

A CREATIVE ANTHOLOGY BY AND FOR
THE UTMB COMMUNITY

EUPHONIA

REFLECTIONS FROM
THESE PIERS

CREATED IN 2025 | VOLUME 1
SPONSORED BY THE UTMB MCGOVERN ACADEMY

FROM THE EDITORS



euphonia

/yü'fōnēə/ • noun

“of good sound”

Writing often serves as a deeply transformative and cathartic act. It creates community, connection, and meaning, bringing us all a little closer to one another. It is in this spirit that our team began to dream of a literary anthology here at UTMB and thus, *Euphonia* was born.

Euphonia translates literally to “true” or “good” voice, and we hope this anthology can provide a medium through which our stories detailing the joys and challenges of medicine could be told. We are profoundly proud of the resulting collection of essays, personal stories, poetry, photography and art that showcases our island community. These original works by students encompass profoundly moving narratives, allowing us all to embark on journeys of healing and being healed.

We are deeply grateful for the financial backing of the McGovern Academy of Oslerian Medicine to help make this publication a reality. To every true and good voice that has shared their work with us, thank you for inspiring us to continue to create, reflect, and instill hope.

WITH GRATITUDE,

Varesh Gorabi, Sunskruthi Krishna,
Claire Phillips-Latham, & Shilpa Rajagopal
Euphonia Editor Team

NESTING DOLL / ALEXIS ELLERBE

I am a writer trapped in a doctor's body.

My outer casing adorned with a white coat, running through the hospital with fervent pace.

Running.

Running.

Running.

When just beneath the surface, barely visible in the verbiage of a patient presentation is a storyteller.

Not a recounting of events steeped in antibacterial soap and sterility, but stories of lives that have never existed, and are infinitely messy.

Ink bleeds and stains the paper, permanent markers of temporary fantasies onto which I dared to keep holding.

I am an artist trapped in a writer's body.

When the words have left me, and my speech has failed me, my hands fill in the spaces.

Sometimes I am incapable of being vibrant, and the only hues my body will produce are silent whispers of pigment.

Other days, **yellow** is the only color in my repertoire and only in big, bold strokes can I create.

But I have to be careful with the paintings of each of my days.

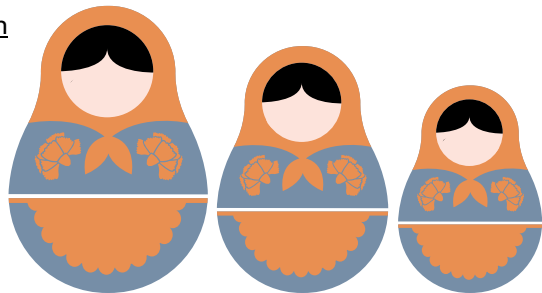
Sometimes the world needs me to be **orange** – impassioned, action-oriented, infallibly tangible – and I am unsteadily **green**, nauseous to the expectations of the day.

Sometimes my yellows are tinged with the heated **red** of my rage.

Or I am required to put a **rose** tinted lens over my solemn **blues** to make it palatable for an ever-present audience.

But an audience is worth little without a fully charged performer.

I am an adventurer trapped in an artist's body.



What charges me?

What engages me?

What stimulates me?

How do I become full?

I travel to where there is no performance.

A new and novel experience of just being whoever I think I am, and reveling in it.

*EVERY. DAY.
I HOPE.*

I am an optimist trapped in an adventurer's body.

Where I may explore the inner recesses of my mind, and find a reservoir of hope.

Everyday.

Even when it's the hardest to get out of bed, and when it's hard enough to just keep breathing.

Every. Day. I hope.

I hope for a day where my services as a clinician are not needed, because everyone is healthy.

I hope that my stories become obsolete, and "out of touch" because no one knows of that pain that I describe so devotedly.

I hope that my art and my performances engage you, wrap you, hold you with rapt interest, and then set you down gently so that you may go with the knowledge that the spectrum of color exists.

And I hope that you let that knowledge cover your life without ever knowing what it feels like to be without any color at all.

I am a lover trapped in an optimist's body.

Which is how I know that my hopes are "unrealistic".

Which is why I temper my optimism with my love for the people around me, and if I know that utopia might be out of reach, then I can make the current landscape just a little bit better.

My performance constantly engaged with, appraised, and held so very tightly.

My stories relatable to many.

My services needed.

And maybe I am not trapped at all.

STRANGERS

YASAMIN RASTGAR & MATTIN RASTGAR

My family is no stranger to Galveston. Every time we wanted a change of scenery, we would pile into the car and make the drive down the beach. There was no strict itinerary, sometimes we would visit the beach, and other times we would eat seafood and watch the waves. It never really mattered to any of us what we did, as long as we could do something together. As my life changed, so did Galveston's purpose. Our family pictures ranged from me in my stroller to me standing next to my brother in his stroller. I learned to drive on the East end, and there's a picture of me behind the wheel with my dad in the passenger seat, pure terror in his eyes. Soon after, my brother recreated the picture with his own lessons.

On one Christmas Eve, my grandma was visiting and we decided to go to the beach. We had no intention of swimming in the cold waters but instead wanted to watch the sunset while eating McDonald's ice cream. I remember the day clearly since I had a horrible cold around that time, but nothing could stop me from missing out on the beach. My mom, grandma, and I walked toward the water and watched our dog happily run around and chase birds. My dad and brother were lagging behind groaning and moaning about how they had to carry everything. My grandma is an artist and has an eye for detail, so she grabbed my mom and me as she described the colors of the sunset reflecting off the ocean. She leaned her head against my shoulder as I breathed in the smell of salt in the air and listened to her describe the way she saw the view. Unknowing to us, my brother snapped a picture of the three of us, three generations of women, looking out toward the ocean. If I look closely, I can see my dog's tail in the corner of the picture, blurry from movement.

I have no idea what else we talked about that day, but I do remember laughing a lot. My family still makes trips to Galveston, but now to visit me in medical school. Now, my dog is the center of every picture, and we're pretty close to getting her a stroller, too. Being in Galveston means being close to these memories with my family. I have never felt like a stranger here as it holds a unique place in my heart.





LANGUAGE BARRIERS SURROUNDING INFORMED CONSENT

BY: SHIRLEY CHAN SANCHEZ,
MICHELLE CHAN SANCHEZ, &
LILIANA PELLEGRINI

Language barriers are known to pose a significant impact on health outcomes for limited English proficiency (LEP) patients. I had a Spanish-speaking patient with a PMH of HIV with suspicion for cryptococcal meningitis, which would require a lumbar puncture to diagnose. Usually with these types of encounters, the team looks to a member who is Spanish speaking to interpret for the encounter. As the only Spanish speaker in my team, I was given the responsibility for this task. I was not comfortable in doing this task as I have not been trained in medical Spanish to allow me to

explain how a lumbar puncture works. Furthermore, I felt inadequate in my translation of the information since I — myself, a student just starting their clinical training — barely understood how the procedure was to be performed. Not only did I feel that I must obey what I'm told, but I was pressured to impress those above me. I was not sure at the time if this was the right thing to do, so I did some investigating surrounding language barriers and informed consent.

Language barriers are mostly addressed in the primary setting but much less frequently in the secondary or tertiary level of care where procedures are prominent [1]. It becomes a more pronounced issue when having to speak to patients during informed consent regarding their procedures. The literature shows that physicians tend to prefer ad hoc interpreters, which are Spanish speaking staff members, the patient's family members, or any of their own team members who speak Spanish over using an interpreter line because it can speed up the process of starting the procedure rather than finding and waiting on interpreter lines [2]. Ad hoc interpreters all have some bias on what they would like to highlight or disregard when translating, which creates an unconscious gap between the provider and the patient [2]. Although the use of ad hoc interpreters may seem like an efficient manner to complete documentation for informed consent, none of these ad hoc interpreters are trained in medical Spanish, which can hurt the patient in the long run [3]. The consequences of not using interpreter lines for LEP patients include longer hospital stays, higher costs, unnecessary work ups, over- or under- treatment with opioids, and loss to follow-up [3].

There is also a lack of completed informed consent documentation for patients with limited English proficiency due to insufficient training on how to obtain informed consent for this specific population. A lack of knowledge in using interpreter lines and pressures from faculty to get these tasks done quickly further adds to the problem of insufficiently informed consent [4]. There are already federal and hospital policies in place regarding using interpreter professionals for certain situations. In certain hospitals, it is required that an interpreter is used for patients who do not speak English where providers may be marked if the use of an interpreter is not documented on the electronic medical records [2].

Although these policies are placed, there are discrepancies in their implementation, and often, they are ignored or incompletely adhered to. Additionally, patients themselves tend to prefer using their own family members or anyone on staff that is Spanish speaking since people with similar culture affiliations tend to make the patients feel more comfortable [5]. This then becomes a hard issue to address since there seems to be no group siding with using a trained interpreter.

There are various solutions to this problem; enforce federal and hospital policies regarding the use of interpreter lines for informed consent; educate trainees and medical students on the importance, benefits, and safety that patients can obtain from having an adequate informed consent discussion; and train staff members on not only cultural competency, but also how to use interpreter services correctly. To address patient interaction, it has been shown that using videos, PowerPoints, and other visuals in addition to interpreters helps them further understand the details of the procedure as well as increases patient trust and satisfaction [6]. However, this may not fully replace the comfort they may feel with having an in-person Spanish speaker who is culturally similar to them. It is therefore important to utilize staff skillsets and fluency in other languages to express to patients the need to bring on trained interpreters as part of their care team. Moving forward, this would be a way in which to make the whole healthcare team work more synchronously.

Reflecting back to my own part in this problem, I find that although I was pressured to seem educated and willing to take initiative during this experience, I now know that it is far more important to focus on the patient's long-term treatment and healthcare outcomes. This first requires for me to advocate for myself as a Spanish-speaker who is given the burden to have to interpret for all Spanish-speaking patients while having very little medical knowledge. Now that I know have the knowledge of why having myself or somebody who is not professionally trained can be harmful to patients, I should advocate for myself. It is important for myself and other multilingual students to take on this role of advocacy in informed consent settings, for the sake of ourselves and our patients.

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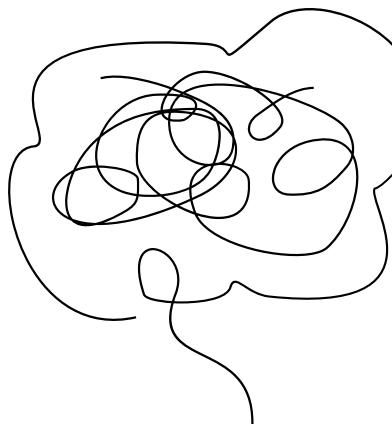
TREATING PATIENTS WITH PATIENCE

CAROLINE NGUYEN

As early as upon admission to the behavioral health hospital, a psychotic young man “Alex” made himself known by sneering at female patients, asking them for “conjugal visits”. A male patient who witnessed this harassment confronted him, saying that his behavior was inappropriate and unacceptable; later that day Alex charged toward this patient in the common area and jumped him. Throughout daily pre-rounding during his hospital course, he insisted on being discharged to his home the FBI provided for him due to him being an alien under their watchful protection. His facial expressions ranged from an uncanny, inappropriate smile to a murderous, unsettling glare. He was certainly the most acutely ill patient managed by our team.


One morning, Alex attacked another patient who merely beckoned him from the common lounge area to the cafeteria for their scheduled breakfast. He was then sent to his room under one-to-one supervision but continuously asked to be sent to jail for this incident. During rounds, our team’s attending psychiatrist stood at the doorway of Alex’s room, trying to gather insight as to why he would rather be in jail than here (the behavioral health hospital) where he could receive help. The patient, with vast experience in and out of the legal system, was adamant that jail was better suited for him and that from there he just wanted to go home. The physician reassured him that we were on his side and that we also wanted him to go home but only after he was well [through adequately controlling his psychotic and aggressive symptoms]. Still, Alex insisted that he wanted to go to jail. This conversation continued for a few minutes this way, making no progress one way or the other, until suddenly Alex lunged at the attending psychiatrist trying to punch him. Since this occurred in the blink of an eye, I did not see whether the hit landed, but our agile attending physician stepped backward. An equally agile resident physician on the team held Alex’s wrists to restrain him, to which Alex spat in his face. Soon after, nearby patient care technicians rushed over to contain the situation and keep the patient in his room to calm down alone. After directly witnessing Alex’s attack on the physician working so sincerely and devotedly to treat him, I realized just how little insight he had due to his psychosis and how much he direly needed to stay at the hospital for treatment.

We learned through collateral information provided by Alex’s mother that he used to be a “good boy” who worked at a bakery and drove himself around independently before getting involved with the wrong crowd. His extensive legal history began at this time when he began breaking and entering. While incarcerated for one of his crimes, Alex was relentlessly gang-raped by fellow inmates, around the onset of his first psychotic symptoms.



He was then admitted to a state psychiatric institution, where his psychosis was so persistent, severe, and refractory that he was hospitalized for about a year before his illness was finally controlled. After discharge, his mother believed him to be over-medicated and took him off of this drug. Subsequently, his psychosis reawakened and led him down a path of more legal issues and eventually, this behavioral health hospital where we encountered him. Although his life story before it devolved remained somewhat unclear, we could only assume it was riddled with tragedy and hardship, such as his mother divulging that she cheated on Alex's father with a boyfriend, and the boyfriend ultimately murdered his father.

The unfortunate truth is that the most difficult patients to care for can also be the most marginalized, underserved, and overall “swept under the rug” patients that need care the most. Surely there is a reciprocal relationship between Alex's circumstances and mental illness, where worsened circumstances led to worsened mental illness and so forth. He lacked the insight to understand this cycle, as his incarcerations were marked with trauma significant enough to trigger psychosis, yet he preferred to go back to jail over receiving psychiatric care due to its pervasive familiarity. Despite Alex's psychosis and aggression that culminated in attacks on other patients and even the physicians caring for him, his treatment team remained dedicated to treating him as the human being he is. The attending psychiatrist refused to “wipe his hands clean” of Alex by acquiescing to his request of sending him to jail but instead continued to provide treatment thereafter. Neither he nor the resident physician who was spat on pressed charges or even entertained the thought of doing so. I admired the relentless respect and patience our attending psychiatrist gave Alex, as he did to all of his patients, no matter how difficult they were to manage. As the medical student on the team who witnessed this violent outburst and was involved in his care, my resolve to pursue psychiatry was strengthened, as psychiatric patients are often dismissed as the “crazies” no one else wants to deal with, despite suffering from legitimate disorders. I saw our attending psychiatrist as the steadfast healer I wanted to become in the future, and Alex, like other difficult patients, as a severely ill human being whose care simply required more patience.



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QUICK JUDGMENTS

SHILPA RAJAGOPAL

Medicine is a language of quick judgments.
Conversations by the bedside stripped to a two-minute summary,
the sentences narrated through pain and stress and tears
later reduced to single words,
a pattern recognition exercise:

“patient is non-compliant.”

“patient failed treatment.”

“patient is overly emotional.”

The frame shifts, and story is
left incomplete.

Missing are the details about the parent working double shifts
to pay for medications.

The grandfather desperately hoping to be well enough to
attend his grandson’s wedding.

The student who just moved 1200 miles away from home.

So many questions asked,
yet so many words left unsaid.

Medicine is a language of endless curiosity,
spoken by the little things:
slowing down, being present, and finding the words that
matter.

WORDS
THAT MATTER



MOMO

My sweet grandmother
Felipa, to me, Momo
She is eighty-nine

Momo smiles and laughs
Makes silly faces and drums
“Have you eaten yet?”

I enter her room
This is not the house I know
The bed is so low

Momo in her chair
She is always sleeping now
I hope peaceful dreams

She opens her eyes
I beam and hug her hello
She still takes to me

I cling to my joy
Push away the heavy tears
Enjoy this moment

I may not remain
In Momo’s sweet memory
But she is in mine

She lives in my heart
And there, she will always stay
My precious Momo



BY: KARINA CHOWDHURY

*THIS "TREE OF LIFE" ART PIECE
WAS METICULOUSLY CRAFTED
USING LEAVES, BRANCHES,
FLOWERS, AND HERBS,
SYMBOLIZING THE
INTERCONNECTEDNESS OF LIFE,
LOVE, AND MEDICINE.*



TREE OF LIFE / JACK PLEWA

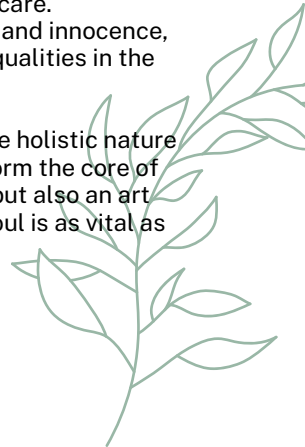
The concept of the Tree of Life originates in Jewish Kabbalah, a mystical tradition that seeks to explain the nature of God, the universe, and humanity's relationship to both. Kabbalah delves into the spiritual underpinnings of existence, offering insights into divine creation and the flow of spiritual energy. The Tree of Life is central to Kabbalah, representing the interconnected pathways through which divine energy flows into the world. It embodies balance, harmony, and the union of physical and spiritual realms. In broader spirituality, the Tree of Life signifies growth, wisdom, and the cycle of life, making it a universal metaphor for the pursuit of understanding and enlightenment. These themes deeply resonate with the values of medicine and humanity, providing a foundation for this art piece.

This "Tree of Life" art piece was meticulously crafted using leaves, branches, flowers, and herbs, symbolizing the interconnectedness of life, love, and medicine. At its base, rose petals form the foundation, representing love, the essential element in life and the heart of compassionate medicine. Surrounding the top of the tree, sunflower petals create a rising sun, symbolizing warmth, positivity, and happiness — qualities that are crucial for a flourishing life and the practice of good medicine.

The trunk and roots of the tree are made from purple sage, which I grew and harvested specifically for this project. Purple sage represents wisdom and spiritual enlightenment, embodying the support system and spiritual backbone essential for maintaining the soul's vitality. This symbolism extends to the life of the patient, emphasizing the importance of spirituality in their overall well-being.

The tree's leaves are created from mugwort, lemon balm, and peppermint, herbs that I have been cultivating over several months. Each herb holds significant meaning: peppermint represents healing, purification, and protection; lemon balm cleanses negative energy and promotes positivity; and mugwort embodies intuition, psychic abilities, and the divine feminine. Together, these elements enhance the quality of life and health, reinforcing the role of spirituality and positivity in patient care. Lastly, baby's breath adorns the tree, representing purity and innocence, further highlighting the importance of maintaining these qualities in the practice of medicine.

This project embodies Oslerian principles by reflecting the holistic nature of patient care, where love, spirituality, and compassion form the core of healing. It emphasizes that medicine is not just a science but also an art deeply rooted in humanism, where the well-being of the soul is as vital as the health of the body.



TERMINAL TREATMENT / CONNELLY PACKARD

When A —'s sister picked up the phone to say that she was dead
I was surprised
She was supposed to say that she would call us back later to
reschedule the appointment.
After all, I wasn't treating her heart failure;
Why should it involve me?
I'm not sad, just surprised.

And when B — told us he didn't need a followup appointment
because he is waiting to die
Because his cancer is out of control
I was annoyed.
He had just finished the prescription that we worked so hard to
get.
It was supposed to save him from something else, but now it
doesn't matter.
I'm not sad, just annoyed.

I can remember when Dave died in the back of that pickup truck.
He died in that truck because the ambulance was broken and
they took too long to get there.
His failing heart turned out not to be the real problem.
I don't know why I still think about it, he was just the landlady's
husband.
When I was a child, I used to feel angry about it

BUT NOW, I AM JUST SAD.



The establishment of integrated graduate health professions institutions in the Southern Hemisphere during the early 1970s highlighted the urgent need for clear labeling systems to address the challenges of medication delivery across vast distances. This necessity led to the creation of the syringe labeling system, a tool anesthesiologists still rely on in operating rooms today. Although modern advancements have replaced physical dowels with automatic label dispensers, the enduring color-coded system has remained a cornerstone of safety since its inception.



PRIDE AND PRECEDEX

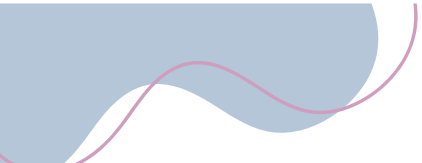
JOHNNY DANG

The origin of certain colors were inspired by the characteristics of medication classes. Bright red was chosen to signify the danger of muscle relaxants like vecuronium. Blue was selected to remind physicians of cyanosis in opiate-induced respiratory depression, while green represents anticholinergics such as atropine, often drawn in small syringes to contrast with the larger syringes used for the ‘red’ muscle relaxants. Other notable colors include yellow for induction agents like propofol, lavender for vasopressors like phenylephrine, and orange for tranquilizers such as midazolam. Antidotes used to reverse anesthetic agents were marked with diagonal white stripes paired with the color of the reversed agonist – hence naloxone featuring blue stripes, and nitroglycerin, lavender.

PRIDE and Precedex not only showcase the colors of this safety labeling system but also honor the innovation and history behind its creation. I wanted these colors to symbolize the evolution and diversity within the field of anesthesiology, reflecting the growth that has taken place recently in anesthesiology. As interest in anesthesia grows among medical students, it has been refreshing to see more diversity and inclusions efforts across training programs and professional conferences. As a member of the LGBTQ+ community, I have found great solace and inspiration in connecting with peers and mentors who are equally passionate about advancing queer health and representation in anesthesiology. This piece celebrates a unique intersection of identity and career for me and serves as a reminder of the critical importance of diverse voices in shaping the future of anesthesiology.

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At 24, entrenched in the demanding realities of medical school, I had always expected to learn about diseases like cancer from textbooks and lectures, not through my own lived experience. The diagnosis came as a very shocking and unexpected detour that transformed my understanding of illness from an academic exercise into an intimate reality.

As medical students, we often take pride in our ability to navigate the rigors of academics, rotations, and mounting responsibilities of plain old life. I shared this confidence until my diagnosis confronted me with challenges that no textbook could have ever prepared me for.

The transition from pediatrics to obstetrics had already introduced troubling physical symptoms, standing was becoming more and more painful, and the smell of my favorite cravings was now nauseating a huge departure for a food enthusiast like myself. It would be a report that I would read after scrubbing out of surgery in the empty cafeteria of the hospital that would reveal a life-altering reality. A mass, “most likely malignant” how ominous those words became staring back at me. The 6 letter word, “cancer,” once an academic concept, was now my own stark reality, thrusting me into a narrative I had never expected.

Sitting in my physician’s office, surrounded by gray walls and darker gray wood flooring, I found myself asking why me until I finally managed to let it out, “Why me?” Her candid and appreciated response, “Unfortunately, bad luck,”

*THE 6 LETTER WORD,
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left me feeling fractured and overwhelmed by uncertainty. But I soon realized that confronting these cracks was my only option. Instead of running away, I had to face them head-on and trust that strength would find me somewhere along the journey.

As I prepared for surgery, a significant complication emerged, the mass had encroached upon my inferior vena cava, introducing enormous surgical risks. The possibility of catastrophic bleeding or organ removal was terrifying, stripping away any illusion of control. Fear engulfed me, reducing me to a state of helplessness.

Yet, on the same day that I heard this heart-shattering news, I assisted a mother in holding her newborn for the first time. In that quiet, joyful moment, I realized that even in my brokenness, I could be a part of creating profound joy for others within these similar gray walls. This understanding illuminated my path forward, teaching me that acknowledging my vulnerability did not diminish my ability to contribute meaningfully to others; rather, it deepened my empathy and understanding at a whole new level.

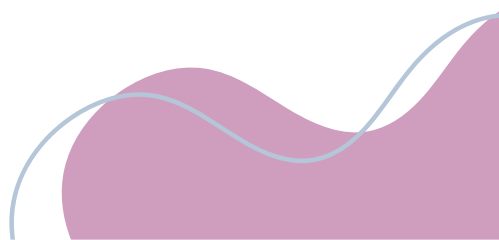
To get my mind off I poured myself back into similar rooms of light gray walls and darker gray wooden floors, but this time determined to experience only the beautiful emotions the human heart has to offer. After enduring numerous obstacles, a rescheduled surgery brought a glimmer of hope. When the day of my operation arrived, I fumbled with the same hospital gown I had once gently helped patients into. This time, it was my own fingers awkwardly tying the knots behind my neck and waist, a moment that carried a heavy weight of realization. Post-surgery, as I struggled with even the simplest tasks, I could feel myself standing right in all the patient's shoes I have had the privilege of caring for.

This unforeseen journey has left its unerasable imprint on me. I have a very special place deep in my heart and a newfound understanding of each member that helped me get a second chance at life to go into remission and return to a level of normalcy in this life. All the tireless efforts of healthcare professionals, researchers, and support staff, all working relentlessly to treat, cure, and offer renewed chances at life to so many more just like me. There were moments I felt the fear to cause huge cracks enough to break me, however, I came out stronger from the scars left behind. I hope these scars will guide me on my medical journey, serving as a beacon of light that forever illuminates the humanity and resilience of every patient I have the privilege to care for.

Witnessing the diverse experiences of patients from all walks of life has been profoundly enlightening. Yet, walking that path myself has deepened my appreciation for the resilience and beauty of humanity. I am deeply grateful for the tireless efforts of those who dedicate themselves to healing, whether it be discovering cures, providing treatments, or offering unwavering support to life. Within the Galveston community, this dedication radiates, as healthcare professionals, researchers, students, and patients share their most vulnerable moments, bound by a shared commitment to care and compassion.

By sharing my story, I hope to contribute to the collective narrative of our community, that through hardships that hit us, we confront our vulnerabilities together, and we emerge stronger and more united. This shared purpose inspires me to continue my journey in medicine, embracing the challenges and cherishing the profound connections that define the human experience.

In the shadow of near-death, I rediscovered the delicate truth: life is not merely measured by each breath we take, but by the moments that breathe meaning into our days. Each inhale now feels like a gift, a gentle whisper that living is far more than existing, it is savoring, feeling, and daring to hope.



By: Joy Li



Walking the windswept beaches of Galveston, hand-in-hand with my loved one, splashing water on his calves, the roiling waves bringing us white foam and broken shells...I remember that I chose this path to help others through their most vulnerable times so they too can continue to find joy in the simple and profound moments—enjoying the sun's warmth on their faces, cherishing time with the ones they love, finding beauty in the world surrounding them.

GREEN PAPER FIELDS

An Undocumented Immigrant Journey into Medicine

I awoke to the smell of coffee and eggs sizzling in the frying pan. The morning was calm as we gathered around the table, anticipating Grandma's cooking. Before joining my family, I helped my grandmother with her insulin injections, a practice I learned at the age of six after watching my grandfather do it for her for years. While gathering around the table, my cousins visiting from Mexico asked us about our life in Dallas. My brother and I were the only cousins from our family living in the United States, so these questions felt normal. Texas was all I knew, and I felt proud of it, I would constantly exclaim, "I'm from Texas" with a big smile and this morning was no different. Immediately after saying these words, I heard a loud noise from the kitchen. Grandma rushed into the dining room with a snide look and sharply said, "No tu naciste en Mexico. No eres Americano! Eres Mexicano."

I could feel my face shift in confusion as her words sank in. Why did she keep saying this? Doesn't she know we are from Dallas? We live and go to school here? I looked over at my mom for clarification, but she doubled down and insisted we were from Texas. I was seven then, and all I needed was my mom's confirmation to ease the doubt. As children, we usually follow what our parents say because that's all we need to make sense of our world. But who could trust an elementary school kid with sensitive information that when revealed in passing could lead to a family's deportation?

I first acknowledged the cracks in my parents' story in High School when I saw my friends getting their driver's permits and first jobs. I wanted to be just like them and establish myself as a 'grown-up'. I would ask my parents all the time when it was going to be my turn to drive and get a job. My father would often say, "Tu trabajo es ir a la escuela...cuanto me gustaria ser joven y no tener los problemas de adultos." [Your job is to go to school...oh how I would enjoy being young and not having adult problems]. His proverbs at the time didn't feel like a good enough explanation but as an obedient child, I relented. Slowly, I watched as my friends started to go through all teenage rites of passage while I was left behind.

Eventually, the frustration of not feeling and being able to do what everyone else was doing pushed me to confront my parents. While he was driving home one rainy night, I looked over at him and decided to break the silence. I mumbled, "Is what grandma said true...that I wasn't born here?" I closed my eyes, took a breath, and braced myself for what I knew he was about to say. I heard my father let out a frustrated breath and hesitate to say, "Si... ninguno de nosotros tiene papeles."

Although I was expecting what he said, nothing could have prepared me for how much his words affected me. My lower lip began to tremble as I held back tears. I brought my hands to my face to hide my tears and shame from my father. I felt like my body and mind were not my own because who I thought I was gone. The truth is, I was born in Mexico but came to the United States under a tourist Visa when I was three years old. About 150 miles, 2 hours, and 48 minutes made a significant difference in my life and it wasn't my choice. I thought about this distance constantly and found it hard to sleep at night because I catastrophized every possible scenario. Was who I thought a lie? Would my friends still want me? Would today be the day my parents wouldn't come home?

Everywhere I went, I would quickly take an inventory of who was around and determine whether I was safe. I caught myself feeling shame and fear at speaking Spanish in public at the possibility of being accused of the truth. I realized my childhood dream of becoming a physician was no longer within the realm of possibility. Every hope and plan for my future shattered and I began to spiral into despair. Isolation became synonymous with how I felt about being trapped in a Country that didn't recognize me but felt like home and a Foreign Country that saw me but was extraterrestrial. I was disappointed and felt like being Mexican vilified me. The shame I felt before grew deeper, but I also felt guilty for feeling this way.

And yet, this dichotomy of not belonging served its purpose. There were many times I found myself in front of a document with jargon above my reading level and expected to translate. I was my parents' navigator, especially in my mom's healthcare as she struggled with her diabetes. I would find myself constantly in the parking lot of the doctor's office for my mom's appointment when she looked over at me with a worried expression. She would ask me to go into the room with her because she was concerned about understanding the doctor. When the doctor entered the room, we were bombarded with questions. My mom's eyebrows would slant, and she'd clench her jaw while briefly holding her breath as the questions started to build. She looked at me confused but hopeful, as she said, "Mijo que dijo". Complex is the feeling of the mind because although I felt shame at my language and circumstances, it also served as a tool of support and nurtured my interest in helping others like my mom. It was during these moments that I appreciated my language and upbringing but continued to be trapped under the shadow of immigration.

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However, during my last year of High School, the storm clouds hovering over me began to shift and I could feel the heat of the sun again. I felt blissful joy when former President Obama enacted an executive action allowing applicants under 30 brought to the U.S. as minors to apply for work authorizations [DACA].

This policy allowed people like me to obtain a driver's license, travel within the U.S., work, and receive in-state tuition. Those 10 digits tied to my name now gave some semblance of an identity and freedom. I could now attend a university, pass background checks, and stop making excuses or lying to my friends.

Despite the new liberties extended to me, most medical schools in the country require applicants to be U.S. citizens or permanent residents. DACA recipients are not eligible within these specific parameters. The media, politicians, and my mother often told me to be happy with what I was allowed to do and move within my boundaries. However, I wasn't going to concede defeat and decided to wait until my status changed. Why should we be complacent within a system that thinks of us as less than others and doesn't allow us to grow and give back to society? I understand the circumstances of the law and politics but as a 3-year-old, I didn't have a say, and I don't know any other place than the U.S. just like many others in my situation. My loyalty and passion for the community are tied to the U.S.

While I was teaching pre-medical students, I began to date someone. When we started dating, I felt they couldn't like me without knowing everything about me. Fear prevented me from telling them the truth. I would allude to having a secret but not being ready to reveal it. In time, the fear eased, and through tears, I revealed to them my status and worries. Mentally, I was bracing myself to be pushed away, but they held me tighter and told me, "Everything will be okay. I love you," and I love them. The love they showed me then alleviated a lot of the shame I felt. I realized then that being who I was, a Mexican undocumented immigrant, was not a villainous trait but gave me a different life perspective.

Here I am, now married to this amazing person because of the love we developed through the years of knowing each other. Yet, I acknowledge that I'm one of the lucky ones who not only got a love story but is now able to follow their dream of becoming a physician. The system does not make it easy for us, those who want to contribute to society but are seen only in a negative light. I had to wait five years for my medical education because of the long permanent residency process. Even now, I must submit textbook-sized thick documents, notarized witness letters from friends, and family function/everyday pictures to prove that I have a bona fide marriage. Although the process has been extremely challenging, I'm still grateful because otherwise, I wouldn't have met my life partner. We are a team.

I'm a medical student at UTMB John Sealy School of Medicine and find myself on the other side providing support and open dialogue to patients who are just like my mother. I openly embrace my roots and upbringing because I've seen the connection it builds the moment a patient realizes my background. The tone of the interaction changes, their shoulders relax, and at times they openly exclaim, "estoy feliz que estas aqui porque estaba pensando si me iba tocar alguien que habla español"... "todo esta caro y dificil pa los inmigrantes"... "de donde son tus papas, yo soy de [...]". I now look into their eyes and think of our journeys and how luck shouldn't be the only factor in getting to this point.

EMBRACE MY ROOTS

More than a 1000 pages
5000 cards; 7 books.
Memorized all the stages,
Still one experience is all it took.

I had walked in prepared,
My finest scrubs tucked in neat.
I walked in but was scared,
My heart skipped a beat.

The first patient walked in - a burka all black.
The first patient looked lost with fear in her eyes.
The first patient pulled out notes of a torn beige sack.
The first patient looked up and then started to cry.

The words on the notes were messy and misspelled.
The 'd's switched for 'b's,
I found the author - a young child who she held.
Looking up with familiar tears -- "Help Please"

I took the note from her and read
"No Inglis..Pashto only"
She was my patient; I couldn't comprehend
I was helpless and she was lonely.

My first patient was worried.
They said we can't help.
My first patient's care was hurried.
I can't imagine what she felt.

My first patient was still trying to say something.
And as I stood there
I did nothing.



SINDHUJA EARAGOLLA

LANGUAGE BARRIERS: The Responsibility of the Patient or the Provider? / ALFREDO PALACIOS

Communication is considered to be one of the cornerstones of practicing medicine and, naturally, it is a vital part of nearly any medical school curriculum. However, oftentimes, when students are taught how to properly interview and communicate with patients, it is under a very subtle yet important assumption: the physician and patient speak a common language. Consequently, it is not surprising that when language barriers do arise in the patient room, communication breakdown occurs as quickly as it does. As someone who speaks Spanish and is frequently asked to step in to mitigate these barriers, I have seen the real power that language possesses, and the important role it plays in effective patient interviewing. However, in many cases, I am the only person on the medical team who speaks a patient's native language and can aid in these situations. With over 42 million people speaking Spanish at home and only 6% of physicians identifying as Spanish-speakers, I know my experience is not an isolated one [1]. Language barriers are no longer an issue we can continue to ignore or avoid; they are an everyday challenge in providing adequate healthcare and, at times, can even determine whether a patient ever comes back.



However, in many cases, I am the only person on the medical team who speaks a patient's native language and can aid in these situations.

The lack of a common language during patient interviews has, unfortunately, led many providers to take “shortcuts” that, though quick and efficient, carry huge risks. One such example is the use of “ad hoc” interpreters — those who speak Spanish but are not formally educated or licensed in the field of medical interpretation. In other words, these “interpreters” are ordinary students, office staff, or even other patients who speak Spanish and are expected by physicians to interpret on their behalf. While it can provide a quick and easy fix for a physician waiting on the interpreter hotline for over an hour or for a provider trying to examine a crying baby, it also comes with grave risks such as inaccurate interpretation, translations without proper context, or important information being left out altogether [2]. I, myself, have had issues correctly interpreting information for patients, particularly when physicians used advanced medical jargon that I did not understand, even in English. However, when the hotline is busy, you have 10 other patients waiting on you, and you need to communicate important information to someone who does not speak English, I can see the appeal and rationale behind using such “interpreters.” Still, with the ever-growing Latino population in the United States, the demand for Spanish-speaking physicians is only increased over the upcoming years, and it is up to us, as the future of American healthcare, to address this issue, starting with ourselves.

Even if a patient and provider share a common language, effective communication is not marked by the ability to regurgitate facts and data to a patient. Rather, it is marked by the provider's ability to convey this information in a sensitive and, when needed, direct manner. Physicians frequently are expected to give life-altering or devastating news to patients and, naturally, spend many years learning how to do so effectively. However, when patients do not speak the same language as the physician, the responsibility of delivering this devastating news falls on the interpreter who, in some cases, has not received this type of sensitivity training. This can drain any empathy or warmth the provider tries to convey to the patient while also potentially undermining the emotions felt by the patient as they hear this news. Whether it is an HIV diagnosis or the discovery of a malignant brain tumor, I, as a student, have had to deliver devastating news to patients and console them as their world falls apart. It is by no means easy for an interpreter to do properly, and, as data shows, many interpreters describe delivering such news as both emotionally challenging and guilt-inducing [3]. Physicians have a responsibility to their patients to provide information — good or bad — in a way that is clear, concise, and empathetic, regardless of what language their patient may speak.

Communication is an important aspect of medicine that becomes increasingly difficult to do correctly as more people are involved in the process. Physicians have a duty to ensure that the patient leaves the appointment informed and educated on what they need to do next — something that is hard to accomplish when relying on another person to convey information while also trying to keep the appointment within 10 minutes. As the Latino population in the U.S. continues to grow, learning Spanish, in particular, is no longer a convenience but a necessity. While I believe patients have some responsibility in reducing these barriers, as future physicians, we must also do our part in addressing these issues to ensure our patients receive the care they rightfully deserve.

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...ensure our patients receive the care they rightfully deserve.

LET THE MASK FALL

BY:
ANUSHA
DABAK



This piece explores the idea of “taking off the mask” in a patient care setting. I took inspiration for the mask from the famous musical, *The Phantom of the Opera*, as the lead, Erik, wears a mask to hide his disfigured face underneath out of fear of vulnerability. Thus, the mask I painted is meant to be reminiscent of a theatrically styled mask and has a very posed smile, representing feigned happiness. The mask is interwoven with yellow neurons that are “pulling it off” to reveal the true face of the woman, the patient, to show her real pain and fear. The neurons are meant to represent the connection between a patient and physician, and the swirled pattern in the background takes inspiration from brain slice imaging in a lab. The colors in the background also transition from dark on the left side to light on the right side to represent how freeing it can feel to take the mask off. While medical knowledge and extensive training are incredibly important for becoming a great physician, compassion and empathy are just as important. When a patient is seen as a person and another human being rather than a list of symptoms, a true connection can be formed. While we may feel the need to put up a mask in our everyday lives, at the very least in a physician’s office, we should feel comfortable enough to let the mask fall.

HANDS OF HEALING AND REMEMBRANCE / JYOTHIKA ANNAREDDY

This painting captures the delicate balance between life and death in medicine, a theme deeply rooted in Osler's philosophy, which emphasizes lifelong learning and humanity in patient care. The gloved hand, representing a healthcare professional, holds a bouquet of lilies, symbolizing the life, purity, and innocence that medical professionals strive to protect. In contrast, a skeletal hand emerges, placing another lily into the bouquet. This is meant to serve as a reminder of the patients medicine could not save, whose struggles and sacrifices have shaped the evolution of medical knowledge. The two hands highlights that the practice of medicine is built upon both triumphs and losses. This duality reflects Osler's enduring belief that humanity in medicine is not solely about curing but also about learning from every patient's journey. Life and death are not opposites in this painting but rather interconnected forces, each shaping a medical professional's understanding. By acknowledging those who came before, the painting honors the legacy of every patient — both the living and the deceased — who have contributed to medical progress



THE HUMANITY OF MEDICINE

CAROLINA SEGURA

As a third-year medical student, I had the opportunity to rotate in the Texas Department of Criminal Justice Hospital (TDCJ). I was on a general medicine inpatient service dedicated to caring for incarcerated patients. During this time, I was fortunate to work under an exemplary attending physician who became a role model for me. He exemplified empathy and compassion, treating all patients with dignity and respect regardless of their circumstances or backgrounds.

One case in particular stands out to me. We were caring for a middle-aged man who had recently been diagnosed with renal cell carcinoma. His illness was advanced, and the aggressive nature of the disease had taken a significant toll on his health. One day, as we rounded on this patient, we had to share the devastating news of his diagnosis. Although he expressed being at peace with the reality of his condition, he also voiced fears about the future and the physical pain he was enduring.

In that moment, our attending knelt beside the patient and held his hand, offering comfort and solidarity during an incredibly vulnerable time. This simple gesture was a powerful expression of humanity—one that transcended the barriers of incarceration. However, the moment was quickly interrupted when the TDCJ guard intervened, instructing our attending not to touch the patient. I was taken aback by the abruptness of the interruption, especially in such a deeply emotional and personal moment. Despite the severity of the patient's diagnosis, his incarceration limited his access to the emotional support and solace that many of our free world patients receive.

Reflecting on this experience, I felt an overwhelming sense of sadness for the patient. I didn't know the reasons for his incarceration, but it was clear that he faced his diagnosis in isolation, without the comforting presence of loved ones or the familiarity of a home. Witnessing my attending's unwavering compassion in this challenging situation left a lasting impression on me. It reinforced the profound importance of treating every patient with kindness and dignity, no matter their circumstances.

As a future physician, I aspire to emulate the empathy and humanity my attending demonstrated that day. His example reminded me of the core principle that drives medicine: caring for people in their most vulnerable moments, regardless of their background, race, or origin. I know I will encounter patients from all walks of life, and I am committed to providing each of them with the highest standard of care, both medically and emotionally.

This experience has reaffirmed my belief that medicine is as much about the human connection as it is about clinical expertise. Without compassion, empathy, and a passion for advocacy, our practice is incomplete. My attending's actions have inspired me to carry these values forward and, one day, to mentor and inspire future medical students as he has inspired me. I will always strive to honor the humanity of medicine and to ensure that my patients feel seen, heard, and supported, no matter where they come from or what they've been through.

WELCOME DEATH

MIRANDA HERNANDEZ

Disease takes the mind
Who is she? He asks.
It started to happen
More and more, I confess

Disease takes the mind
I'm not hungry, he says.
The body is wasting
His rib cage I caress.

Disease takes the mind
Who is he? I cry.
His goofy banter
Disappeared with each breath.

Disease takes the mind
Come with me? Calls God.
Surrounded by loved ones
We all welcome death.



HEALING Tides

gulf salt and breeze blow
a sea of white around blue
waves crash and hearts beat

brine mist soothes the skin
pulse of waves and hearts in sync
salt mends open wounds

galvy skies in gold
the tides and times rise and fall
all are seen and healed



WHERE THE WIND TAKES WHAT WE CANNOT HOLD / NEHA SUNKARA

There is a place where the wind collects
what we cannot carry —
it scrapes against the hollow bones of trees,
pressing between the willows,
pulling whispers from the earth.

It moves through me, too.
At first, only lightly,
lifting the edges of things I thought were mine —
the weight of names, the echo of hands
once warm, now still.

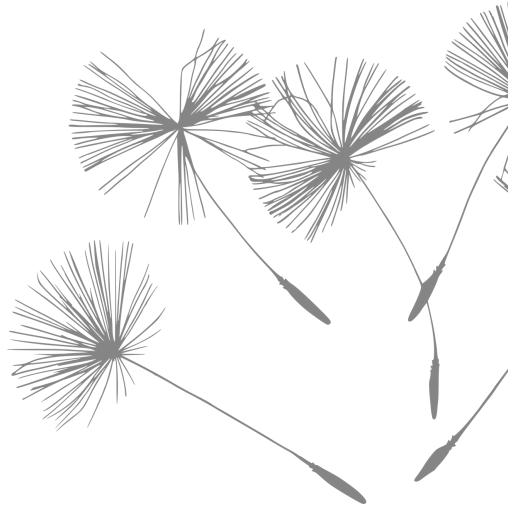
The wind lingers in the rooms I leave behind,
tugging at empty sheets,
threading through the spaces where voices fade.
It knows the weight of last breaths,
the hush of waiting,
the quiet surrender of a closing door.

Over time, the wind learns me.
It knows where the cracks are.
It slips between them,
taking what it pleases —
the softness of my voice,
the ease of my step.

I try to hold what's left,
but the wind is patient.
It peels me back, season by season,
like bark surrendering to the tide.

One day, I wonder if I will know myself
when I stand in still air.
If, when the wind finally rests,
I will have anything left to call my own.

**OR IF I, TOO,
WILL BE CARRIED AWAY.**



embryology

ARATI BENDAPUDI

tell me again where it all started
with the egg,
or was it the chicken?
or perhaps, neural crest cells,
endoderm, mesenchyme?

my mother tells me trees hold the answer
but does she mean the nimble branches of my texan backyard
flexed and reflexed as if struck on the popliteal

or those with leaves of palmar quality,
mango, banana, neem,
held up to the sun to show the flush green veins?

or maybe before, with the ocean,
ebbing like your heart under my fingertips.
a moon ever changing and everlasting
the tides my great grandmother wished on.

after the cell
after the pharyngeal arch
when your tongue rolled out of you
like a boulder on a hill
before grief, or love, could sit and become a person in your mouth

and the only word i knew was your name.



*tell me again where it
all started*

BEYOND WORDS

ALEKHYA GURRAM &
RAHUL NANDURI

In medicine, we are constantly taught to ask,
to unravel stories through questions,
to seek the core of a patient's truth.

Yet, stories breathe beyond syllables, beyond speech.
Emotions slip through the spaces between words.

When language is lacking, we listen to the quiet,
a subtle grimace, a trembling hand, a longing sigh,
these too are voices of pain, of growth, of hope.

Sometimes, the healer's role is not to speak,
but to sit and to just be,
to let stillness narrate its tale.

Discomfort weaves understanding,
patience lets trust take root.

For those without words,
expression finds other paths —
a brushstroke, a gesture, a step in rhythm,
found in color, in motion, in presence.

The deepest connections transcend language,
the greatest stories told by unspoken masterpieces.

TRANSCEND
LANGUAGE

LOSS AND CLIPBOARDS

CHRISTOPHER RICHTER

snap

Upon the board are papers clipped.
A date, a name, a note, no time.
For ticks passed by are one less breath,
to save their life from grasps of death.

snap

Brought comfort though the pain is great.
New orders written, bottles filled.
More papers added to the fold,
as fate begins to grab ahold.

snap

Amidst the fight we lost ourselves.
Caregivers with less to give.
There's haunted visions of an empty bed.
A few last papers are the words unsaid.

snap

Bold colors faded to white and grey.
No fight is left for the struggle's lost.
Their heart gave out, I hear no tap.

AN EMPTY CLIPBOARD, I HEAR IT SNAP.



A DISSECTION OF SOUL

SUNSKRUTHI KRISHNA

By the sterile glow of intense, harsh fluorescent light,
Open caskets fill the room, a lost graveyard in clear sight,
A cadaver lies cold with a pallid disposition.
Adorned in blue, a grim student nears with a shaky hand,
Peering into empty psyche of which time did not stand,
The body is frigid, quiet, in a lifeless condition.
Yet something perseveres, a remnant of the spirit,
The heart is not beating but the whole world can still hear it,
Academia will not let there be silence, but console.
A respectful, Charonian presence is the priority,
As students honor the solemn oath of Hippocrates,
With scalpels passed down by generation with each life toll.
With every curious incision and keen serration,
We guide corporeal for metaphysical migration,
Vessels of sorrow become celebrations of the soul.



Bruises suggest abuse,
Avoidant eyes indicate anxiety.
A quiver in the patient's voice...
Are they lying about their sobriety?

My first patient was an alcoholic.
She kept secrets from me too.
But I was naive at the time,
And would take her words at face-value.

I fancy myself a detective now,
Sifting through each insincerity.
Onset, location, duration...
Radiation and then severity.

I never get the full picture;
I only hear what they want to tell me.
Which makes sense after all;
Who wants to share the ugly parts of their story?

BY: AYUSH SINGH

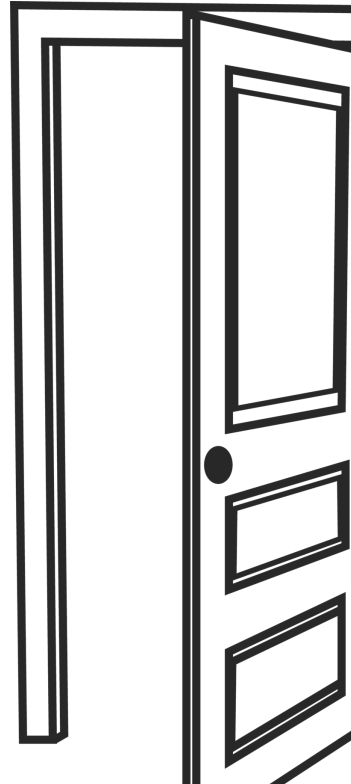
I COULD NEVER
GET THE FULL
PICTURE.

TWO SIDES TO A DOOR / VARESH GORABI

On one side of the door, the doctors are very interested
In your case
You have such a rare condition, and such a complex history
Everyone wants to write a report
And marvel at everything that's happened
They haven't seen a patient quite like you
And your care will be challenging and new

But on the other side of the door
There is a lot of pain
And uncertainty
And a lot of holding on
And a lot of strength
Because what else is there to do...

I just want to say,
I see your father
I see you
All I said though
To your father's thank you
Was "of course"
And watched y'all walk out the door



UPON FINISHING GROSS ANATOMY; GRATITUDE

CLAIRE PHILLIPS-LATHAM

You suckled babies,
Used the biceps I studied
To lift and cradle
Your rising suns.

You gazed soft-eyed
Optic nerves firing,
Muscles lifting delighted smile,
Nerves and muscles you later let me see.

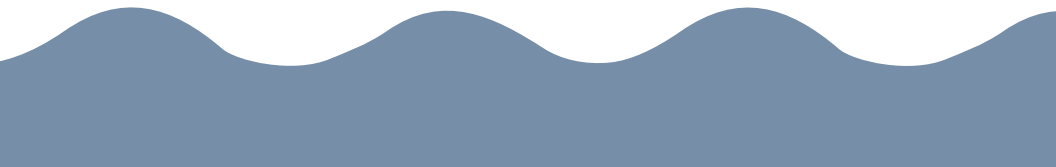
In life, you were a mother,
Giving love and beating heart
To raise new family
generations.

Cancer took you,
But before your work was done,
You ROSE, Lazarus-lifted,
And we opened your body,

Marvelling at the beautiful inner-workings,
I will remember
Your lungs, heart,
And purple polished nails.

Much gratitude
From another
generation of doctors
Learning to heal.

LEARNING TO HEAL



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