THE CANARY

2024 Inaugural Issue

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By: Julius Stevenson

Letter from the Editors

Cloaked in Pittsburgh's black-and-gold, the canary appears as a bright, beautiful songbird: symbol of happiness. However, a canary has a melancholic past, brought into coal mines as a sentinel species signaling the presence of toxic gases by becoming sick before their human counterparts. Thus, a canary is also a symbol of warning, the embodiment of grit, and, at times, of sacrifice. Whether experiencing illness or providing care, many in medicine may feel like canaries in a coal mine: struggling to navigate treacherous passageways, seeking hope in dark places, celebrating the strength of our humanity with song.

The Canary was created to honor the "song birds" in our lives who have joined us in both the psalms and the ballads, serving as beacons of light and gusts of wind to guide us out of the figurative coal mine that can often times feel inescapable and unsurmountable. *The Canary* seeks to be a place where the hearts of patients, providers, and community members can sing, engaging the inner artist within us all to better understand and convey the human experience.

In its inaugural issue, we invite you to "hear" songs of hope through poetry, prose, and visual arts.

When the days grow dark and the outcome feels uncertain, may the knowledge that you are not alone in the coal mine sustain you; may you keep hope— keep flying and keep singing.



Pyrrhuloxia

By: Matthew Joseph

A name possessed
by the red-mohawked, blood-breasted cardinal
my birder friend and his son
have been seeking
in the clenched wilds of southern Texas,
a scarlet heart flickering
in the crisscross brittle
of baked twig and toasted branch,
secret winged ruby waiting to be plucked
by their hungry eyes
and written in the leaves
of their shared avian day-dream.

My friend tells me this as we huddle
in our separate cars, two thousand miles apart,
our voices bouncing from satellite
to our phones' cold light,
and back, as we wait for our sons
to finish their first practices in over a year --
his boy kicking a ball, mine dribbling,
half-baked, half-masked, no contact --
but at least, at last, a chance for them
to flock with their own species.

We talk of our foiled plans
to watch a foolish Formula car race
in Texas the year before,
lost like so much else,

so much more than mere plans,
countless others swept away by this plague,
the ones we know of,
and all those we do not,
their shadows suddenly filling our cars
like smoke, the air dense
with the last exhalation
of their unfinished stories,
so thick, we both almost choke
and for a moment,
we are silent as the dead.

Then we talk again, resurrecting the folly
of watching overgrown children
driving two hundred miles an hour in circles,

we press hard on the chest
of our desire to see one another,
to stand on the same piece of earth,
share the same unmasked air.
Up and down, we push
to a steady disco beat,
because that's how you do it,
what they taught in CPR,
how to keep it alive,
or bring it back from the dead,
that thing passing between us,

because what else is it, really,
but the unpronounceable name
of a flaming bird
we are both desperately trying to find?



“Bird”

By: Brenna Suchcicki

The Miraculous Death of Jimmy Eamon, *Magician*

By: Andrew Thurston

Two days after his retirement at the age of 60, Jimmy Eamon slipped on a banana peel and smacked his head on the pavement. "Oh, that's just like Jimmy!" his wife Althea joked when she thought it was a minor thing.

Over the next six hours, black and purple splotches spread across his face like aggressive watercolors across a canvas. Beneath the wonder of his skin, something tragic unfolded: a seismic shifting of things never meant to shift. When the doctors scanned his head, they found the brain shoved downward by a massive pooling of blood. "Herniation," they called it. "A dismal prognosis."

The first time Jimmy Eamon died, he let out such a massive amount of gas that Althea suffered flashbacks to her childhood in London, hiding beneath her school desk, tugging on the respirator as German planes flew by.

In a fit of panic, she shouted, "DEAR LORD, HELP!" which the doctors interpreted as "YES, DO EVERYTHING!" and so they performed their acrobatics and convinced his body, through brute force and a touch of electricity, to stick around a while longer.

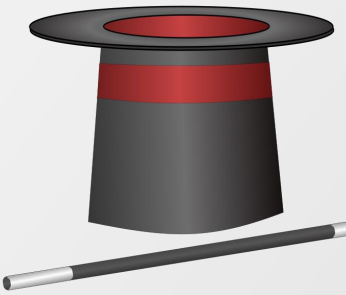
Poor Althea felt sick almost immediately. "Oh no, no no no…" she muttered, rubbing the callous on her hand, that twisted knot born of nerves and worry. In her heart of hearts, she knew that death by banana peel was exactly what her husband wanted: there was no more fitting way for a magician to go. Except for, perhaps, getting sawed in half. Or disappearing from beneath a sheet.

"What have I done…" Althea mourned.

"What do you mean, love?" Jimmy asked, sitting up in bed. He looked around, the room was strange and cold. "Where are we? Why's everything so drab and sterile? Are we at your sister's?"

Althea didn't answer. Jimmy blinked. No, they weren't at Debbie's house, they were in a hospital!

He tried to stand but his arms and legs were heavy, so he threw his shoulders around and landed face- to-face… with his own face!



"Oh no," Jimmy sighed. "I've gone and got myself killed, haven't I…"

Before he could think of something clever to say, the door swung open, and a doctor walked in. He stopped dramatically, sighed dramatically, and stared beyond Jimmy into the depths of the sheets. "Still no movement, I see," the doctor proclaimed, turning to Althea. "I'm afraid that's a very terrible sign."

Althea nodded, barely looking up. "I know, doctor. I know. *Dismal*."

"If we don't see any movement soon, there will be nothing left for us to do. There would be no point carrying on like this. We'll give him some medicine to help the swelling go down, but I don't think it will do anything. It's hopeless, really."

Althea nodded. A nurse with slender fingers connected a bag to his IV. "Oh, that feels *good*," Jimmy muttered as the upper half of his body sank back into bed, nestling within himself. He soon fell into a deep and dreamless sleep.

He woke sometime later to the sound of a foot tapping. Althea had changed. Her hair was curled, and she wore her butterfly broach – the same broach she wore at their wedding, the same broach she wore whenever she needed steady legs.

"Things probably aren't going well…"As he sat up in bed, Jimmy noticed a peculiar lightness to his limbs, so light in fact that he floated away from his body. "Haha, I'm flying!" he shouted, grabbing onto the ceiling light. The door again opened as the doctor walked in. He stared at Jimmy's body and sighed dramatically, and then turned to Althea.

"Still no movement?" the doctor asked.

"I thought I saw a flicker," Althea replied.

"I'm afraid that's not enough," the doctor said. "I'm afraid nothing can change the final out- come."

Althea clutched her broach and started sobbing. "But isn't there a chance he's still in there? I mean, sometimes I feel like he's watching me. I feel like he's here with me, maybe not physically, but in some other form… oh, it's so hard to explain."

"I'm afraid that's impossible," the doctor said with the gentlest lack of empathy.

Althea walked to the bed and grabbed Jimmy's hand. "You're still in there, aren't you, Jimmy?"

"No, I'm up here, Althea!" Jimmy shouted. "I can fly, it's remarkable! Watch this!"

With a giant twirl, Jimmy grabbed onto the curtain and spun himself around wildly, giggling like a child.

"What was *that*?" Althea gasped, staring at the curtain as it jerked back and forth. The doctor stared at the curtain, baffled. "I'm… I'm sure it's nothing, we'll… uh… get maintenance to check it out. In the meantime, Mrs. Eamon, I think you should call family. Time is short, I'm afraid."

"Wait, what does that mean?" Jimmy paused. "Time is short? But I just learned how to fly!" He floated to the window and stared outside. It was a beautiful day. He tried to open the window, but soon discovered that, while he could fly around freely, he couldn't escape the room. He sank slowly back into bed, the whole afternoon now soured. "What's the point of flying if I can't fly anywhere…" he grumbled, twisting the bed controls out of boredom.

Althea pressed her chair into the corner of the room as her husband's bed raised and lowered entirely on its own. "What in heaven's name…" she muttered. Althea called the only person she knew who could bring some semblance of order to the madness, her eternally logical and methodically minded sister, Debbie. Three hours later, Debbie arrived with a thermos of tea and some biscuits, a box of tissues, and a laminated copy of the original article by Elizabeth Kubler-Ross on the Five Stages of Grief.

"Oh, this should be interesting…" Jimmy muttered.

Debbie sat down firmly. "Three things, dear. You must eat something. You must fix your makeup. And you must listen to me," she said. Althea complied.

"What should I do, Debbie?"

"Well, if you've resorted to calling me, then it means your bastard of a husband is very nearly dead."

"Deb!" Althea groaned.

"It's true. Jimmy was kind to the kids with his magic tricks and his pranks and his *coins behind the ear*, but he was a *terror* to adults. A bastard of the purest kind."

Jimmy nodded; he wouldn't deny any of it.

"That's not very nice…" Althea sighed, rubbing her hand.

"Stop that!" Debbie barked, slapping her sister's hand. "That callous is because of *him*, your bastard husband. Time to let it heal. Time to let it shrivel up and die. I mean, *fall off*."

"But what if he can hear you, Deb? What if he's still in there?"

"I hope he can hear me!" Debbie said, turning to Jimmy. "Can you hear me? You're a bastard, through and through. If there's one positive I can take away from your life, it's how thoroughly committed you were to being a bastard. But now we are going to let you die."

Jimmy sighed and looked away. "You're still upset I picked Althea… where's that bloody remote?

There must be something better to watch than this."

He searched the sheets but couldn't find the remote. And since he'd given up flying on principle and protest, he wondered if he could turn the television on with his mind. "Yes… a nice Western would hit the spot…"

Suddenly, the television switched on. It was a Country Western channel! They were playing *Shane*, one of his favorites. Althea gasped. "See! It turned on by itself! Things like that have been happening, earlier the curtain moved back and forth as if possessed!"

"Nonsense," Debbie huffed. "I'm sure it's just an electrical issue. These hospitals are so old."

She stood, switched off the television, and sat back down. Jimmy smiled like a bastard. "As I was saying, it's time we let him…" The television suddenly switched back on. Althea pointed a shaky finger at her husband. "It's him, it's Jimmy! He's doing this, I know it!"

Debbie scrunched up her face with pity and placed her hand on Althea's cheek. "Oh my poor, sweet, gullible sister. It's simply not possible, what you're implying."

"But that's *Shane*, his favorite Western! He's trying to tell us something, he's trying to tell us he's still in there!"

"Don't be silly!" Debbie laughed. "The road to death is littered with misinterpreted coincidence. This is just an electrical issue. And remember one thing above all else: Shane dies in the end."

Debbie stood again and switched off the television. Without wasting a second, Jimmy nodded his head and switched it back on.

"He's messing with you," Althea smirked. "That's just like Jimmy."

"As I was saying," Debbie huffed, yanking the television cord from the wall, "there is no possible way that was anything *other* than an electrical malfunction. These old, bastard television sets just need to *die already*."

"What?" Althea asked, not sure if she'd heard correctly.

"Look," Debbie said, sitting back down and pulling out the article on grief. "Dr. Kubler-Ross writes that denial is the first of Five Stages of Grief. You are very clearly stuck in the denial stage."

"I am not!" Althea shouted. "Doctor!"

"Yes, what is it, Ms. Eamon?" the doctor asked, bursting through the door, stethoscope in hand.

"I… I think Jimmy's still in there," she said, pointing at her motionless husband. "I think he's trying to tell us something."

Debbie jumped up quickly. "My sister is in shock, good doctor. She is very clearly in the first stage of grief, the stage of *denial*. Are you familiar with the work of Dr. Elizabeth Kubler-Ross? Wouldn't you agree that this is more plausible than her comatose husband sending us telepathic messages through the television set?"

"Tele-*kinetic*," Althea corrected, to which Debbie held up a disapproving hand.

"Well, certainly," the doctor agreed. "Jimmy is completely unresponsive, I've said several times how dismal his prognosis is. I'm afraid there's nothing more we can do."

Debbie turned to her sister. "See, Althy? He's all but dead. You *must* let him go."

Jimmy ground his teeth. If there was one thing he hated above all else, it was how Debbie bullied Althea. "I'll give you something to let go…"

With a blink of his eyes, Jimmy unclasped Debbie's brassiere and watched with utter fascination as her large, pendulous breasts bounced freely against the fabric of her blouse. "OH MY LORD!" Debbie howled, grabbing her chest.

"Is something the matter?" the doctor gasped as Debbie fumbled with the straps. "Are you having chest pain?" Finally, after much struggling and realignment, she was able to secure the clasp. "No, nothing… is… *the matter*!" Debbie huffed.

"It… it seems to me like you have a faulty brassiere," the doctor diagnosed.

"My brassiere is *not* faulty!" Debbie yelled. "I have them specially made and shipped directly from

London!"

Jimmy stared at the doctor, who couldn't tear his eyes away from Debbie's bosom. "*So* unprofessional. Well, time to see what the good doctor's made of," Jimmy smirked as he latched onto his pant zipper and *pulled*.

"DOCTOR JONES!" Althea screamed.

As the doctor performed his own emergency realignment and scurried from the room, it suddenly occurred to Jimmy that he was developing *superpowers*. First, the ability to fly, and now the power of telekinesis.

"I wonder what tomorrow will bring," he thought to himself.

The next day, Jimmy Eamon woke with the taste of a well-aged cheese in his mouth. "Is that… *Blue Cheshire*?" he mumbled, smacking his lips. It was not Blue Cheshire, though it gave him an idea for how to *really* stretch his powers.

The first rat that answered his call was small and grey with long whiskers. It crawled through the vent and sat on the bedside table and tore some sterile gauze from its wrapper. It responded to the name "Clarence." "It worked, Clarence!" Jimmy beamed, tapping the nurse call light. "Hopefully this'll get me moved to a larger room with more windows. Althea *does* love the sunlight." When the nurse arrived, she took one look at the rat, screamed for an entire minute, and then ran for help. "Well done," Jimmy said, petting the rat with his mind.

While Jimmy had only meant to call one or two rats into the room, it turns out he stretched his powers a little *too* far and summoned *all* the rats in the surrounding neighborhood. When the nurses returned, they found the room swarming with hundreds of filthy, disease-ridden, astonishingly well-coordinated rats.

With brooms and hospital gowns at the ready, the nurses trapped the rats in a corner and whisked Jimmy away to the only other available room: a large corner suite with massive windows overlooking the garden below. When Althea arrived later that day and heard about what happened, she knew it was all for her.

"Thank you my dear for this beautiful room, it's so much bigger than the last. And the windows! And the sun!"

Jimmy started crying. He knew exactly what needed to be done. "I love you, my dear," he sobbed.

Over the next few days, as his brain continued to herniate, Jimmy Eamon filled his wife's life with as much magic as possible. First, a truck delivering chocolates mysteriously broke down outside the hospital. Rather than let the chocolates melt in the sun, the courier gifted the boxes to the patients and their families. Althea swam in a sea of truffles for the rest of the afternoon. Then, the hospital staff found themselves stricken with the uncontrollable urge to sing and dance every number from *My Fair Lady*. They were only allowed a break for intermission, and one more for tea, but that was it. And finally, with a little fresh rain and a dash of magic, the flowers in the garden below grew into a brilliant pattern that spelled the words "I love you, Althy."

But none of it had the effect Jimmy thought it would. Althea sat at the edge of his bed and cried. "I know you've done all of this for me, Jimmy. To help me through it. I'm ready now... death by banana peel it is. There's… there's just one thing I can't do, my love. I know you're used to climbing into boxes and escaping, but I can't put you into *that* box, knowing you'll never climb out…"

Jimmy grabbed her hand. "Then there's just one more thing to do, love," he sighed.

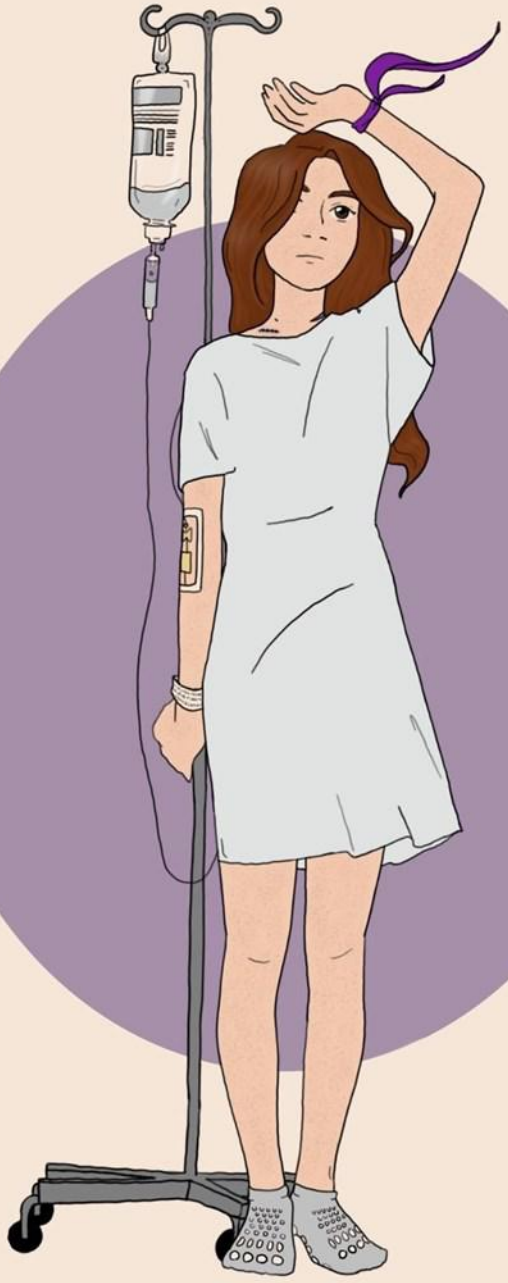
When Althea returned the following day, she learned that the body of her husband, Jimmy Eamon, had burst spontaneously into flames the night before and burned and burned until there was nothing left but a charred copy of Kubler-Ross and a pile of ash, which the cleaning staff folded up with the sheets and dumped dutifully and unceremoniously into the wash.

And Althea Eamon took a deep breath.

And closed her eyes.

And smiled.





"Start"



"It'll

By: Virgi



Be Ok"



"End"

nia Fronk

Tracing the Lines

By: Alyson Lee

When I was 20-years-old, my 80-year-old grandmother had a stroke and I watched her squeeze green putty in her hand to recover strength in her fingers. The young physical therapist, approximately my age, was gentle with her as she raged against her newfound limitations (putty thrown across room, hidden under desks, hidden under her shirt). I cared for my grandmother with gentleness too while saying things like, "she has lived a good, full life." Not two weeks later, I would find myself in my own physical therapy clinic, struggling to pick up marbles with my left hand. The PT clinic always played songs from the '60s. And I would listen as all the other grandmothers in the room hummed along and asked me who I was visiting. At 20 years old, I had had a stroke.

Disability scholar, Ellen Samuels, writes, "Crip time is time travel. Disability and illness have the power to extract us from linear, progressive time with its normative life stages and cast us into a wormhole of backward and forward acceleration, jerky stops and starts, tedious intervals and abrupt endings."[1] I did feel, I suppose, like I had time traveled against my will towards a "sick future" I was only supposed to reach past age 70. And I suppose the doctors did look at me like I had stepped out of a science-fiction novel—"you're one in a million"—they would say, as if that was an accolade I wanted. Because I was not legally allowed to drink but I had had a stroke, I was something of a time-hopping wonder. My grandma and I now shared a diagnosis, and I got my own set of green putty to throw across the room in rage.

...Was it time travel? Or did time collapse (explode)? Travel means moving from point A to point B (linearity and progression). But what I was working with was simultaneous, "the impairments of old age while still young...like children no matter how old we get."[1] That is, my 60-year-old father would wake up to run a 5K every morning, and I would need help down the stairs. That is, my roommates would babble about the hangovers they nursed last week, and I would count out my pills and go to bed at 9 p.m.. That is, for weeks, I would crawl out of bed at midnight and knock on my parent's door, blanket in hand, could I sleep with them tonight? Because I was scared I would sleep and not wake up. Ancient and infantile all in one.

Do I call this "timelessness"—existing in a space beyond time—or "time-ful-ness"—where too much time is compounded?

At times, I kind of liked the specialness of living in my own space-time continuum. I had tasted the edge of mortality and come back. I had gained the sophistication of a well-seasoned grandmother while retaining the innocence of a precocious child, all while taking upper-level biology courses at my Liberal Arts university. I was infinitely wiser than all these 20-year-olds who only knew what it was like to feel 20: how boring.

Of course this is what I would tell myself. But in the shadows of my apartment, taking another nap while my roommates were in class, I would sometimes also admit, "I want to be aligned, synchronous, part of the

regular order of the world. Like the leaves just now turning as the year spins towards its end, I want sometimes to be part of nature, to live within its time."

"Normative," "regular," "nature," were words I no longer could claim. If even the leaves move forward in time while I am timeless/time-ful, perhaps I have evolved from a different source of creation. Perhaps that was arrogant of me to say. Perhaps that's why I sometimes felt so profoundly lonely.

***

Today, I am 25 and in medical school. Like all ambitious students, I had successfully managed to turn my life's greatest trauma into a kick- ass personal statement. Because I had a stroke, I will make a great doctor.

In each class in medical school, I gain new understanding of what went wrong with me, trying but failing to not see every clinical case study in relation to my own. These words which once felt inexplicable– "Alyson shows subacute to chronic infarcts in the right internal carotid artery territory, involving the posterior limb of the right internal capsule"— take shape into something tangible, something anatomical, something I can translate into an answer on a multiple choice exam.

I sometimes wonder if medical school is all an elaborate, egocentric scheme to squeeze the chaos of my own illness into neat, diagnosable boxes; if it was my way to force this sense of time-lessness into a synchronous timeline of meaning.

Being sick on its own is a vortex. But if I'm able to trace the line from being-a-patient to taking-care-of-them, suddenly the vortex settles into its rightful place in the history of my life. It is the "call to adventure" on my own hero's journey. I sometimes wonder if medical school was my way to declare hope after life-changing illness. If, in the end, I'm able to divine the purpose out of the suffering, wasn't it all then worth it?

These are the questions I ask myself when my hands go clammy, as the patient tells me she has been feeling weakness on the left side of her body. I pull out a tuning fork and ask her if she feels the vibrations, trying not to think about the bowl of raspberries I dropped on the kitchen floor in 2018 after my grip had grown weak. I ask her if she still feels the vibrations, trying not to remember how it felt to trip over the ivory keys, to watch my 20 years of piano lessons waste in my uncooperative hands, to cry at the piano because I thought, I thought, I thought I could. I ask her when the vibrations stop, if they ever stop at all, and I try to exist as her hope for a life after diagnosis, as her proof that life does go on. I try to be the medical student I said I would be, understanding her unspoken fears and telling her in unspoken glances that everything will indeed be okay.

References:

1. Samuels, Ellen. "Six Ways of Looking at Crip Time." *Disability Studies Quarterly*, vol. 37, no. 3, 2017, https:// doi.org/10.18061/dsq.v37i3.5824.



“Girl on Fire”

By: Elissa Bardhi

Twenty-Five

By: Jackie Calhoun

There's pool of blood and bile in the gray bucket
Still swirling and bubbling from her retching
The IV pump is beeping again
She's tired of keeping her arm straight
Her hair is gone, and has been for a while
Hats somehow still let the shiny scalp through
So she's stopped wearing them. And she feels the breeze where she shouldn't.
Will it ever feel normal? She doesn't want it to, that would be giving up.
How does the heart keep beating?
Through the strain and the pain, the uncertainty
How do the lungs keep breathing?
With only the stale air of the hospital room
Twenty-five years old seems ancient and far away
But she knows that she will get there
She doesn't know what lies between
But it will be waded, trudged, triumphed through
Gone will be the basin, the screeching alarms
Her head will be covered by long dark waves again
The future will stretch out to the horizon
The rays of hope like sunlight along the way

The Golden Rule

By: Maya Albanowski

“It must be very different here, then,” I said, “compared to the way you live.”

“Oh, yes!”

Despite this admission, the boy and his father look quite at home in the sunlit hospital room overlooking the city. Handmade cards line the wall above the bed and the desk is stacked high with picture books and puzzle books and a conglomerate of crayons. The pair has made a home for themselves here, or as much of a home as one could while a ten-year-old undergoes chemo.

The boy and his father come from an Amish community about an hour and a half southeast of the city. Their family has owned a dairy farm there since 1775, longer than the United States has been a country. The father shows me a flyer advertising the brand of milk that the family’s milk is sold as.

“Do the cows have names?” I ask.

“Oh, yes,” says the father.

I crouch down next to the little boy’s chair. He is a slight little thing—skinny arms and a smiling face in a sea of a green and orange hospital gown. When I complimented the animals on the gown, the father stated that he wore the same one every day.

“Do you have a favorite cow?” I ask. The boy smiles at me. He doesn’t answer for a while, just blinks dazedly down at me. “No?” I ask and shake my head.

His father answers, “He likes all of them the same.” The boy’s father is a friendly man, with a wide smile and short brown hair. He answers every question that I ask of him with a kindness and a candor that is hard to find anywhere, let alone in a man whose child was diagnosed with brain cancer.

The boy’s first symptoms were headaches. Earlier in the year, his parents brought him to a doctor who diagnosed him with migraines. After the headaches went on for another week, the doctor recommended that they bring the boy to the Children’s Hospital for further evaluation. A scan in the emergency department revealed a fist-sized tumor. Since then, the boy and his father have been staying in a hospital room that changes every four weeks. There was only one room that they didn’t like (the only view was of a brick wall) and the father says that “the days go quickly” here.

Days consist of waking up at ten, which is a break in routine for the boy’s father who is used to waking up at 3:30 am to tend to the family’s cows. They spend their time looking out the wide window in their room and taking walks to the sun room. On the days that the boy receives chemo, like today, he is more tired than usual.

“What do you like to do in your free time?” I ask the boy. I learn that the boy enjoys puzzles, like the ones stacked by the table by his bed, and that he likes to play. He has four siblings at home, aged thirteen to three, and he likes to play with the youngest, his three-year-old brother, the most. He attends school in a one-room schoolhouse where twenty-three students, grades one through eight, all learn during the school year together. The boy likes arithmetic the best.

At the hospital, the boy does not have siblings to play with. The hospital is very different from home. This is exemplified when the father points out, “We don’t have electricity in our homes.”

“It must be very different here, then,” I said, “compared to the way you live.”

“Oh, yes!” he replies.

Still, the boy’s family and his community do

their best to keep him and his father connected to home. The boy's mother comes to the hospital every weekend and drops off a package of daily gifts for the boy to open. Sometimes the gifts are puzzles or coloring books like the one the boy was working on when I first walked in the room. Sometimes they are the handmade cards that line the room.

"Who sends the cards?" I ask.

"Our family," the father says, "and the people in our community."

It is apparent that the support of their local community has been essential. The father tells me of a recent experience when the roof of the family's barn blew off, and members of the community urged him to stay with his son in the hospital. They came together to put the roof back on. The father also stays connected to his community and culture in other ways, such as through the Amish newspapers that his wife drops off every week. They detail notable events in Amish communities across the United States. I was particularly shocked to read about a horse attack in Fresno, Ohio just the previous week. The father and son also have photographs from home (including of the cows), and the boy's mother calls every day, and his grandfather calls every night.

They had recently had the opportunity to go home in between the boy's third and fourth rounds of chemo. He got a chance to play with his siblings and feel at home again. Now, the boy and his father are back in the hospital for his fourth of six rounds of chemo.

"It would be different if he fought going back," the boy's father says. "But he doesn't."

"He's awfully brave," I say. The father nods.

I get a chance to see the boy's bravery firsthand when a nurse comes in to put in his eye drops. I watch the boy, the father, and the nurse work together and the father comforts the son while the nurse puts in the drops. They wait for him to rub at his eye afterwards and tell them that he's ready for the next eye drop. Afterwards, the nurse grabs a puzzle book from the desk and shows the boy his favorite puzzle from when he was younger. For the father, this exemplifies something essential to him: the Golden Rule.

The nurses and doctors treat him and his son how they would wish that they were treated. It's that kindness and empathetic treatment that have made all the difference. They had a difficult first week in the hospital, but between the family's faith in God and the treatment of the hospital staff, they have found light even in a situation that most people would find extraordinarily stressful.

"It's been a great experience," the father says. He views their time in the hospital as an opportunity rather than a loss. For him, this experience is a test from God "to see what I would do, what [my son] would do, what the nurses would do, doctors would do."

They and the people in their life have been tested—and from the nurse who gave the eye drops to the neighbors who fixed the barn roof to the people who bring therapy dogs to the kids every single week (one of the dogs even shares a name with the boy)—they have been found to help one another and to follow the Golden Rule.

The Golden Rule has given the boy and his father a remarkable hope that is rare to find. It is a hope that is rooted in faith and trust in others. Even in the most difficult of circumstances, hope in the people around them has carried this family through.

While their time in the hospital has been a positive experience, both the boy and his father are looking forward to the end of his chemo and to getting out of the hospital and heading home. They should get to go home in the summer.

"Just in time for your birthday," I tell the boy. He gives me a small smile that lights up his face and softens his eyes. This time in the hospital is peaceful, and most importantly, it's temporary. For the boy and his father, the future is bright.

Emails from a South Dakotan Italian Restaurant *Re*: a Scared Puppy

By: Elizabeth Buechele

This story begins in Rapid City, South Dakota. You're probably wondering how I ended up there—so was I.

In 2018, my best friend and I quit our jobs to travel for two months with *The Smile Project,* a nonprofit organization I founded as a high school student. We were traveling around the United States, meeting with other organizations, hosting service projects, and facilitating a giant "pay it forward" map to connect people who may never meet from areas that might never interact all to prove this working theory that, at the end of the day, people want to take care of one another.



We had just finished our service project and speaking event and were headed to our lodging for the night with one major detour. I wanted—no, needed—ice cream. We pulled into the main drag of Rapid City and nestled our rental car between the endless rows of bikes on their way to Sturgis for the annual motorcycle rally.

We started down the street to the parlor that I had my eye on since I dutifully searched, "ice cream near me" a few hours prior. That's when I saw the dog. He was wearing a collar and a whole lot of fear, darting dangerously close to the other vehicles on the road. I immediately found my allies in sidewalk strangers.

All of this was unfolding in front of Botticelli's Italian Restaurant. Before I could fully process the situation, the owner, the hostess, and two diners had joined myself and a young couple out for an evening stroll. This odd cacophony of people turned mini rescue crew trying to coax the dog in our direction, but he was too skittish.

Eventually, one of the diners was able to grab the dog's collar—much to the pup's hysterical dismay and presumably solemn vow to never again fall for a bribe of free table bread. Without releasing his grip on the collar, the diner gently held the dog and told him how everything was going to be alright. Like a well-oiled machine, the diner motioned for me to read the telephone number on the dog's tag. Another woman dialed the digits and reported back that this wasn't the owner's number, but a "sheriff who licensed the dog tag"'s phone number. *Oops*.

Momentarily discouraged, our ragtag team began to discuss the next steps for the animal we had all quickly grown attached to. Most of us weren't South Dakotan locals and none of us were exactly sure what the logical next step was. However, we weren't going anywhere until we had one.

As we searched each other for ideas, a police car drove past and the restaurant owner whistled its attention. Within minutes, animal control arrived. I looked around at this random assortment of people; we were a seamless rescue operation.

Myself, the hostess, and the two diners (one of whom was still securing and comforting the dog) discussed what would happen to him. The officer assured me that the dog most likely had a microchip and would be returned home.

Just like that, all the excitement died off and everyone dispersed to their respective worlds—to work, to a walk through the city, to ice cream.

Stirring my Cookie Dough Storm, I found myself replaying the scene over and over. A group of total strangers rallied together in mere minutes to help a dog who was extremely close to being struck by a car. In moments, these people had stopped what they were doing to help an animal in need, not because there was any reward involved, but simply because it was the right thing to do.

Swirling my ice cream in the dish, I lamented to my friend about how I wanted to find a way to thank everyone everywhere who did the right thing without expecting a "thank you" in return.

That's how I found myself marching across the street to the restaurant and telling the hostess my life story. She flagged the server of the two diners who had saved the pup and allowed us to cover their bill.

Later that night, full of ice cream and faith in humanity, I received a message to *The Smile Project* account. It was from one of the diners. He wanted to say thank you and to tell me that he thought what we were doing was cool. He told us that if we were ever to pass through Michigan, we would have a place to call home.

Home, a place that seemed so far from Rapid City, South Dakota, and nevertheless, a place that I was finding could be found everywhere.

The day before the road trip ended, I was sitting in my co-pilot's bedroom outside of Youngstown, Ohio, catching up on work, when I saw an email from an address I didn't recognize.

...

Subject: Scared puppy

August 15, 2018, 11:37 AM (ET)

Hi E.,

This is M. from Botticelli's in Rapid City, SD. I hope your travels have been safe and rewarding.

I wanted to tell you how much you and your mission touched me! It's so great to know there are still people out there doing great things for others. Gives us hope!

I also wanted to let you know that I contacted the shelter about the cute scared puppy the next day. His owners were local, and they did pick him up. I would have taken him had he been available!

God bless you and your adventures!

– M.

...

Rarely, if ever, do we see the full circle results of our actions. Perhaps that's what's so special about acting in unselfish love. We don't have to know what will happen next. We don't have to see the bigger picture. We need only to trust and believe that what we are doing matters.

And kindness *always* matters.

when we are away

By: Caroline Karnosh

alone in a room not conducive to play
machines and medications maintain her heart;
know you are loved even when we are away.

the device keeping time clicks, dares to convey
a danger, a dream, a demand to impart
alone in a room not conducive to play.

this hospital-home for an extended stay waiting
days and days, we lament to depart;
know you are loved even when we are away.

gifted hearts and hopes pass by, to our dismay
we are left restless here, longing to restart
alone in a room not conducive to play.

fading days leave our minds in more disarray
we pour out prayers and pain and play our part;
know you are loved even when we are away.

embraced, we defy wires and dare to sway
relentless in routine until we're apart.
alone in a room not conducive to play
know you are loved even when we are away.



“First Day”

By: Elissa Bardhi

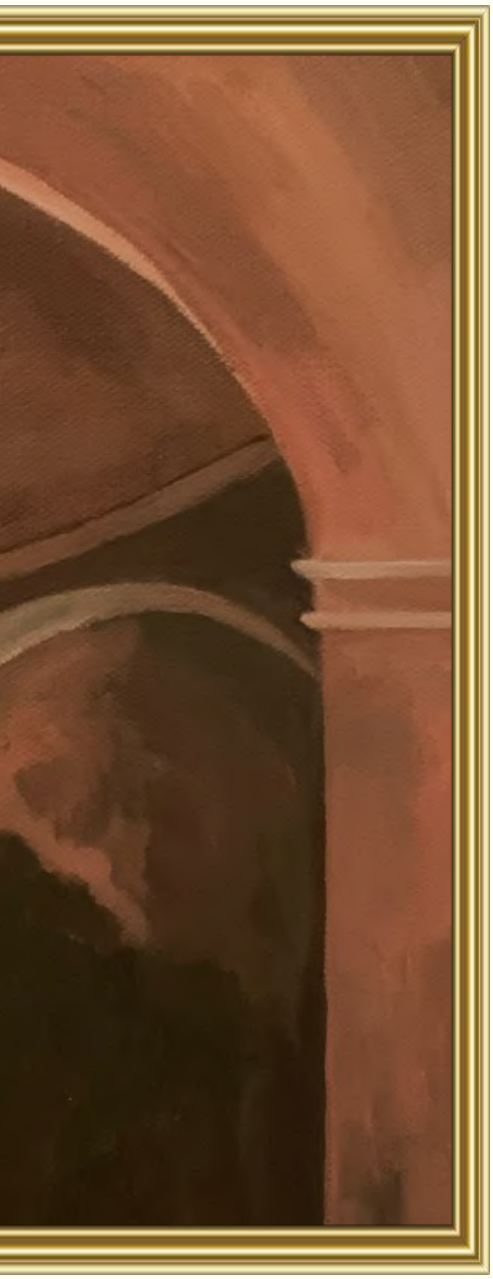


"Out the Window"



"Through

"Hope is the ability to find beauty in the everyday scenes of life. Pausing to look at an open window or a doorway leading to the staircase allows us to see the beauty that might not be apparent. Furthermore, these points of transition invite us to think about where they lead.



n the Door”



“Up the Stairs”

By engaging in this invitation and envisioning where they lead, we learn more about ourselves —where do we want to be taken? They give hope by reminding us there are places we haven't been, more places to explore.”

By: Brenna McKaig

The Intern

By: Thomas McMorrow

Participating in the births of new babies was my favorite part of my first month of my pediatric intern year. I started in the neonatal intensive care unit, a place known by families for its innovative and often life-saving strategies for the hospital's smallest new tenants, and by new pediatric interns as a daunting challenge better saved for later in the year.

Yet there I found myself on July 2nd, my second day as a real, actual doctor and just over a month after having graduated medical school, struggling to remember how to put on a surgical gown sterilely under the watchful eyes of veteran nurses and support staff who were surely wondering how I had even made it this far. *I was a doctor, right?* I was unsure whether the dripping moisture on my hands was secondary to the panic I felt as I ran after my senior resident from the NICU to the delivery room, the seemingly blazing heat of the room itself, or just my rushed attempt at drying my hands after scrubbing in.

One of my jobs as a NICU intern, and really my exclusive job that day, was to safely transfer the newborn from the delivery table to the resuscitation table that was situated and waiting mere steps away. This ostensibly simple task is not so simple on the second day of your intern year. *Where should I stand*? The nurse in charge directed me into place. *What do I do with my hands to prevent myself from contaminating my own personal sterile field, and having to put on a new surgical gown*? I stood there awkwardly with my hands together in front of me. And most importantly, *how do I not trip over myself or worse, drop this tiny, greased-up ball of new life that is about to be entrusted to me? Are my shoes even tied? Maybe someone else should do it today… watch one-do one-teach one, right?*

But before I knew it, life had lived, and the OBGYN was handing over a (thankfully) vigorous new preemie. Unsure of how to complete my transfer most securely, childhood instinct took over: I was now a running back on the goal-line, and ball security was the only thing that mattered. Both hands on my football, cradled, protected from blitzing outside linebackers (or maybe just the various machines and wires), I trudged partially hunched over and hyper acutely aware of each step the one yard to the end zone, and gifted my tiny football into the waiting arms of people much more experienced to handle whatever came next. Touchdown!

What I came to appreciate during my month attending deliveries were the often-patterned parental reactions to birth. Prior to the births, the room was often quiet, with an unsettling mixture of apprehension and excitement overlying the monotone music of cardiac monitors. Then life happened, the baby cried (usually at least, thankfully), then everyone else cried, and finally I ran off back to the NICU. But a couple of times, usually only with the healthiest newborns, I had the pleasure of introducing parents to their newest and greatest creation.

I would always look into parents' eyes as I presented them with their bundled babies for the first time. A look of relief always came first, sometimes mixed with a hint of confusion. *I made this baby and it's really outside of my body now? Isn't that something?* Then, like clockwork, my favorite moment: the unfiltered joy. The Christmas-morning-as-a-Santa-believer type joy. The watching-the-love-of-your-life-walk-down-the-aisle-toward-you type joy. The moment where everything is right, and nothing is or could ever possibly be wrong again. The joy of this moment is palpable, pervasive even, and enough to bring a new, frazzled intern to tears and to peace all at once. I looked once to my side at a nurse and my senior resident, noting the renewed passion and resolve and *hope* in their eyes as they absorbed this moment again for the hundredth or thousandth time. In those moments, I realized I was in the right place, surrounded by the right people, at the right time, and that whatever was to come the next three years, I was ready.

Springtime Flowers

By: Sara Cao

The hospital room is bright and cheery. Lila coos happily, all rosy cheeks and dimples in a pink Minnie mouse shirt. If not for the wires and IV lines, she would look like any healthy 11-month-old.

Lila and her family's life took an unexpected turn when she contracted enterovirus and subsequently developed heart failure. Last winter, Lila was admitted to the hospital. Now it is spring, five months later, and she still hasn't left. She is dependent on an LVAD to live while she waits for a heart transplant.

One of the hardest aspects of illness can be a sense of powerlessness. A life that was cruising along carefully constructed train tracks is now careening off the desired path, terrifyingly out of control despite the best laid plans.

Her mother, Sasha, is cheery and cracks joke after joke, but she sobers when she opens up about how she initially struggled with that feeling of helplessness. "As a mom, it's my job to protect her," she says, "and I hated not being able to take her suffering away. All I could do was watch." The worst ordeal, she recounts, was when Lila was on ECMO for four days. "She looked lifeless lying there. I couldn't do anything for her."

Paradoxically, while she felt powerless to help, she also felt it imperative to be present at all times. During those initial weeks, she would arrive at the hospital every day at 7AM, and when she was home, she would do nothing but worry. What if something important happened and the care team needed her? She lived an hour from the hospital. What if she was stuck in traffic and couldn't make it to her daughter in time? By living at Lila's bedside, Sasha seemed to be grasping for a sense of the control she felt she had lost. Meanwhile, the rest of her life was placed in stasis.

While Lila was tethered to the hospital by the device in her chest, Sasha was just as tethered - by her fear. Both parent and child were stuck in limbo in that colorful hospital room, still in winter while the rest of Pittsburgh had long transitioned to spring.

Sasha tells me how she learned to stop letting that anxiety dictate her life. The answer was surprisingly simple: Lila's healthcare team won her trust. Eventually, she grew secure in the knowledge that they truly care about Lila's wellbeing and will do whatever it takes to help her.

"Every time the nurses pass by, they step in and say hi to her. They don't have to do that," Sasha explains. It's important to her that I understand the gravity of this statement. "It's not their job to do that. They just love her so much. They're her second family."

At a time when trust in the healthcare system is declining, the strongest impact on our patients is not made by convincing them of our medical prowess or technological advances, but by providing those moments of human connection. Each small interaction waters seeds of trust between patient and provider, and that trust can be the basis for patients and family members getting their sense of control back. It can be the basis for hope to spring forth and uncurl new petals in weary hearts.

Sasha still faces uncertainties, and she still visits Lila whenever she can, but her obsessive fear has begun to subside. Her feelings of powerlessness are tempered by reassurance. While the unknown can still be terrifying, she knows that she has placed her daughter in trustworthy hands. Slowly, she has begun to turn to the parts of her life that have been put on hold this past half year. She has another child and a dog at home. She's graduating from her master's program next May, and she's planning her wedding.

She shows me her nails, which have just been manicured – each nail is a different color, a rainbow of soft pastels sprouting from her fingertips. They remind me of springtime flowers.

Our Memories

By: Samir Yellapragada

When we used to play dominoes
a lone sun ray would ricochet
off of the silver bracelet that shrouded your wrinkly wrist
and illuminate the cobwebs that littered the tiny crevice
behind your mahogany bookshelf.
You would reintroduce me to the coin collection
that you had started as a teenager growing up in the 8th arrondissement of Paris.
And when I asked what it was like, every single time you would tell me about
that bakery where you had your first kiss with Alain Franz.
Maybe yesterday is a thing with feathers
and maybe, just maybe, this time it would perch itself on your mahogany bookshelf
for just a little longer.
Your mind was tangled with thoughts I could not know, but every week for a few hours
the past was interwoven with the present, dreams interwoven with memories to knit
a soft quilt that still wraps the both of us.
Gingerly you would peel open the container of that rusty metal box
and look up at me with those light green
eyes brimming with all of the wisdom in the entirety of our world
before inevitably asking

I'm sorry, dear, but who are you again?



““Mali i Zi” (translated from Albanian: “Black Mountain”)

By: Elissa Bardhi



“Forest Bathing: Positive Emotions and Health”

By: Michael Roberts

Waiting Room

By: Alan Schwartz

It was a butterfly in her hair, like a thought
impossibly perched
wire framing the wings, deeply bruised with orange.
A monarch
straining to hold to the straw-like strands
as she presses herself from her chair in the waiting room;
a slow, deliberate lift, her eyes darting to what dangers lie ahead.
And the monarch is now leaning, splayed backwards
its plush indigo wings spread to the sky
wishing to take its leave from this twisted
needled earth
of hair.



The Hope of Acceptance

By: Chris Ward

March 2020

Sneaking in a stuffed hippo for our first COVID patient, dropped in the bushes for a nurse to retrieve. Sam's new saying, "6 feet apart or 6 feet under." Watching New York fall like Italy, the pandemic was upon us.

Hours walking through neighborhood alleys, new life bursting through earth, spring was upon us. Home was the new escape. Centering down, holding tight to those closest. Lighting up the city for healthcare workers, our heroes. Oh, how long it lasted before our heroes were our enemies.

People on screens, therapy, classes, family. Watching life play out without you. Living in a void where laughter and normalcy exist on the other side.

June 2020

"This is not school! There is no school! I wish I were dead!" My heart vanished. I felt lifeless, hollow, thinking of my kid not walking the Earth. I can still feel the wetness of your tears on my shoulder, your face buried in my neck. Mirror image of the night I thought we'd die together, unable to protect us, a mother's purpose, cowering in a corner. Not all homes were safe. We were still breathing.

Summer 2020

Watching the waves, enjoying meals at sunset in the sand. Kid with their first account of pandemic sleepwalking. It was lonely, my relationship built on lies, a situation I had to escape. Moments of terror, a fragile state, everything a tipping point to threats of violence. It felt oppressive, impossible. So, we took pictures and smiled. I was dying inside. Surely, I would die in this place, in isolation. No one to tell the full truth. My last vacation under the same roof.

November 2020

New beginnings in palliative care. Leaping back into pediatrics, a new position amid hiring freezes and layoffs.

December 2020

"Just tell them Caroline said it's your turn," unimaginable that the light had come for me, for us. A pinpoint in the sky, almost certainly a passing plane. I rolled up my sleeve, happiness warmed my body as my colleague gave my vaccination, my armor. Later that evening, over the fence I spoke with my neighbor. We smiled and laughed; life emerging in the middle of winter with hope of a rescue.

She couldn't wait for her turn. She wouldn't lie to move up in line. "We all have to make it through together." Two months later she was gone. Her ventilator removed lovingly, her children at her side.

I searched for that pinpoint. What I wouldn't give to have moved her up the line, to take my spot in the strange lottery of survival. I could sit in my fear knowing my youth and strength could pull me, possibly, through to the other side.

I walked two more friends through this journey. Grandparents in ICU on ventilators. Who to talk to, what to ask. When we've done enough.

I've walked this journey with countless families. The ability to process, move, and breathe was rote. With friends, I collected souls that I carried

with me. A weight I wasn't used to carrying. I got tired, there was nowhere to rest. The waves pounded us, our communities, our nursing homes, our schools. The pinpoint extinguished. It was just a passing plane.

Spring 2021

Social media filled with photos of smiling, masked faces, sleeves rolled up for the greater good. I began to plan my exit. By the end of the year, I would be free. I was terrified I was planning for an out that did not exist.

Kid and I went on our first solo trip. Kid made sunshine nachos. We walked with horses on the beach, swam in the bay, and met a turtle friend. It was the beginning of a new chapter in our lives. No one knew this but me.

Fall 2021

School was back in person. Rumors of going maskless set in. I waited for the inevitable disruption of quarantine. We'd been so protected through this time. My fear was rising, that pit in my stomach widening, an acid bubbling up, fighting against containment.

Kid found friends after reinventing themselves, becoming their authentic self. We connected on our rainbow. Both out and loving it.

Discussions turned to arguments, negotiations for my escape. Electricity pulsed through me. I didn't believe I would find my way out, living each moment as if it was my last. My pinpoint of light so small I could blink it away as if it never existed. Thousands of years of burning gas and dust extinguished in the blink of an eye.

And then, in some parting of faith and miracle, I was free. I could breathe, and move, and saw a life in front of me that had never been there before. It was terrifying and glorious. For a moment I forgot about the lurking monster, waiting for me to let my guard down. That's how I always imagined it would happen.

We settled into our new reality. The waves continued. Pounding surf that only took adults into the riptides, had now come for the children. The protected ones, who were called out of school. Learning became quiet and new.

Riding the waves, trying not to fight them became the practice. Disruptions continued to upend our microcosm. No childcare today, school building closed due to high case numbers. Yet somehow the world continued to spin. Sunrise and sunset had become constants. And those rare moments when the sky was clear enough to live among the stars. Our new normal wasn't lacking in experience. If anything, it was richer for pairing down, putting energy into the most important things. The blessing of new priorities amid uncertainty and grief. The world continued to turn.

Until it was my turn.

December 2022

Kid and I shopped for our Christmas tree on Monday. Magnificent and full. A white spruce, scent of citrus.

I started to sneeze, worse when I was home close to the tree. I began to worry. I tested and tested again, negative. I was so upset that I might be allergic to my favorite tree, my tradition. I awoke on Sunday morning feeling ill. I tested—positive.

When did I let my guard down and allow the creeping monster in?

I sobbed, knowing it would be some time before I hugged my child again, sobbed for being alone to care for myself, terrified my lungs would fail.

Thoughts of ventilators imbedded in my brain as much as I tried to dispel them. The tsunami of fear from March of 2020 came pounding into my body, shaking my foundation. I tried to remember my logic, to no avail.

My breathing deteriorated, my body ached with a pain that wouldn't let me rest, no way to offload my joints; a black hole crushing my skull into a

tiny speck of dust. My body exhausted, unable to sleep, constant movement to relieve pain, doubled over with coughs. I shivered for 16 hours under every blanket I owned. My brain a fog. I measured my oxygen, watching it drop as I tried so hard to get up and walk, trying to keep pneumonia from setting in.

On day 10, I found my cat hiding, ready to die. Sobbing, I called vets asking if they would let me be with her if she was at end of life. One vet said they would "work something out." They lied. She was in kidney failure and had days left. They would take her from my arms in the car and put her down inside the building alone. I thought my chest would cave in with grief. I could never let her die without my comfort. I took her home.

Hospice would come the next day and put her down in my arms. That night she drank water from the Christmas tree and ate as much of her favorite treat that she could bear. She'd hide when I'd fall asleep, so I stayed awake with her. She began to seize. In the early hours of day 11, she took her last breath.

The day before, I dug her grave. I knew I'd never be able to manage such a task once she was gone. I chose a space under the wild blue indigo where I knew she could watch the birds. I wrapped her tight in her blanket and in the cold early morning air before the sunrise, I placed her in her grave. The heaviness of soft earth, right before the freeze. I stayed with her, the dark, crisp breeze gently blowing over my tear-soaked cheeks.

As I stepped across the threshold, I knew I was utterly alone. I remembered my spring walks through the cemetery. In 20 years, I've never come across so much freshly opened earth, new graves adorned with flowers. How much have we lost?

February 2023

The answers would keep coming. I returned to work, but I wasn't getting better. The breathlessness, the fog, the aches clung to my body no matter how hard I tried to rid myself.

My medical journey began. A nodule on a chest X-ray. A wait for a CT scan. The damage to my lung bases, innumerable nodules, unresolved pneumonia. Cultures showing MAC. The antibiotics, testing, appointments. It would take a year to know my new baseline.

New baseline. A term that I used so freely with the families I cared for. I collapsed under the weight. Lungs that would not carry me through hikes. They wouldn't even carry me up stairs anymore. My cough so violent that petechiae formed under my eyes and the tops of my cheeks. I woke up in the night, my airway plugged, forceful coughs to clear it so I could breathe again. Panicked I tried to sleep, grateful I woke up. Where was my pinpoint of light? My true north? I'm lost in this suffocating mess of a broken body.

The unjustness that comes with the damage of Covid is impossible to shake. If only that mom hadn't come to the bedside sick. If only the nurse made her leave. If only, if only, the weight of thousands of lifetimes of what ifs. The blame doesn't belong to the mom, or the nurse… or me. But I carry this injustice like I carry the bodies of those who died from this wicked virus. I drag them with me, the weight of it all slowly crushing my bones, tiny fractures appearing daily, too numerous to heal, innumerable like the nodules of my lungs.

In the aftermath, I've lost my sense of self along with the comfort of my breath. Preoccupied with safety, nothing else can fit in my head. It's like I'm back to the days when I wondered if something so benign would provoke the monster and I'd witness my last sunrise.

All the protective mechanisms I developed to keep myself safe for so long, came rushing back as a mandate for my survival. Fear of contact, of crowds, of my life's work. I've spent a decade in hospitals, and now it feels foreign with evil, danger lurking, no protection good enough to

keep me safe. It set me apart, isolated me in a way that made me stand out when I yearned to be invisible.

April 2023

I came across a Twitter post, a nurse's capstone project.

One of the first things he asked, "How has the diagnosis of Long COVID changed the way you live?"

I quickly corrected him, "No one has called it that." No one has called it Long COVID. Certainly not me. The nurse quickly corrected course…but he didn't have to. That hour long interview was the beginning of ownership. A small sliver of light. I righted my boat but there was still no wind, no power. Floating off course, but no longer drowning. Navigation lost to the stars; the night sky thick with clouds. This lovely nurse wanted to know how to better care for people like me, newly damaged and broken in a war we quit halfway in. We left so many dead on the battlefield, with no one tending to the walking wounded.

I hate war metaphors in healthcare, it fills people with a need to fight, and leaves them with the hollows of defeat.

But, COVID feels very much like a war: a preventable, global event, ruthlessly taking the most innocent among us, the most vulnerable; at times, it takes the truly unstoppable. And in the end, we carry our wounds, very much like those of the traumatized soldiers of unending war. Finding danger in all walks of life. Hypervigilance that never allows my muscles to release, my mind to rest. How do you settle into a broken body?

My life's work.

August 2023

I find myself sitting on the shore, letting the waves wash over me. Mourning. I think of the families I have cared for; the strength they've shown in the face of hardship. It's been so long since I felt that strength. So long since I've felt calm. I've lost myself and the path back is severed.

But I sit in the sun on the shore, and I force myself to close my eyes. I remind myself that the waves will not take me out to sea. They are constant, regular, natural patterns. The tides like the sun, rise and fall. I will not be swept out to sea.

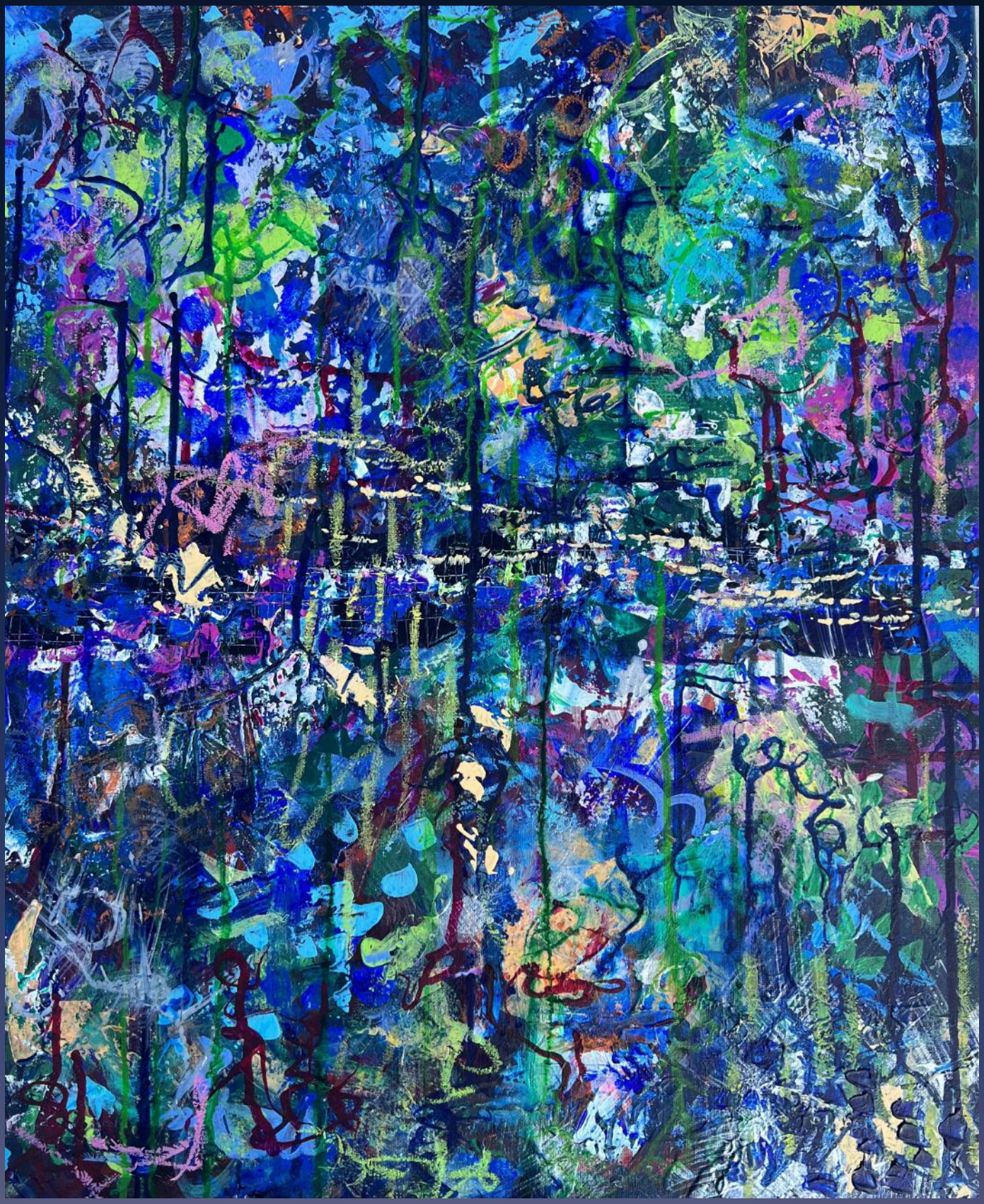
I close my eyes and smile as the chill of the water reaches my toes. I relax my jaw, unclenching I feel I'm letting go. I'm grateful for the constant breeze after the stale, oppressive heat of yesterday, sucking the breath from my lungs, the air still with salt and sea. But today the breeze carries me, gives me life. The smooth sand under my toes, the sun gracing my skin. I'm comforted by the continuous breaking of waves.

My eyes open slowly, and the expanse of the sea and sky fill me with an awe I thought I had lost. Lately, everything feels like it's closing in on me, and today, as I open my eyes, I'm energized by the infinite possibilities of the world. I remember myself.

I take comfort in the rise and fall of the sun and moon, of the tides, the coming of seasons. I take comfort in growing things, in watching my garden take shape, feed me with an abundance of fruits, then on back to sleep to awake once more in the spring. Predictable. A place where time marches on in a gentle beat, like that of my own heart. This expectedness feels much like acceptance. As much as I'd love to hold onto summer, the richness and overflowing beauty, I welcome autumn.

It is this acceptance that guides my path. The hope of acceptance is my hope for living. To accept my body, push its limits, to hold it close and honor its seasons. It feels so far away, but the pinpoints are becoming more frequent now: glimpses of light, of the path—a place for wishes.

The hope of acceptance



“Graffiti”

By: Jammie Butler

Like a Rain of Souls

By: Connie Hixson

Like a rain of souls drizzling down,
dropping to the open graves of the earth,
my friends lie down around me.

These dark open mouths receive them softly,
for their fury and their passion are past,
leaving the husks and the lonely.

They wore lovely shapes in the shimmer of life.
They were sister, daughter, mother, friend.
For now, they are dust and disease.

Death,
Are you the quiet finality you seem to the loving and living?
Or a way-station on a rainy night?

The Stories These Walls Could Tell

By: Siddhi Shockey

How confident do you feel about your decision to have an abortion?

Bodies shifting in chairs full of decades-old stories.
That's an impossible question to answer,

Their chuckles cut the air.
How funny is it that I even ended up in this position?
That I tried to protect myself but couldn't?

Impatience builds between us.
Don't worry, honey. I've done this before, just tell me where to sign.

Glaring through tears,
Why would you even ask that?

Honestly, I need a Xanax.

Legs and arms crossing as they assert,
You know, I'm pro-life.

Uncoiling as they murmur,
I would never do this otherwise but…

Why do you even do this job? How can you live with yourself knowing what you do?

Teenagers staring at models of pelvises and copper IUDs,
wholly unaware of their own anatomy.
Is it going to hurt?
Will my prom dress fit?
My mom's expecting me home by 3.
Can I have a medical excuse to get out of gym class?

Tugging on sleeves, faces hidden behind glasses and hats,
Yes, I'm sure. If I'm pregnant, I can't leave him.
It's okay, I have things under control.

Foot in a cast and head propped up by a neck brace,
I'll be honest with you; I can't get any sleep because of him.
Have you ever tried to sleep in the ER?

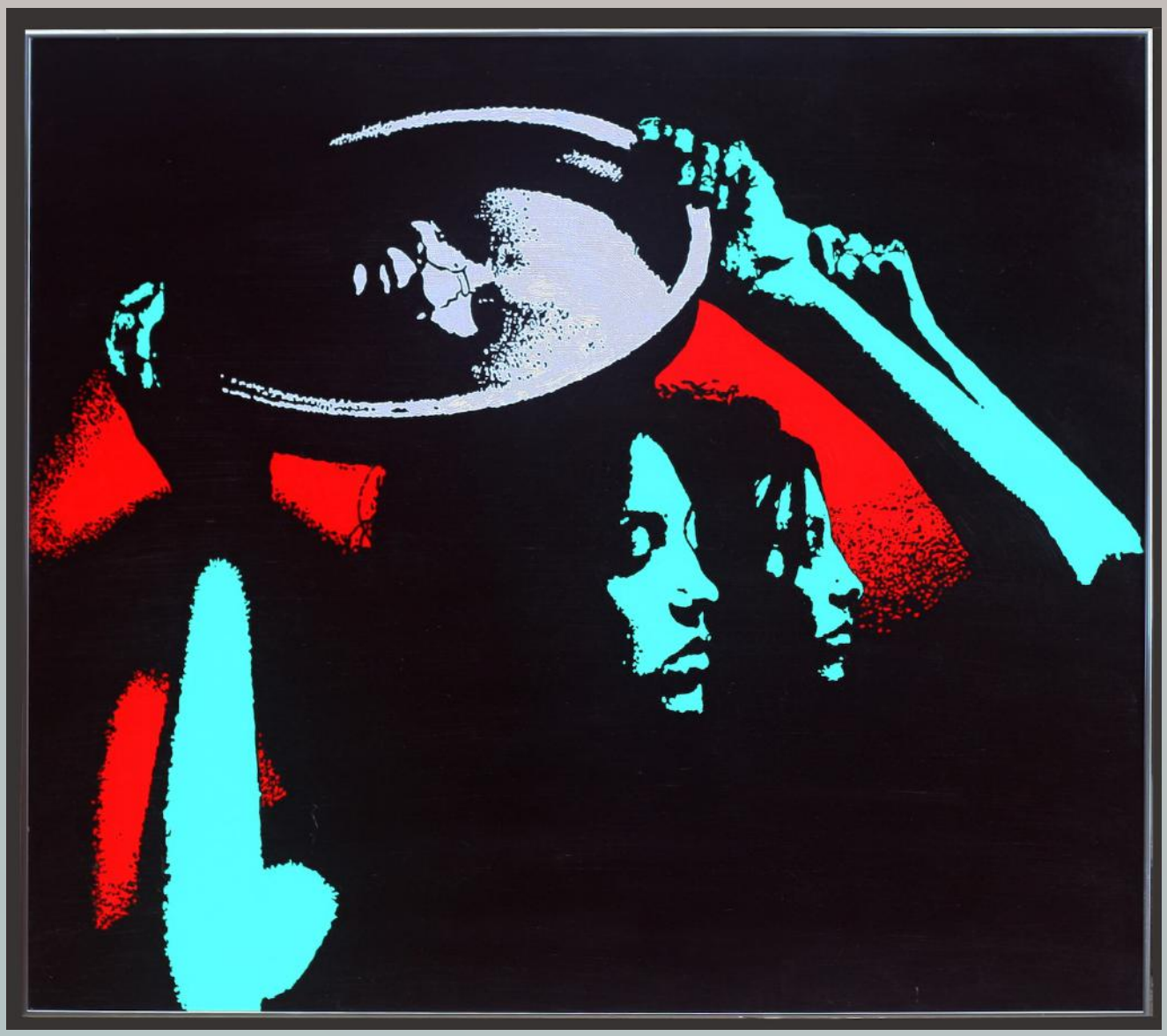
A wall of pebbles crumbling to tears…
I'm worried he might flush my pills.
I'm worried I'll be arrested.
I don't want my kids to know, but I'm trying to make the best decision for them.

… And every so often light pokes through.
I'm just relieved to go back to my old life.
At least I can eat as much ice cream as I want!

A small blue gem perched on a sliver of moon.
I have this charm on my necklace.
I got it because I was going to name her Luna.

After this, my grandma and I will bury it in a box with her ultrasound.

I guess it gives me hope that even in loss, there is something to be found.



"The True Identity"

By: Jim Nagle



“Earth and Sky Figures”

By: Jim Nagle

Thursday

By: Emily Gainor

You are three days old today.

Dinging alarms, incubators.

Cafeteria, Diet Pepsi.

Luscious hair, EEG leads.

Shuttle to car, car to apartment.

Neck tubes, IV drips.

Get the mail, feed the cat.

Spinal cord deformity.

Zoom calls, cold shower.

A heart defect.

Chicken for dinner.

Tiny hands.

Laundry.

DNR.

Study. Study. Study.

No time to think no time to feel.

Only 2 miles away -

You *were* 3 days old today.

The Constant Metamorphosis of Hope

By: Jennie David

To be both a person living with chronic illnesses and a pediatric psychologist providing care to children with chronic illnesses is, in many ways, an exercise in continuously considering my relationship to hope. When I was diagnosed with Inflammatory Bowel Disease (IBD) at 12 years old, I routinely conflated hope with magical thinking, sitting by the phone in our kitchen for hours hoping the phone would ring and the doctor would tell me he had been wrong and I did not have a chronic illness. Hope meant not taking my medicine and hoping that refusing to swallow the prescribed pills would also refute the inflammation swelling in my intestines. Hope was coded in defiance, in denial, in desperation to reach back in time to undo the diagnosis. It felt like riding down a bumpy road holding a very fragile object in my young hands, fiercely trying to hold tight to the delicate object and feeling like at any point it may tumble and break.

I clung to timelines doctors would tell me, "You'll feel better by September," and then feeling the deep anger and grief when the date passed and nothing changed: the hope I had begun to feel, juvenile and harmful, like a glass object shattered and the shards drawing blood. Over time I came to guard against hope and not fully permit myself to hope, to notice the frothy feeling of hope rise inside me and actively apply pressure to keep it quiet. It was too painful and tender to hope, and fostered my frustration towards my body not cooperating, my doctors who didn't seem to appreciate how their well-intentioned words could sting my soul, and a healthcare system that so often had few answers to offer me.

And yet, with this complex and traumatic history with hope and healthcare, I became a pediatric psychologist who specializes in IBD And, each day I work with young people living with IBD, I notice my own compelling craving to offer hope to my patients and caregivers in their own IBD experiences. Does this come from a place of wanting to comfort, to reassure, to swaddle a young person in the idea that it will be okay even when I know this is not always true? There is such nuance in chronic illness and IBD in conveying sincere hope, that the illness does not suddenly change the patient's identity, that there are imperfect treatments to consider to alter the disease process, that there is a multidisciplinary team to work towards whole person care.

This has particular weight for me as a patient and provider in IBD, as I intimately understand that IBD care is a medical art, deeply unpredictable and far from a clear algorithm; I understand as a provider that simplistic certainty does not exist within modern IBD care and yet, the pull to hope is human and persists even in medical uncertainty. When there is a clinical utility to disclose that my patients and I share a diagnosis, I do so carefully to offer my own version of hope that I have a full and meaningful life with IBD and my patients can as well; this is a tightrope to walk in centering the patients' experiences and supporting families in finding their own adaptive brand of hope. We can use hope as a flashlight to guide us, to be thoughtful in our language, intentional in our actions, and hold space for both hoping and hurting. Sometimes hope feels like another force in the room, moving a patient bravely towards a healthcare choice or a caregiver to share hope that their child's disease will remit spontaneously with more time. To gently explore what hope means to my patients and their caregivers informs so much of my work: is hope being clenched and oozing between their grip? Is hope tenderly cradled like a small bird in soft hands? Is hope an openness like holding your hand quietly while a ladybug wanders around your palm? What parts of their hope can I hold with them? What parts may be reflective of their normative grief? What parts could we set down together?

Just as my relationship to my chronic illnesses evolves as I continue to evolve, my relationship to hope also undergoes constant

metamorphosis. I feel a spark to hope again in my own care when I see a patient boldly hope in their care, I feel a pain when I see a caregiver who hoped for a certain outcome and the outcome did not come to be, I feel my patients' hesitation to lead with hope when their care has been complex and treatments have not worked for their diseases. To see the ephemeral edges of hope, to feel the gravity of hope, to notice the space that hope inhabits, to understand the humanity of hoping for myself and my patients is perhaps exactly what it means for me as a patient and a provider. And so we continue on, hoping together as we trip gracefully on our ways, the dynamic nature of hope pulsing and morphing within and between us as we go.



"Yellow Ginkgo Leaves: Symbols of Hope and Resilience"

By: Michael Roberts

Hope/Guilt

By: Jackie Calhoun

What is it like
To hope for the death of a child,
Not your child
Of course,
But of another unknown child
Whose body is growing the organ
Your child needs to keep growing themselves

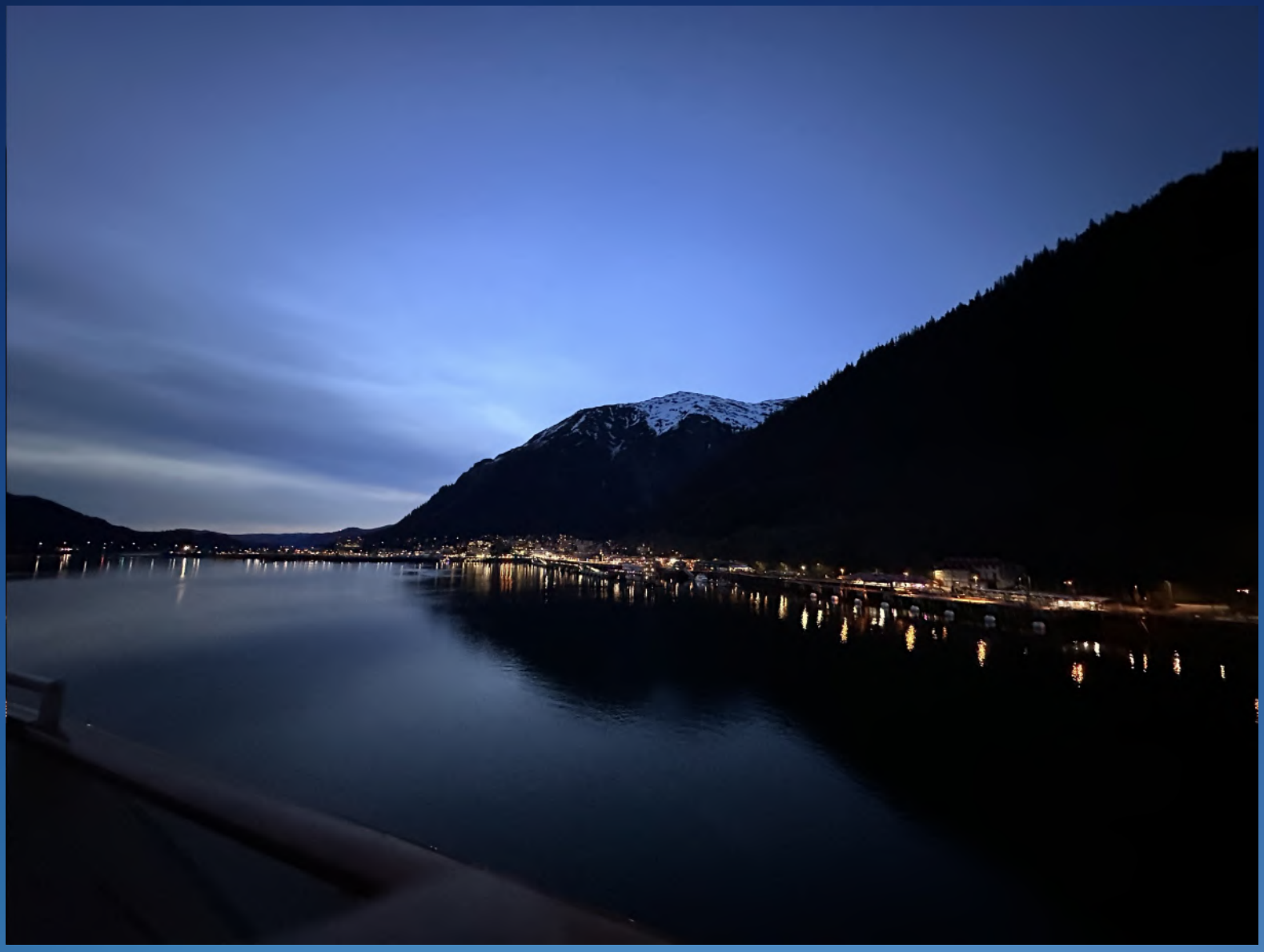
What is it like
To wonder what that child is doing
Right now
As you hold the swollen, yellow hand of yours
Lying sadly still in the hospital bed

Watching your child fade
Knowing another is out there
Unaware of their fate
With the healthy organ inside

Will you feel guilty?
When that child dies
So that yours may live

Or will you feel joy?
When your child
Receives both an organ and a second chance

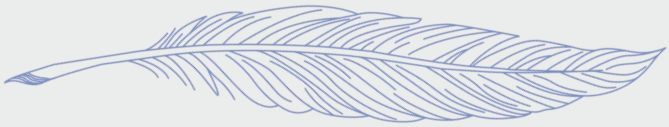
Maybe you will feel both
An emulsion of hope, joy, and guilt
Never quite mixing
But the emotions are always there
Swirling, churning, contrasting one another
The sharpness of each fading with time
But never fully gone
Just like the child who died for yours to live



“Light in Darkness”

By: Cara Lucas

About the Authors and Artists: *In their Own Words*



Maya Albanowski	*"Maya is a medical student at the University of Pittsburgh with an interest in reproductive health and social determinants of health. She has a bachelor's degree in English writing with a concentration in fiction and has completed a BPhil thesis on women's health narratives. In medicine and in writing, she is interested in exploring complicated relationships and the way our environments and the people around us shape who we become. In her free time, she likes to road-trip and snuggle with her cat, August."*
Elissa Bardhi	*"I am a 2nd year MD/PhD student at Pitt-CMU studying transplant immunology. I grew up in Brooklyn, NY and studied Biology and Studio Art at the University of Virginia. I started oil painting at the age of 14 and have continued to explore art in various forms throughout the past decade."*
Elizabeth Buechele	*"Liz (she/her) is a writer and nonprofit professional living in New York City. Liz is passionate about youth empowerment and kindness. She enjoys writing, running, traveling, baking, and waving to other people's dogs on the sidewalk. She grew up in Western Pennsylvania and will forever bleed black and gold."*
Jammie Butler	*"I am just a lady, trudging through the world while it's on fire. I continue persisting, living, and loving along the journey."*
Jackie Calhoun, DNP, RN, CPNP-AC, CCRN	*"Jackie is a nurse practitioner in the Pediatric Intensive Care Unit at UPMC Children's Hospital of Pittsburgh. She is also an Assistant Professor in the School of Nursing at the University of Pittsburgh, where she is the Coordinator of the Pediatric Acute Care Nurse Practitioner Program."*
Sara Cao	*"I am a second-year medical student at the University of Pittsburgh."*
Jennie David, PhD	*"A patient living with IBD, a pediatric IBD Psychologist."*
Virginia Fronk	*"I was diagnosed with stage 2a Hodgkin's lymphoma when I was in high school. I completed two rounds of chemotherapy. I have been cancer free for almost one year. I did drawings throughout my treatment process to put my energy towards something positive and I hope others can enjoy these drawings too."*
Emily Gainor, MPH	*"I am a second year medical student at Pitt Med. I was raised in San Diego, California but grew up visiting family in the Pittsburgh area! I attended the University of California Berkeley for my undergraduate and MPH degree, and in my free time I love reading, trying out new recipes and restaurants, studying history, and most importantly spending quality time with my family and friends. I hope to pursue a degree in pediatrics and work to improve not only the health but also the overall joy and wellbeing of patients and their families."*
Connie Hixson, MD	*"I am a family physician, recently retired after 39 years of practice in a small town and as a University associate professor of family medicine. I am married, mother to four children, who now have children of their own. I like to write and to read poetry. My work sometimes reflects experiences in varied cultures, as I have lived on three continents during my 70+ years of life*
Caroline Karnosh	*"Medical student at UPSOM."*
Matthew Joseph, MD	*"I am a family medicine physician, former English major, husband and father of two, who finds poetry a means of preserving, understanding and sometimes re-interpreting important moments in my life."*

Alyson Lee, MS	*"Alyson is a second year medical student at the University of Pittsburgh. After studying at the University of Virginia, she completed a Masters in Narrative Medicine at Columbia University. There, she celebrated her love for writing and explored ways of expressing the patient experience, including her own firsthand experience as a person living with chronic illness. She is passionate about integrating writing, literature, and the arts into her ethos of patient care and hopes to be a voice for those medical students or providers who live in between the kingdoms of the healthy and the sick."*
Cara Lucas	*"Cara is a native Pittsburgher currently living in the sunshine state, working in finance at Walt Disney World."*
Brenna McKaig	*"Born and raised in Rhode Island, Brenna moved to Pittsburgh in 2022 to begin medical school at the University of Pittsburgh. She works primarily in acrylic and collage and is interested in themes of liminality and how we find beauty in the mundanity of our everyday lives. She uses art as a means of self-reflection and appreciates that it keeps her grounded, always serving as a reminder that how we view our surroundings can change depending on our perspective."*
Thomas McMorrow, MD	*"I am a third year clinical fellow in pediatric emergency medicine at Children's Hospital of Pittsburgh."*
James Nagle	*"Retired art teacher and devoted grandfather."*
Michael Roberts, PhD, ABBP	*"Dr. Roberts is a licensed clinical psychologist and professor emeritus at the University of Kansas Clinical Child Psychology Program. In his academic career, he has published books, edited scientific journals, authored articles and chapters in his career revolving around the application of psychology to understanding and influencing children's physical and mental health. Dr. Roberts enjoys film photography especially through Diana and Holga cameras. A collection of his photographs were recently published in Imaging the World With Plastic Cameras: Diana and Holga (2023)."*
Alan Schwartz, PsyD	*"I am a psychologist who works as faculty in the Family Medical Residency program at Christiana Care in Wilmington, Delaware. In addition to helping train residents in behavioral health, I work clinically in a practice providing integrated behavioral health. I am a lifelong loyal Philadelphian, dedicated local sports fan and defender of the City's honor for better or worse. I am lucky to have two fantastic, bright and hilarious daughters, a wonderful wife and two Jack Russell terriers who are loving and entertaining to no end. Music is one of my passions. I prefer the Beatles over the Stones."*
Siddhi Shockey	*"Siddhi Shockey is a second-year medical student at the University of Pittsburgh School of Medicine. She completed her undergraduate degree in Nonfiction English Writing at the University of Pittsburgh before spending one year working as a medical assistant at Planned Parenthood of Western PA. As a medical student, Siddhi is actively involved in Complex Family Planning and medical humanities research and hopes to continue combining these passions throughout her career. Originally from Valhalla, New York, she enjoys hiking, reading, crocheting, and embroidering in her free time."*
Brenna Suchcicki	*"I am a stay-at-home mom who taught herself embroidery. I enjoy learning new techniques and aspire to open my own business to teach others the art."*
Andrew Thurston, MD	*"I am a palliative care doctor at UPMC Mercy in Pittsburgh who is passionate about storytelling and narrative medicine."*
Chris Ward, MSW, LSW	*"A fierce advocate for the families I serve, a compassionate member of the community, an activist, a sky watcher, a grower of things who talks to bees."*
Samir Yellapragada	*"I am a second year medical student at the University of Pittsburgh and have been a lifelong Pittsburgh native. I have had a longstanding interest in creative writing, and I hope to continue writing throughout the duration of my medical career."*

The Canary Creative Staff

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A Page of Thanks

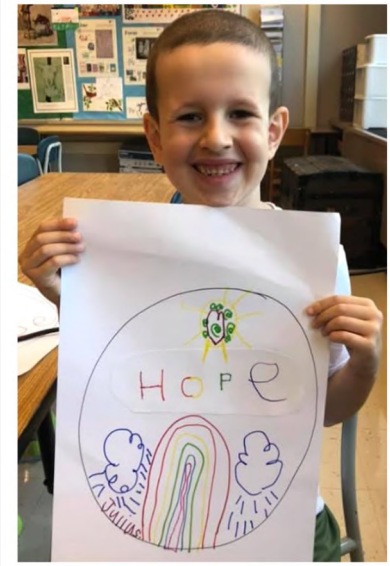
Thank you for taking the time to read the inaugural issue of *The Canary*.

We are grateful to each artist and author who took the time to share their work for our review, including those not selected for publication in this issue. With 72 unique submissions for blind peer review in our inaugural issue, we were inspired by the talent in the community and the willingness of others to open their hearts to join us in this creative adventure; it is *you*—the artists, authors, and readers—who give us at *The Canary* hope and the wind to continue flying and singing.

A special thank you to the entire creative staff, including the editorial team, reviewers, community ambassadors, and publication team, who took on this feat while balancing school, a full-time career, and family life. Thank you to our publication sponsor, the University of Pittsburgh's Center for Bioethics & Health Law and its director, Dr. Lisa Parker, and our web and logo designer, Jeff Klein. Additional thanks go to Deb Tomazin and the Penn State College of Medicine Department of Humanities and its annual publication *Wild Onions* for teaching the healing value of the arts and planting the seed for *The Canary*.

We hope that you have been moved by the many talents of the artists and authors living among us in our community.

Be it shining a light or daring to dive into the darkness, here's to flying out of the coal mine together.



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