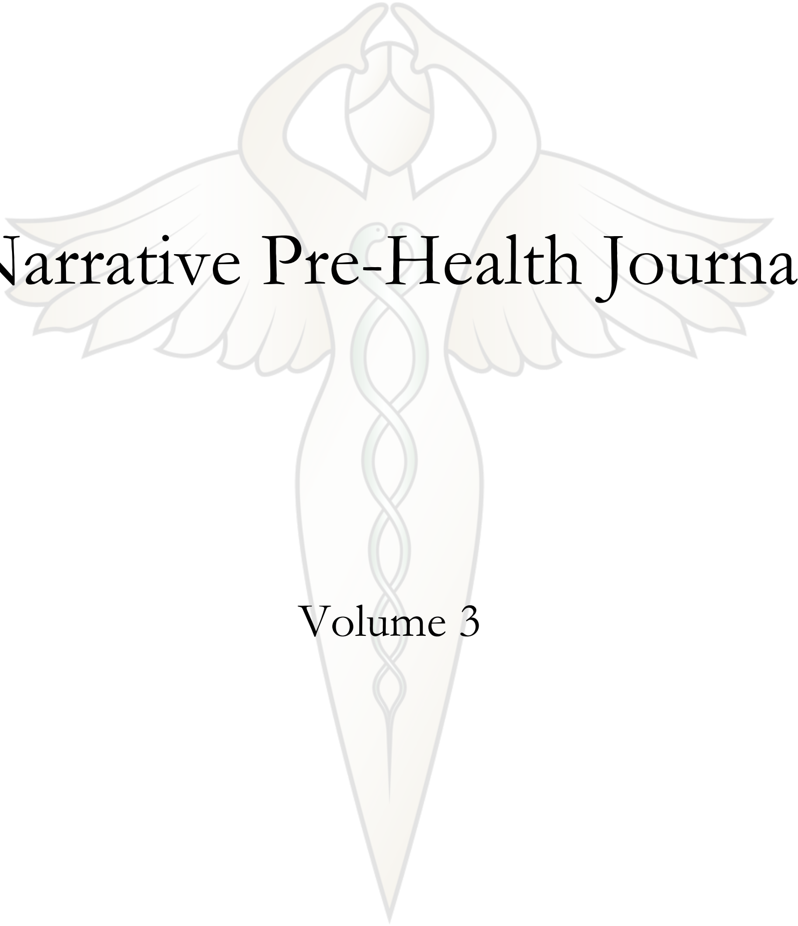

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DEDICATION

Thank you to all of the Essential Workers.

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ACKNOWLEDGMENTS

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1

SHORTNESS OF BREATH

Mary Lee[1]

<u>11/26/16 11:05am</u>
Mom:
Hi hon. Could I stop by your house after I have lunch with grandma?
Me:
Yeah sure!
What's wrong?
Mom:
Just want to bring you some stuff

"Do you have cancer again?" I said blankly, half asking, half stating it so she wouldn't have to.

"Yeah, honey." She looked at me, her eyes glossy and sad. Sad for me, sorry she had to tell me this, like her only worry was how I would feel about it. She tried to comfort me with a hug, but I felt like I was watching all of this unfold from the next room. Dread and numbness washed over me, and my lack of surprise felt like a hole in my stomach.

"Come sit down, honey. Want to have a drink?" I'd heard that phrase before, when my mom returned home after finding my dad dead in his apartment. Her first instinct was to get me and my brother a drink. As a 16 year old, I wasn't interested. But now as a 21 year old, I eagerly swallowed gulps of gin.

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[1] University of California, Davis (Editorial)

"I can't even look at you, drinking it like that, wouldn't you like some tonic with that?!" she reacted, laughing and shuddering.

"Do you remember how I told you about my shortness of breath and you predicted it was lung mets? Who knew what a good diagnostician you are!"

I remembered she had gone to see her primary care physician about shortness of breath, but they hadn't even listened to her lungs and instead came to the conclusion it was GERD caused by esophageal scarring from radiation during her first cancer treatment. There was no real treatment for that, and she was sent away without any help. Two weeks later, she wasn't able to carry her laundry the ten steps from her apartment to the laundry room without taking a break, so she went to be seen for the issue again, this time by her oncologist. He listened to her lungs right away, and she was immediately taken to the emergency department. She told me how this all happened about a week ago, but how she didn't want to ruin Thanksgiving for the family. My stomach dropped as I remembered how bad of a mood I was in on Thanksgiving just two days prior, how I had snapped at her when she asked me and my brother to pose for a recreation of her favorite childhood photo of us.

"We'll know more soon, but many people live up to 2 years with lung metastases."

We did my laundry together, her teaching me how to do it myself for the first time, until I lied down to take a nap, drunk from all the gin.

<u>11/29/16 10:22pm</u>

Mom:

Thank you and Alysun for cat care and visit. It was so fun to see you. Have a good sleep. Love, m

----

"I'm okay, but I had a bad reaction to the chemo and am in the ER right now," my mom relayed to me over the phone, urgently trying to rush the words out before my mind could wander into anxiety and panic.

"I just need you to feed Carmen since I'll be here overnight. Could you ask someone to give you a ride? I tried calling John...."

"Of course mom, I'll be there soon."

I tried to maintain my composure until I hung up the phone. By the time I was texting my best friend Alysun, telling her more than asking her that I needed her help, I was losing control of my breath.

When we walked into the ER waiting room, a nurse immediately came through the door and asked, "Are you _____ ?"

She led us to my mom, who was busily typing away on her purple laptop with her reading glasses on. When she saw us, her immediate perkiness felt like she was trying to entertain us in what would otherwise be a weighty and emotional moment: seeing her in a hospital gown for the first time. She joked about how hot the paramedics who came to get her in the cancer center were. Alysun and I left with her keys, took care of her cat, and shared a sandwich from the grocery store near her house.

<u>12/4/16 3:45pm</u>
Mom:
Just wanted you to know I haven't forgotten to fax your professor tomorrow morning
Me:
Thanks!!
Hope you're feeling okay :)
Wish I didn't have finals so we could hang out
Mom:
We'll hang out when you're done -- count on it!! I'm feeling ok. Got a shower; felt good
Don't forget to eat and sleep 💚

The Saturday my mom told me of her diagnosis was the weekend before week 10, the weekend I had really planned on buckling down on studying for my organic chemistry and biochemistry finals. Of course, the weekend was instead spent mostly sleeping, with my friend's rotating in and out to keep me company. The prospect of having to take two hard science finals was just too much, and I emailed my professor to ask for an incomplete. He needed some evidence, which my mom then asked her physician to fax to him. He apologized for needing confirmation, but it still felt sick to ask my mother to prove something to the university, so my life could be easier. It felt like a burdensome hope: *but is she really dying*?

<u>12/7/16 4:34pm</u>
Mom:
Don't forget to fetch stuff kath left on couch under tarp

Shortly after her overnight hospital stay, my mom lost the ability to walk. She wanted to stay at home and comfortable as long as possible, so she was signed over to hospice care. My family coordinated, via google calendar, who would take care of her at all times. It started out just for meals, along with emptying out her mobile commode. Eventually, there was someone there just about 24 hours a day. Her front door was always unlocked, ready for the next caretaker.

However, she still found a way to provide for me the way she always had.

She had her sister, Katherine, bring me the things she would've otherwise brought herself and leave them outside for me. The cat food I needed, a spare key to my apartment, a sweater I had left at her house, my prescription, and some canvases and acrylic paint. I don't know who actually bought the painting supplies. Had she stockpiled things she knew I enjoyed, or asked Katherine to go to the trouble of going to the store to buy them for me? Either way, I couldn't think of a time I felt more loved than when I lifted up the tarp.

<u>12/16/16 12:02pm</u>
Me:
Heard you are at Cottonwood, hope the transition went okay!
Mom:
Yes. Just finished getting "intaked." It is a nice place. I'm sure it will work out ok.

For as long as I can remember, my mom took care of everyone but herself. My mentally ill father, his mentally ill mother, her own elderly mother, me, my brother, my friends. The list expanded every time she met someone she could be of some use to. The roles had now reversed, and it was obvious how uncomfortable it made her. While literally dying, her selflessness felt absurd.

"Honey, I just don't want to inconvenience you all,"

"Don't worry about me, I know you're busy with school,"

"I'll be fine for the afternoon, I don't need anyone to come by,"

And finally--

"What would you think of me moving into a nursing home?"

"Mom, really? You know my stories from when I trained at Stollwood," I replied in a huff, reminding her of the horror stories of Medicare nursing homes from my experience training as a CNA.

"I know, but…," she went on, again explaining how she didn't want to keep bothering us for help, and how things would get worse, and how we didn't know how long it would be, and how we could all just visit instead....

<u>12/17/16 1:47pm</u>
Mom:
Honestly not happy with the decision I made to be here. Do you think the family could handle doing hospice at my apt or somewhere else?
Me:
Yes definitely I think we could handle it
100%
I would stay there all the time if needed

I visited my mom once during her two-day stint at *Cottonwood Post-Acute Rehab*. Even the name sounds like a euphemism. When she consulted them to discuss her options, they told her about their high rating and patient satisfaction surveys. But when she moved in, they didn't offer her a toothbrush, or a shower, or tell her when meals were.

I wandered the halls looking for room 218. I tried to remain calm so I could have a good time visiting my mom, but as I turned yet another identical looking corner, my heart began to race.

Just like all of those times I lost her in Rite-Aid, I thought, almost letting out a laugh.

When I finally found her room, I saw her sitting up in a hospital bed in the dark, bracing herself by holding her knees, unable to breathe comfortably lying down, despite the oxygen from her nasal cannula. Her hospital bed was bordered by curtains one foot from each side, separating her from her two noisy and demented roommates. She asked me to put some lotion on her back, irritated from being unbathed and bedridden. I rubbed it over the whole red area, and then rubbed a little longer, trying not to notice how much thinner her back was now.

12/18/16 8:41pm

Mom:

I think my leg muscles seem a little stronger. Maybe elevating them more helps 💚. I've been thinking about your life after death question. We'll talk more on that soon.

Me:

I'm so glad!! We definitely will

I love you!

Mom:

I love you too!

"Should we speak to hospice about how this will progress?" Barbara interjected, sitting next to my brother and me.

It was the family Christmas party. My mother sat across the room in her wheelchair, with a large green oxygen tank and her mother by her side. My brother and I had just finally overcome the overwhelming awkwardness and sadness of this "party," where every sentence a family member spoke to us trailed off at the end with unspoken pity and discomfort. We had taken two of the bottles of wine from the hors d'oeuvre table for ourselves and were joking about some stupid thing we had seen online when Barbara went off into an in depth "family meeting" about my mom and what we all needed to do to prepare for her decline.

"Once it starts going downhill, will it be a few days? Or weeks? Maybe we need to prepare our spare room for her to move into if there's going to be an extended time of her being unconscious...."

"Barbara, there is no way for any of us to know that. There's no point in asking hospice, how are they supposed to know? There are no estimates, there's no way to know how any of this will go. There's no way to micromanage this," I snapped back at her, feeling my face get hot with rage. I remembered how my mom's strength had been waxing and waning and how none of this had felt how I predicted it would, either.

My brother and I fought on the ride home after I brought up how f*cked up it was for her to make us talk about that, at that time. He felt I was being dramatic.

<u>12/22/16 2:24pm</u>
Mom:
Are you feeling better?
Me:
I'm feeling a little better

I got a cold, so I couldn't visit my mom for a few days out of concern for her weakened state. After she texted me asking about how I was feeling, I found myself crying while I was doing the dishes. I desperately missed my old life, our old life. She told me once how she would wait to see if I was awake by checking the panel on Facebook that tells you the last time someone was active, knowing that I usually checked Facebook right when I woke up. She would wait until I was awake to text me whatever question, usually asking if I needed any rides or if she could pick up the laundry. Her asking me how *I* felt like such a departure from our relationship's recent dynamic, like a tease of how we used to be.

I cried for how I hadn't appreciated that time and how I wasn't appreciating this time either. I had felt better the day before but for some reason hadn't told her, avoiding seeing her like I had during the first week after her diagnosis. I went to her apartment that afternoon.

<u>2/7/17 10:34am</u>
Mom:
Not doing well could you follow me mm

I'm at

I'm not going. Well call. Whea

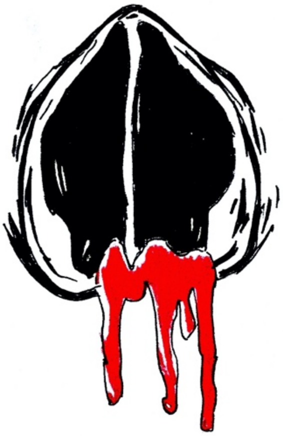
When you v

C
An
Me:
John is on his way
Mom: Ok

2

EPISTAXIS

Brandon V. Nguyen[2]



[3]

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[2] University of California, Davis (Editorial).

[3] Shown here is a drawing of a nasal cavity with blood draining out.

3

IN PURSUIT OF BORING EYES

Sabrina Valentina Lazar[4]

Dull pressure presses on my forehead from the inside. Massaging my face, I futilely try to rub the pain away. When is this headache going to be over? My mother rushes to my side and tries to massage my strained neck and trapezius. “Your shoulders are hard as boulders! What happened?” she exclaims.

In 2014, during a routine annual optometrist visit in my junior year of high school, an image of the back of my eye raised alarm. The optometrist remarked that what he was seeing was not normal and referred me to a local ophthalmologist. My mother, much more worried than I, accompanied me there.

After a series of tests and shining a burning-hot white light into my eyes, the doctor relayed the results to me. The optometrist had seen an abnormal amount of swelling in my optic discs, which resembled a tumor. Combined with frequent pressure headaches, the ophthalmologist revealed that these results were consistent with a condition called *pseudotumor cerebri*, or Idiopathic Intracranial Hypertension (IIH). Even though I had spent much of my childhood watching medical dramas and reading every science textbook I could get my hands on, I had never heard either of these strange names. I did know that “idiopathic” is medical terminology for “we don’t know how or why this happened.” In order to rule out alternative diagnoses, he ordered a spinal tap (also known as a lumbar puncture) and MRI.

After my spine had been tapped and my magnetic resonances imaged, my

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[4] University of California, Davis (Editorial)

doctor ruled out any tumors but was shocked at the abnormally high cerebrospinal fluid (CSF) pressure in my nervous system. This CSF accumulation was pushing on my eyes' optic discs and could eventually cause blindness if left untreated. Loved hearing that as an eighteen-year-old.

I began a course of acetazolamide, a carbonic anhydrase inhibitor and diuretic, to lessen the amount of water in my body contributing to the painful pressure I felt behind my forehead. The acetazolamide made my hands and face tingle, which I absolutely hated. Deciding to take my medication was a choice between feeling ridiculously uncomfortable for five minutes or facing hours of mind-fogging headaches. My doctor also encouraged me to lose at least twenty-five pounds to help lessen the pressure on my eyes. This was a bit disheartening since the aftermath of a surgical procedure paused my athletic career six months prior.

Being an athlete is an important part of who I am. I live for the rush and fun of playing a variety of sports like volleyball and basketball. As an added bonus, the high school softball coach recruited me to the team after she saw me lifting with the football team in the training room. After my first softball season in 2014, I discovered a pilonidal cyst and underwent a routine excision surgery. Afterward, I was hardly able to walk because of the cyst's location and could not sit down. Unable to work out for over six months, I gained over twenty pounds. I was the heaviest I had ever been. I fell into a brief depressive period, feeling miserable that all of my friends were out there playing sports without me while I could barely walk. Hearing the ophthalmologist's gentle suggestion to lose weight evoked a mix of emotions in me - I wanted to lose weight but was scared to make the wound worse.

I started deliberately eating healthier, a challenge for some people in Middle Eastern households. My tiny yogurt and fruit sharply contrasted with the rich, mouthwatering platters of rice, kabobs, and stews. Cutting out excess fuel was difficult, and I tried several diet plans. I settled on creating smart portion sizes and balancing what I wanted to eat with what would nourish my body. I eventually resumed weight training at my high school and began to see results.

Living with an invisible disease took a toll on my confidence and internal peace. In high school, I sometimes could not even sit through weekly chapel because my headaches were so bad, and I hated complaining about them to my friends. When classmates saw me massaging my forehead in frustration, they asked what was wrong and I didn't know what to say. Do I wave my hand dismissively, or say "I have a weird condition, and no one knows what it's caused by and I'm really struggling to manage it by myself on top of surviving high school?"

In college, I started working out again to lose weight and recruited some of my friends to join me at the Activities and Recreation Center (ARC). I joined the water polo physical education class on a whim, which is where my life took a turn for the best. I grew up playing ball sports and enjoyed running, but I was in for a different world in polo. Forcing my legs to obey the directions from my brain to eggbeater was a huge learning curve. Despite the struggles, I eventually learned the game and fell in love with it. I was losing weight and building my body to fit the sport, which helped build my confidence.

Now my headaches are finally gone but have potential to return if I gain weight. Happily, I am taking water polo again and have plans to create an IM volleyball team. I am getting back into lifting, which brings me joy. Making time for friends and my faith has also restored my inner peace. I am making exercise an essential part of my schedule (which is hard sometimes), and I am not giving up on fighting this disease.

--------- epilogue ---------

I recently met with my ophthalmologist in June, four years after my initial consultation. After undergoing the same eye tests, he remarked with a huge smile, "I'm glad to say your eyes are finally boring and normal." I had never been happier in my life.

4

BLIGHTED

Melanie Huynh[5]

"It's been a while since you've seen her, *con (child)*. Be strong, Mel," my aunt says.

I wasn't sure what to make of that. It's only been a little over a year since I've last visited my family. The last time I saw my *ba noi (grandma)* was before my senior year in high school, but at that time she had already overcome her first battle with breast cancer. Despite her strength, it returned. Surely, she could win the fight again.

"*Con*, just know she looks really different, okay?" my aunt reminds me again, opening the door into my *ba noi's* room.

I paused. It's only been about a year, so I wasn't sure how she could've aged so fast, if that was what my aunt meant. But as I entered the room, I realized she was right. The chemotherapy and radiation had taken its toll. What caused her illness to reappear and cause so much damage? Her skin was frail, her hands were clammy, and her breathing was shallow. My *ba noi* who once had a youthful glow and a bright smile, now lay blighted in front of my eyes. It pained me.

I sat next to *ba noi* as she peacefully slept and gently held her hand, thinking back to the times where I would visit as I grew up. She would tell me about her struggles acclimating to life in America as we picked *táo tàus (jujubes)* in the backyard and ate traditional dishes. I began to recall what exactly made it so difficult to adjust: the language barrier. Even I had moments where my broken Vietnamese confused *ba noi* in our conversations

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[5] University of California, Davis (Editorial)

since I barely spoke it at home, but in the grand scheme of things, this was a minor issue. *Ba noi* and *ong noi (grandpa)* had far larger problems at hand. Assimilating in America was tough because no one around them could comprehend their broken English. My grandparents were always stressed since no one took the time to understand them.

Lost in thought, I was interrupted by *ba noi* beginning to wake up. She softly smiled at me before taking in a deep breath. It was medication time: morphine and percocet. I sat right beside her, watching my aunt give her the pain medications and tried my best to converse despite the language barrier between us. Without her speaking a full sentence, I already got the memo; I heard her pain. Simple movements caused her agony. I took over the conversation instead, with my broken Vietnamese, and told her about my summer and how I was excited to be in college. I kept rambling until I felt the conversation grow due to another pain in her voice. It sounded different though, but I didn't know what it was.

Whatever the answer may be, I was left in uncertainty. The pain from her breasts and arms manifested throughout her entire body, and two weeks later, my *ba noi* lost the battle she had once won.

But I wanted to know why her cancer came back. After talking to my family, I learned that *ong noi* caused a lot of stress on *ba noi*, which weakened her body and made her susceptible to illness. Because she grew so feeble, she wasn't confident that the cancer would disappear. My aunt believes her lack of strength stemmed from her fear of not living another day to see family again.

All of this made me realize that *ba noi* had to deal with a lot of emotional pain, and no one to share it with. Keeping all of this stress pent up in her fragile body only exacerbated the effects of her illness. Perhaps this is why the cancer returned even stronger and unwilling to leave.

Since then, I felt regret because I couldn't be there for *ba noi* when she needed to vent like I had in my past. It was then that I became firm on wanting to pursue healthcare.

I was certain that *ba noi* couldn't share her story for two main reasons. For one, her doctor would barely understand her broken English (despite my aunt's translations) and her struggles because she merely looked different. Secondly, our family wouldn't be able to understand her medical needs since they weren't doctors. If someone had been able to fully empathize with *ba noi* and offer medical advice, surely her chances of cancer would've been lower because she'd fear and stress less. I never understood how so many factors could contribute to her illness's reappearance, such as emotional stress, old age, poor health or diet, etc., until I learned about narrative medicine.

I aspire to be a health professional that can understand the stories of those who look like me on all sorts of levels, especially physical, emotional, and cultural. If we don't listen to the people we choose to serve, then we will never fully understand their illnesses and find effective ways to combat them.

5

NOT I

Sonakshi Khanna[6]

Do not call me a survivor,
Unaware of what I Survived.

Do not call me a warrior,
When the Fight was
Not mine.

Do not call me brave,
For it was
Not I
Who fought. It was
Not I
Who Knew. It was
Not I
Who Feared.

Surrounded by discolored white walls and foreign machines, a little girl lies in a bed foreign from her own. Her mother sits in a worn chair next to the bed, talking idly, distracting her while her father paces, frowning, on a call. Her sister, seeing the little girl, her father and mother for the first time

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[6] University of California, Davis (Editorial)

in a month, visiting from another city, in another state. All three ashen and hollowed, the only light in their eyes was a simple reflection of the jarring fluorescent tube washing over the room.

At five years old, I was diagnosed with Acute Lymphoblastic Leukemia. When someone becomes aware of this history, they typically react not only with a sense of surprise, but also with a somewhat misplaced pride in my strength having been through and survived through cancer. What is often missed is that cancer is not a selective predator—it captures families as prey as well. While I was too young to make sense of the gravity of my situation, it was my family who was weighed down.

As with most fatal conditions, cancer is widely viewed as a solitary threat, an individual experience rather than a collective confrontation. Just as it is an internal invasion for the cancer patient, it is also an incursion on the domestic, quotidian life of their family. So, why are psychological treatments only directed towards the patient? It is, after all, this very family that forms a supportive foundation for the patient outside the hospital, and most notably so, in the case of pediatric oncology.

Good medical care does not simply begin with structured diagnostics and end with systemic drugs. Good medical care is not simply a matter of palliative treatment when there is a possibility of the otherwise. It is, or at least should be, a doctor's responsibility to care for their patients outside the pathological and symptomatic realm of medicine. Especially in the case of illnesses that may persist over a long period, doctors should take into consideration the patient's current life and their progression in the presence—and aftermath—of the disease.

Ultimately, it is the families who are present during visiting hours and long treatment sessions—not seated in auditoriums for recitals or gymnasiums for games—anxiously in waiting room chairs. These families were there before, and they will be thereafter. So, when it comes down to evaluating treatment plans and effective care, where are the families?

6

DARLENE

Felicia Song[7]

The austere room chilled your fragile bones
yet, what's been numbed is the place you call Home.
Into your veins the IV drips slow,
sullen in non-position, hair whiter than snow.

The past, red-headed, red-blooded *woman,* blue crystal eyes…
you were never blessed with hopeful goodbyes.
Quickly, Deftly, recall you the hands of time
but your hands are feathery, gentle, and Kind.

You nursed and healed,
cursed now yield…
forlorn and scorning at your life's Philanthropy,
heart deserted, heart *diseased*, left in melancholy.

How many modes of Kindness must one give to feel?
If at the close there's no more appeal?
How many lovers and children must I lose?
If life living is never ours to choose…

What soothes you now is a tender palm
clasped within yours, skin paper-thin, calm.
Reminding you the light *dolce* of life
the music incorporates all discourse and strife.

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[7] University of California, Davis (Editorial)

Darlene, my Darling, your heart is not old.
Let me help remember your Kindness untold.

Darlene loved her job as a nurse practitioner and always served her patients with compassion and kindness.

Darlene became a single mother after her husband and 4th child passed away in a car accident early in their marriage. She raised 3 children on her own.

Darlene now lives in a nursing home, distanced in every way possible from the ones she loves the most. She asks me "What happened? Where did I go wrong?"

7

A RIGHT TO KNOW, A RIGHT TO CHOOSE

Jake Walsh[8]

"Do you want the good news or the bad news?"

The man and his wife asked for the good news first.

"Thankfully, you can go through with your knee replacement today," the surgeon told them, "but your blood tests just came back positive for CLL."

CLL? The couple had never heard of it.

"Nothing too concerning," the doctor reassured them, "let's move forward with the surgery and you two can get filled in on the condition later tonight."

In ten *minutes,* the man was under the knife; in fifteen *months* he was dead.

My father went into that day a healthy fifty-six-year-old, optimistic about the future with his new knee. He had suffered through thirty years without any cartilage in the joint, bone rubbing on bone. Nonetheless, I know that if he was given the chance to do it all over, my father would forgo the surgery and instead choose to live with the discomfort. My family and I believe that doing so would've delayed his rapid decline. The night my father was told that he could live healthy for fifteen to thirty years. Putting a timestamp on his life was terrifying at first, but with his story coming to such an abrupt end, I know that there is nothing I wouldn't give for even the low estimate of the truth.

Within months of the knee surgery, my father's new doctors were calling him in for chemotherapy. Close to a year in we were told that his disease had morphed into what the staff at UCSF called "the most aggressive form of

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[8] University of California, Davis (Editorial)

leukemia we have ever seen." Not what you want to hear from an institution whose experience in treating cancer is world-renowned. I had just turned 18 when we buried him a mere 15 months from the day of his knee replacement.

In light of the ferocity of his sickness, my family thought the treatment my father received was the best that medicine had to offer. We are grateful for every individual in the medical community that we had encountered since the day of the surgery. Without them and without modern medicine, hope for his survival would not have lasted nearly as long as it did. And to be frank, without certain interventions the actual act of dying would have been much more treacherous for my father. Indeed, there is plenty to be thankful for. Witnessing first-hand the power of medicine to heal, or to comfort when healing is unattainable, opened my eyes to the current capabilities of modern healthcare. The experience with my father's disease has instilled in me an appreciation for the people who take care of our sick, but it has also cautioned me that just like in other industries, professionals in medicine don't always put the people they serve first.

Having had many years to reflect on my father's experience, my family has come to realize that our issue with how things were handled goes all the way back to the day of his knee-surgery—the day he received his diagnosis. You see, Chronic Lymphocytic Leukemia (CLL) is a cancer of the blood in which the body produces a type of cell that is unfit for fighting infection. Unfortunately, it wasn't until after my father's knee surgery that we would even begin to understand the nature of his diagnosis. Rather than being given time to learn about and consider my father's new condition, the knee surgeon reassured my parents that it would not create any complications with the surgery. Placing their faith in the trained professional, they agreed to get it done that day. Once we knew that my father's immune system was compromised by his cancer, we were nervous about his ability to recover from the surgery. Unfortunately, it was only a few months until our fears began to manifest. As the situation my father faced rapidly increased in severity, we had no option but to continue facing his disease head on. Indeed, it would be years until we found ourselves able to look back through the pain of those times with a clear enough mind to again wonder if mistakes were made. Maybe it was obvious that an immune system compromised by cancer wasn't ready for an invasive surgery. While we understand that it is impossible to know if avoiding the surgery would have prolonged my father's life, one thing we do know is that if given the time to learn about his new situation, there is a good chance we would've avoided the surgery altogether.

I feel that for a long time I gave the surgeon the benefit of the doubt in thinking that maybe he saw it necessary to get the surgery done immediately, before my father's body produced more of these ineffective cells. But maybe that was just me not wanting to realize that his death could have been avoided. After all, if the surgeon thought through any concerns that the news brought, he did not express any of them to us. Instead, he was reassuring, providing no reason why we should even consider holding off the surgery. Since we now have serious doubts that surgery was a responsible decision, my family is forced to forever wonder why we were urged into such a snap decision. Did the surgeon come to the honest conclusion that surgery was safe, or did he want to move forward to avoid the administrative headache of rescheduling? Even worse to wonder, was he worried about losing the business if my family decided we did not want to proceed? No matter the case, we are left asking how much consideration the doctor gave to whatever adverse effects either the disease or the surgery could have on one another. Was there any evidence to show an invasive surgery was safe with an immune system compromised by cancer? Did he even consider this as a potential problem, let alone look into any of the statistics? All we can assume is that the doctor played the part in being there to help my father make the best choice, but his actions did not reflect the same intention. No matter how much or how little information was compiled, it remains an issue for my family knowing that the doctor did not truly include us in the decision-making process.

Life is inevitably susceptive to health problems, and medicine can serve to mitigate the struggles. But when we go to doctors for help, are they there to tell us what to do, or to inform and assist us in making the right choices? In certain situations, there is no room or time to question doctors, but it seems obvious that patients should be a part of the decision-making process whenever possible, especially when there is risk involved. Because the doctor ultimately made the decision for us, and since we see this decision as being pivotal to my father's rapid decline, my family is left with a rather painful conundrum. We know that placing blame will not change the outcome of what has already transpired but having the feeling that you could've done something to help a loved one survive will never leave you. The question of your own complicity in the matter is sometimes as devastating as the loss itself. While these themes will always hang heavy on my family, our situation is exacerbated, specifically because we feel robbed from ever having the ability to pause, consider, and decide. With so little time on the clock until the scheduled surgery, my father's doctor pushed my parents away from considering an alternative.

As I prepare for a career in public health, I reflect on how our health professionals might best serve people as patients. While medicine has clearly come a long way to limit suffering, I sense that professionals face an unintended risk of overlooking the well-being of a patient. The causes of such misalignment can make a long list, including the pressures that doctors must feel to see as many patients as possible. Nonetheless, I am compelled to believe that whatever leads a physician to make a decision *for* a patient rather than *with* a patient involves claiming a right to act that they do not possess.

To live or to die, to fight or to accept, to intervene or to stand by are all a patient's rights. Religious, cultural, and personal beliefs all have an effect on how people decide to utilize medicine. A health professional that respects these ideas would never make a decision for a patient without making sure that the patient understands and agrees with the direction. Doctors acquire a higher-order knowledge after years of dedication, but I think this journey has a tendency to allow them to, at times, overlook the importance of the patient's story. In my eyes, doctors are meant to share the knowledge of medicine to help people look after their health, not to act as its keepers and sole interpreters. Whether or not the surgery was a mistake, my family will always regret having to feel like my father was pushed into a non-critical operation that likely shortened his life.

8

TRUTH

Peichen Li[9]

My grandmother raised me and spent plenty of her time taking care of me when I was a little kid. She used to be the most industrious person in my home, meticulously doing housework and insisting to exercise every morning. However, the sudden onset of cancer changed everything.

She was frequently admitted to the hospital for a series of operations, and her body grew gaunt and thin day by day. My family took turns taking care of her in the hospital, and many relatives and friends came to visit her. As more and more flowers and fruit piled up in the ward, the light in her eyes gradually faded. I could feel her growing numb.

One night, I overheard my parents' conversation about whether or not they should tell my grandmother that the doctor had already informed them that there was almost no hope to cure her. I was too young at that time to understand the meaning of death, but I felt the sadness and helplessness in my mother's tears. When they finally told my grandmother the truth, she was comfortable with it, and I felt her sigh of relief. The long and painful treatment had become a kind of punishment for her, and my parents' words were like an eventual acquittal to her.

As I am older now, I am able to understand the reasons why my parents did not tell my grandmother the truth immediately. They thought my grandmother would lose her will to live if she knew the truth, and my parents didn't want to dash her last hope of recovery. My parents believed that if my grandmother still hoped for the possibility of a cure, she would cooperate

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[9] University of California, Davis (Editorial)

with the therapy and persist in through the painful procedures. But I believed my grandmother had already felt the truth by herself, and she chose to keep silent to reassure my parents. Hence, when my parents finally told her the truth, she was very calm because she digested the facts very early on.

I understood the goodwill behind why my parents and grandmother made those decisions, but I think it is better for them to directly tell the truth to each other. In the process of concealing the truth, my parents suffered from hesitation and sadness, and they had to pretend to be normal and hopeful despite not being good at pretending. It was almost inevitable for my grandmother to feel the true situation. When they disguised the truth to each other, they lost the opportunity to really communicate. Instead of saying phrases like "you are going to get better," my parents could have spoken honestly and said, "everything is fine with us, you can rest now." I think it is truly important for those who are terminally ill to get a chance to truly communicate with their family members. Family members may say things like, "we are really grateful to have your company" and "we can go our own way in the future independently." Patients may reply, "I'm satisfied with my life. I don't have any regrets." Families should face the difficulty together and cherish the time that they have to talk to each other. Lies should not become barriers to real communication.

It is inescapable for people to eventually separate from people they love, and I think we should cherish the precious time to get along with those who are still with us.

9

PATIENTS OR PROFITS?

Kyra Liu[10]

If our healthcare system were to break off from the United States and become its own economy, it would be one of the largest in the world.

We pay doctors when they provide a lot of healthcare, not when they provide good healthcare. We are the only country with employer-based health insurance due to random World War II-era tax provisions. As a result, people who have jobs that offer healthcare benefits are paid more than people who don’t have jobs that offer health-care benefits — or who don't have jobs at all. Pharmaceutical companies undermine the enforcement and regulation of opioids and healthcare providers overprescribe them. As a result, pharma companies have huge profit margins and tens of thousands of people die every year from drug overdose. Maternal and infant mortality rates are high for Black and Native American women, due to limited access to quality hospitals and poor or nonexistent prenatal and postnatal care.

A global pandemic only magnifies the failure of our healthcare system.

Doctors and nurses are having trouble getting tested for COVID-19, but the entire Brooklyn Nets basketball team can get tested. Tom Hanks and Idris Elba can get tested. I bet that Elon Musk and Jeff Bezos could get tested if they wanted to. This disparity, like the ones listed above, exist because of greed that manifests itself within capitalism.

Money corrupts our systems. Our healthcare system is predicated on extracting money from sick bodies, rather than saving lives. Capitalism has proven incapable of placing people before profit. Healthcare providers not

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[10] University of California, Davis (Editorial)

only battle illness every day, but also fight a class war against the greed of insurance executives and pharmaceutical companies who make it more difficult to give patients what they need. Several wealthy capitalists should not be making decisions that affect healthcare services to all Americans. We need a system that views healthcare as a human right, not as a means to make money. Changing our healthcare system requires a change in our economic system as well. A healthcare system that even exists within the realm of capitalism will never work. We need an economic system that places the health and survival of all Americans over profit maximization.

We all have work to do if we want to live in a more just and equitable society in which the uncontrollable conditions of our birth do not define our lives. We must question the systems we are a part of, unlearn the biases that surround us, and use our power and privilege to create lasting change within the industry.

10

CANCER DOES NOT DISCRIMINATE

Nicholas Garaffo[11]

The hallways in a hospital are always the longest. This is my first time going to a chemotherapy appointment. Like any grandson, I love my grandmother, but it pains me to be here with her. The woman that once carried me when I was tired, now requires me to push her wheelchair. I used to tug on her arms and sit on her legs. I would climb on her as if she were a mountain; completely unbreakable and unshakeable. It's hard to imagine this strength now. Her fat has fled her body, her jaw is sunken in exposing her high cheekbones. I am looking at the sores on her head where her long blond hair used to be.

Along the hallway there are small waiting rooms labeled with studies dedicated to particular cancers—Urology, Neurology. There is a spectrum of nationalities, races, and ages in each alcove, but they are linked by something that they want to remove. The patients appear to be their disease more than they are themselves. I guess it's easier this way. Too much diversity to be categorized by anything else. The spectrum of patients all just wait for their name to be called. A group frozen in tension. I see the doors swing open as a nurse calls a random name. An individual gets up and follows the nurse into the back. Some patients have just arrived; others are on their way out.

We reach our own alcove labeled "Hematology." I check my grandmother in, and we wait to be called. I park her next to the row of seats and sit next to her. A mother and daughter come in. The daughter is young but walks

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[11] University of California, Davis (Editorial)

maturely. Her long brown hair and tanned skin stand out in this waiting room. She has not taken her eyes off her phone screen. The mother resembles her daughter, the same hair and skin. They sit down across from us. The mother begins rummaging through her purse; trying to find something that isn't there. Her back is turned as she attempts to hide her tears from her daughter. The nurse calls a name. The mother quickly snags a tissue from her purse and wipes her face before they both rise and walk to the back. It must be hard for the daughter to see her mother's pain.

Cancer is a unique disease because it is random. There are preventative measures one could take, but the disease can be inevitable. Other diseases are caused by touching your eyes, or not washing your hands, but cancer just appears. One day, the doctor just calls you back and asks you to sit down. That's what happened to my grandmother. She went in with a swollen ankle only to be told a tumor was preventing circulation. Although cancer is not contagious, it spreads. It is less a personal illness and more a familial infection. Any cancer family understands this. And, that is just the point, when one family member is diagnosed, they move from a 'family' to a 'cancer family'. The entire family is asked how they are dealing with it. How each injection was, each therapy, we are asked as if we need the treatment.

The weirdest part of my grandmother having cancer is she's happy it chose her. As if Fate closed her eyes and spun her wheel, my grandmother says "I'm happy it's me and not you, or your brother, or mom. That would be too hard." Oddly, I understood her. I could not imagine being the tanned girl driving my mother to her chemotherapy.

Everyone prepares differently. Some cry, some accept, and others, like my grandmother, distract themselves. Like many elderly people, my grandmother loves to talk. At least it's something to fill this empty waiting room. I smile a hollow smile as she speaks. I find it uncomfortable to show happiness in such a sad place. Regardless of what she says, I expose my fear through short responses, "that's good," or "yeah, I know." I do not have her intrepidity. Our conversation is halted by her name being called. I get up and push her to the back room.

I push my grandmother down a maze of a hallway. We would be lost if it were not for the nurses. In fact, all the patients would be. The nurses are the guides for the lost and sick. When the sickest patients come, physicians uplift, treat, and heal them.

All of the patients are linked by their disease, not from spite, but for treatment. Each nurse is trained to treat the disease that is specific to the patient. This is why they asked my grandmother questions about her bowel movements, enlarged lymph nodes, and swelling. The nurse remembers my grandmothers' initial sign. By remembering my grandmother, the nurse is telling her she is more than her disease. These particular nurses have inspired me to enter the health professions. I want to help guide both patients and families through the maze I am all too familiar with.

We exit the hallway and enter the therapy room. The wall is lined with beds, each with a sheet and a curtain that gives the impression of privacy. The same diversity seen in the hallway is laying in these beds. Each linked to a clear bag that slowly drips. Once the bag is sucked dry the patients can go. Most of the ill sit in this crowded room, but since it is full, my grandmother and I are moved to a private room.

An actual room with a door to separate ourselves from the dying. We hope to be part of the minority that survives cancer. I get my grandmother into her bed. The nurses place the needle into her veins to begin her therapy. I position the hanging television to my grandmothers' point of view and turn on CNN. She smiles and laughs at the headlines. Her eyes drift from awake to asleep. Her smile fades too. Her entire face seems to focus, but her eyes remain closed. Her lips pucker and her eyes furrow. I can see her muscles twitch and tense as she falls into a deep sleep. The cancer is part of her. When the chemo attacks, it takes a piece of her too.

I creep out of the room and walk through the hallway to find the restroom. I ask the nurse for directions to avoid getting lost in the maze. As I walk back to my grandmother's room, the room next to us has their door cracked. As I walk, the angle into the room changes and I can get a brief scan of the entire room. I see the tanned mother from the waiting room sitting in the chair next to a bed. As I walk, my eyes fixed on the crack in the door, I see the daughter laying on the bed, the chemotherapy is linked to her arm. Cancer does not discriminate.

11

NEGLECT OR INDIFFERENCE

Simaran Kailey[12]

She sat there on her favorite seat in the house, amidst the crowd of the three generations she bore. Silent yet content; her entire family was right in front of her celebrating reunion. Somewhere along the celebration though, we forgot to further acknowledge her presence.

My great-grandmother lived to the age of ninety-nine, with no complications throughout her entire life. She lived a healthy life, as the doctors proclaimed. She wanted to remain independent and pursued a zest for life. Throughout her century, she had seen and experienced the periodical transitions from imperialism in India, to the emerging technological developments in the United States. She was an embodiment of an independent and determined Indian woman who lived up to the American dream.

However, despite the density of individuals, no one was there to acknowledge her. No one was there to talk or listen to her. No one wanted to ask beyond the generic questions pertaining to her health. So, she continued to sit silently and look into the crowd whom she considered family.

Looking back at such prevailing instances, I realized that I took her presence for granted and failed to recognize that she, as a human being, required more than just superficial care. But I remained indifferent and continued to live my life the next few years selfishly only considering my priorities. Looking back, I didn't understand how to cherish or honor her life. It's as if I had failed her....

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[12] University of California, Davis (Editorial)

Today, as an undergraduate student I realize that as we grow older, our lives' transition in the form of different commitments, different priorities, and different phases. We become so invested in our long term goals and responsibilities that we undergo a sense of dehumanization. That is, we tend to get thrown into the chaos of logistics and technicalities, to a point where the concept of emotions is lost among the disarrangements. This complication not only results in the loss of self empathy, but also the ability to act on the plight of others. In a sense, we become oblivious to the purpose and meaning behind one's life, and consequently neglect or become indifferent to, not only ours, but others' endeavors as well.

Although, I harbor a sense of regret, I am extremely grateful for the time I spent with my great grandmother. It was an opportunity for me to gauge her resilience within her lifetime. I realized that her long and healthy life was a derivation of the loving and warm relationships that she had curated with individuals over time. My great grandmother faced one aspect of neglect, but she never seemed to be upset about it because she thought that it was due to the emerging worldly responsibilities that were occupying the people around her. Even though her presence was taken for granted by others, she still managed to repudiate grudges and embody a positive and healthy mindset. Her promising and pragmatic perspective is the very foundation of my interest in medicine.

A fundamental truth displayed by all human beings is the shared fear of loneliness and the shared need of belonging. As an individual I understand that a sense of belonging is essential in almost any facet of life, whether it's at home or at school and work. However, the unfortunate reality is that there are many people who are not able to have nurturing experiences. This is simply why I want to become a physician. I want to take these instances as an opportunity to uphold my grandmother's positive mentality and to share that ideal with others as a physician. I want to be able to deliberate my care to others, not to receive materialistic benefits in return, but to make slight changes in others' lives that act to enhance the quality of the time they spend simply living. As a student, I understand that having academic and technical competence is significant to become an expert in the medical industry. However, being able to internalize and acknowledge others' wellbeing and emotions, is of equal significance and maybe considered even more challenging at times.

I hope this discussion on the neglect and indifference many people suffer from encourages you as, a reader, to understand that consciously discerning a person's narrative serves to not only provide for a nourishing and respectful manner of care, but it also serves to increase ones' chances for living a longer and healthier life.

12

RESILIENCE

Preeti Bhat[13]

Resilience
She ponders in strong but silent
remaining aloof
Eyes so dark and brown
with depths that reach your soul
Albeit there is softness and empathy in them

She is steady and slow
Like the tortoise in the great race
Her comforting hand reaches out to grip your shoulders
She carries the weight of your emotions, your expectations, your dreams
With a soothing and compassionate tone, she whispers,
"This, Too Shall Pass."
Resilience[14]

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[13] University of California, Davis (Editorial)

[14] A pre-health student's journey is often marked by many bumps in the road. It is the student's grit and resilience which allows them to continue their path.

13

THE RESILIENCY OF THE HUMAN SPIRIT

Simon Nguyen[15]

In the Fall, we rejoice for the coming season of family, friends, and good eats. For others, however, this annual transition is frightening. Even in the urban environment of Los Angeles, hundreds question where their next meal will come from, or who they'll spend it with; they're anxious to see in what ways they'll celebrate their own Thanksgiving.

* * *

It's 6 AM on Saturday morning in the comfortable city of Irvine, Orange County. I'm sitting on a bench outside the station; train ticket in my pocket and trusty old Nikon in hand. I take advantage of the peaceful lull of the morning scene as the sun makes its first appearance. This train is to arrive in Los Angeles 8th District, where I'll meet up with a group of volunteers organized to distribute food to the people living outside. Yes, despite living in arguably the most fortunate country, poverty and homelessness still persist.

By 9 AM we're delivering the donated groceries to the people of the homeless shanty. During my breaks, I attempt to document the conditions here—the dilapidated houses with their graffitied walls, the expansiveness of the tent city, and the malnutrition in the gaunt faces of its occupants. And yet, my camera could not fully capture everything; the medium doesn't allow me to adequately relay the over crowdedness. But amongst all the poverty, I encounter a rare sight, an innocent young child with a gleaming smile. I kneel down and ask, "What's your name?" Struggling to handle her share of

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[15] University of California, Davis (Editorial)

groceries, she joyfully chuckles and shouts "Juliana!" and I snap her portrait.

On the 5 PM train ride home, I gaze out the window thinking about the purpose and accomplishment of the day's work. Our volunteer effort feels so tiny relative to the seemingly insurmountable problems there. There's still that feeling of inadequacy and need to do more.

It's 11 PM. My family is tucked in their warm beds and I sit at my desk scrolling through the scenes I photographed earlier. Upon review, I'm saddened by their circumstance—those in this incredible time in human history unable to partake in its riches. But there among the photos, I hear the innocent laughter of children playing on the street, spot the quixotic song and dance of the bag lady around her shopping cart lost in her own world, and remember the appreciative smile of Juliana and the other families in need. Throughout the day, I discovered something unique about the forgotten communities of Los Angeles. The streets challenge the limits of one's optimism but unite an ever-so-grateful community. This does give me hope on the resiliency of the human spirit. Rather than feeling overwhelmed at the challenges of inequality or homelessness ahead, I'm comforted that ours and other's efforts, no matter how small, will at least offer a little compassion and empathy.

14

FINDING MY EMPATHY

Nathan Levinzon[16]

[...] Homo sum, humani nihil a me alienum puto.[17]
"I am human, and I think nothing human is alien to me."

Empathy is more than soothing words to an ailing patient. It is an understanding between people that includes the mind, body, and soul. Patients seek empathy from their healthcare providers, and it can be a therapeutic intervention. Empathy extends well beyond a patient's history and symptoms; it is a powerful tool that serves to promote trust between provider and patient, which in turn improves patient outcomes.

My first experiences with empathy come from my relationship with my brother. When I was younger, I thought everyone had a brother who screamed at the smallest amount of stimulation; who had to be spoon-fed Prozac in the midst of every meltdown; who could not make eye contact with family members, let alone strangers. I learned to limit the number of my words, to pause between words, to use simple gestures and visual support. I learned to be careful with my figurative language because my brother took things very literally. Learning the definition of 'autism' came much later. He was always one of the smartest people I knew as a child. Every day when he would return from school, I asked him what he had learned; he always had a new fact that would blow my mind. In truth, the only difference I could tell between him and me was that he was older, taller, and more emotional.

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[16] University of California, Davis (Editorial)

[17] Heauton Timorumenos, Terence

I had heard words like ‘autism’ used as a child but didn’t comprehend the gravity of its meaning until later. One day I came home from elementary school annoyed. When I met my mother shortly after coming home, my lack of eye contact, short verbal cadence, and general intolerance was something all too familiar to her. “You’re acting like your brother right now,” she jested, and I lost it. My words left my mouth before I could give a second thought to them. “So now I’m the retarded one?” My words pierced my mother in a way I had never seen before; my words laced with so much ice that I could see my mother’s rattle. Silence.

I hadn't known all the nights my parents sat sleepless trying to lull my brother to bed. I had not known the teachers at my brother’s school who discriminated against him to the point where my parents had to file a lawsuit against the school district. I had not known that the words that had left my mouth were the same words that my parents had spent years trying to get his classmates to stop calling him. I had not known, and my ignorance was all it took to shake my mother to her core. I went to bed without anyone saying a word to me, and for the first time in my life, I felt alone. I had hurt the people who loved me the most in a far deeper way than I could have ever envisaged, all as a result of my lack of empathy.

To some, ‘empathy’ is the identification of the feelings, thoughts, or attitudes of another. Importantly, it should not be confused with ‘sympathy’ because feeling pity or sorrow for someone completely misses the point of compassion. Until I had been cognizant of the fact, I had simply sympathized with my brother. I felt bad for him, and myself in a way, without taking the extra step of grasping what he and my parents experienced in the world. This lesson translated into some of my most impactful experiences as a patient technician.

I saw this first-hand when I began volunteering at a local free clinic. When I arrived at my shift, I was exhausted as a result of a week of interrupted sleep. After preparing for the day, my first patient was Diego[18], a young boy with a supinely average chart. His mother had taken him to the free clinic for flu-like symptoms, a common chief complaint given the time of year. Yet, something about Diego stood out to me; the lack of eye contact, misunderstandings of idioms, and above all the lack of verbal communication. It was his mother who had described his chief complaint and symptoms to me. It was only when I began asking for patient history when his nervous mother told me that Diego had been diagnosed with autism.

Despite Diego being my first patient with autism, I felt as though I spent my entire life preparing for him. The first thing I did was introduce myself in the softest, most articulate tone I was capable of. I then asked his mother if

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[18] Name changed to respect patient privacy.

Diego had certain preferences in his environment. His mother asked me to dim the lights, and I did. As soon as I pulled out my blood pressure cuff to begin taking his vitals, Diego began to panic. “Don’t worry,” I told him as I put the cuff on my arm first, then his mother’s. After seeing the process, Diego extended his arm and glanced into my eyes. I walked him through every step of my vital-taking process while his mother provided the positive reinforcement. I managed to get his heart rate and sneak a blood oxygen saturation probe onto his finger while his mother read him one of the short stories we had on display. When I completed my work, I told them that their doctor would be right in and left the room.

I was not aware of the impact of my empathy until the end of the day when Diego’s doctor approached me. She had told me that Diego’s mother had been shocked by my level of attentiveness. She and her son had immigrated to the United States several months back and feared that she wouldn’t be able to have Diego seen by a doctor given his disposition of fearing doctors. In fact, she had considered not taking Diego into the clinic at all. She made sure to tell the doctor after Diego’s visit that I helped in turning their distress into comfort by making their experience humanizing and validating. She finally made sure to schedule Diego’s follow-up for a date and time that I would be working.

I had seen Diego on several more appointments after our first visit. Over time, he began telling me his chief complaints directly as opposed to through his mother. We laughed and joked while I took his blood pressure. We talked about his day at school while I took his temperature. And, after I told him that I would be moving and that this visit would be our last, he caught me off guard with a hug.

Growing up with my brother enlightened me with the importance of understanding life through the eyes of others. I learned that it is only with empathy can one respect the individual challenges of those around us. Our world is composed of individuals, each different from the next in ways we may not see. It is up to us, the medical professionals, to bridge this gap with empathy in hopes that everyone may receive compassionate care.

15

I NEVER

Joanne Snapp[19]

I never went to the doctor as a kid, although I did get strep throat every year. When I found the white patches at the back of my throat, my mom would bring me grape Dimetapp, and I would shiver in bed until my body healed itself. We used naturopathic approaches in many ways, especially when it came to mental health. While my mom's preferred treatment was Bacardi, the common method for my sister was a leather belt. When we learned that she had ADHD in elementary school and bipolar disorder in high school, the interventions began. We never did talk about the physical abuse she endured as a young child and the sexual assault she experienced in sixth grade, but her suicide attempts were a hot topic.

I never went to the doctor as a kid. When I needed immunizations, they lined us up in the school hallway, or we went to this small building with a large crowded waiting area that I later learned was the county clinic. I was on my dad's military insurance, which was great, except I only saw my dad once a year. To use it, my mom would have had to drive us two hours to the nearest Army base. Through a court order, my dad gave her a 1960's white tank that cost him a couple hundred bucks and barely ran, so road trips were out of the question. After a few years, my mom bought a more reliable car, but on many early mornings, we'd find ourselves turning the key to a silent engine. Another stolen battery. Then came the defeated, tired, heartbroken sobbing. She could never get a break.

I never went to the doctor as a kid. But I did go with my older cousin to

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[19] University of California, Davis (Editorial)

the knock-off version of Planned Parenthood where we both got the Depo shot in the hip. No parent's signatures required. I had recently lost my virginity involuntarily by an eighteen year old man on a rolled up carpet in a condemned house, so you could say I was thrown into adulthood. I didn't want to end up like Hillary, who was onto her second child in middle school. I didn't tell anyone what had happened to me, but I did fail every class in 8th grade. My half-woke mom would sign my progress reports marked 47% and say good job. Where I come from, school counselors didn't pull kids like me into the office to ask if I was ok. No one asked me why I had gone from an OCD perfectionist child to failing everything. Instead, my best friends' parents told me I couldn't hang around their daughters anymore.

I never went to the doctor as a kid, except for the one time I visited my mom in the hospital when she was getting radiation treatment for her Stage IV cervical cancer. Once I saw her hooked up to lines in the hospital bed, I stopped loving her. I told myself she was going to die and I couldn't cope. I tried to extinguish my feelings by getting a second job. She survived cancer, but then faced depression. While we were used to being poor, we experienced a new kind of poverty after she was fired. For years, the church ladies would drop off groceries at our house or we ate dinner at the food kitchen, but now I ran the house, and I had pride. Adding a second job while going to high school was an easy way for me to escape facing my new reality at home. Sister vanishing for days at a time, and mom asleep in bed. I learned that if anything was going to be done, I would need to do it myself. I needed to order my own graduation cards. I needed to fill out my own FAFSA. I would need to arrange my own move to college. I would need to process the pain I felt upon discovering my father had moved back to town without telling me.

I never went to the doctor as a kid, but I did see my first physician while in college. I was met by a young Indian man with a very heavy accent. He had recently moved to the US. He bluntly stated, "You have acne". He also said, "You are overweight". That embarrassed me, but I did lose 20 pounds that year. I have no idea what he thought about me, but as I sat there watching him, I wondered what it was like to live in our poor, trashy town after just moving to the US. What did he think about Americans? Where did he live? What did he eat, because we definitely didn't have any Indian restaurants. As I sat on the table contemplating how that doctor must be feeling in this new place, it never occurred to me that it should have been him asking me questions. But he didn't. No one ever asked me. And I never went back.

PRE-HEALTH STUDENT STORIES

2019-2020

Pre-Health Student Story | September 23

Willow Clinic gave me a unique opportunity to help provide medical services to historically marginalized homeless populations of Sacramento. What I didn't expect, however, were the illuminating and enlightening human interactions that followed each clinical experience. Guided by mentorship, I gained a foundation in compassionate interpersonal skills dedicated to cultivating an environment of safety and well-being. I learned that being in the moment is critical to healthcare success—especially with vulnerable and disadvantaged populations.

One of the biggest challenges is having sufficient time and resources to treat patients holistically, given the large demands of the healthcare system. Despite this, the Willow Clinic taught me that we can utilize every opportunity to make sure they feel heard and valued despite any circumstances they face. In this sense, I found my purpose in alleviating not only the physical pain and suffering of others—but also the emotional pains that follow through everyone's lives.

Patient care also showed me how I could make an impact in someone's life. When caring for patients in the Willow Clinic, I noticed that each patient who came to our clinic was sick and in physical or emotional pain. In the time they spent with us, we got to be an intimate part of their holistic healing process through respectful and therapeutic healing. These individuals left happy, relieved, or even the tiniest bit better with some of their problems solved. Through service, I can bring happiness, compassion, and hope through humane philanthropic efforts to those who need it most.

Pre-Health Student Story | October 15

Attending an institution where students are seeking the necessary skills to advocate for a forward-thinking society inspires me to work toward better futures for our communities. Conversations with my public health peers and supervisors has reinforced my passion to protect and improve the health of individuals and communities.

Coming from a racially homogenous background, disparities in health were less prevalent. However, attending UC Davis and taking public health courses has diversified my social circle and my point of view, highlighting healthcare inequalities across different demographics. Through my experience in the Mental Health Initiative on campus, I've grown in my understanding of mental health, along with disparities and stigmas among various marginalized groups. It has solidified my interest in public health, showing me what it should look like and how we can effectively address the social determinants of health. Public health is much more than a single person's physical and mental health—it encompasses a community's access to medical services, quality food, housing, good working conditions, clean environments, hygiene, and more. These are all influenced through policy.

My experiences have inspired my interest in public health policy because it encompasses a broader scope of issues that must be addressed in order to create the necessary opportunities for communities to be physically and mentally healthy. I am excited to manifest these career aspirations through my internship in Washington D.C. later this year, where I can work alongside others to promote health, wellness, and equity at the federal level to enhance the lives of people in the U.S.

Pre-Health Student Story | October 29

Through my experiences of personal loss and through giving back to the community in Shifa clinic, I realize that not only is there no turning back on my dreams but also that my manifestation of these dreams are much more valuable to others than I could have ever imagined.

As a first generation female in the Latinx community, it's extremely difficult for me, and others like me, to navigate the hurdles of the pre-med pathway while not being able to see someone who's already there, someone to look up to and to provide a sense of hope that I can do it as well. The path is even more convoluted by the ongoing sexism and stigmas in the field. However, by keeping close to my heart, my family's support and lessons of resilience, I've been persistently pushing through the barriers of becoming a Latina physician. I hope that in my wake, I'm able to disseminate my nonlinear journey in becoming an Ob/GYN physician, that I am able to dispel the stereotypes for my community as well as represent them.

I also hope that in the future when I become a physician, I can implement a clinic, perhaps at my roots in El Salvador, to give back to my community and educate them in all realms of wellbeing whether its physical, mental, social so that they may be empowered in their health despite their economic disparities.

Pre-Health Student Story | Nov 21

When I was younger, I struggled a lot with stomach infections that brought me in and out of the emergency room. Through having countless experiences with doctors, cycling various medications, and doing things like monitoring my diet, helped me become fond and inquisitive towards medicine. Puzzle solving has always been a big part of my family. The way the doctors and nurses went about fixing me up and returning my health to me was much like solving a puzzle. Seeing it in that light has fueled my initial interest in medicine.

Pursuing medicine for me has always been an intuitive process and I've never really settled for a hard why. In college, through HRIs and the BPSHI Clinic, I've had the chance to work with older, younger, and people of varying socioeconomic backgrounds and each new experience is helping me get closer to what I really plan to do in medicine. I hope to graduate in 3 years so that I could spend more time discovering exactly why I want to enter the medical field. Being out of school earlier will also give me a lot more liberty for more enriching opportunities such as going abroad to shadow doctors or doing internships in New York for Doctors Without Borders.

Pre-Health Student Story | January 5

Many people in the Indian community do not get the healthcare they need due to language barriers. There is a lack of education regarding nutrition and general health that causes many community members to develop illnesses later in life. This was the case for my father and grandpa which led to my frequent visits to the hospital as a kid. By being a part of BPSHI, I have had the privilege of bringing education and healthcare to my community through free health screenings and presentations at the Sikh temple, covering topics ranging from blood pressure to mental health. We try to have open discussions for individuals to talk about mental health since it is heavily stigmatized in the Punjabi community. Becoming a physician's assistant will allow me to help improve my community's health, with less people falling victim to an inequitable healthcare system.

Although we hear a lot of discussion regarding more healthcare equity, working with homeless individuals in Sacramento Street Medicine makes me skeptical of whether that change is occurring. People who are homeless usually get denied care based on their appearance, preventing them from seeking the care they need. Even if they don't appear to be living without a home, hospital teams deny care once they find out that an individual is homeless. It seems that people our age are helping work towards more inclusive, equitable healthcare, and I hope that it will lead to lasting change.

Pre-Health Student Story | January 19

My experience working in Kaiser's Hospital Elder Life volunteer program has been eye opening in that it's helped me realize how the journey to become a healthcare practitioner is one of letting go of "me." I always wanted to be impactful in the sense of serving my community and being able to have that personal touch with my patients, but I didn't realize how personal it could get and I am still learning, even now. During one particular shift, my patient needed me to feed him; he was blind; he was suffering from dementia. And in that moment, I was in unfamiliar territory...but, my discomfort was not as important as the person in front of me who needed MY help, my support, and my kindness. Experiences like these have helped me to immerse myself in the serving aspect of medicine. There's something so liberating about how compassion trumps our discomfort and stigmatized perception of the world. Healthcare to me is about quality of life, and I hope to spread the knowledge about it in all the various ways that I can, whether it's through disseminating the education that I've acquired, physically serving the diverse communities around me, or simply maximizing my ability to love others.

Additionally, choosing to minor in religious studies supports my growth on this journey to medicine. It was difficult not being able to read or learn much about my religion, Sikhism, in our textbooks or in class history lessons as I went through grade school because of the lack of knowledge my peers had about my background. Coming to UC Davis and seeing not only a place for my religion but for all the diverse religions and cultures that surround us today has helped me understand so much more about my own background as well as that of others. It also helped me understand how in medicine, many individuals are uncomfortable with the fact that most doctors are unfamiliar with their backgrounds and how that reflects on their decisions to receive different types of care. That's why I want to learn about the religions and cultures of those who I will serve so that I can ensure them that I understand and respect their choices. I believe that my role is to mitigate this healthcare barrier through increasing my awareness of cultural diversity and telling others about mine.

Pre-Health Student Story | February 2

Clinica Tepati gives me the opportunity to support people who have experienced a similar migration journey as me. I am an immigrant from Mexico who spent a part of my life homeless. I am fortunate to now have resources to support myself and those like me: immigrants, refugees, and asylum seekers who do not have adequate access to healthcare. Our patients have taught me the importance of critical consciousness and making sure that patients feel safe and understood. Many people in the Latinx community believe that their disease controls them. By being a mental health coordinator and health educator in the clinic, I am able to share knowledge with our patients regarding their disease and encourage them to have more agency over their health.

My long-term goal is to become a public health physician, providing care to low income communities through community clinics and surgery programs. I also want to pursue research to influence public health policy decisions that supports marginalized communities through affordable insurance plans.

Pre-Health Student Story | Feb. 16

This journey is one of service but is also one of self-discovery. The key is to recognize the scope of all my successes and downfalls, understanding why, learning from them, moving forward, and pushing my boundaries beyond their current limit. As a commuter, this journey is also about optimized time management, where every minute is planned, every resource is accounted for, before heading home. Fortunately, as a twin, I have someone who shares a similar path as me, someone who jolts me when I need it the most, and someone who I would do everything the same for.

But beyond the title of being pre-med, beyond the suppositions that come with it, I feel lucky and am thankful for the diverse community around me in school, at clinic, and in my local community that I would not meet otherwise. In it I see different challenging dreams, formulas of hard work, and open mindedness -- an unprecedented form of peer support that continuously drives my own work ethic.

But every day I am reminded that my journey has just begun, and I am effervescent for the day that I get to go beyond my job title, discover my patients -- learning their story and addressing their needs.

Pre-Health Student Story | March 1

The Knights Landing Clinic has taught me the importance of providing a comfortable, culturally inclusive space for patients. It has also demonstrated the need to understand our patient populations by being familiar with their backgrounds and how they have been historically underserved. The farm working, Chicanx/Latinx community members in Knights Landing lack general health education and physical and lingual access to primary care. This leads many of them to have similar health issues, such as high blood pressure and diabetes. The community has suffered a loss of many resources, one of them being the migrant clinic. Language, documentation status, or income level should not be a determinant of health. I understand the frustration of language barriers between physicians and patients. I have the privilege of using my Spanish to make patients more comfortable addressing their health needs. In the future, I hope to continue using this skill as a pediatric physician in underserved and underrepresented communities like Knights Landing. I hope to educate patients in my community, especially younger patients, to help foster a new generation of healthy individuals.

Pre-Health Student Story | April 19

In my first year at UC Davis, I got involved with the student centers at UC Davis, hoping to directly practice activism within the university and learn the current issues that existed for students of marginalized communities. While my activism expanded beyond university centers, the centers were places where I came to a deeper understanding in how much work there needs to be done in the health field. Working at these centers played a huge part in my pre-health experience here at Davis.

UC Davis doesn't do a great job of supporting pre-health students of color. There's something lonely and draining about taking STEM classes as a disabled person of color. Being a first-generation Southeast Asian, I can't get help from family, and accommodations in STEM classes are non-existent without medical documentation (a privilege to acquire). There are not that many resources for marginalized students, so it's been tough, but I've been rolling with the punches.

Originally committed to the doctoral path, I realized being a part of and serving marginalized communities is a huge part of my core values. It wasn't a singular experience that spurred me into medicine; it was a compilation of my actions and experiences. I thought, what would give me the most access to supporting marginalized communities?

I want to be a doctor to open my own free clinic for underserved communities. It doesn't stop at being a doctor, though. We need more doctors who are activists, willing to step outside institutions and understand on a deeper level of the health disparities that exist.

For me, being a doctor is not the end goal. It's like opening a gate to opportunities for me to directly serve marginalized communities and start changing a system that's been historically ableist, racist, and antagonistic to these communities. At this time, I recently co-founded the UC Davis Disability Collective and opened a COVID-19 mutual aid program for Davis residents. Activism is motivating my pre-health career, and hopefully, pursuing medicine gives me even more opportunities to create change.

Pre-Health Student Story | May 3

As a first-generation college student and a first generation Asian American, I inhabit a space of duality, where my role has always been in creating an interface for the multiple groups of people I can represent. Through this dynamic experience, as well as the many struggles that have come along with it, I am able to comfortably and generously give back to those same groups of people from which I come. My most meaningful experiences at UC Davis, serving in the Paul Hom Asian Clinic, and mentoring other pre-health students at UC Davis, have allowed me to realize how so many others share similar difficult backgrounds and concerns as myself. This realization sparked calls to action as I pursued ways to problem solve in these communities through creating pre-health seminars to help undergraduates find their path as well as my passion for advocating for traditional Asian households experiencing healthcare disparities, which I envision shaping into healthcare research during medical school.

I am someone who is always trying to problem solve, and in novel ways. I don't believe that merely speaking on certain subjects is enough to invoke change and that is one of my main motivations to become a physician. I hope that through my dedication and achievement that one day I may have a firm speaking ground for the disparities and ethics that I believe are important.

Pre-Health Student Story | May 17

Transitioning from community college to UC Davis was a difficult challenge for me, particularly because Davis is so huge! At times, the sheer amount of opportunities available and the wanting to them all was extremely overwhelming. However, deciding to slow down and search for experiences that I was passionate about and reaching out to HPA one of the first and most important steps I took that shaped my path. Since then, I've been really involved in the Willow Clinic on campus and it, by far, has been the most rewarding experience for me. The opportunity allowed me to see that even amidst the diversity of the homeless population of Sacramento, many of them share the same experiences and feelings of abandonment and it was amazing how many of us can relate and reach out despite not coming from the same background. This experience also allowed me to work closely with my preceptor and it was very inspiring to see how he had such a big impact in the community. Beyond that he was personable and kind to all of those around him and he was an impeccable teacher. Seeing how important his role was, to everyone around him, I hope to learn to navigate that position in the future and advocate for underserved populations that I am passionate about. I am excited and thankful to start this training and journey at UC San Diego this fall.

Pre-Health Student Story | May 31

I am a staff advisor for medicine and public health at Health Professions Advising. I earned a Bachelor's in Biological Science and a Master's in Public Health at UC Davis. I was most heavily involved with the Sinha lab, The Resource Desk and the Knights Landing One Health Center (KLOHC). I'm super excited to begin medical school in the fall at the David Geffen School of Medicine at UCLA.

The main thing that motivates me as a pre-health advisor is how amazing my own mentors and advisors have been. Every single step of my path was influenced by mentors, who went out of their way to encourage me and provide thoughtful guidance. It's only fair that I pay it forward and serve in the same role for other students. I know that being pre-health can be super difficult, and I try to help carry some of that weight for the people I advise.

For me, being a physician is about partnering with your patients to empower them to live the lives they want. I believe that the difference between a mediocre medical visit and a great one can be profound; a good physician-patient interaction can provide the patient more control over their bodies and illnesses in a way that can ripple into other aspects of their lives. I first began to seriously consider a career in medicine when I was seen by a doctor by myself for the first time, receiving contraceptive counseling at a Planned Parenthood. The way the physician quickly built rapport between us, provided detailed yet understandable scientific information, and showed the utmost respect for my needs and priorities made me feel empowered and calm. It's hard to explain how it felt, exactly, but I knew that I wanted to provide that same thing for others, if I could.

My biggest piece of advice for pre-health undergraduates is to pursue what you are genuinely interested in. Other than having some clinical experience, there isn't a pre-med template to follow. You don't have to know what you're interested in at the beginning, so try different things! The key is to always follow what makes you feel excited to go to work/volunteering, don't be afraid to stop doing something you're not into. Your goal is to develop into the best person you can be, so you can be the best health professional for your future patients. Right after turning in my medical school application, I had this realization that even if I didn't get in, the journey had forced me to become a better person. For the first time, I was grateful for the competitive nature of getting into medical school because it had pushed me to continually improve and I wouldn't be who I am today without it.

ABOUT

The Narrative Pre-Health Journal (NPHJ) is the preeminent undergraduate peer-reviewed journal inspired by narrative medicine. NPHJ is based at the University of California, Davis.

Our mission is to mirror narrative medicine on the undergraduate level across all health professions. NPHJ provides an opportunity for pre-health students to collectively share a multitude of experiences as aspiring health professionals through discussion, writing, art, photography, and virtually any other creative form.

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