with their biological mother and had no real direction in life. We had raised them with moral values and the difference between right and wrong, but they were becoming involved with neighborhood kids who were up to no good. Our oldest son, Desmond, was friendly with a rapper named Barry Reese, aka "Cassidy." Desmond wrote raps and beats for Cassidy with hopes of making it big himself one day in the rap business. Cassidy did have hit songs being aired on the radio, such as "I'm a Hustla," "My Drink n My 2 Step," and "Hotel," that he performed with R Kelly.

Unfortunately, one of Desmond's friends got in a verbal fight with one of Cassidy's friends that progressed to a physical fight. Desmond tried to be a peacemaker and arranged for everyone to meet at Cassidy's house to talk it out, but Cassidy had other plans. When Desmond and his friends pulled into Cassidy's driveway, they were met with a barrage of bullets because Cassidy had set them up for an execution. Desmond, who was sitting in the rear of the van, was shot in the back.

I will never forget the phone call my husband and I received from Desmond's mother. She said, "Des has been shot." We hurried to the hospital to see him, but we were too late—he was gone. Both my husband and Desmond's mother were in shock, so I drew upon all my courage and was the one to identify and confirm who he was for the police and hospital.

As I walked in the room and saw him lying there, all I could remember were our last words to each other two days earlier, which were, "I love you." As I stroked his hair, the tears began to roll down my cheeks, as I just could not believe that another tragedy due to gun violence had happened. The eight months Cassidy served in prison were not enough; he had taken away the life of my son and destroyed our family.

Amanda Gorman was right when she said, "Maybe everything hurts. Our hearts are shadowed and strange. But only when everything hurts may everything change." My heart still hurts for the loss of my friend, my son, and the lives of so many soldiers. It especially bleeds for the children on the streets of Philadelphia today, when all they know and believe is that to have a gun is to protect themselves. Still, I am afraid to turn on the radio in fear I may hear songs like, "I'm a Hustla" and "Glamorous Life," which will forever haunt my memories, reminding me of those I have loved and lost.

I pray and believe that the campaign for making straw purchases will help to reduce guns getting into the wrong hands. "Don't Lie for the Other Guy," because the other guy is waiting out there to take the lives of our children whom we have worked hard to keep off the streets. After spending my life trying to help others, serving in the US Air Force Reserve, and spending 24 years with the Philadelphia Police Department, I wanted to share how gun violence has impacted me, as I hope that my pain can help heal someone else.

THE DRS. THERESA AND CHARLES YEO WRITING PRIZE:
HONORABLE MENTION

MASHED POTATOES OR NIGHTMARE ON CHRISTMAS

CHRISTOPHER DRUMM

Physician | Norristown Family Physicians

I try not to look to ahead on my schedule. I start my day on time but realize that I am one patient away from being behind. Looking ahead can stress me out, but I do stop to review each patient's chart before I burst into the room looking like Kramer from Seinfeld. Recently, I was doing my quick chart prep when I realized my upcoming patient's most recent blood work and blood pressure were off the charts. And not in a good way. This patient was consistently what physicians would consider a great patient. We are taught not to put patients into categories. Level of compliance, difficulty, and health consciousness attributes are things were are taught not to process. But remember, we are still human.

Heading into this room, I am trying to get a reason as to why this patient's cholesterol and hemoglobin A1c and blood pressure are no longer in good control. Do I use positive reinforcement? Do I use scare tactics? What happened to this patient? I try to get a sense of the patient before deciding whether I will be the player's coach or need the more authoritarian approach.

Her energy is low as I enter the room. Before I get into discussing her numbers, I start by asking how she is feeling overall and what she has been up to. I open the door and realize my go to line, "What have you done for fun lately?" feels inappropriate. I sit down and ask for an update on her life. She asks me if I heard about the recent shooting. There are so many that happen in the world, I ask for clarification. She asks if I remember the young man that was killed by a stray bullet while eating dinner with his family on Christmas. Of course, I remember this story. It was stuck in my head. Very quickly, I learn that this man was her grandson.

She breaks down and tells me the story. It was Christmas Eve. Her family was sitting together for a meal. First, she heard the sound. The initial sound was quiet. But the visual was loud. And the effect on her family will be heard forever. Two bullets. One through his left shoulder. One in his abdomen. Blood was everywhere. She remembers him falling forward and to the side. She can picture droplets of blood filling the bowl of her famous mashed potatoes with her grandson's blood. Everyone was yelling. The ambulance arrives. The family tries to hold on to hope. But even though EMS arrives quickly, she knows that they will need more than hope. Her daughter and another grandchild do CPR. She can remember them counting out loud the chest compressions. She can remember tears pouring down her face. He dies.

She tells me he was a few months away from being one of the first in her family to graduate from college. He loved basketball and was excited to go to an upcoming Sixers game. He loved her mashed potatoes and always had at least 2 portions. She vows to never make them again. She is speaking faster than ever with questions that are seeping out of her soul. Why would God take my grandson? Why is it so easy to get a gun in this country? Why him? Why?

I am supposed to focus on her blood pressure, her blood sugar, and her blood work. Instead, I listen to her talk about her grandson. We schedule regular visits. She starts going to grief counseling. During each visit, I have her tell me something about her grandson that she loved. We do not discuss her blood pressure or sugars. They are not what is important for her life at this time. At our last visit, I told her if she ever needs anything from me to let me know. She asked me to do everything I can to help get guns off the street.

I have read many guidelines and articles to help me treat diabetes. I can devise a treatment plan for hypertension. But medical school did not prepare me to mend a broken heart. This patient taught me that to be a physician, I must also be an advocate.

I will advocate for gun laws. I will push lawmakers who are sitting by idly as grandparents lose their loved ones. I will not be quiet about the need to change how this country treats guns. I will continue to learn about individuals who have died from needless violence. I will be there for this woman.

ASPIRATIONS OF A FUTURE PHYSICIAN FROM A DAY OF HORROR AND HUMANITY

CHRISTINE VINCENT
Medical Student

It is August 11, 2017, and I am on my weekly Emergency Medical Technician (EMT) shift in Charlottesville, Virginia. Normally a summer day in a college town would be relatively slow at the station, but today is an anomaly—the city is swarming with far-right extremists toting assault rifles. Various alt-right groups have gathered in a “Unite the Right” rally, ostensibly in opposition to the city’s plans to remove a Confederate statue of General Robert E. Lee.

My EMT crew members and I peer through our station’s kitchen window as hundreds of white supremacists march past us towards downtown, alarmingly bearing semi-automatic weapons. The gravity of the situation slaps me in the face as it dawns on me that this is far from a peaceful expression under First Amendment rights. Many of the protesters have full battle gear—guns, torches, shields, and other weapons. Chants popular in Nazi Germany echo in their wake: “You will not replace us!” “Jews will not replace us!” and “Blood and soil!” As these words drift through the rescue station’s window, I shudder thinking about the day that lies ahead of us. I fear that my beloved college town is about to turn into a war zone. My mind flashes back to the previous night when I got an eerie preview, as I witnessed the extremists march through campus chanting their slogans while carrying their guns and burning torches.

I remember feeling overwhelmed by how different I was from some of the people attending the rally and how intensely I disagreed with their positions, expressions, and decision to resort to guns to daunt and perhaps even harm opponents. Most people, looking from the outside that day, saw the bigotry and violence and likely the long-term effects they can have on a community. I observed that as well... without a doubt. However, I also took from that devastating day something I had not anticipated—the essence of what it means to me to be a doctor—recognizing the humanity in all of us; fighting for the health and well-being of all citizens regardless of views, intentions, and actions; and transcending divides through the power of healthcare and advocacy.

One particular moment triggered my realization. Mid-way through the shift, a call came in: “35-year-old female, struck by blunt object on head.” When I arrived on scene, a middle-aged woman was being carried to our ambulance by three men holding rifles, one of them bearing a swastika tattoo. With concern clear in their expressions, they rushed to explain how they were throwing rocks at counter protesters and hitting them with their rifles, and pushed her out of the way,

triggering her fall and subsequent head injury. They then called the ambulance for her, a counter protester herself. Unexpectedly, our patient looked at the three men and thanked them for saving her life. At that moment, my focus moved away from my disagreement with the protesters. Rather, I was in complete awe of the humanity in all of us, such as in these three white supremacists who called an ambulance to aid the woman they had just injured. I felt a surge of resolve to provide speedy and superb care for all rally attendees. Throughout this horrific day of treating rally-goers, I was reminded of why I chose medicine, and my determination to ensure that all my future patients received the best possible quality of care grew.

Looking back on that day in Charlottesville, I have reflected on the intersection of the gun rights movement with our rights in America to free speech and assembly. Many criticized law enforcement that day for not stepping in until it was too late. However, in this country, we have both the right to bear arms and the rights of free speech and assembly. So, when hundreds of white supremacists showed up with assault rifles threatening a city, initially they were judged as not warranting law enforcement intervention. Virginia's permissive gun laws meant that police officers had to wait for outright violence, so the rally was not officially called off until a car rammed into counter-protesters, killing one instantly. Hate groups often rely on intimidation and even brutality to achieve their goals. The lack of gun restrictions can provide white supremacists and other hate groups with tools to intimidate and harm communities in public spaces.

The potential for injury and death from gun violence at the "Unite the Right" rally made me aware that gun violence is truly a public health crisis. It has the potential for long-term impacts on the physical and mental health of all those affected, such as the first responders, police officers, and participants at the rally on August 11, 2017. For example, our EMT station provided us with support groups, debriefs, and optional time off following the event. The lives of people threatened or harmed by gun violence may be forever shattered. The right to easily purchase and openly carry a gun in many states can terrorize and marginalize some of our country's most vulnerable communities. This causes long-term effects on the physical and mental health of these communities, who already face giant public health disparities within our medical system.

In considering gun violence a health crisis, advocating for firearm restrictions will be well within the scope of my role as a physician. Thus, while caring equally for the whole spectrum of people who come to me in need, no matter their views or actions, I also will use my medical platform to protect my patients from the associated health detriments of gun violence. I will both directly counsel my patients on firearm safety according to evidence-based research and work to mitigate the lasting effects on those communities already physically and emotionally impacted. Further, as firearms creep up the chart of leading causes of death in America, it is important to highlight that suicides encompass a large portion of these fatalities. As a future psychiatrist, I will have a particular duty to protect my patients against this preventable manifestation of gun violence, which is strongly associated with having a firearm in the home.

The “Unite the Right” rally fortified both the motivations behind why I aspire to be a physician and crystalized how I hope to put them into practice. What at first may have seemed to be only a single day of inhumane beliefs and threatening gun violence now serves as a constant reminder of why I am confident about my decision to dedicate my life to medicine. I will advocate for and provide outstanding care to all those in need of treatment regardless of their actions and beliefs, such as about the proper role of guns in our society. I will use the power of medicine not only to heal individual bodies but also to unify people of various views and perspectives, mindful of our common humanity. And importantly, I also will vehemently use my medical platform to both prevent and mitigate the effects of gun violence on my patients.

LIVING IN 'PEACE AND HARMONY'

PHILIP DAVIS

Masters Student | College of Population Health

My desire for a peaceful and harmonious society has always been my paramount focus. There are many variables that come into play whenever I think of the words “peaceful” and “harmonious.” Speaking from my own experience, the opposite of a peaceful and harmonious society is that which is unstable and saturated with political instability, social and economic servitude, bad governance, disobedience to the rule of laws, failure to enact good legislation that would benefit the entire society, and gun violence.

I was born and grew up in a society that was very unstable and never peaceful. In my country, Liberia, the rules of written law are not respected, lawlessness is the order of the day, and there is no good legislation enacted to reduce the issues of gun violence. Most incidents of gun violence involved security personnel—those that have been trained to use guns—and vulnerable youths who are often drug users and victims of impoverished living conditions.

My first encounter with gun violence was back in 2004 in the city of Buchanan, Liberia, where I was born, grew up, and went to high school. It was on this cool Friday morning, as a little boy trying to help my mother get ready for the market fair in a nearby town called LAC. My mother usually goes there to sell dry goods at the market fair, and I always went with her. On that particular Friday morning, we went to the bus station to board the bus. The bus station was very crowded with businesswomen, men, and their children. My mother told me to wait for her at her packed boxes of dry goods while she went to get us a bus ticket. Not even five minutes had elapsed when I saw people scatter all over the place after the sound of a heavy gun shooting. It was a group of heavily armed youths, called ZOGOS in my country, who were on drugs and traumatized. They came in a pick-up truck, and they were all armed. They came to loot, take away businesspeoples' belongings, and kill anyone who resisted or fought back. They were shooting straight at innocent people, wounding and killing men, women, and children. During the incident, I ran from where my mother left me and went into an unoccupied taxi and laid flat on the back seat. What I could hear was sporadic gun sounds, bullets flying in all directions, and people crying. People got killed, others were wounded, and most people lost some of their business items. Some of my mother's dry goods were taken away. I was lucky and blessed to have left from where my mother left me; if I hadn't, I wouldn't have had the opportunity to tell or write this story today. Maybe I would have been dead.

After the armed youths left, the government forces came in to put the situation under control. By then, the damage was already done, and the youths couldn't be found.

What intrigues me the most about gun violence in my country is that Liberia is not as sophisticated as the United States to track these bad guys, and there are no

constitutional laws that give rights to citizens to bear arms to protect themselves when such an incident erupts. So, why are we still having massive gun violence cases? Is it because of the long civil unrest we had as a nation? Or is it that most of the ex-combatants keep their guns and refused to turn them over to the Peacekeepers right after the war? Or is it because the vast majority of the population find themselves in poverty, which deprives them of their socio-economic needs? These were questions that Liberians soberly reflected on to address the issue of gun violence.

If I see my neighbor with a gun in Liberia, I know that is an unlawful act, and I will always be timid because such a situation is not creating a “peaceful and harmonious” society for me. So, the first thing that will come to mind is to report it to the right authority. Given the context of Liberian society, where most youths are traumatized, my life would be in danger if I saw my neighbor with a gun and didn’t report it.

Liberian society was becoming gruesome with lawlessness and gun violence. So, the DDRR (Disarmament, Demobilization, Reintegration, and Rehabilitation) program was a national approach used by the United Nations to end the lawlessness and reduce gun violence in Liberia after an outcry from the public on these vicious issues. The DDRR process ensured that guns were taken from the hands of these traumatized youths by introducing a cash for guns approach. You bring your guns; the UN gives you cash. These youths were also trained with job skills, and society was able to receive them. After completing the DDRR process, the youth were able to start making an impact in the Liberian society. Lawlessness and gun violence have decreased dramatically in my country since I left.

Now, I am in the United States, a developed world, which many people in less-developed countries consider a “peaceful and harmonious” place to live. This claim about the United States continues to bother me whenever I turn on the television and listen to the news; there is gun violence all over the place. It is so traumatizing as I take a retrospective look from where I came from and see where I am today; it seems that the situation of gun violence has not metamorphosized through my life experience.

If I were to write a letter to a government official for a grant to reduce the issues of gun violence in the United States, I would firstly identify the following as the root cause of gun violence in the United States:

- Lack of political will from the people/citizens of the United States to end the issue of gun violence.
- Inadequate sensitization campaigns to enlighten the minds of youths and parents about the danger of gun violence.
- Lack of proper education and thorough background checks on those owning guns in their homes.

The way forward to reduce and end gun violence in America could be through the following means:

- Revisit the constitution that gives citizens the right to bear arms and protect themselves through constitutional referendum. The people must decide whether only the government should be in possession of guns.
- Gun violence and its possession should be placed in the national curriculum of schools and taught as a course to educate every student.

Other nations, like New Zealand, have acted swiftly on the issue of gun violence by enacting legislation and putting the right mechanisms in place. The United States needs to follow suit.

THE DRS. THERESA AND CHARLES YEO WRITING PRIZE:
HONORABLE MENTION

THE CITY OF BROTHERLY TELLS

XIAO CHI (TONY) ZHANG
Physician | Emergency Medicine

Name	Age	Chief Complaint	Status
BRAVODELAWARE, CRANBERRYBLUE	UNKNOWN	Gun Shot Wound	DECEASED

They say you never forget your first. Your first love; your first job; and, for many of us in healthcare, your first encounter with anonymous death.

Mr. Cranberryblue Bravodelaware is not a real person. He is made up to exist in our electronic medical record, to function as an anonymous placeholder in our documentation. He is not a real person, yet there he was, dead, right in front of me. Mr. Bravodelaware died because of gun violence, and his story remained locked and untold in the archives of the electronic medical records...

...Until today.

When you have worked in the hospital for a long time, you learn to pick up certain “tells”—unique physical exam findings that provide clues into a person’s healthcare journey. The prongs of nasal cannula representing a long battle with lung disease, or a limb-alert bracelet indicating a weekly reliance on a dialysis machine. Each of these findings tells a story: a battle of attrition, a tale of support, a triumph over adversity, or a scarred reminder of unforgotten tragedy. As healthcare providers, we are attuned to read these “tells” to better understand the patients and guide our care when information is limited.

When I first started as an Emergency Medicine Physician at Jefferson, I felt prepared to practice medicine, to save lives, and to make a difference. I was always on the move, listening to my surroundings, eyes and ears peeled for patients’ tells.

That night, for almost the entirety of the shift, everything flowed as expected. But at 10:59 pm, just one minute before the end of my shift, something went wrong. A breathless man in uniform sprinted through the main hospital entrance, carrying something heavy in both arms. Time slowed down, my pupils dilated, my heart raced, and I looked for his “tells.” The uniformed man had a focused gaze, his

forehead dripped in sweat, his badge caught the fluorescent lighting across his black and blue police uniform, and he left a trail of evidence: a string of red dots on the floor that would lead to eventual tragedy.

I ran after them.

When the man in the officer's arms was placed on the cold hospital stretcher, time slowed to a crawl. The trauma pager hadn't yet gone off, nurses were tending to their patients, and doctors had yet to hear the chain of fragmented information that would lead them to this room. I was the only person in the trauma operating room with this man—a man young enough to be my brother.

They say that being a patient ages everyone. Maybe it's the ill-fitting gowns, the IVs and pumps that tether you to the hospital, or just being away from your friends and loved ones that adds wrinkles to your skin. But no amount of hospital equipment could hide the youth being stolen from this patient. He must have been in his early 20s with no other medical tells. He had no wrist bands, no IV track marks, no chest ports, no bruising, or casts. He was still in his bloodstained t-shirt and jeans, his face locked in the moment of terror when his life was interrupted so unexpectedly by the small holes in his chest cavity.

What came next was an orchestrated blur: intubation, central lines, a cracked chest, chest tubes, and massive blood transfusion. I could see our team's efforts reflected through his now glossy, dilated pupils. The moment felt surreal, like watching a camera lens zooming into the patient's eyes just before panning outward to signal our triumph over this controlled chaos.

We did everything, but we couldn't save him. His heart was broken, broken from the bullet fragments that tore through his great vessels and ventricles, broken from the futile manual cardiac massages, broken from the hate and ease with which the trigger was pulled. He died as "Cranberryblue Bravodelaware," an amalgamation of randomly generated colors, alphabets, and states, posthumously chained to a real person with a life story, a life full of excitement, joy, adventure, and sorrow. We held a moment of silence to honor his life and to honor the heroic efforts to save him. His face no longer carried the burden of uncertainty. We gently closed his eyes to conclude a lost battle.

I am not a lawmaker, a gun owner, or a public speaker. I am, however, an emergency medicine physician, a father, and a citizen of this beloved city. I have watched my daughter grow up in Philadelphia. Through my work at Jefferson, I have noticed a spike in gun violence in the city, and I am seeing more and more patients presenting with gun-related injuries. While not all stories end in fatalities, they are all devastating and preventable.

We all wear different hats in our day-to-day lives. When I put on my "medical" hat, I see gun violence as one of the most lethal and preventable causes of death, and I worry about the safety of all healthcare providers who have died tragically in their own hospitals due to gun violence. When I put on my "father" hat, every time I drop

my daughter off at daycare, take her to the zoo, or watch her eyes glitter with joy and marvel as we watch the fireworks, I am worried that it could be our last time together, my last time to tell her a story. When I put on my “Asian immigrant” hat, I worry that my protective blue scrubs will not be a sufficient shield against anti-Asian American Pacific Islander bigotry and hatred, and that I could be the next name, the next hashtag for a deadly hate crime. And when I put on my “Philly” hat, I worry about my fellow residents, my Philly family. I worry about the tension we must all be feeling about walking along a crowded street, attending a peaceful protest, exercising our freedom of speech, wondering if we could be the next victims of a stray bullet when we are at our next July 4th celebration.

My story today may come to an end, but this chapter of our lives is still open to change and possibilities. Each story of loss is a “tell” of what is happening in our country. As an immigrant, I came to America to live and grow without fear of persecution. In the wake of such increased violence, hatred, bigotry, racism, and uncertainty within our community and society, I cannot begin to fathom the downstream consequences between the deadly intersection of firearms and hate. Still, I believe in America, and I believe in the American dream.

Today, I am stepping out of the shadows to speak up and inspire those in power through my personal narrative to take action in the face of so much preventable death. Let's speak up for Philadelphia and not miss another opportunity to grow stronger together!

CYCLES

RAYMOND CATTANEO

Physician | Pediatrics | Einstein

She smeared the blood of her dying friend on her body and pretended to be dead. As the killer shot her teachers and friends, she overheard cops outside. She wondered why they weren't coming to help. Just minutes before, like children sometimes do, she had been watching *Lilo and Stitch*.

Welcome to America, where the cost of freedom is the smeared blood of innocence.

Senator Ted Cruz's solution? "One door into and out of the school...[with] armed police officers at that door." He wasn't kidding.

The following day, with "Missouri's 2nd Amendment Defender" in big print, the campaign flyer reached the mailboxes of her constituents. One picture shows the brightly smiling candidate brandishing a high-powered rifle. Another shows her firing a handgun at a gun range. Her campaign says it was bad timing. Is there ever a good time?

On Fox News, a senatorial candidate's in-depth analysis noted that "Cain killed Abel," insinuating we are eternally marked with wickedness dooming us to suffer mass shootings.

Days later, just 4 hours east of the blood-stained school, the gun lobby's conference began. But don't worry, they promised to "reflect on" the events.

School shooting. Devastated families. Thoughts and prayers. Passage of time. Inaction. School shooting. Like the Krebs Cycle producing power for our bodies, this cycle will continue. Without it, America will seemingly die. Alas, contrary to medical students preparing for a Biochemistry test, this cycle isn't hard to memorize. It always begins and ends with a school shooting. Sound-bite solutions, mindless analysis, and ignorance act as the catalysts. An inhibitor has yet to be discovered.

The cycle will continue. So, I'm just waiting for the call. The caller ID will say "Cheltenham Twns." I will hesitantly answer the phone anticipating the pre-recorded message. The clues will be immediate. Who is calling and what is the tone of their voice? If it's the principal and she is upbeat, I can take a deep breath. If it's the Superintendent, that takes a few seconds. He always sounds formal. Or maybe it will be a text message. An email? How does the news of your child's murder spread? I'm sure it doesn't matter. The horror is all the same.

Welcome to America. Want freedom? Suggested payment: the blood of your child. I pray to a god-I-don't-believe-in that it won't be my child...won't be his school...his floor...his classroom. I scream into the heavens—please don't charge me. Haven't enough already paid? But inflation doesn't only affect the cost of goods. Abraham was spared the remittance. Too many have been liable. Not enough apparently. The cycle requires more.

But it will happen. So, selfishly, I pray to a god-I-don't-believe-in that my son is the one spreading the blood and not the lifeless donor because when I get to embrace my child after a school shooting, it'd be better to wipe away the blood of another rather than his own blood. How foolish! There isn't a better or worse. There is only injustice. It is unjust to make a parent even consider those options. Welcome to America.

And for what? To honor the words of dead white men written in a time of upheaval and ignorance? They are just words. Bear. The. Keep. Right. To. Arms. And. But, in succession—"...the right to keep and bear arms..."—they have power. Scratch that. We give them power. No, that's not right either. We choose to give them power. We could choose differently. How many more will it take for us to choose better? How many more will it take for us to actually be better?

For me, the answer is obvious—we've sacrificed enough. The solution is just as obvious—no guns, no mass shootings. But, to some, the words reign supreme. The first thing you see when you walk into my brother's house is a completely filled gun rack. Why does he have not one, not two, but many guns? Because he can. The. Right. To. Keep. And. Bear. Arms. I imagine him holding his gun above his head like He-Man holds his sword, proclaiming, "by the power of the 2nd Amendment...I have the power!" It confounds me.

With each cycle, I become increasingly numb and hopeless. My husband seems to be experiencing the same. He loves to decorate the house for holidays. The red, white, and blue bunting typically comes out for Memorial Day. Not this year. He wasn't feeling very "patriotic." He claims he'll hang it for the 4th of July. I laugh. Why would he think there won't be another mass murder before that holiday? Remember, the cycle must continue. Regardless, from sea (of blood) to shining sea (of blood), we will have an opportunity to celebrate American exceptionalism in all its forms.

These are my thoughts, disjointed, superficial, inadequate as they may be. Yet, as I study them, the truth oozes out. Doesn't the truth set you free? My god, set us free.



By Bridget Cichon, Medical Student

AFTERWORD

We believe that storytelling provides a path to advocacy and an opportunity for healing. In our call for submissions for this issue, we included the wisdom of poet, Amanda Gorman. "Maybe everything hurts. Our hearts are shadowed and strange. But only when everything hurts may everything change." We are indebted to the Jefferson community for courageously sharing stories of hurt, knowing, fear, lived truths, and radical courage. Our community of 42,000 staff, employees, students, and volunteers are reminded of our ability to embrace vulnerability and empathy. In doing so we plant the seeds of interconnectedness that unifies our expansive campus.

Learn more about opportunities to support the Jefferson Center for Injury Research and Prevention (JCIRP) here:



Please consider learning about and supporting Souls Shot Portrait Project.



Inspired to take action or looking for support? Souls Shot Portrait Project has a list of resources of Foundations and Organizations that are active in the fight to end gun violence.



CONGRATULATIONS

To the winners of the 2022
Drs. Theresa and Charles Yeo Writing Prize

FIRST PLACE

Mark Chilutti

SECOND PLACE (TIE)

Keyur Patel

Adam Frank

THIRD PLACE

Margaret Kreher

HONORABLE MENTIONS

Abdul Waris Kazi, Christopher Drumm, Nancy Dinh,
Xiao Chi (Tony) Zhang, Lyena Birkenstock

WRITING PRIZE SELECTION COMMITTEE

Orlando Kirton (Chair of Surgery, Abington), Liz Kerr (Oncology Nurse, Einstein), Scott James (VP of Patient Care Services), Soha Youssef (Writing Professor, East Falls), Stefanie Karp (Director of Public Safety, East Falls), Georgia Skuza (Undergraduate Student, East Falls), Jeanne Felter (Chair, Counseling and Behavioral Health Department), Amanda Lyons (Assistant Professor of Occupational Therapy), Yoon Suh Moh (Professor of Community and Trauma Counseling, East Falls), Kristin Rising (Emergency Medicine Physician, Center City), Martha Romney (Associate Professor, College of Population Health).

The work of the winners and the honorable mentions is featured in this issue. In addition, the first-place winner was awarded a prize of \$2000; the second-place winner, \$1000; and the third-place winner, \$500.

The prompt for next year's prize will be announced in the Fall of 2023; please look for announcements.

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