



# Cuentos

A Collection of Art from the  
Internal Medicine Residents and Attendings at GW



# Letter from the Editors

**W**elcome to *Cuentos* 2014! *Cuentos* — which is Spanish for “stories” — is the humanities magazine produced each year by internal medicine residents at The George Washington University.

A community is generally defined as a social group whose members reside in a specific locality and who often have a common cultural and historical heritage. The purpose of the 2014 edition of *Cuentos* is to share with you stories, poems, photographs, and paintings from members of our medical community, starting within the walls of the hospital and clinic and working outward to the greater world at large. Our contributors include residents, attending physicians, and alumni almost entirely from the Internal Medicine Residency Program and Division of General Internal Medicine.

This year, *Cuentos* is fortunate to have 59 contributions from 52 different authors, both of which represent record numbers. About half of our contributions are from current residents while the remainder comes from attendings and alumni. Although the magazine started in 2008, there wasn't an edition in 2010. This is the fourth year of continuous production; as such, *Cuentos* has now officially outlived the resident class that brought it to its current form.

Thank you, first and foremost, to our contributors. As your editors and your colleagues, your pieces have deeply touched us. At times they've made us laugh or cry, and always they've left us marveling at the wisdom and creativity found within our small community.

To Alan Wasserman, M.D., chair of the Department of Medicine and president of the Medical Faculty Associates. His encouragement and support are the reasons *Cuentos* is printed each year.

To our financial contributors, featured on the last page of the magazine. Last year was the first year we asked for donations to support *Cuentos*, and we've been humbled by the patients and alumni who have contributed. Please consider showing your financial support by making a tax-deductible donation via the enclosed envelope or at [go.gwu.edu/SupportCuentos](http://go.gwu.edu/SupportCuentos).

To Sylvia Gonsahn-Bollie, M.D., the first chief resident to serve as *Cuentos* faculty co-advisor. Her behind-the-scenes efforts have enriched this year's edition to make it the special one that it is.

And, finally, to Adam Possner, M.D., our long-standing faculty advisor. Starting with the *Cuentos* revival in 2010, he's challenged and shepherded our community in the medical humanities, drawing on our creative forces to produce this magazine. He forever reminds us to reflect on our lives and experiences. Without him, this magazine would not be possible.

We hope you enjoy *Cuentos* 2014 half as much as we enjoyed creating it. For us, it's a real work of art.

With warmest regards,

The Editors

*Abdulhameed "Tudi" Al-Sabban, M.D.*, Third-Year Resident

*Julie Camba, M.D.*, Second-Year Resident

*Jessica Davis, M.D.*, Second-Year Resident

*Nishant Magar, M.D.*, First-Year Resident

*Angela Phan, M.D.*, First-Year Resident

# Letter from the Chair

*And if they had the words I could tell to you  
To help you on your way down the road  
I couldn't quote you no Dickens, Shelley, or Keats  
'Cause it's all been said before  
Make the best out of the bad, just laugh it off  
You didn't have to come here anyway  
So remember, every picture tells a story, don't it*

**T**he above is the closing stanza from the 1971 Rod Stewart/Ron Wood song “Every Picture Tells a Story.” The song was very loosely a narrative about finding adventure around the world but eventually returning home. The lyrics are in free form and do not follow any rhythmic meter. Although believed by some to be both sexist and racist, it is thought by others to be Rod Stewart’s greatest effort.

Personally, I don’t think it was his greatest effort, given that on the same album was the great “Maggie May” — *You stole my heart, I couldn't leave you if I tried.* But that is only my opinion.

Isn’t that what art is all about—opinions? It’s what makes art so personal, the subject of so much argument, and in the eye of the beholder.

And in the Department of Medicine we have no shortage of opinions. We also have no shortage of talented individuals whose artistic work is proudly showcased in the following pages. Every year I am amazed by the depth and breadth of what people do in their (hopefully) spare time.

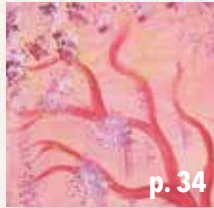
So spend a few minutes perusing the remarkable brilliance that our department members have produced. And remember: “Every Picture Tells a Story!”



*Alan G. Wasserman, M.D., M.A.C.P.*

Eugene Meyer Professor and Chair,  
Department of Medicine,  
The George Washington University  
School of Medicine and Health Sciences

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*“Wherever the art of medicine  
is loved, there is also a love of  
humanity.”*

*– Hippocrates*

# Internalizing Medicine

## A Reflection on *Der Arzt*

**P**ictured on the right is *Der Arzt* by Ivo Saliger, an etching from the early 20th century illustrating the endless war between Medicine and Death. A young woman suffers from a life-threatening disease, symbolized by the skeleton trying to take her away from the physician who, in turn, is trying to save her life. Despite what may be difficult odds, the physician is doing his best to avoid the bitter end.

I originally wrote a reflection on this etching during my 3rd year of medical school in an ethics course at the American University of Beirut, Lebanon. For me, the piece raises important questions. When should a physician accept the natural course of a disease? When should a patient surrender to death? The answers haven't become any easier the more I practice medicine. If anything, they've become more complex.

*Mohamad Houry, M.D.*  
Second-Year Resident



*Dittrick Medical History Center, Case Western Reserve University*

# Pamela: Attractive and Unlucky

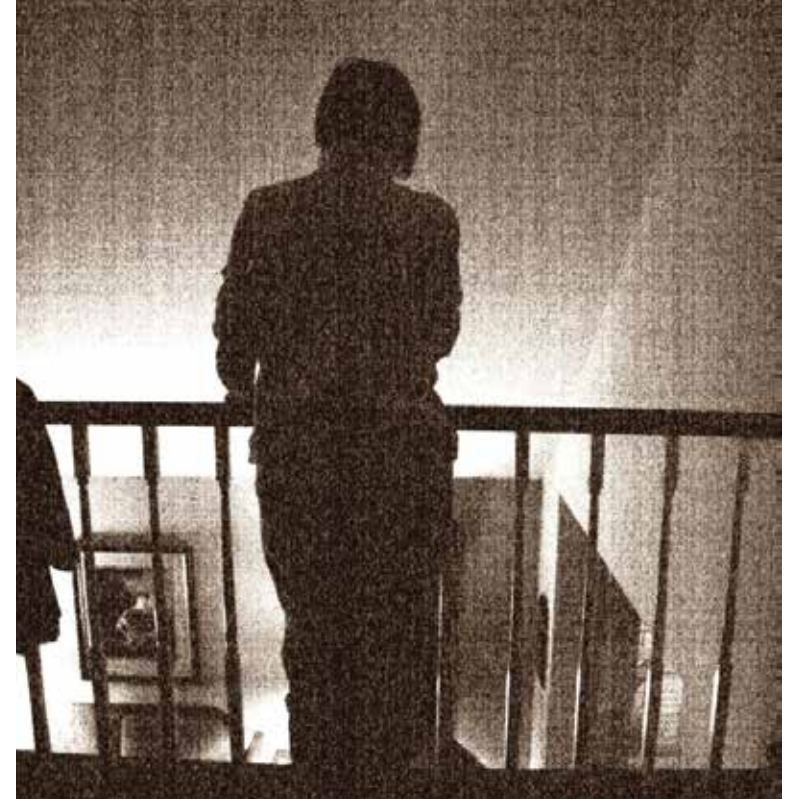
**P**amela is an attractive woman, with platinum-blonde hair turning silvery gray, a movie-star face, a friendly smile, and a trim figure. And yet, despite these to-die-for features, you would not want to be in her place.

Her husband died four years ago. Her grief was profound. Then, just when her sorrow started to ebb and she began to get back to a more normal life, her widowed father was diagnosed with Alzheimer's disease. Pamela sold her house and moved in with her father to help him.

But things haven't turned out the way she had imagined.

Her usually even-tempered father denies that he has a memory problem and gets angry, very angry, whenever Pamela tries to help him. He doesn't pay his bills on time, and falls for scams aimed at older people. He doesn't take his medicines regularly, so his high blood pressure is uncontrolled. Often, he does not take his thyroid medication for days — then takes it twice daily for days — which leads to a hormonal roller coaster of mood swings and energy. He wants to go places he shouldn't, he cooks dangerously, forgets personal hygiene and, as Pamela puts it, generally “gets into trouble.” Pamela must be with him all the time to keep him safe.

“All ... the ... time,” she says slowly. “The only time I'm by myself is when I'm in the bathroom.”



Pamela doesn't have any children to assist. Her brother declines to help. “Too busy,” he says. Her father will not tolerate an in-home aide. “I don't need one, and I won't have one,” he declares. Pamela has no control over her father's spending or other decisions except to nag and plead. She feels totally helpless and can see nothing in her future except a caregiver's downward spiral of conflict and misery. Pamela is emotionally depleted, physically exhausted, and spiritually drained. She suffers every day.

Alzheimer's disease is increasingly prevalent. Almost all of us in our lifetime will have a family member with the disease. Are there lessons for us from this true story (with identifying information changed)? Advice is always easy to give after the fact, but this case does illustrate some important points.



Unfortunately, because her father had not completed a durable power of attorney document before he developed Alzheimer's, Pamela does not have the legal authority to override her father's bad financial decisions or to arrange household help. Pamela needs to go to court and obtain guardianship.

Pamela's participation in a dementia support group can make her more mentally prepared for the challenges that still lie ahead.

If she becomes more assertive and accepts the role of being the loving but determined "parent" rather than the child, she

can set and enforce behavioral boundaries for her father. She can insist on getting help from her brother and his adult children.

All these things can happen in time. The sooner they happen, the sooner Pamela's life will begin to recover and edge towards normalcy, which she certainly deserves.

*James Cooper, M.D.*

Clinical Professor, Geriatrics and Palliative Care

## You're Going Back

Tissue under constant pressure dies,  
no blood can flow.

This man —  
his wounds are to the bone,  
a hole in his back  
the size of an omelette pan,  
both calves bleeding,  
half as thick as they ought to be.

"Where were you living?" I ask.  
"What?" he smiles.  
"Where were you living?  
Did they ever move you?  
Were you ever out of bed?  
Where is your family?"

*He'll have to go back,*  
the social worker tells me.  
*Nowhere else will take him.*  
*But we'll try,* she says.

He'll have to go back.

"You're going back," I say.  
"What?" he smiles.  
"YOU'RE GOING BACK," I say.  
"Okay," he smiles.

"Oh, Doc?"  
"Yes?"  
"My ears."

I clean his ears.  
I spend an hour.

I can't get it all out.

"Can you hear me?" I say.  
"What?" he smiles.  
"You're going back," I say.

He smiles.

*Jessica Davis, M.D.*

Second-Year Resident

# On Being a Patient

It was a Friday evening and my husband and I had a date. A few weeks prior, the two of us had made plans to go out and see the movie *World War Z*. Being a zombie fanatic, my husband had been particularly excited about this outing.

As it turned out, though, the evening was completely different from any we had ever had before. It was the location of the date that made it so memorable: the emergency room.

A few days before, my husband had developed fevers and chills that came and went every few hours. Given our recent trip to Belize, where malaria is endemic and where my husband had sustained more than a few mosquito bites, I was concerned. A quick call to Dr. David Parenti, one of the infectious disease specialists at the MFA, confirmed what I thought we should do. We went to the emergency room.

One of the very first things we heard when we walked in was, “We know about your case.” Thanks to Dr. Parenti, the ER had been made aware that we were on our way.

As an internal medicine resident, I had done what Dr. Parenti had done — that is, call the ER and alert them about an incoming patient — countless times before. This was different, though. For the first time I was a family member of the patient.

Initially, things happened very fast. The ER resident came into our curtained cubicle almost immediately and obtained the history. A few minutes later, the nurse came in and drew blood. And then ...

The wait.

We kept glancing at the clock, waiting anxiously for the results to come back.

After about two hours, I received a text from a friend in the Infectious Disease department with the results: the blood smears were negative for malaria. Thanks to him, I found out the results as soon as they were available, which wound up being an hour before the ER resident could get back to our cubicle.

This made me wonder. When simultaneously caring for as many as 20 patients in the hospital, how often had I seen the results of a test but been too busy to inform a patient of those results immediately? How often, without intending it, had I kept a patient and his loved one waiting longer than necessary to hear whether or not he had a serious condition?

Of course, my husband and I were relieved that he didn’t have malaria. That being said, I must admit I was also a little worried. If not malaria, then what else could this be? My imagination ran wild. Might this be a case where he doesn’t get better and there are no answers? I had been involved in situations like that before, but only as the doctor, never as the patient or a family member of the patient.

I’d like to think that my patients always feel relief when they hear a test result is negative. I now realize that isn’t always the case. Sometimes, getting a positive test result can in some ways be better than getting all negative test results. At least when you

get a positive test result you have an answer. In many ways, having symptoms without a diagnosis can be worse than having a bad diagnosis.

In the end, everything was fine. We never did figure out what my husband had. It was probably a run-of-the-mill viral infection, from which he made a full recovery.

Although that night wasn't the most enjoyable date we'd ever had, it was certainly a valuable learning experience. I had always wondered what it was like to experience illness from the patient's perspective. That Friday I got my answer.

*Shivangi Pandya, M.D.*  
Third-Year Resident

## On Pronouncement of Death

*I was here to help you, to make you well.  
You were supposed to go home.*

Condition: Improved, stable.

*We found that your weakness and weight loss were due to cancer ravaging your organs from the inside. You were crotchety at times, from pain and fear. Other times you were sweet and agreeable, clothed in years of politeness.*

Prepare for discharge home.

*I checked on you early in the morning and your lungs had filled with fluid and your breathing was heavy. You could not swallow and you inhaled your own secretions. You were unresponsive.*

Rapid Response Team was called.

*I called your daughter and asked agonizing in-the-moment questions: Would he want chest compressions? For us to shock him? What would he want us to do? I have to know now.*

*You stabilized, but did not improve. You could respond to questions with a limp nod of your head, but your consciousness was tenuous.*

Comfort care. Do not resuscitate.

*A death rattle is a slow, gurgling, gasping sound with the taste of death in the air. A mouth open, eyes at half mast.*

*Then your body relaxed and you released yourself to infinity. There with my stethoscope and tentative fingers, I felt and I listened.*

Time of death: 1:43 p.m.

*I closed the door on your body, so different now in death. Your daughter sat holding your hand, her eyes bright with unshed tears.*

*Laura Billiet, M.D.*  
Second-Year Resident

# The Escape

*Before you turn the page, allow me to take you away for a moment.*

I know how it can be in the hospital. The constant beeping from infusion pumps and other machines can drive you insane, unless you've been around it long enough for it to drown in the background.

But today, I want you to embrace that sound. Focus on it. Take that single note and play with it in your mind; a quarte tone higher, a quarter tone lower, run it up and down a scale. Slowly, the beeping morphs into the hypnotic drone you would hear played by a snake charmer in the main square somewhere.

You follow the trail of the music until you find yourself in the busy streets of Marrakech, Morocco. ...

This is my escape. I lose myself in my imagination to keep my soul from withering away within the four walls of the hospital. Actually, it is not so much my imagination as it is an exaggeration of my memories.

The escape. Will you let me tell you about it?

I have never felt a greater urge to escape than I did during the three years of my residency. With each passing rotation, I'd feel a weight greater than I could bear growing heavier and heavier. My only cure was to travel — to Australia, Colombia, Turkey, Japan, Italy, Egypt, and more.

But no country indulged my imagination as much as Morocco. For two weeks I was lost in an enchanted world that rivaled the tales told by Shaherazade, the legendary heroine from *One Thousand and One Nights*.

Although my story telling skills are not so refined as to trap a king in my world, in these next few paragraphs I can do my best to paint for you the fading images of my memories. I will try to bring to life everything exotic you want to hear about the Middle East: snake charmers, trained monkeys running in the square, dizzying maze-like markets, and let's not forget the harems.

Well, maybe I can tell you about the harems another day.

For now, let's go back to the droning sound that you have turned into a beautiful tonic scale being played by a snake charmer. Fly away with me to the center square in Marrakech, called Jamaa el Fna, and get lost in the marketplace.

For hours, our protagonists — perhaps they are tourists, whom I will call Ayesha, Khadijah, and Fatima for the purpose of this story — cannot find their way. The girls wander aimlessly, winding their way through the narrow streets, past an endless number of shops. Finally, after dodging masses of young men on their motorized bikes racing through the crowds, the girls arrive at their riad, which is an old home turned into a hotel.

The old structure of this home is completely preserved. Beautiful mosaic tiles cover its interior. Tall wooden doors with large metal locks protect each room. The girls become entranced. Around them they see shadows of figures that once lived here a century ago. The light shines into the courtyard

from above, reflecting off of the pool, which at one point in history was a fountain.

Follow Ayesha's gaze and you will see the balconies of the four walls around the courtyard draped with white sheets to conceal what lives within. Maybe, if you listen closely, you can even hear the footsteps of the old inhabitants moving around, or the quiet bashful laughing from the beautiful women hiding from prying eyes. There must be endless stories hidden in the cracks of these walls.

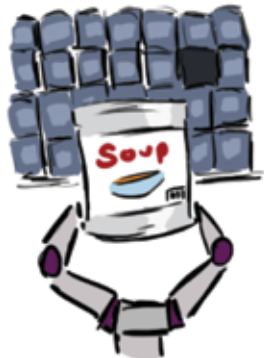
Suddenly Ayesha's eyes notice a figure in the shadows. Holding her breath, she studies his features as he approaches her, still finding it hard to distinguish reality from imagination. His gentle eyes meet hers as he extends his hand, and ...

The tone changes to a high pitch. The piercing shrill from my pager brings me back to reality.

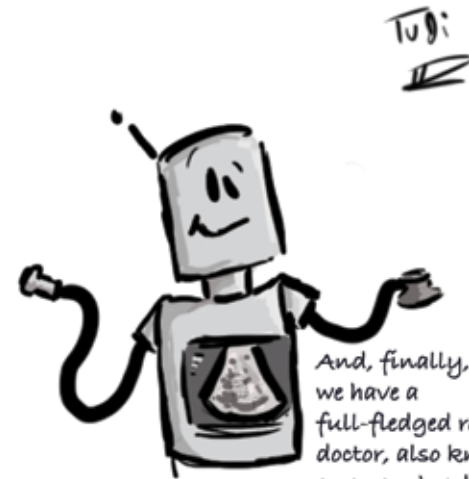
*Nancy Maaty, M.D.*  
Chief Resident

## Robot Doctors of the Future

In the year 4545, doctors are now manufactured. The first step is selecting a can of soup. It must be of high quality, of course, for it will become our doctor.



The next step is to take that can of soup and put it in the robot doctor factory. There it will be turned into a doctor and up-to-date medical knowledge will be uploaded. When it is done, a soulless and lifeless automaton will teach it all the medico-legal aspects of the job so that it may avoid lawsuits.



And, finally, we have a full-fledged robot doctor, also known as a can-head.

*Abdulkameed "Tudi" Al-Sabban, M.D.*  
Third-Year Resident

# Keep Right at the Fork



*Calculating route ...*

In two-point-five  
inches from the tines  
enter the circle  
of the plate ...

Take the third  
quarter section  
of the circle  
toward the vegetables ...

Keep right  
as in do what's right  
at the fork  
and eat the vegetables ...

In two-hundred-and-forty  
seconds  
head north  
toward the protein ...

Healthy signal lost.

Make a U-turn  
and put back that brownie ...

Recalculating ...

Three hundred calories added.

Keep right at the fork.

Continue toward  
the dairy serving ...

In a quarter of  
the plate  
slight left toward  
the fruit and the grains ...

In one thousand  
repetitions of this approach  
you will arrive  
at your destination.

*Adam Possner, M.D.*

Assistant Professor,  
General Internal Medicine

# The Scarlet Letters

*For those who are unfamiliar with it, MRSA stands for Methicillin-resistant Staphylococcus aureus, a bacterium that can cause many types of infections and which is resistant to most antibiotics. When a patient in the hospital is found to have this bacterium on his/her body, he/she is put on isolation (also known as “contact”) precautions in order to prevent the spread to other patients.*

It could be set to music like in a Broadway play.

On one side of the stage, a quiet, inconspicuous conversation occurs between two physicians on rounds. One says to the other: “She may have a history of MRSA.”

Unbeknownst to these physicians, around the corner a perky ear catches the words. The doctors move on and the lights fade out save for a spotlight on the corner where the owner of the ear hides. She enters, wearing a blue infection control gown.

“History of MRSA?” she repeats. She keeps repeating it, slowly, innocently. *Tempo adagio*, in 4/4 time, accompanied by a single flute in C minor. Then, the words start to pick up speed, breath, and energy as her thoughts are processed aloud for the audience to hear.

A second actor, also wearing a blue infection control gown, enters from the woodwork, repeating the same words, this time *tempo presto*, accompanied by a violin.

More actors enter, all wearing the blue infection control gowns and singing their thoughts on what “history of MRSA” means to them. The horns join. More actors enter. *Tempo vivace*. The audience can no longer make out what is being sung. The momentum is all that matters. The timpani weigh in, attempting to keep the 4/4 time but failing and only contributing to the chaos.

All the actors are on stage now, the entire company buzzing about, a seething mass of fervor and notes, *tempo prestissimo*.

Suddenly, everyone freezes as the violin holds an F-sharp (on the E string).

From one side of the stage, the first perky-eared actor walks in silence toward the patient’s room, the rest of the cast bowing and parting in both deference and fear. Arms held up, elbows locked, she is carrying an oversized placard with scarlet letters printed all in caps: “CONTACT PRECAUTIONS – MRSA.” She reaches the closed door of the patient’s room.

The violin stops.

She tacks the sign to the door as a cymbal crashes. Lights out. Exeunt. Scene.

*Mortada “Reda” Shams, M.D.*  
Second-Year Resident

# It Ain't Necessarily So

*It ain't necessarily so  
It ain't necessarily so  
The t'ings dat yo' li'ble  
To read in the Bible  
It ain't necessarily so.*

George and Ira Gershwin and DuBose Heyward,  
*Porgy and Bess*, 1935

One could say the same thing about medicine. Just substitute the name of any journal or textbook of medicine (or guidelines, for that matter, such as those for hypertension, or managing lipids) for “Bible.”

As I think back over the 50+ years since I started medical school and of all the things we doctors did, used, or prescribed that have fallen by the wayside, it is amazing to me just how few rules, laws, or beliefs persist for more than a few short years.

Here is a short list of procedures, lab tests, and drugs that were commonly used over my professional life that have since disappeared. I will leave it to the reader to find out what each was used for or supposed to do.

Procedures:   Pneumoencephalogram  
                  Photomotogram  
                  Rotating tourniquets  
                  Clipping the inferior vena cava

Lab tests:      BSP (Bromsulphalein)  
                  Cephalin-Cholesterol Flocculation  
                  PBI (Protein Bound Iodine)

Drugs:          Mercurhydrin  
                  Thiomerin  
                  Diethylstilbestrol  
                  Phenacetin  
                  Methaqualone  
                  Fen-Phen  
                  Terfenadine  
                  Troglitazone  
                  Cisapride  
                  Phenylpropanolamine  
                  Rofecoxib  
                  Tegaserod

I saw all of the drugs above used frequently, or I prescribed them myself, and in doing so, I was practicing “modern, up-to-date” medicine.

The message: maintain a healthy skepticism of the latest and greatest developments as they are introduced. There is an adage, attributed to the 18<sup>th</sup>-century English poet and satirist Alexander Pope, that says, “Be not the first by whom the new are tried, Nor yet the last to lay the old aside.”

*David Simon, M.D.*

Clinical Professor, General Internal Medicine, retired



# The Chiefs' Office

Under the guise of an office  
A simple room with a door  
It functions as so much more.

At any moment it could be a:

- lounge
- party room
- town hall
- conference room
- recreation center
- court room
- coffee house
- cafeteria
- concert hall
- or team room.

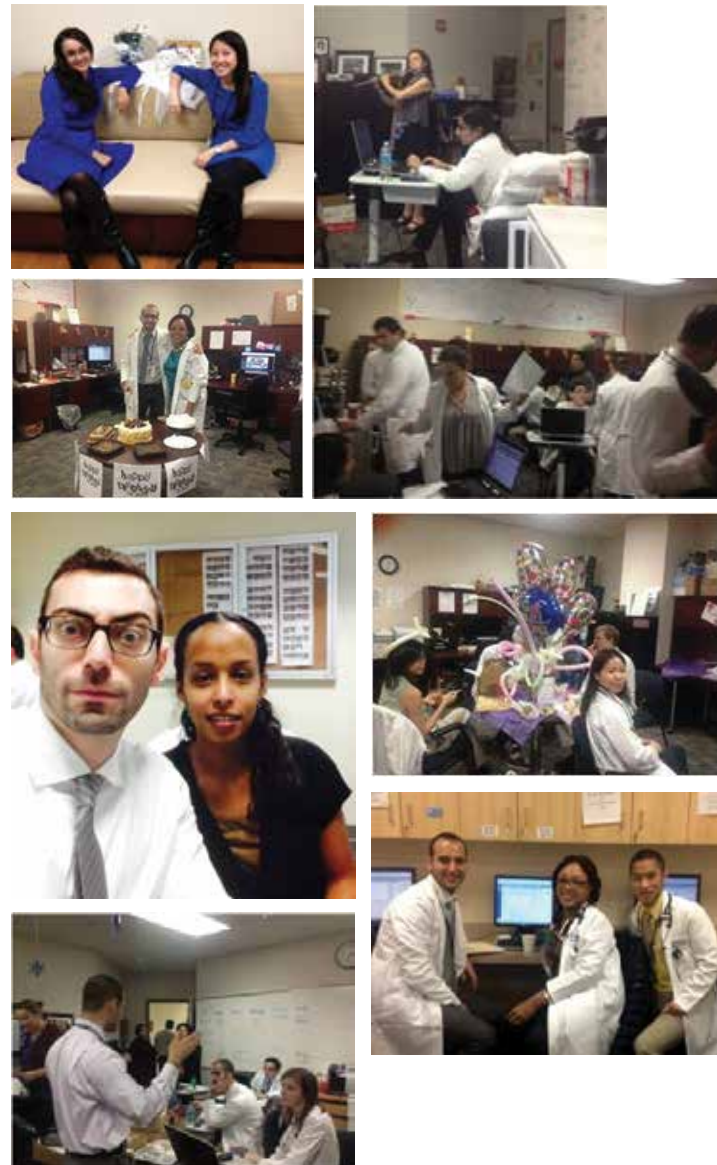
But most of all, it is a respite from the hustle and the bustle  
of the hospital.

A place where we all can just be.

*Dedicated to the GW Internal Medicine Residents  
from the 2013-14 Chief Residents:*

*Ribka Ayana, M.D.; Shant Ayanian, M.D.; Sylvia Gonsabn-  
Bollie, M.D.; Faysal Haroun, M.D.; Nancy Maaty, M.D.; and  
Andrew Roberts, M.D.*

*The Chief Residents*  
Internal Medicine Residency Program



# Reflections from the Capital

## District Lights



*Natasha Ang, M.D.*  
Third Year Resident

# Courage



*Courage is not something that you already have that makes you brave when the tough times start. Courage is what you earn when you've been through the tough times and you discover they aren't so tough after all.*

Malcolm Gladwell  
*David and Goliath: Underdogs, Misfits, and the Art of Battling Giants*

I took this photo from the back porch of Mount Vernon, overlooking the Potomac River, Thanksgiving weekend 2013 as I toured the home of our first president with a few of my nieces and nephews. The day was beautiful and I enjoyed seeing history through fresh eyes.

George Washington is well-recognized as a courageous man and hearing some of the stories of his acts of bravery made me stop and think about what courage looks like in my life today. My thoughts quickly turned to the quote (on left) by Malcolm Gladwell and then to several of my patients.

In my world, courage is a person who is faced with a new diagnosis and, instead of giving up, fights with all he or she has. Courage is also a person knowing when to say enough is enough. Courage is caring for a family member who cannot care for him or herself, day in and day out. And courage is knowing when to walk away.

Courage in my world comes in many shapes and sizes. Most of the people I thought of wouldn't describe themselves as courageous, but they are. They face "tough times" and wake up each day to face them again. There is no better definition of courage.

*April Barbour, M.D.*

Associate Professor and Director of  
the Division of General Internal Medicine

# Snow Day

Taken on my iPhone on my way to work while my family was home for a “snow day” in early December 2013. As a Chicago native who has also lived in Minneapolis, I was unimpressed with how the entire city shut down. Nevertheless, the photo does capture the beauty of winter and why I enjoy living in a place with all four seasons.

*Chavon Onumah, M.D.*

Assistant Clinical Professor,  
General Internal Medicine



# Trees on Rock Creek Parkway

Stripped of the radiance of fall  
Brown barren trees await  
The blanket of winter's first snow

A temporal covering, soon rinsed away by spring rain  
Making room for tiny buds to become  
Shade from the bright summer sun

Whose warmth will produce autumn leaves  
Only for the cycle to recommence  
As commuters pass back and forth on the parkway

*Sylvia Gousahn-Bollie, M.D.*  
Chief Resident



## Her Favorite Flower

Captured at the orchid greenhouse at Hillwood Estate, Museum, and Gardens in Washington, D.C. Hillwood was formerly the home of wealthy socialite and philanthropist Marjorie Merriweather Post. As orchids were her favorite flower, she built several greenhouses at Hillwood to enjoy them year-round. At her request, when she passed away in 1973, Hillwood Estate became a public museum for all to enjoy.

*Zayn Copeland, M.D.*  
Assistant Clinical Professor, General Internal Medicine

# Shenandoah Country Road



Looking down a road at the top of Massanutten Mountain west of Luray, Virginia, just above the Shenandoah River and about two hours west of Washington, D.C., where my husband and I spend every weekend. When we hear it's going to snow, we jump in the car to try to arrive before the snow starts because when it starts, this is where we want to be.

*Lawrence "Bopper" Deyton, M.D. '85*  
Clinical Professor and Senior Associate Dean  
for Clinical Public Health

# Deepavali



A "selfie" taken at the Hindu temple in Lanham, Maryland, on the holiday called Deepavali, which occurs during the fall per the lunar calendar. Deepavali, meaning "string of lamps," is observed throughout India and in many countries. The specific story behind the holiday varies slightly whether a person is Hindu, Sikh, Jain, or from northern India. In Hinduism, for example, Deepavali commemorates when Satyabhama, a consort of Lord Krishna, killed a demon that would not allow people to light lamps in their homes. In general, Deepavali signifies the joy of Light over Darkness, the victory of Good over Evil, the importance of Knowledge over Ignorance, and the value of Hope over Despair.

*Vimala Jayanthi, M.D.*  
Assistant Professor, General Internal Medicine



## On the National Mall at Night

*Shivangi Pandya, M.D.*  
Third-Year Resident

# Around the United States

## A Warm Poem

(Inspired by Dr. Homan Wai's photo, "Boudin Bears," on page 52.)

Hot sun in the sky,  
Not a cloud to be seen.

Going to play at the park  
Where the grass is green.

Or to the beach and the sand.  
It is the season when I sing,

*In the summer*

*In the summer*

Filling my heart with warmth.

*Abdulhameed "Tudi" Al-Sabban, M.D.*

Third-Year Resident

## Desert Flower



In Joshua Tree National Park in southeastern California, April 2013. These two magenta cactus flowers reminded me of how people can also thrive even in the harshest of circumstances.

*Jillian Catalanotti, M.D.*

Assistant Professor of General Internal Medicine  
and of Health Policy, and Director  
of the Internal Medicine Residency Program



# A Path in the Wilderness

The peaks and valleys of living with a chronic illness can be enormously exhausting. The path a patient must walk can feel so lonely, as if trudging through the deep desert sand. Sometimes, setbacks from relapses are met with courageous uphill comebacks, to be rewarded with astounding views of the path long-traveled. We physicians have the honor of walking the path with our patients, helping them through each valley and celebrating each mountain summit together. Taken at the Great Sand Dunes National Park in Colorado.

*Wesley Fiser, M.D.*  
Third-Year Resident



## Bird Unheard

A sorrowful *bleak*  
Slipped from the beak  
Of a grackle who, sun-lit, should sparkle.

His birdy quintessence,  
His head's iridescence,  
Was matte as the black of his back.

The cloud-dunned sun  
Shone no beams to strum  
His feathery fibrils to purple.

No violet-green songs  
To right all his wrongs;  
From meadow no bronzy bel canto.

On that opaque day  
Without feathers in play  
The grackle's light-song was unsung.

Not a glimmer was heard  
From this glee-less bird—  
Light low, might as well be a crow.

*Benjamin "Jim" Blatt, M.D.*  
Professor, General Internal Medicine

# Acadia



Photo by Kunal Khurana

My family and I visited Acadia National Park in Maine in 2011. It's an amazing park with many things to do, including hiking, rock climbing, bird watching, and blueberry picking. It also offers quite breathtaking views of the sunrise and sunset. Here I am taking a moment to relax in the lap of nature after a particularly picturesque hike.

*Parvinder "Sheena" Khurana, M.D.*

Assistant Professor, General Internal Medicine

# The Grand Canyon

After traversing Devil's Corkscrew at the Grand Canyon, intern year suddenly seemed a bit more manageable!

*Erica McBride, M.D.*

First-Year Resident



Photo by Sean P. McBride

# Arches National Park, Moab, Utah

*Brad Moore, M.D.*

Associate Professor, General Internal Medicine



## Humbled

In Boston, where I did my intern year, during the 2012 winter storm, Nemo. Against the backdrop of nature, the scale of the people in this photo is a humble reminder that we humans are just a small part of a much larger picture.

*Maysam Nehme, M.D.*  
Second-Year Resident

# House Call

**W**hile an undergraduate at the University of Virginia, I had a physician-mentor who introduced me to the poetry of William Carlos Williams. Both a family physician and a poet, William Carlos Williams lived in the early-to-mid 1900s in Rutherford, New Jersey, just outside of New York City, performing house calls and writing poetry about the patients he served.

Aside from a compassionate and highly competent physician, William Carlos Williams is considered one of the greatest American poets of the 20th century. One of his most famous poems, and the one that my mentor kept taped on his desk, is “The Red Wheelbarrow”:

*so much depends  
upon  
a red wheel  
barrow  
glazed with rain  
water  
beside the white  
chickens*



One weekend last summer, I decided to make a pilgrimage up to Rutherford to visit Williams’ old stomping grounds. After making a few phone calls I was able to connect with his granddaughter, Daphne Fox-Williams, who lives in Rutherford and who was kind enough to take me around town. Among the many sites we visited were his house (bottom-left), his grave, and a symbolic red wheelbarrow (bottom-right) securely fastened outside the Rutherford public library.

Williams’ former home is now a private residence, owned by someone who doesn’t welcome visitors, so we couldn’t go inside. While showing me around the outside of the house, his grand-daughter pointed out the overgrown, dilapidated steps in the bottom-center photo, which she said led to Williams’ home office.

Strange as it may seem, seeing those steps, and kneeling down to touch them, was probably one of my favorite experiences of the day. These are the steps that Williams traversed when going to and from his house calls, and over which he must have pondered the ideas for many of his writings, including “The Red Wheelbarrow.”

*Adam Possner, M.D.*

Assistant Professor, General Internal Medicine

# *Around the World*

## Sink or Swim



During a trip to the Philippines this past Christmas I came across an outdoor koi fish pond. A handful of fish food pellets triggered a feeding frenzy that was both entertaining and slightly frightening. The number of fish that surfaced was incredible. As residents, we can appreciate the qualities of koi fish: perseverance, strength of purpose, and an insatiable hunger for free food!

*Julie Camba, M.D.*  
Second-Year Resident

# Jordan



Scenes captured on a recent trip to Jordan. The photo on the left is of my first glimpse — through a narrow canyon — of Petra, the ancient Nabataean city carved out of rock. The other photo is of the sunrise over the extraterrestrial landscape of Wadi Rum, a desert in the south of the country.

*Ashley Freeman, M.D.*  
Third-Year Resident



# Sun Setting on the Southwestern Tip of Korea

*Robert Jablonover, M.D.*

Assistant Professor, General Internal Medicine

## Sights in Prague



**A**ny visitor to Prague, Czech Republic, can't help but notice the many marks that history has made upon the city. Reminders of the city's origins range from the most expansive architecture to the smallest monuments tucked away in historic gardens.



Amid storm clouds rolling in, the St. Vitus Cathedral (above) sits within the walls of the Prague Castle and overlooks the Vltava River. A statue of the Good Shepherd (left) stands against encroaching ivy foliage in a nearby garden. Finally, a giant metronome (right), brightly colored, occupies the former





spot of an oversized, monochromatic statue of Joseph Stalin that was not completed until two years after his death, only to be destroyed just seven years later.

*Nishant Magar, M.D.*  
First-Year Resident





## The Pitons

The Pitons are dormant volcano peaks on the tiny Caribbean island of St. Lucia. I took this photo while on vacation there after matching in gastroenterology at Georgetown for my fellowship. I remember the peace of being on the water, the breeze through my hair, and the calm from knowing the next step in my career.

*Sabeen Medvedev, M.D.*

Third-Year Resident



## Fishermen

Two fishermen walk back along a beach in my native Lebanon after a long day at sea. I would like to especially acknowledge my painting instructor, the late Mr. Abdelkader Hamwi, who taught me the basics of painting in a short period of time.

*Yamane Makke, M.D.*  
First-Year Resident



## Reflections on True Life

In creating this painting, I wanted to depict the reality of humankind—not just the physical reality, but also our consciousness and all the things that make us human beyond our physical form. The red tree represents the human body, with the aqua-marine representing the earth and society. The purple is the fruit of the tree; that is, what we build and what we contribute to humanity. The gold intertwined with the purple symbolizes all the virtues and powers of the human spirit — courage, imagination, conscious thoughts — which manifest themselves as actions.

*Nika Safaie, M.D.*  
First-Year Resident

# Abandoned Train Station in the Autumn in Lebanon



*Maysam Nehme, M.D.*  
Second-Year Resident

# View from Mont Blanc, Chamonix, France

In January 2013 I traveled to Geneva, Switzerland, to help lead a global conference on integration of spirituality into health care. There were 36 participants from 27 different countries. By the end of the conference, we had achieved a global definition of spirituality and standards of spiritual care.

The day before the meeting one of the other facilitators, Dr. Sharon Hull, and I had decided to venture across the border to Chamonix, France, for a little sight-seeing. We took the gondola up Mont Blanc, the tallest mountain in the Alps, from which I snapped this photo.

The height of the observation deck was about 12,000 feet. The views were breathtaking in the silence that was gently interrupted with the crunching of snow under people's feet. The sight of people's awe of the grandeur of the mountain was moving. As we headed back to the gondola, we had to take the stairs on the left. The stairs were metal grating and you could see all the way down to the valley floor! It was quite an adventure.



On the gondola trip down, Dr. Hull and I and other travelers from all over the world shared our experiences of the grandeur of nature. It was a spiritual experience of beauty — the perfect way to prepare for our conference to find ways to integrate spirituality more fully into health systems around the world.

*Christina Puchalski,  
M.D. '94, RESD '97*

Professor of Geriatrics and Palliative Care,  
and Director of The George Washington  
Institute for Spirituality and Health



# Jökulsárlón Glacier Lagoon, Iceland

*Nathan Punwani, M.D.*  
First-Year Resident



Photo by Bobby Moon

## Naranjito, Dominican Republic

In heavy rain in the campo I walk to clinic, looking forward to the work and wondering if we are making a difference.

*Katalin Roth, M.D.*

Associate Professor and Director of the  
Division of Geriatrics and Palliative Care



# Through

At Machu Picchu in Peru, looking out through a window in the guardian's house at the top of the hill. This photo reveals only one small part of the overwhelming natural and man-made beauty I saw that day. Even so, it's become my favorite of all the photos I took. The early morning light coming in from the east, the white mist over the green mountains of the Andes, the perfect framing of the scene by the window—all of it makes me want to poke my head out and discover more.

*Laura Perry, M.D.*  
Third-Year Resident



# Rocky



In the United States, dogs are kept as pets and are often thought of as part of the family. The relationship that people have with *Canis familiaris*, however, really varies from culture to culture. For instance, in Tanzania—which I visited last summer—people are generally afraid of dogs and will only keep them as guard dogs, not as pets. In fact, in the rural villages they're viewed as vermin. It's not unusual to see children throwing stones at them to protect their family's chickens or just for fun. The puppy in this photo is named Rocky. Although he still lived a rough life, luckily for him his owners cared about his well-being.

*Mary "Molly" Shaffer, M.D.*  
First-Year Resident



# Bullfighting at the Plaza de Toros, Madrid, Spain

*Kristen Whitaker, M.D.*  
Second-Year Resident

# Family History



## Wagner

In April 2013, my husband and I adopted a dog from a rescue organization. Eager to introduce him to our family, for Thanksgiving we decided to drive rather than fly from Washington, D.C. to Oklahoma. Here you see Wagner in the car on the way back with the seat belt over his eyes to shade him from the sun. The funny thing is, he did this all on his own! Wagner is a bit neurotic, but we love him.

*Anne Cioletti, M.D.*

Assistant Professor, General Internal Medicine

# Love



**M**y parents, pictured above, were very different people. My dad loved to travel, was a social butterfly, and could command the attention of a room like no other. My mom, on the other hand, is quieter and more reserved. However, if you give her your attention she will, undoubtedly, charm you with her storytelling.

This year would have been my parents' 47th wedding anniversary if cancer had not taken my father prematurely. Whenever I feel homesick, melancholy, or stressed about my own wedding planning, I turn to this photograph to remind me to keep the important things in perspective, and to cherish the people I love.

*Angela Pham, M.D.*  
First-Year Resident

## Repeat After Me

Two FFCs (formerly feral cats) from the woods of the Shenandoah mountains. We got Felix (on the left) one summer day when he walked inside our house to stay. The other, Trio, joined us after we found him shot in one leg (hence his name) and had him patched up at the vet. Felix and Trio enjoy hypnotizing one another: “Repeat after me, we are not in Kansas anymore.”

*Lawrence “Bopper” Dayton, M.D. ’85*  
Clinical Professor and Senior Associate Dean  
for Clinical Public Health



## Reflections on Motherhood: Lessons from My Two-Year-Old Son

1. It's the sweet things that children remember most  
*When pointing at a bagel with cream cheese, my son will ask for the “cupcake.” Apparently, if it looks like it has icing, it's probably a cupcake.*
2. Children can acquire additional names  
*When asked his name, my son will sometimes respond, “Sweetheart.”*
3. Names, in general, are fluid  
*For instance, “bush dogs” is a completely legitimate synonym for “bush puppies.”*
4. One can, and will, be charmed by a child  
*One time, after I returned home from an eyebrow grooming, my son smiled and asked, “Did you do something different to your hair?”*
5. Driving is apparently not one of my strong suits  
*Whenever I sit down in the driver's seat of the car, my very concerned son will turn to my husband and exclaim, “Mommy's driving?!”*

*Chavon Onumah, M.D.*

Assistant Clinical Professor, General Internal Medicine

# Class

**M**y grandmother was a classy lady. She had five kids, went to the movies at least two or three times a week, read five newspapers every morning, played the piano, roasted her own coffee beans, and had a talent for entertaining. She made up her eyes with kohl at her Japanese dresser and had a certain style that was chic yet understated. Just look at those shoes!

Most importantly, though, she was extremely compassionate.

When I was a child, a widow whose husband had worked for my grandfather would intermittently stay with my grandparents for a few weeks at a time. My cousins and I would often witness this woman, Sit Aisha, snoring loudly with her mouth wide open. In hindsight, Sit Aisha probably had pretty severe sleep apnea but at the time my cousins and I thought it was the funniest thing we had ever seen. When we were feeling particularly mischievous, we would try to drop something in her mouth before she snapped it shut.

*... my grandmother said sternly, "and she will be treated with respect."*

On one of these occasions, my grandmother happened to walk into the room. She shot us a look that put us to shame. "She is a guest in our house," my grandmother said sternly, "and she will be treated with respect."



It was not until years later that I learned that Sit Aisha had been down on her luck. Her extended visits with my family were my grandmother's way of helping her out.

Like I said, my grandmother was a classy lady, both inside and out.

*Jehan "Gigi" El-Bayoumi, M.D.*

Associate Professor of General Internal Medicine and Founding Director of the Rodham Institute

# Sights of an Indian Wedding



*Photos by Asim Soofi*

**T**he summer between first and second year of residency, I got married in a traditional four-day Indian wedding ceremony in Washington, D.C. These are just a few images that capture the whirlwind of colors involved in the celebration.

The jewelry is a mix of striking red and gold, and is customary for Indian brides on the wedding day. The shoes are the traditional footwear that is worn by the groom. Usually the bride's sisters and girlfriends steal the groom's shoes at the wedding, with the hope of ransoming them for a mini-fortune.

Do you see the stack of pillows? Don't be fooled! That's actually a wedding cake made to resemble fabric pillows from the Indian state of Rajasthan. They're similar in appearance to the real pillow with candles on top in the bottom-right photograph. In Indian culture, candles are considered auspicious and are commonly part of wedding processions and decorations.

If you ever have the chance to attend an Indian wedding, get ready for a feast for the eyes!

*Meena Hasan, M.D.*  
Second-Year Resident

# My Mom

*Last year in Cuentos I wrote about my father. This year I decided to write a piece about my mother.*

**M**y mom's best gift to whomever she meets is her presence. People love being around her because she gives you her full undivided attention. People who meet her for even just a single afternoon will remember her decades later and ask me how she is doing.

She almost always knows what to say to make you feel better.

When I was young, if I complained that my legs looked too big, she reminded me that some people cannot walk. Many years later I went to my mom when I was upset that I had damaged my husband's new Volvo in a collision. She reminded me that, while you can buy a new car, you can't get a new arm or new leg if you're hurt in a bad accident.

She is always encouraging.

I used to be a nurse. When I decided that I wanted to become a doctor, she believed in me and she even put up the money to help me go back to school. Whether I'm making a big decision about my career, planning to visit a new city, hoping to join a choir, or buying a new house, I can always count on my mom's support.

In a way, though, she is a paradox.

Visiting her is like taking a trip into the modern and the antique at the same time. On the one hand, she's up-to-date with modern culture. For example, she knows what the latest Alexander McQueen fashion show has to offer, what David Letterman said last night, and she even watches *The Daily Show*.

On the other hand, her lifestyle rings of a bygone era. She will spend entire days making cookies and continually asks people for recipes.

She has a black rotary phone like the one in *Goodnight Moon* ("I would get a smaller phone but you girls are always losing yours"). And she watches classic black-and-white movies like *The Philadelphia Story*.

In fact, sometimes when I call her she brings up old actors like she just met them for coffee ("Oh, that Cary Grant is so delightful!").

A few years ago I was reading a book about how to give a speech which had in it an example from Mother Theresa. The speech was about the elderly, and how she believed they were ignored in the United States. She thought that they were always "looking toward the door," waiting for company, because their families did not visit them often enough.

*... Instead, Mom  
would be on the  
other side of it,  
drinking mint juleps  
and enjoying life!*



I shared what I had read with my sister and, since we had not seen Mom in a few months, we rearranged our schedules to visit her. Mom was very excited that we were coming, but a few days before we were supposed to arrive she left a message on my answering machine:

Marijane, I forgot to tell you that Bernie is giving a Kentucky Derby party the same day you're planning on coming. You know how he makes a great mint julep. I will leave the back door key for you girls in the milk box.

Who still drinks mint juleps? Who still has a milk box?

My sister and I went out to dinner in New York City that evening. We had a wonderful time. We then went to Mom's house, retrieved the key from the milk box, and waited for her to come home. We laughed about how we would never find our mother looking toward the door, waiting for company. Instead, Mom would be on the other side of it, drinking mint juleps and enjoying life!

And that is perhaps the greatest gift she has given me: she's taught me how to enjoy life.

*Marijane Hynes, M.D.*

Assistant Professor, General Internal Medicine

## Fear



Fear. My three-year-old daughter and one-year-old son have no sense of it. Maybe to them it's adventure. Or, for my one-year-old, the only way he knows how to navigate the world. If given the chance, they would both climb up a 50-foot ladder leading to nowhere. *Be brave in life*, their lack of fear seems to say. *You'll always find a way out of any predicament*. I am forever amazed at how many life lessons they can teach me.

*David Popiel, M.D.*

Assistant Professor, General Internal Medicine

# Anticipation

(For Wlabzee "Zee" Bollie)



One day you will

Sleep through the night  
Eat on your own  
Walk  
Run  
Drive  
Graduate  
Move out

But today is not  
That day

It is the present  
A precious gift that won't last

For one day comes  
Much too fast

So today  
Let's enjoy each moment

And not lose a second  
To thoughts of one day

*Sylvia Gonsahn-Bollie, M.D.*  
Chief Resident

# A Fall Evening in My Front Yard

*As the purple fades from the flowers  
and the leaves turn a crisp orange,  
the birds snuggle up in their nests,  
hoping for fall to be over and winter to pass by.  
At doorsteps  
the elegantly piled-up leaves  
wash the sight of rotting brown pumpkins  
out of your eyes.  
The fresh scent of fall  
mixed with the majestic pink clouds  
at early sunset  
equals a beautiful fall evening.*

Emily Rubenstein is my nine-year-old granddaughter. Recognizing her exceptional verbal skills, her teacher asked her to write a poem for the school paper. Emily approached her mother (my daughter) saying that she needed "inspiration." Her mother suggested taking a notepad, sitting outside, and writing down observations. Forty-five minutes later, Emily had written this poem. I am thrilled that Emily shares my love of nature, animals, and the changes of the season. She is a very charming and interesting child!

*Written by Emily Rubenstein with reflections by  
Lowell "Bud" Weiss, M.D.*

Clinical Professor Emeritus, General Internal Medicine

# Alumni

## Just Before the Dawn

I took this photo from the back seat of a single-engine, two-seater plane while flying through the Alaska Range just outside of Anchorage. Working in Alaska has been incredibly rewarding. Patients come to Anchorage from tiny towns from all over the state. Due to their limited access to care, many patients present with more advanced stages of disease than would otherwise be expected in an urban hospital. I love caring for these patients and hearing their stories about life “off the grid.”

*Sarah Doaty, M.D. '10,  
RESID '13*

Hospitalist in Anchorage, Alaska





## First Light of Day

Sunrise is the instant at which the upper edge of the sun appears on the horizon. The ancient Egyptians were so impressed by the solemnity and majesty of this phenomenon that they named a god, Khepri, after it. This photo was taken on an early morning journey above the clouds to the 10,023-foot summit of Haleakala, Maui's dormant volcano.

*Edward J. Galbavy, M.D. '76,  
Ph.D. '77, RESD '78*  
Ophthalmologist in Milton, Florida



St. Thomas, U.S. Virgin Islands.

## La Playa

*Liza McClellan, M.D., RESD '13*  
Hospitalist with Fairfax Internal Medicine Associates,  
Inova Fairfax Hospital

## Boudin Bears

San Francisco is one of my favorite cities. This photo was taken at the Boudin Bakery at Fisherman's Wharf, where I stopped by to enjoy a bread bowl of clam chowder in August 2012. These sour-dough bread bears appeared to be enjoying the view of the bread basket moving across the sky above as they cooled down from their sauna session in the oven.

*Homan Wai, M.D., RESD '09*

Hospitalist and Associate Clerkship  
Director at INOVA Fairfax Hospital



## Beauty in All

**O**n a recent trip to the Caribbean island of Trinidad and Tobago to attend a friend's wedding, we decided to take a tour of Pitch Lake. This is the largest natural asphalt reservoir in the world, and the country relies heavily on exports from it.

The day we took the tour it was a sweltering 104 degrees Fahrenheit. We boarded an air-conditioned bus along with other tourists for the ride to the edge of the lake. Once there, we got off the bus and our tour guide led us over the mushy asphalt, all the while talking with pride about this natural wonder that fuels his nation's economy.

Out in the sun, traversing raw asphalt, it didn't take long before we tourists were drenched with sweat. The stench of gases bubbling up from the lake added to our discomfort. I think all of us were wondering about the most polite way to interrupt our tour guide's soliloquy and suggest that we head back to the air-conditioned bus.

As if he read our mind, our tour guide suddenly stopped talking. We followed his gaze. In the midst of this sulfurous, inhospitable environment, there was a sight for sore eyes: a beautiful water lily in full bloom in her own little world of comfort. Even the most annoyed amongst us couldn't help but marvel.

My thoughts took an instant flight back to the hospital world. Sometimes, in working with challenging patients and their families, as a doctor I find the environment about as welcoming as Pitch Lake. But when I approach these situations with patience and love, I almost always discover something beautiful. Be it a water



lily in an asphalt lake, or the unconditional love that an otherwise angry patient has for his pet, I believe the Lord has blessed each situation or person with something beautiful. The lily reminded me of the importance of looking beyond the disagreeable exterior of a situation and focusing on the divine good within each of us.

*Nishaki Mehta Oza, M.D., RESD '12 (text),  
and Veeral Oza, M.D., RESD '12 (photos)*

Fellows in Cardiology and Gastroenterology, Respectively,  
at The Ohio State University

# Moonrise

**R**eid awoke with his face drenched in sweat, sensing immediately that he had worn too many blankets. As the boy tore off his covers and relished in the early morning cool, he tried to remember the details of his nightmare. Reid shut his eyes in futility as the hazy image of a gray-dotted circle faded from his recollection.

Reid's older brother, Miles, never seemed to get nightmares. He had already experienced his Illumination. "Just wait until you see how magnificent It is," he told him.

The great volcano, Mount Crushing, enshrouded everything in perpetual darkness. Those who toiled in its mines at the bottom line were granted Illumination: one chance to witness Solaris, the brilliant star to the east. But only after they had completed 10 orbits around it.

The woes of Reid's nightmare dissipated as he remembered that his 10th trip was nearly done, which meant that he would soon experience Illumination for the first and only time. Still, the boy could not shake the feeling that he was forgetting something important.

Legend had it that Mon Island, where Reid lived, had once been a peninsula until the mighty volcano erupted many ages ago. Molten lava spewed violently from Crushing's mouth for several seasons and eventually created a moat of fire, severing the land bridge that had connected Mon and its tiny village to the mainland.

Many lives were lost, but all the elders swore that the fiery blasts had saved them, because Crushing's obsidian façade slowly decomposed into black sand beaches that invited travelers from near and far. While all the visitors surely found some appreciation for Mon's natural beauty, they mostly came for local goods. They sought sugar and spices as well as wine and liquor, which they then used to hide their shame when demanding services from the little Monies in addition to their resources.

But the one commodity that every foreigner wanted was the mephone. Outsiders didn't mind that the mephones required coltan, a precious superconducting material found only in the depths of Mount Crushing, or that its mines sent many young workers to their deaths. "Yes, well that's why they call this place the bottom line," they would smirk. "Isn't it?"

Reid had always wondered why he and his people had to work so hard in the coltan mines while the Middle Monies could witness Solaris whenever they chose. "We must preserve the sacred order," Reid's people said, but Reid often saw the Middle Monies take extended breaks on the bottom line "just to get away," their fat bellies aching from their desires. They were afflicted by an illness apparently through some paradoxical choice, and then grew helpless with all the time that was wasted.

The elders had always explained that all outsiders and Middle Monies needed new mephones every year so that they could commune with Solaris. "Only outsiders and Middle Monies can use mephones to appease Solaris," they chided. "You wouldn't



want Mount Crashing to erupt again, would you?” And so the island of Mon produced the little devices by any means necessary, and the bottom line held strong, preserving their purpose out of fear and duty.

Reid did not want his family and friends to lose the one vantage point from which they were allowed to see Solaris. But he could not shake the feeling from that morning’s nightmare.

When his time finally came, Reid was hoisted across the dark face of Mount Crashing. Then, at the moment of Illumination, when everyone else from the bottom line had surrendered in awe at the blinding radiance of Solaris — just when his years of curiosity would be satiated — the boy’s gray vision from the night finally returned.

Reid smiled, closed his eyes, and turned his body completely around, ignoring the heat that now burned his back. He now knew that everything he had ever been told was a lie.

*Manish Pant, M.D., RESD '12*

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## Recycle

At the northwest corner of Kearny and Bush streets in San Francisco, August 2012. My wife, Su, and I were exploring the city and were walking to Ramen Underground, a Japanese noodle restaurant, when I spotted this colorful arrangement of recycling bins with matching graffiti.

*Homan Wai, M.D., RESD '09*

Hospitalist and Associate Clerkship Director at INOVA Fairfax Hospital



**2014 Cuentos Editorial Team:** (From left) Jessica Davis, Sylvia Gonsahn-Bollie, Adam Possner, Abdulhameed "Tudi" Al-Sabban, Angela Pham, Julie Camba, and Nishant Magar

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