

3W8

2021
INSIDE OUT





Sun Dance
Matt Sears
Photograph

Inside Out

Jefferson Literary/Arts Journal
2021

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Content Warning: This magazine includes some written pieces with possibly sensitive subject matter. If anyone is experiencing difficulty with issues that you feel are hard to manage, consider using the following resources:

Student Counseling Center (SCC): 215-955-HELP (4357)

National Suicide Prevention Hotline: 800-273-8255 (available 24 hours a day)

Crisis Text Line: Text HOME to 741741 for free, 24/7 crisis counseling

Foreword

Welcome to the 2021 issue of *Inside Out*!

Inside Out is the literary and arts journal of the Jefferson student body. As such, it gives voice to our scholars as they migrate through their educational experience at our University. The creativity and vision of our students is featured within the pages of this book. Showcased is student work that was created in the intervals between classes and notebooks, dorm rooms and city streets.

Please enjoy this issue of *Inside Out*, as our students offer a unique view of their world using images, colors, words and light.

Charles A. Pohl, MD

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Editors' Statement

This past year has been unprecedented, unimaginable, and in some ways incomprehensible. Many of us are changed forever. It is important to acknowledge what we have been through and find a way to keep moving forward. For the Inside Out community, the arts have been a place where people go to process change, mourn loss, and express emotion; a place to commemorate times that would otherwise pass by without note; a place to marvel at the beauty in the complex and the mundane. Year after year, the Jefferson community continues to share their vulnerability and artistry within these pages. In this magazine, our contributors will walk you through their lives - sharing moments that captivated them, reflecting on moments that challenged them, and exploring everything in between.

We are excited to introduce *Inside Out 2021*! We want to thank our contributors deeply. We are humbled by the humanity and courage of our community. We hope that you will enjoy listening to their voices and witnessing their visions, and we hope that you receive a little more connectivity in your life.

Benjamin Barnhart & Sophia Lam

Editors in Chief

Reyoof Alhussein and Amy Baumgart

Literary Directors

Grace Chon and Meagan Wu

Art Directors

Submission Information

Inside Out is a presentation of artwork, photography, short stories, poems and essays that is published annually. All full-time and part-time Jefferson students are welcome to submit work and to apply to serve on the magazine's editorial board. Submissions may be emailed to Dorissa.Bolinski@jefferson.edu. Photographic submissions should be saved as a .jpeg file using the highest resolution possible. Artwork should be photographed from a direct angle, without glare or visible background, and saved in the same manner as photographs. Artists who submit non-photographic material will be given the opportunity to have their accepted pieces professionally photographed by a Jefferson photographer in order to assure the best presentation in the printed magazine.

All submissions will be reviewed anonymously; not all submissions will be printed. Please note that entries will be judged as submitted; *Inside Out* will not crop, sharpen or otherwise adjust an improperly-saved graphic submission.

Manuscripts (prose, poetry, translations, short plays, etc.) should be submitted in a Word-compatible document, and saved under the name of the piece (or "untitled," if applicable).

All submissions must be accompanied by a separate cover letter document containing the following:

- Author's or artist's name
- Email address and local phone number
- College, department or undergraduate program and year in school
- Genre/medium and title of each submission

View the online version of *Inside Out* at:
jefferson.edu/university/student-life-engagement/medical-humanities-series/inside-out.html

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Arret to Art
 Simran Rahi
 Photograph



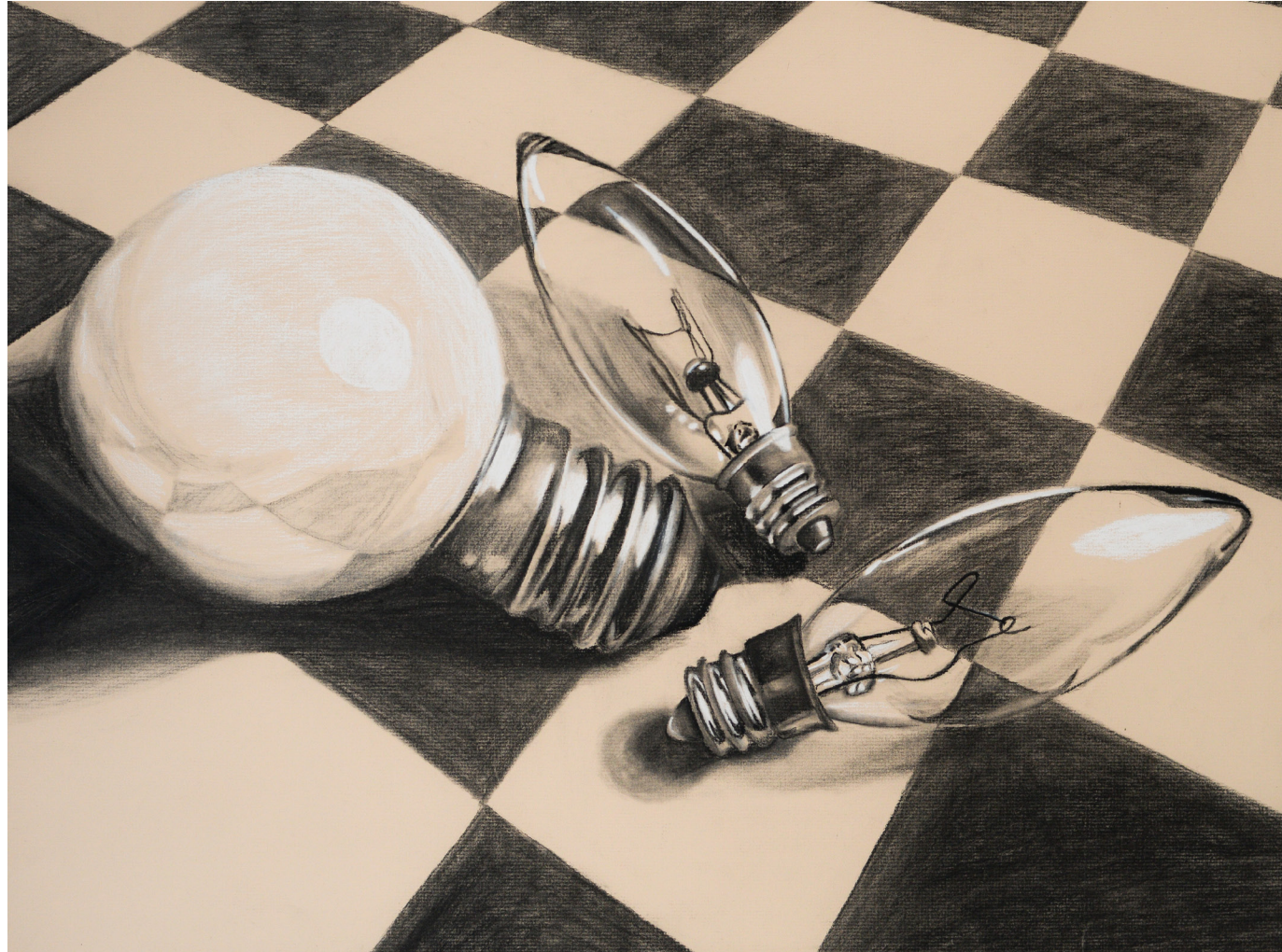
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Sunday
John Curran
Photograph



Self-Portrait
John Curran
Woodblock print





Light Bulbs
Michael O'Connor
Charcoal on paper



The Steamboat
Matthew Wallingford
Charcoal

Untitled

Emily Bucher

It is not the loud moments
Not the storm,
Nor the quiet before it
It is not the most memorable days—
dressed in white, or swaddled in cotton,
Nor is it the day you lose your memories—
trying to remember the woman next to your younger self in a
photo.
It is not the loud fights, the shouts that leave your
throat tender—
But it is not the passionate love making,
a knee between thighs, either.

It is the quiet mornings on the porch when the sun steady
rises above the same trees—
When the birds nuzzle beaks into grass dried by the heat
and chirp the same songs.
It is the last few hours on the beach before the light
dissipates like smoke from the sand,
and the last umbrella has been lugged away for the evening.
It is the stream that courses south, forever
The train that crosses the same trestle, endlessly
The coffee with the same bit of cream, mindlessly
It is the chimes of the old clock in the foyer, every
quarter hour
It is the corner of your lips sweeping up lazily,
predictably
It is the squeak of the mailbox hinge, the swoosh of the
screen door, the feeling of peach juice dripping down a
chin.

And so,
To the pines,
that long forever to reach the stars, standing stoic,
stretching up and up
I say to you, this is life.
It is a quiet constant. It is the in-between,
And it is worth it.



Green
Erica Westlake
Photograph



Animal Within
John Vaile
Raku-style Clay

Birch Trees
Matthew Wallingford

The sapling birches cluster
like naked candy canes in the nearby forest.
Their childish trunks sway to the anthem
Of a history, long and glorious.

Though, their soft bark cannot
Retell of painful harvests,
Of runny fish soup
Or the widow selling her potatoes.

Because they are young trees.
Because they will grow until they fall.
Because their tender roots cannot
Taste the deeper earth where

Old bark, covered in black soil,
Fell in furrows deep
Where broken limbs and tired trunks
Fought for the forest.

A Hurry to Work
Matthew Wallingford

I'm falling from a pink cloud,
Landing in my mother's grocery cart
I reach for a gushing blueberry –
Beep, Beep, Beep, Beep.

My meeting is at nine.
I cover my pungent pits in Dove.
My salt-stained socks will have to do.
Maybe I'll eat a bigger lunch.

Who runs in Gucci hard soles?
Clap, Clap, Clap, Clap
They're genuine leather, you know.
But graying and tired.

I pass people, pretending
That I don't notice
Their judging eyes,
Eyes which I've looked through myself.

We've smelled the same burnt leather,
The same neglected armpit whiffs
That scarred our mornings so.
We're always running.

Why do I hurry
To sit down and let
My wet skin stick to the
Black faux office chair?

What if we walked together,
Calmly in the present
And passed the time
With dry buttocks and clean socks.



A Working Lunch
Matt Sears
Photograph



Senior Portrait
Michael O'Connor
Oil on canvas

If Not Out
Brittany File

Anger is a fickle foe.
It sneaks into your belly;
spreads like hot wildfire
from your gut to your throat.

It envelops you in its warmth;
bathes you in its wrath
and holds you in its hot embrace
until its crushing pressure
compels cold sweat to seep
from your pores.

But then slowly,
it becomes smaller.
A massive decrescendo,
its great symphony
thwarted by society repeating that
anger is not lady-like.

It sinks back into its fiery pit
burning holes as it descends
because where does anger go if not out?

/A Promise/
Janita Matoke

I dream of better days
Baby blue and creamy too

I dream of bright days
Yellow is their color sun shining through

I dream of special days
Filled with warmth that would put a flame to shame

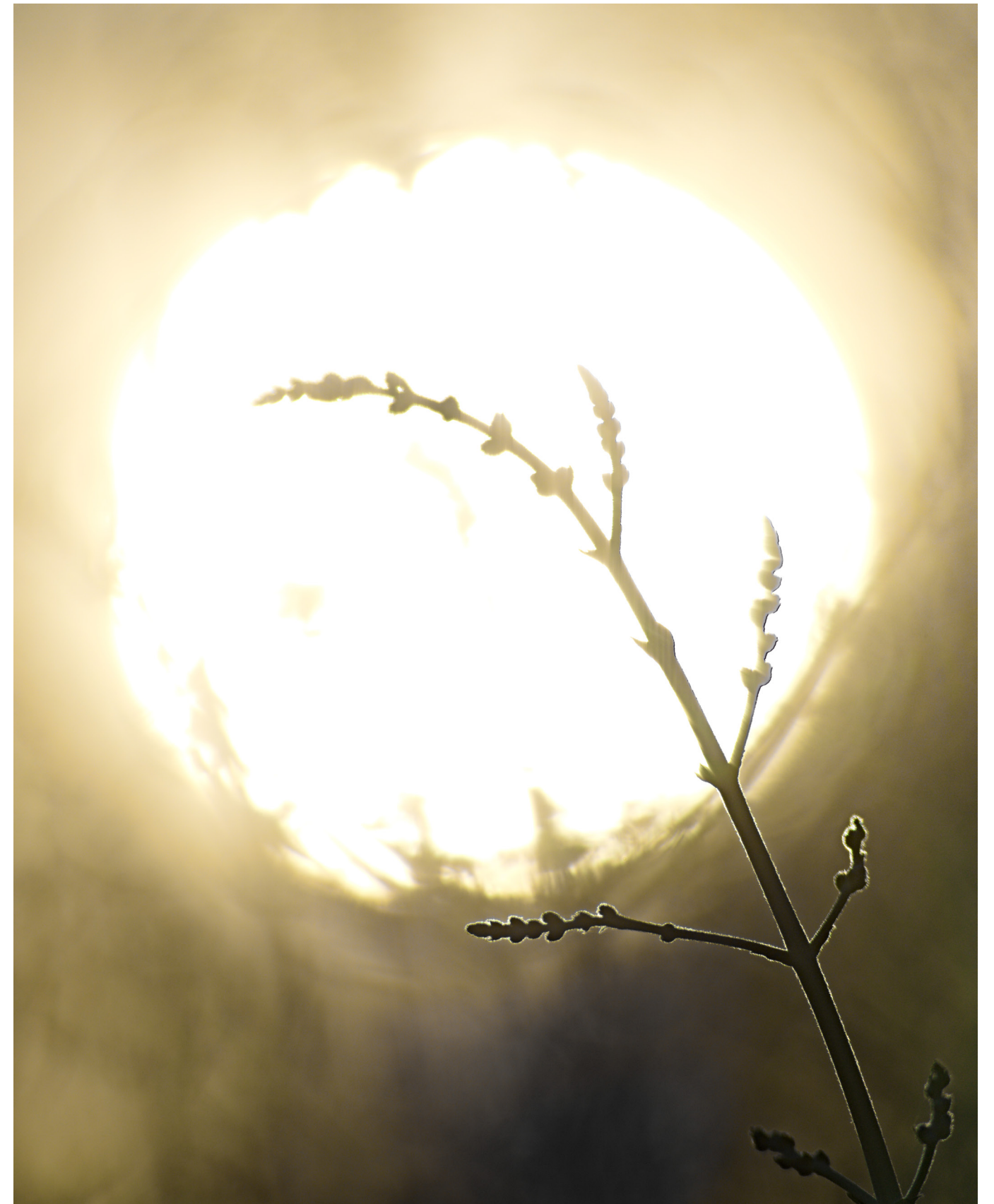
I dream of good days
Feet up, laying down, sounds of waves and lavender smells

I dream of all of this and I /know/ it will be true

Just because today is filled with dark blues does not mean tomorrow has to too

So I dream and I do as I do
And now

I smile
Because I can already feel the warmth of tomorrow seeping through.



In the Glow
Matt Sears
Photograph



Cat in the Catskills
Alicia Kenyon
Acrylic on Canvas



Lone Bison at Grand Prismatic Spring
Noah Christian
Photograph



Breath
Joy Li
Acrylic

A Treatment for Morning-Ache
Sarah Muche

Belly down,
head to the side,
cracked lips parted.

Blurry chestnut strands
shield eyes from sun
that spears translucent curtains,
but wrap her face
in steamy bog.

She'll stay in bed long enough
for its comfort to leave her
in a cage of last night's sequins
and foundation.

Tangled sheets erupt
in a deafening cowbell.
Desperate attempt for silence
makes covers convulse
and launches the culprit
out of reach.

Blistered feet slip out
from under the toasty duvet,
and meet whiny and icy floorboards.
Their frostiness is
unwelcomely awakening.

She placates the crying device
and notices the time.

Closer to noon
than to the bed,
it seems pointless
to retreat.



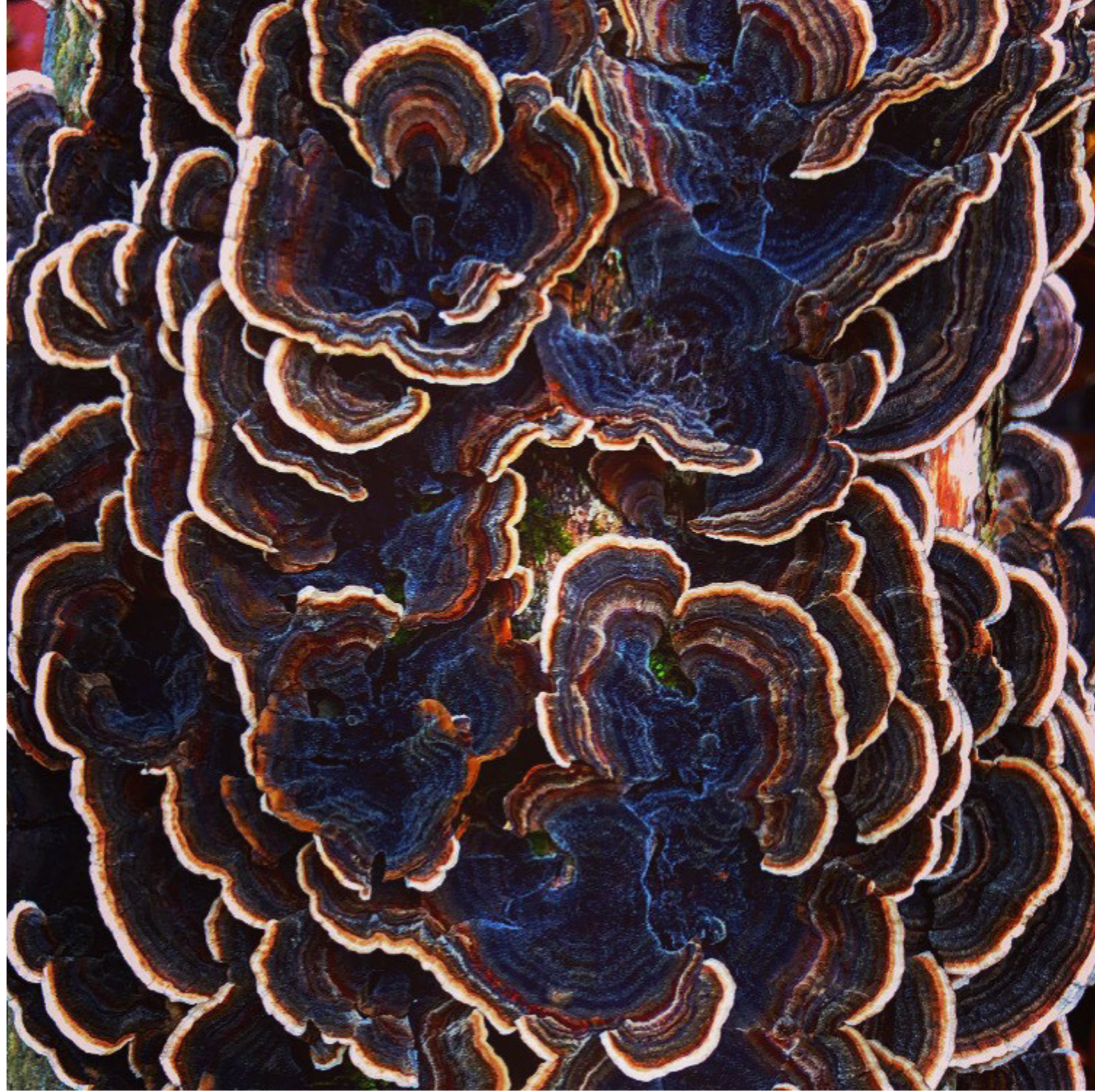
Simplicity
Toni Caldwell
Photograph

Stoic
Emily Bucher

Tonight I let the static of the air
Propel waves like a conch shell
Pressed to an ear.
I'm paralyzed by the last brick I have to lay down,
The one that perfectly sections off the
chaos and disorder
from the hinterland of my mind in this moment.

The warm air bats its wings between fireflies.
They hang in suspension like tiny gold orbs.
The navy palms of impending night
press down against my chest.
An electric charge is caught between clouds.
The humans walking on the road just
beyond the grass appear to be holograms,

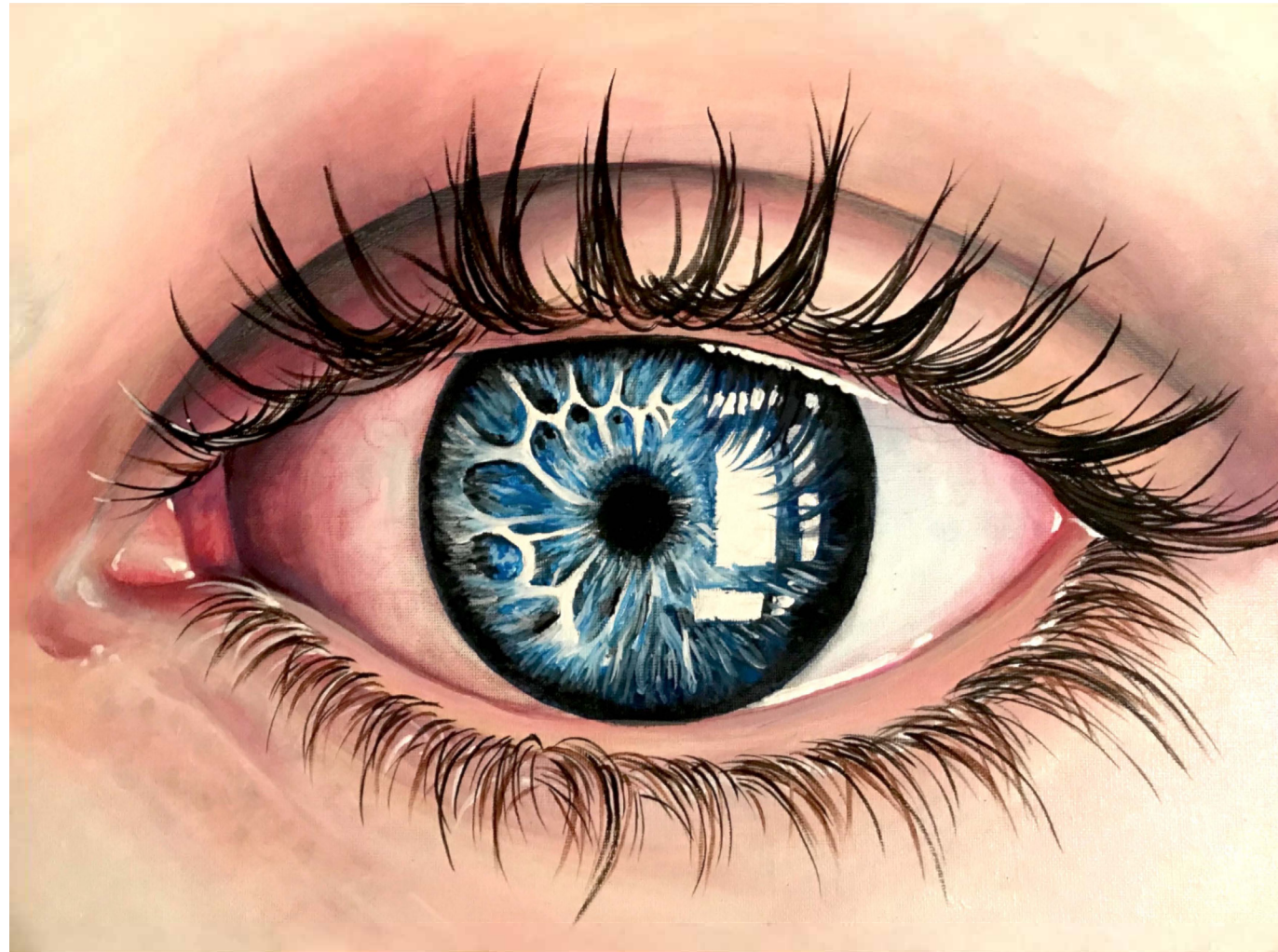
How long will this indiscernible noise drone on?
These are the moments that I close my eyes
To soften and blur the glaring light of the world.
If I blink hard enough, long enough,
There is a doubtful recognition:
This noise is an omen.
It carries the timber of my own voice and
It is an echo, a piercing break in the static.



Shelf Fungi
Michael Alvaro
Photograph

Within Orange
Simran Rahi
Photograph





Sight
Joy Li
Acrylic

Dusk

Kerry McFadden

Beneath a branched capillary bed
And withered to a Lilliputian mind,
The wingspan of the irises beheld
One breadth of feathered skylight at a time.

I fail to feign surprise that trees do trade
When inked branches bloom and bleed together.
Our light sees limb and limb in one refrain-
My veins run far and deep to any other.

No star is apt to gauge my worth in scorn;
Their realms removed impose a fallen journey.
This canopy holds precious my adored;
Your scattered roots to promise hold me firmly.

Neither speck of eye dust, nor celestial
Body, my forces vast- but reverential-
Rise to equal those of my World.



Peony
Joy Li
Acrylic

The Ones with Helping Hands
Joseph Collier

The path is long and the way unknown
And the steps we walk are ours alone
As we make a life in this foreign land
But bless the ones with the helping hands.

It's hard to know where the safety lies
Where to turn for answers or supplies
Some things are hard to understand
So bless the ones with the helping hands.

No man's an island in the wild
It takes a village to raise a child
So when you feel you cannot stand
Remember those with the helping hands.

The eyes that offer aid can see
A tiny piece of the soul they free
And when their hands are tired, then gone
The hands they carried, carry on.

The hands that didn't need a plea:
They show us what our hands can be.

Glass Eye
Emily Bucher

Today it smells like Brigantine Beach.
Or maybe not quite the beach,
but rather the Italian bar across the street from our family place.
The place we've stayed in for decades, watching the tub grow mold,
the carpet seep up the stench of cigarettes and spilled sunscreen,
walls absorbing our laughter, the windowpanes yellowing in the sun.
This is what I smell when I miss you.

Last night on the phone, your mind sounded fleeting.
You slipped again,
forgot the name of the beach we've skipped hot feet over for years
and I find myself wondering how it is that after all these sunburns,
and shells and seaglass collected
you could forget the name of that sacred place.

When I last saw you, you let me hold your spare glass eye,
the one that covers up the damage of an accident from your childhood,
smooth and light like a shell plucked from the sand.
Grandma said you'd never have showed me that before.
When she says before, I know she means before your mind became sick.

I cupped it, fragile in my palm,
ran my finger over the rippled, seaglass edges
and the painted iris in the center, a technicolor sunrise over the tide,
pretending I could see all that you have seen in your 80 years
through a single touch.
How long until the plaques erase every last memory,
like footprints in the tide?



Pier 14
Zoe Wong
Darkroom Photography



Daybreak
Simran Rahi
Photograph

Polination Station
Michael Alvaro
Photograph



Shortcake
Joy Li
Photograph



The Color of Creativity
Brittany File

Today,
my creativity rests like a newt
buried underneath a branch,
damp and covered in moss,
snoozing in the comfort of humid darkness.

"Now!"

I tell it.

It rolls from its right to its left;
its little speckled tail disturbs
near untouched dirt
and comes to rest
in some new, uninspired position.

"Please!"

I beg it.

I move towards a tortuous branch
half-buried in the ground and
place my hand on its coarse bark.
I close my eyes,
bury my fingers beneath,
and wiggle it free from the ground
only to discover damp earth beneath.

"Fine, I give up."

I tell it.

It opens its eyes,
crawls to the surface
into my eager hands,
and let's me glance briefly
at its bright orange belly
before it scampers away;
leaving me with a
glowing, orange ember
smoldering behind my eyes,
waiting to ignite.

On Hand Heals, the Other Hurts

Ryan Emhoff

One hand heals, the other hurts...

They say there's Yin and Yang, but it's only with the pain that I flirt.

Which wolf wins? The one you feed.

With every thought you plant a seed in your bleeding heart and aching soul.

What's your goal?

Your body's a temple, the mind a cage.

At what stage do we age and ditch this plague?

"You're worthless, stuck, you suck, who gives a fuck?"

Every day you truck through the muck just to test your luck at making it through another day.

One hand heals, the other hurts...

We're trapped in a duality, this warped reality

where tragedy's an eventuality in which we search for causality.

Your warring self is a reactionary,

a wary apothecary brewing the corollary to the fear that we are ordinary

and that to be ordinary is to suffer extraordinarily.

We are full of rage, afraid that to be brave is to be tender.

To ride the wave, invite forward our Grace and tend to her...mend her.

"I see your sorrow, dear one," she tells you,

"But I know how your heart was made, crafted with love never to fade,

light to oppose all shade."

One hand heals, the other hurts...

Look within and face the power of choice,

you pick the inner voice that grows into action.

So cash in on the chain reaction that stems from viewing anger as a distraction,

the cage match in which you lose every time.

It's imperative to rewrite your narrative,

you are the hero you've been waiting for,

it's declarative, there's no comparative.

One hand hurts, the other heels...

You've made it this far with darkness biting at your heels.

Every breath mimics death, a villainess victory contradictory to the life you long for.

You wrestle with demons and they keep score.

"Don't forget, dear one," your inner Grace reminds you,

"You need only ask, and I'll unbind you..."

Invite me into your fire and together we will weather it,

tame the flames of self blame and sever it from the new name we've claimed,

the courage we've gained to change the game on shame and tether it."

Never forget that both hands can heal.

You've been hurting for too long, so make yourself a deal

that when the dark place within you boils up to the surface,

you'll remember that love on earth is the purpose

and you deserve it...

Each part of you must learn this.



Grizzly
Bryce Eng
Scratchboard



Cruz de Saguro
Noah Christian
Photograph

What are the Big Cacti in Arizona Called?
Jokichi Matsubara

share your story, old man, for whom have you sprouted limbs?
surely,

I do not need to tell you, about the way

a Body,

swollen,

after a hard rain, trembles

under the weight of it's own
skin.

the way her hands

pecked holes beneath

my goosebumps and
perched gently

under these armpits.

the heat of her whisper,

I have a secret.

which is to say that like

you, saguaro, I raise these palms

in surrender.

Shadowing

Angus Culhane

He's small and loud and amongst the crowd
The surgeon is the focus
He pokes and picks and prods and snips and calls it hocus pocus

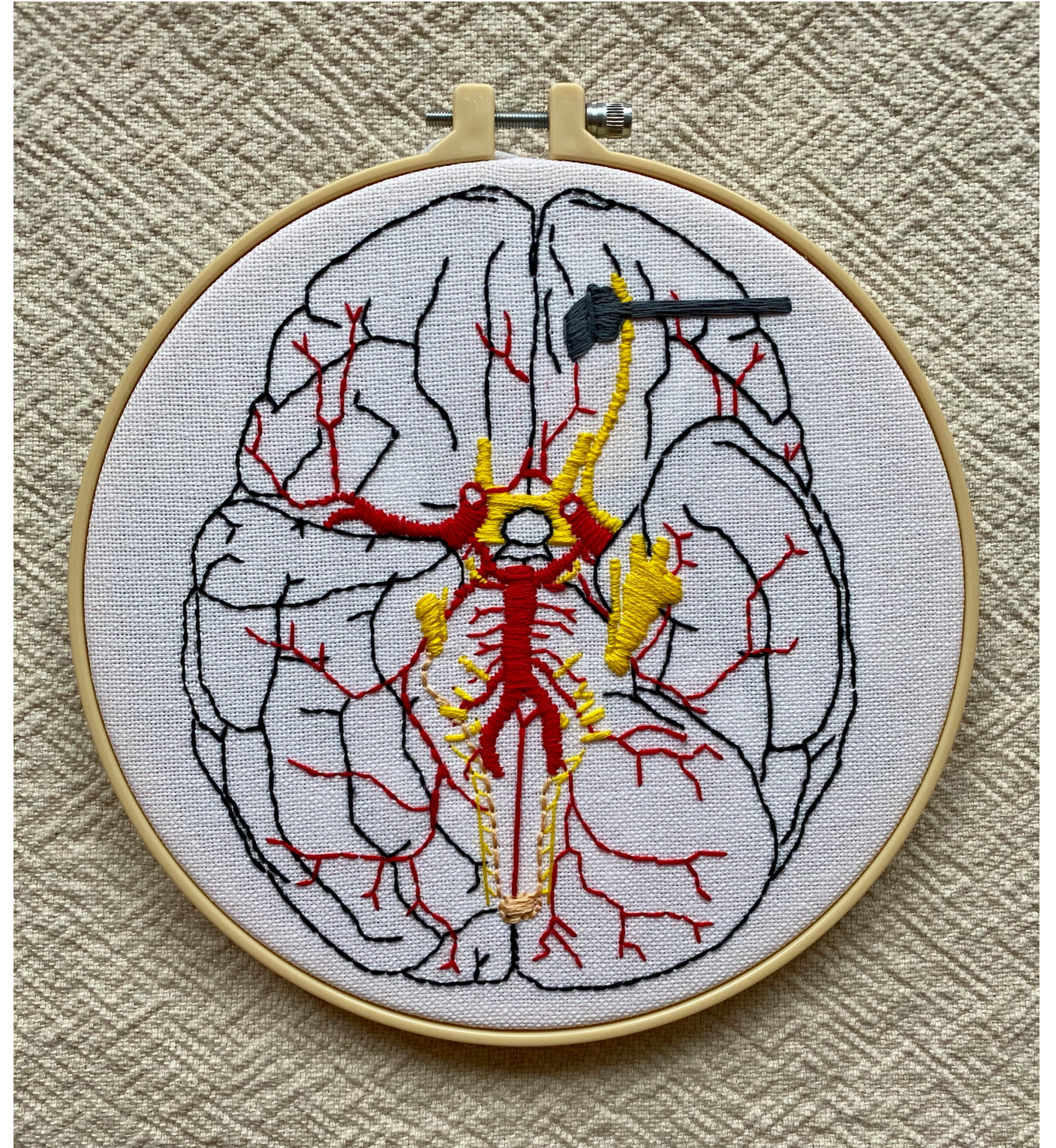
I'm standing there with eyes a glare
Trying to take notice
He looks at me as if to see how I'm gonna blow this

"What's the cause of bear-like paws in a patient with hypnosis?"
It could be me, but golly gee how am I supposed to know this?

"Another one, this should be fun" he says as he keeps going
"If it's ten past one and the patient's son calls to say it's snowing,
How many teeth in the mouth of the leach that's caused this patient's groaning?"

Is this cruel, or am I fool?
For simply not knowing
The time it takes for a patient's head to shrink from over-growing

The surgeon sighs, with smiling eyes and that's his way of showing
Your always wrong in the dance and song of medical shadowing



Circle of Willis

Sarah Stuccio

Cotton, Fabric and Thread



Ballerina
Michael O'Connor
Charcoal on newsprint

A Closed Book
Emily Bucher

For you,
I had opened like a book.
Not like the kind you read in the park
Or in the long line at the grocery store

But the one you thumb between
under tented sheets
By flashlight, or under the moon.

Pages like soft fabric,
Turning, flipping, floating
A stiff spine, in the crook of your fingers
When you craved one with more give
More contour
One that would fall with all its weight
Into your palm
That wouldn't mind if you spilled your morning coffee over the
cover
Or if you made origami kites out of the corners of its pages

But love, there is a thing to be learned
To be mourned
To be accepted:
some chapters were never written,
some never read



The Bridge over Peaceful Waters
Zachary Davis
Photograph



Auction
Zoe Wong
Oil on canvas

From an EMT's Journal During a Global Pandemic – To Li
Sarah Roselli

Please respond to residence for a 49-year old man experiencing shortness of breath. Be advised to use full BSI precautions. Confirmed COVID with severe deterioration in condition.

You're my parents' age.

When we pulled up on scene, I immediately placed the respirator around my face and pulled the straps tight to seal out all the air I could. When I felt content, I walked around to the side of the rig, pulled out the PPE, and obediently pulled the equipment up my body.

This was happening whether I was ready or not.

My supervisor met me, bent down on his knees and helped pull the suit over my boots. Without speaking, he pulled out a pair of extra long gloves from the box and secured them over the sleeves of the Tyvek suit. Finally, he pulled the hood over my head, tucked my hair, and zipped it up so no skin was exposed.

I was moved by his act of humility; by how carefully and meticulously he worked to ensure I was safe. That was all I needed to help me to continue moving.

I began the trek to your front door, but before entering, I allowed myself a moment of pause, took a deep breath, and let my courage carry me the rest of the way.

I can do this. All I need to do is get you to walk outside to help protect my partner and our dwindling supply of PPE. If you get yourself outside, no one else has to expose themselves to the inside of your house.

I found you curled up on the steps, body folded over, held up half-heartedly with a cane. Your wife stood bravely beside you. When our eyes locked for the first time, I knew that all either of us felt was fear. You saw me, full suit, all armor, and I saw a man potentially carrying the deadliest virus the modern world has ever seen. I asked your wife what you were feeling.

I'd forgotten how much the respirator muffled my speech and had to speak slowly and purposefully for you to hear me.

"Difficulty breathing, shortness of breath, weakness, fatigue, fever, headache, vomiting, diarrhea... everything. It's been like this for a week, and somehow, today it got worse."

I asked if you would be able to stand, so we could go to the ambulance. You leaned heavily on your cane and heaved yourself forward, staggering to your feet. You wobbled beneath the weight of your own two feet, so I held you steady and waited for you to find the ground.

I know everything hurts right now.

We made it five shuffled steps before you stopped to catch your breath. As your wife met you to place slippers on your feet, you began to fall backward. You had two heads height on me, but that didn't stop me from holding your weight. I wasn't going to let you fall.

As my hand grabbed your back and around your waist, I felt how warm you were through your layers of clothing. Your body was working tirelessly to fight off this virus.



Reaching High
Jasmine Wang
Photograph

I was relieved when we got you onto the stretcher, but soon my heart grew heavy as I watched your wife grab both your hands in hers, kiss your forehead, and mutter a tearful goodbye. I know she feared she might never see you again.

Watching family members say goodbye doesn't get any easier.

You slept on the way to the hospital. I know just walking the mere 10 feet exhausted you.

I anxiously watched your chest rise and fall to make sure you were still breathing.

Once we were inside the hospital, everything felt like the same solace routine. They took your temperature, saw it was high, and asked for you to be placed in triage, so we gathered up your sheet and lifted you onto the nearest chair. We left you alone and scared, surrounded by other sick patients suffering the same fate.

Walking into the triage tent and seeing dozens of people try to live with a virus that slowly ate at their bones and stole their breath is still just as shocking as the first time.

Once we were back outside, we met my supervisor who just finished systematically spraying down the rig with Virucide in an attempt to kill anything that remained. Then it was my turn. I stood with my legs spread apart, arms open, and palms up to the sky as my supervisor sprayed me with the same chemical.

As I stood like this, I reflected. I recalled how my supervisor laid both his knees on the asphalt to help pull the suit over my feet. I remembered how your wife did the same as she helped put on your shoes. It reminded me of the discipleship Jesus showed when he rose from the table at The Last Supper to wash the feet of His servants. It reminded me of His humility and grace. I hope we continue to do our work with lowliness of heart and mind, as we care for our fellow brothers and sisters. I hope we continue to do our work with a servant's heart. I hope we continue to be His hands and feet.

– Above all else, I hope you make it home to your wife.

*To everyone asking what it's like to be a first responder
during a pandemic*

Sarah Roselli

My nose hurts.

- The mask sits heavy on my face. I pull the straps until the pain becomes too much. I hope that the tighter they are, the better chance I have of making it home.
 - *Maybe that way the virus can't get in.*

There is a constant weight in my chest.

- It's hard to decipher if it's the fear or anxiety, or if I'm catching it, too. It's always heavier at night when all I seem to do is think about spreading this to my family. I don't want to be responsible for hurting them.
 - *How can I live with that guilt?*

My bones are tired.

- It doesn't matter how exhausted I am, I can't fall asleep. Not before replaying every single thing I did that day to make sure I didn't make any mistakes: that I cleaned every knob I touched, that my towel isn't still hanging in the bathroom, that the windows to my car are open.
 - *What if I wasn't careful enough?*

I can't make the nightmares stop.

- I wake up in a cold sweat just about every night. I dream of the patients I've dropped off and if they'll ever make it home. I dream of attending their funerals, of telling their families they aren't coming home, and of receiving the call that they didn't make it.
 - *Sometimes I don't even want to go to sleep.*

I miss having normalcy with my family.

- I can't just walk into my house anymore. I have to strip down on my porch to spandex and a sports bra and put my uniform in the garbage bag my mom leaves out for me every shift. I can't just sit down and eat dinner with them after they've waited an extra two hours for me to come home because I got a late call. I can't come back from a 12 hour shift and relax. I try to keep to myself. I try to stay in my room away from them to mitigate the spread. But more than anything, I try not to talk to them about work. I don't ever tell them how bad it really is out here.
 - *I just want my family back.*

I'm worried about my crew.

- These people have become my second family. They are the people I spend long, endless nights with. They're the people I share dinner and late-night-after-call-snacks with. They're the people I do rigorous training with. They are the people who understand my fears and anxieties because they experienced it right beside me. There are nights I feel guilty for sleeping. I feel guilty for being in my own bed because I know they are all putting in long restless hours away from their family.
 - *They're one of the only reasons I'm getting through this.*

I'm worried for everyone on the front line.

- We know many of us will catch this; at this point, it's not a matter of if, but when. Statistically, some of us will die from this. We scrub our skin raw and neglect taking care of our families so we can take care of yours. Maybe this isn't exactly what we expected when we took our oath, but we did sign up to help people.
 - *And there are people out there that we can save.*

I'm worried about my mental health.

- I'm used to working all night, not getting sleep, sleeping the day away, and doing it all over again. I'm used to starting my shift before the sun rises and finishing it while it's dark again. I'm used to being present for the hardest, scariest parts of people's lives. But I'm not used to this. I'm not used to the anxiety. I'm not used to the unknown. I'm not used to not having answers. I'm not used to being so scared all the time.
 - *I don't want to get bad again.*



Endless Horizons
Joy Zhao
Oil

Random Number
Samuel Schultz

In art one finds G-d
so it is said, also in nature and other places of
solitary creation or acts of being/
becoming and such. Even in medicine. The mother carries a child into
existence and the midwife into
the world, the same world with the nurse and
the surgeon with a blade so holy it cuts
to heal, with gloved fingers
prying out shrapnel and cancers,
or an artist producing something
beautiful out of salvage and rust. But maybe the baby
will just die in a car accident and the cancer will come back
and all the artist made is junk

And when I close my
eyes in a museum I daydream about mostly
inconsequential things interspersed with images of crying tableaus with modern trash
mobiles and sculptures in some guy's backyard an hour outside of a major city
because an hour outside of every major city
is some guy's backyard filled with folk trash/art
same as how you're always two
clicks away from hypertension on any physician's
computer.

Not random, too predictable, knowing the solution of a problem
immediately, just by looking at the person,
place and act. Nothing to falsify,
everything on its way to something.

Looking at modern art
so often uncluttered or
maybe too cluttered
small squares on top of larger
squares and I once turned to my Dad and asked
is this it? And he said what do
you see? And I said squares
and that's right, right? And perhaps I should be moved
more by the description: the artist was a boxer before moving to art
the squares represent rings within rings.
in other words: man failed as boxer, makes art, sells it
to the rich, finds success in making things
predictable. How much was the cost of admission?



I once heard about a man haunted by schizophrenia who
built the Third Temple as an operating system,
who could speak to G-d through lines of text
formed through a pseudorandom number generator.
He would bring digital offerings
and interpret the verses created by
randomness. And if he didn't
understand he would just say
"Oh, well"

I watched this chosen, sick programmer, and viewed his art
a program of randomness
to speak to G-d in randomness, an oracle of RNG hidden in the
Third Temple

His last words were "It's good to be king. Wait, maybe. I think maybe I'm just like a little bizarre little person who
walks back and forth"
And maybe we are all little bizarre little people
walking back and forth
searching for G-d in the randomness
of art
and finding nothing but order

From an EMT's Journal During a Global Pandemic – To John
Sarah Roselli

"Unresponsive party. 77 year old male. Arrest was witnessed. Unknown COVID."

I can do this.

We arrived on scene and I fumbled to put my mask over my face and pull the gloves over my shaking hands.

There's no time to put on PPE. I need the airway kit. I'll come back for the chart.

Your caregiver stood anxiously in the doorway, mask covering her face, waving me down with her gloved hands.

"He's in there. Please hurry."

I walked into your bedroom and saw you laying on the floor in nothing but your diaper while the officers worked to beat life back into your chest. I felt my feet stick to the floor for a moment, but I knew I had to keep moving.

Is this what it's like to grow old? To be taken care of by another, found on your bedroom floor, stripped of your clothes and your dignity?

I set the airway kit on the floor and asked the cops to give me an update, while I took over medical control. I instructed one to attach the BVM to 25 liters of oxygen, while his partner updated me that they were just beginning their first round of CPR.

I looked up and my eyes locked on one of the officer's. He was nothing more than a deer in headlights. He was reduced to a child. Scared and confused.

While I spoke to them, I located the oropharyngeal airways that I thought would work. On my way to your body, I took a deep breath, and centered myself. I ripped open the plastic bag, and measured the airway from your earlobe to the edge of your mouth. I prepared myself and instructed the officer to remove the BVM from your mouth after his next set of breaths so I could insert the airway while his partner continued compressions. I opened your mouth, pushed aside your tongue, and placed the airway down your throat to let the air in.

I've never done this on a real person before.

We got through the first round of compressions and a shock was advised, so I cleared everyone off your body and waited. You were in ventricular fibrillation, which meant your heart still had a rhythm. Somewhere in there, you were still alive.

I watched the shocks send waves throughout your body. I watched your limbs flail helplessly.

After the next round, there was no advisable shock, but we continued CPR anyway. I took over on the third round.

I placed the heel of my hand on the center of your chest, placed my other hand on top, interlaced my fingers, and pushed hard and fast. I kept my arms straight and moved my shoulders so they were directly over my hands. I counted out loud, but struggled to maintain my breath against the anxiety and the respirator that covered my face.

I tried not to think about how I felt your bones move under my hands. I tried not to think about how your eyes stayed affixed to the ceiling. I tried not to think about how your body remained motionless. I tried not to think. I tried to just keep counting.

...28...29...30.

It wasn't until the end of the fifth round when, again, no shock was advised, that the medics stopped us. I gave them a report while they hooked the ECG up to your body and searched for a viable pulse. There was none to be found.

"Time of death: 1812."

Defeated, we cleaned up our supplies, laid a blanket over your body, gently closed your eyes, and began to exit the room. I tried to gather information from your wife, and it wasn't very long into our conversation before I realized no one told her you died: "Is he okay? Can I see him?"

"Ma'am I'm sorry to inform you that your husband died. We did everything we could, but his heart stopped beating."

I looked around for help. I looked around for someone to tell me the right thing to say, but the medic behind me whispered his apologies while the care aide rushed to her side to comfort her. I watched the fear spread throughout her body until it reached the tips of her fingers and began to shake. I watched her jaw open slowly and widely. I watched her muscles grow weak as she caught her head between her hands.

"He's all I have. I don't have any children. What am I going to do now? I don't know how to do this without him."

There was nothing I could do to make this better. No way to fix it. I wanted so desperately to reach out and hug her tight enough to take all the pain away. I just took my mask off instead, bent down, and grabbed her hands, and talked her through the next steps.

She has the most beautiful blue eyes.

I stood outside your house, anxiety stricken, and shaking. My supervisor came up to me, put his hand on my shoulder, and walked me back to the rig. All I could say was, "it's my second death in three days."

I saw the sadness overtake his eyes: "I know Sar, I had four this week. It never gets easier."

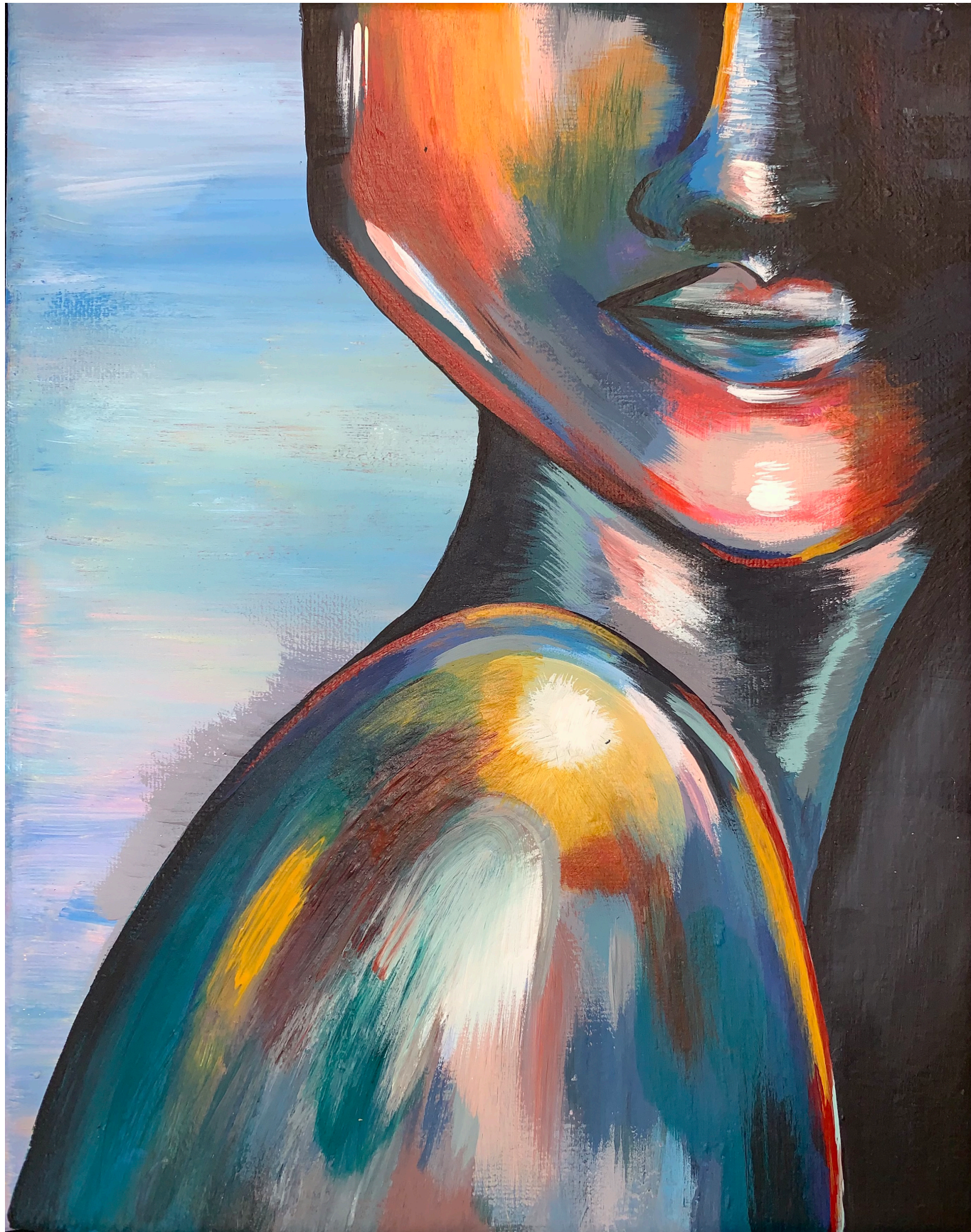
Something in me broke a little bit today. Something in me shifted. It made me feel misaligned, skewed, offset. I don't know what I'm thinking. I don't know how to sift through all of the grief and hurt that keeps piling up. Any time I try to, my body panics or my mind goes blank. I just can't keep the images and feelings from playing over and over and over again. I can't stop the numbness from swallowing me. I can't stop the nightmares. We're supposed to be the help, but there is nothing we can do. There are too many body bags. There are too many people dying from this. I'm so sorry you died. I'm so sorry we couldn't get to you fast enough. I'm so sorry your wife went through that.

– I'm just so sorry.

Our
Megumi Tsuda
Photograph



We Can't Breathe
Toni Caldwell
Photograph



Woman in Color
Preeyal Patel
Acrylic on canvas

Diversity and Inclusion in STEM, an Essay Contest by Inside Out

This past fall, the editors of *Inside Out* issued a prompt for student essays to reflect on, “the obstacles facing adequate representation and the benefits of diversity and inclusion in STEM and health professions.” With help from select faculty, our team of editors scored all submissions, and a winning essay was chosen. Due to the importance of the topic, and the quality of all the work that was submitted, we have decided to publish four of these essays in hopes of promoting discussion and scholarship concerned with diversity and inclusion in the fields of healthcare, science, and technology.

The first essay, “The Cycle of Diversity,” provides an academic introduction to the issues at hand and how diverse voices improve community spaces. Next, “They Are in the Waiting Room,” delivers an intersectional perspective from a student exploring essential questions on gender and womanhood. The winning essay, “It’s Been A Minute,” brings the issue of representation into a series of specific, personal experiences that are so often ignored or missing from our systems of education. Lastly, “On Diversity and Inclusion in STEM and Health Professions” critiques any perspective that would see diversity as a commodity, and warns against performative “solutions” that would preserve and sustain the layered sources of inequity.

We would like to extend a special thanks to our faculty reviewers for their time spent reading and discussing these essays with us. To all the participating students, we congratulate you on your hard work, and express our deepest gratitude for your courage and insight.

The Cycle of Diversity

Meeval Biju

When applying the research I did this semester about the lack of diversity in the Physician Assistant into the STEM field; there is blatant overlap in the source of the issue and solutions. The lack of diversity in STEM fields is due to systemic racism and institutions' failure to accommodate people from disadvantaged backgrounds. In systems designed for a specific demographic to succeed, the statistical lack of representation of racial and ethnic minorities comes as no surprise.

Diversity within STEM, especially medicine, is essential for many reasons. Disparities in minority communities are related to underlying prejudices, so when healthcare providers are diverse, inherent bias decreases and patient experience improves. Studies show that minority professionals are more likely to serve minority communities, and consequently, patients who receive care from minority providers have higher rates of satisfaction and better patient outcomes (Cooper).

Abstractly, more diversity with STEM professionals lends to broader mindsets, better experiences, innovation, and inclusivity for students and patients alike. In a cycle of diversity, when there is faculty representation and diverse mentorship, this encourages a more diverse student body to enter the STEM field, as it lends to students' ability to relate and form connections and feel in place (Yuen). The resulting diversity improves cultural competence as it diminishes cultural and linguistic barriers improving patient-healthcare provider interactions and the overall patient outcome (Domenech).

From my research concerning ways to increase diversity, all of them had one common suggestion; minority faculty recruitment programs and early mentoring and support systems for students. In PA professions and STEM, the lack of representation and mentorship is often why students choose not to pursue the field. Mentoring programs improve diversity; moreover, it enhances minority student outcomes such as raised GPAs, lowered attrition, improved self-efficacy, and better-defined academic goals (Tsui). Studies have shown that females and ethnic minorities prioritize diversity when considering graduate school, so a way to appeal to them is prioritizing minority faculty recruitment (Yuen). By encouraging mentoring programs, URM faculty advance their career and feel more content with their positions; moreover, their presence increases recruitment and retention of ethnic and racial minorities of PA students and STEM students in general (Alexander).

Furthermore, after hearing research from Dr. Debra Bangasser, she noted how even though 51% of the population is female, only 30% of females compose preclinical neuroscience studies. This staggering disparity is a foundation for a pharmaceutical industry saturated with therapeutics ideal for white men. These drugs cause adverse effects for women, whereas if clinical studies were more diverse, there might be alternatives that were more effective for minorities and women that would make it to market.

As a female, a future PA, and a minority, the effects of diversity in STEM impact my career and my family and I's health. In times such as this, charged in catalyzing change and when

STEM's vitality is highlighted, we must acknowledge these flaws in our existing systems and work to improve them.

Works Cited

1. Alexander, David L 3rd, and Daytheon Sturges. "Underrepresented Minority Physician Assistant Faculty Mentorship: It Takes a Village." *The journal of physician assistant education : the official journal of the Physician Assistant Education Association* vol. 30,2 (2019): 122-124. doi:10.1097/JPA.0000000000000253
2. Cooper, Lisa A., and Neil R. Powe. *Disparities in patient experiences, health care processes, and outcomes: the role of patient-provider racial, ethnic, and language concordance* . New York, NY: Commonwealth Fund, 2004.
3. Domenech Rodríguez, Melanie M., Paula B. Phelps, and H. Cathleen Tarp. "Baseline cultural competence in physician assistant students." *Plos one* 14.4 (2019): e0215910.
4. Tsui, Lisa. "Effective strategies to increase diversity in STEM fields: A review of the research literature." *The Journal of Negro Education* (2007): 555-581.
5. Yuen, Cynthia X. "Strength in Differences? The Importance of Diversity to Students When Choosing a Physician Assistant Program." *The Journal of Physician Assistant Education* 30.3 (2019): 143-148.

They Are in the Waiting Room

Jess Bulafka

At least once a year they sit in a waiting room adorned in florals and rosy hues. They scan the female bodies crowding the room, some behind the intake desk, some whose abdomens are swollen with expectation. Rachel Ray advises how to sneak vegetables into your toddler's chicken nuggets on the TV. They grow hateful of what's expected of them, of their innate, oppressive potential as a mother. "Ms. X" resounds from a well-meaning nurse for all to hear, and they rise. The hurt is sharp and sudden, but familiar, as a sneeze. They've learned not to dwell, and they don't have the energy or confidence to engage. They will strip and slip on the bubblegum pink gown awaiting them on the exam table. If they catch a glimpse of themselves in the full-length mirror, they might smirk at the silliness of it, or they may bristle.

Women's health centers and institutes are revolutionary in the way they have carved out a space for clinical practice and research to shift away from male-centered paradigms. It's a hard-won triumph of a movement that began in the 1960's and 70's when women made up less than 5% of the physician workforce in the United States, and only 7% of gynecologists were women.¹ As a person with traditionally female anatomy I have always been grateful for the advancements and advocacy of women's health, but I've never felt empowered by it. As a future physician I want my gender diverse patients deserve to feel empowered.

It's no coincidence that as the number of female physicians rose over the past fifty years, the voices of female patients grew stronger, clearer, and began to resonate in the meetings of medical associations and the chambers of federal courts. Representation matters.

Today people of transgender and gender diverse (TGD) experience are estimated to make up less than 1% of United States medical trainees and physicians combined.² It is also well established that the TGD population is severely underserved by the healthcare system. In a 2017 survey by the National Center for Transgender Equality, a quarter of respondents reported choosing to forgo medical care when they were sick or injured for fear of being mistreated. A fifth of respondents said they hid their TGD identity from their healthcare provider.³

In celebrating the progress of gender equality in medicine we must be willing to acknowledge the limitations of the women's health movement, which was cultivated by the experiences of white, heterosexual, and cisgender women.

Womanhood is not a singular experience and having gynecological health needs does not confer womanhood. So where does that leave us? As a second-year medical student, I am perfectly comfortable in saying I don't know. It's a question I plan to use my entire career as a non-binary physician to explore. I am hopeful for a future in which the number of gender diverse physicians continues to rise, and with it amplifies ours and our patients' voices to the level of change.

References

1. Magrane D, Jolly, P. (2005) The Changing Representation of Men and Women in Academic Medicine. *Association of American Medical Colleges Analysis in Brief*. 5(2).
2. Dimant O.E., Cook T.E., Greene R.E., & Radix A.E. (2019). Experiences of Transgender and Gender Nonbinary Medical Students and Physicians. *Transgender Health*. 4(1).
3. Grant J.M., Mottet L.A., Tanis J., Harrison J., Herman J., & Keisling M. (2011) *Injustice at every turn: a report of the National Transgender Discrimination Survey*. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force.

On Diversity and Inclusion in STEM and Health Professions

Olivia Ottone

The systems barring adequate representation within STEM and healthcare professions are not unique to these fields. Moreover, so long as diversity and inclusion are understood in terms of “benefits,” and are therefore commodified, the equity required to achieve such will be unattainable. In fact, decades of literature could be cited to affirm the claim that diversity in STEM and healthcare professions improves the ability of these fields to serve the entire population by expanding professionals’ understandings of the array of needs spanning the populations they serve. Citing the literature, however, has clear limitations; this conversation’s marginal expansion over the years, without appropriate material improvements in serving diverse populations, exemplifies that researched-backed claims are insufficient to move those in power to action¹. To this point, the question then becomes one of why it is possible and acceptable to not take appropriate action on the understanding that every person benefits from diversity and inclusion in STEM and healthcare professions.

The historical context in which STEM and healthcare professions developed is critical to understanding why, in the U.S., they remain proportionately inaccessible to historically marginalized communities. Training to become a doctor, scientist, or mathematician was historically reserved for the white, AMAB² upperclass, and this extends to well before the establishment of the U.S. With industrialization came the need to train a highly specialized laboring class of engineers – this training came safeguarded for those with financial power through the prohibitive costs of higher education. This was again true with the tech boom and demand for computer scientists, software engineers, and other computational specialists. Beyond the obvious class barriers to these fields, AFAB³ individuals were explicitly excluded from these positions. Although AFAB individuals have always been present in these fields, they were funneled towards professions like nursing, where they have historically been undervalued as the secretaries⁴ of the medical world.

If the development of STEM and healthcare professions is then considered within the context of the development of the U.S., their exclusivity and desire to maintain such becomes clear. Though the U.S. was founded within a capitalist framework, the early decades of the country retained various aspects of a feudal society where familial status and wealth functioned as primary determinants of individuals’ opportunities – especially in the slave-owning South. As capitalism has matured and cultivated a middle class with the illusion of wealth, many individuals feel they can transcend the historical barriers in place; however, this largely still only applies to white, AMAB individuals with some baseline amount of wealth, as the lasting racism of slavery has been preserved by the capitalist economy which disproportionately profits off of the labor and bodies of POC and AFAB individuals. From the macroscopic view, these systems prevail because true equity requires revolution to upend capitalism. On a more individual level, systemic oppression prevails because individuals with privilege fear losing their advantages, and they hold the greatest power to incite change. STEM and healthcare professions only face unique barriers to diversity and inclusion insofar as the individual functions of these professions; however, the primary barrier is true for all industries and is identifiable as an inherently racist and sexist capitalist power structure. Without challenging this structure, advances toward an equitable and inclusive society will remain superficial.

1 To this point, I will cite nothing.

2 AMAB is an acronym for “assigned male at birth.”

3 AFAB is an acronym for “assigned female at birth.”

4 This is not to undermine the value of secretaries, rather provide a well-understood analogy. This profession is easily accessible to most people as an example of a position where AFAB individuals’ efforts were used to amplify and exaggerate the accomplishments of AMAB individuals, without acknowledgments or valuing of their labor.

It’s Been a Minute: The Need for Representation in Healthcare and STEM Fields

Janita Matoke

A Nigerian Cardiologist working in Camden, New Jersey came to speak to a small cohort of premedical students in which I was included. He told a story about one of his Caucasian colleagues speaking with a patient of color; during the visit, the physician asked how long the patient had been experiencing their issues, the patient’s response, “it’s been a minute”. The physician was puzzled by this and asked several follow up questions in order to understand. There is a cultural understanding that “a minute” used in a certain context, can mean a long while. The cohort was filled with minority pre-medical students, while our reaction to the story was amused and surprised, the nuanced incident speaks volumes to the importance of representation. In order to treat a diverse body of people, in the most equitable and beneficial way, diversity should not only be a top priority but essential in all we do as healthcare providers. The world of STEM and Healthcare depend on diversity because the people it serves are multiethnic and multicultural.

There are many obstacles that feed into the inadequate representation in STEM and Health professions. Standardized and entry exams, such as the SAT, GRE, and MCAT are direct obstacles, in regards to average scoring and accessibility to resources and equitable education. Other obstacles also include racism and historic social constructs of healthcare. One additional obstacle is the lack of self-efficacy, esteem, and pursuing of certain careers. For example, Black Physicians make up around five percent of the entire medical field. The overall lack of diversity can create an idea that being in healthcare is not something attainable or welcoming for minority students and young leaders.

The latter is a direct obstacle that perpetuates low levels of diversity. When students do not see individuals who look like them or share their backgrounds in a position, sometimes it is hard to imagine themselves or believe that they can succeed in that profession or excel in that particular field. This idea may become enhanced as the rigor of the field increases. It is also difficult for many minorities to feel a sense of belonging while pursuing certain fields. They may constantly be the only individual of their ethnic or racial background in their classes, internships, or spaces of work. This is mentally detrimental. Many students of color face feelings of immense exclusion and lack of social validity that leads to increased and consistent self doubting of one’s capabilities, increased imposter syndrome, and feeling undervalued by peers, who may share a stereotypical sentiment in the individual’s abilities.

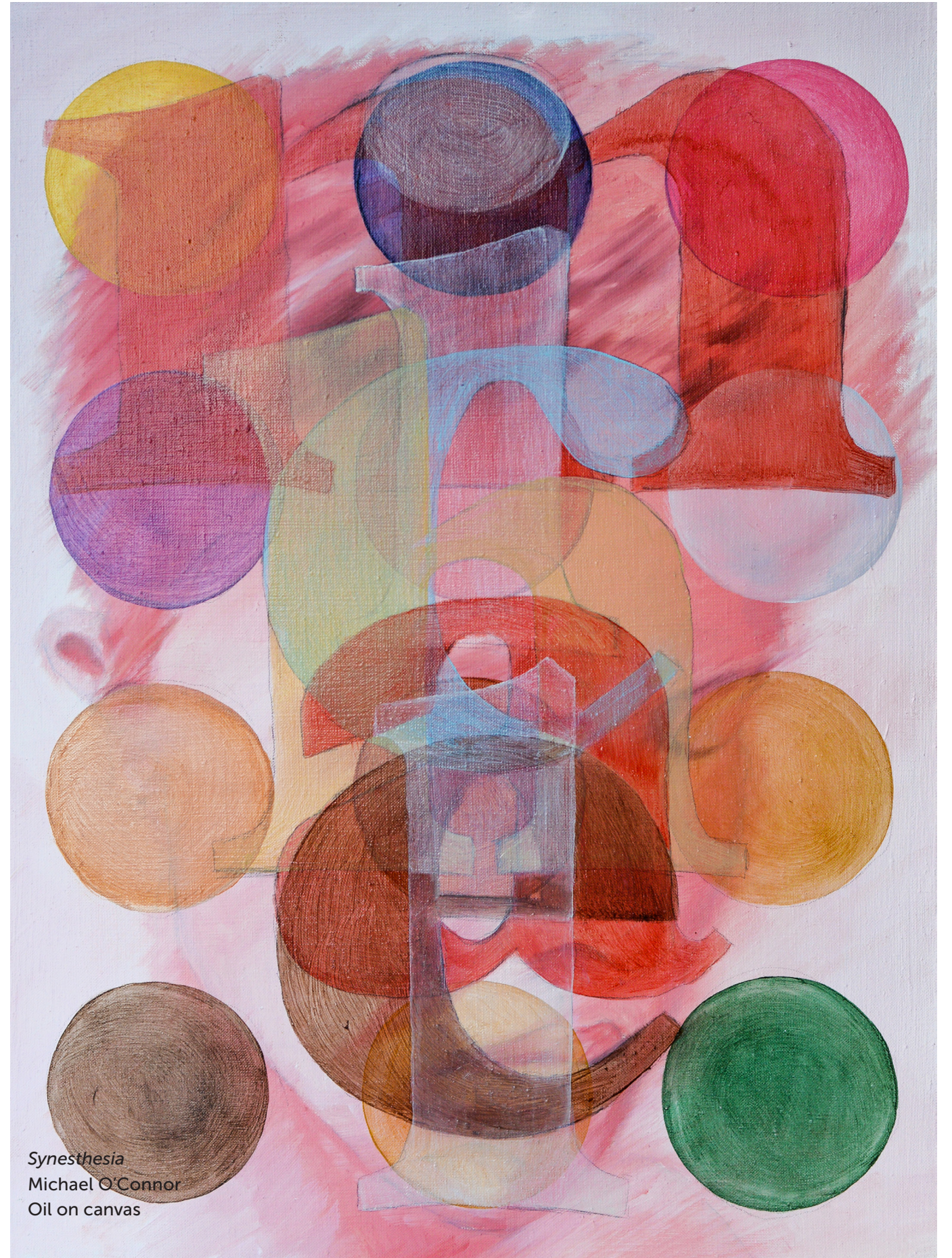
Increasing diversity does not just ameliorate the experience for minorities it promotes an overall more sustainable and equitable scope of healthcare. The benefits of diversity and inclusion are many. They include and are not limited to, more reliable diagnosis for people of color, more programs, and initiatives, such as public health interventions and programs, that cater to specific community needs through relatability, as well as an increase of advocacy and policy change for minorities. An additional benefit is that an increased diversity leads to increase perspectives, ideologies, and innovations. This can and should lead to closing vast health disparities and building an overall better system.

When I was a part of the pre-medical internship for minority students, I felt the most supported and inspired. The students in the room looked like me, they understood me, in regards to my struggle, my triumphs, and my fears. They organically supported me in my endeavors of becoming a Physician. It was there that I dissected cadavers, uncovering vibrant colored kidneys, with bright and dreamy eyes, side by side students who shared my vernacular and skin the same shade as me. It was there where I openly and freely discussed health disparities and my dreams of what I would do as a Physician to improve them. It was there where I blissfully and delightfully envisioned myself, as a soon to be Medical Student, because something about being around other black scholars gave me feelings of immense confidence, pride, and fulfillment. It was there that my purpose in being a Physician felt restored; where aptitude met intention and intention met inspiration.

I left believing that not only could I be a Physician but that I would be a profound one who met the needs of my people. To be truthful, it had been “a minute” since I felt so secure and sure of myself. This is why representation matters.



Waterfall
Stephanie Beldick
Acrylic



Synesthesia
Michael O'Connor
Oil on canvas

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