



2024

**John J. Frey, III, MD
Writing Awards**

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2024 Writing Award Submissions

Poetry

1. and still the sparrows - Jon Temte - Honorable Mention
2. Due for a Tune Up - Caitlin Regner
3. elegy for wild things - Jon Temte
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13. Pass the Buck Please - Ravi Hirekatur - Honorable Mention
14. The First Patient - Kya Vaughn

and still the sparrows

and still the sparrows
flittering along the pavement
of a neglected Motel 6;
the promise of August heat
hanging in the still Iowa morning air

suggestions of methamphetamine
in the visage and the tattoos
and the hopelessness of the
front desk staff...
and still the sparrows

cracked pavement with
emergent weeds, trash scattered,
ignored; the bar and grill
closed for the day—or longer...
and still the sparrows

they dance and gambol,
court and lift effortlessly
amidst the heat; amidst the particulates
from western conflagrations
in splendid innocence

and still the sparrows...
live, and in their living
lend their hope

jon temte 8/04/2024

Due for a Tune Up by Caitlin Regner

Hey Doc.
I know it's been a while since I've made it in.
It's so hard to get off of work.
I'm going to need a note.
Things there are so stressful.
I don't have any time for anything outside of work and caring for my kids.
I try to take my blood pressure medicine, but sometimes I run out.
It takes a while to get back to the pharmacy to get new medicine.
Man, I have a headache.
I haven't been sleeping well.
I know I've gained some weight.
I'm always eating on the go.
I try to get out and go biking with the kids.
Sometimes I can, but sometimes my knee hurts too much.
Things at work are so busy.
I can't take a day off.
But I need this job.
I need to provide for my family.
The kids have school, activities, clothes.
There are so many bills.
It feels like I'm always behind.
I need this job.
Oh man, I have to tell you about it.
The other day someone came in to tune up his car.
It was so much work.
You wouldn't believe it!
He had driven it 111 thousand miles and never had a tune up before.
And then he acted surprised when it cost so much.
We had so much to do!
I worked the oil, the tires, the brake pads, air filter, fuel filter, spark plugs.
It was so much work.
More than a day.
You wouldn't believe it.
I couldn't believe he had waited that long...

I guess that's how you feel about me.
Maybe *I'm* due for a tune up.

elegy for wild things
(forethought of grief)

wrt Wendell Berry*

what, when the still water
has dried - the resting wood
drake, the feeding
heron long departed...

what, when the pall of
forest furnaces
obscures the waited
light of day-blind stars...

will lend solace to
my despair
and succor
my restless nights?

jon temte 11/20/2023

*The Peace of Wild Things (2012)

Morning Coffee, by Natasha Ignatowski

“Ohhh, so the emphasis is on the first syllable.”

“There’s a ‘TH,’ right? Or is it a ‘K?’”

“What is the (*pause*) background?”

“When did you move here?”

Sometimes I feel like a fraud

My name tells you exactly what I am

Half and half

A hybrid

At least, that’s how I explain myself to people

But a hybrid does not exist in a vacuum

One part this, one part that, but in a new context

Half-and-half is equal parts milk and cream

But you place it in coffee, or in my case, this new land

And it becomes diluted. Noticeable, yes, but not prominent

In the morning, you tell people you are drinking coffee

You don’t specify with half-and-half

And that’s how who I am gets cloudy

Some people only notice the coffee, some are astounded by the milk, others by the cream

Every year my family hand rolls *sarma*

When I eat it, I feel like I am preserving my culture and identity

When community members who grew up in the *selo* eat it, it’s just another Tuesday

Am I just pretending, or is this who I am?

I see myself as Serbian when I am by Americans, but do other Serbs see me as an *amerikanac*?

One of my grandmothers spoke English, and one did not
“*Krpa*,” I kept repeating in frustration. “I need a *krpa*.”
I was too young to understand that *krpa* was not the English word for
washcloth

Bolje išta nego ništa, better something than nothing (I guess)

I have an older sister and a younger sister
They understand what it is like to have one foot in, one foot out
Fluency of the Ignatowski sisters: Marina > Natasha > Nina
And yet again, I find myself in the middle

I will take coffee, but please leave room for cream

Night Shift, by Samantha Barbour

3 am and I am standing in your room
wanting to help
not knowing how

You awoke with a scream
eyes wide, arms reaching for something unknown

Day shift's report was nothing new
ins and outs balanced
meals finished and meds taken
periods of wakefulness followed by fitful sleep
afternoon found you restless and wild-eyed,
haunted by spirits unseen

You try frantically to tell me something
repeating incoherent sounds
over and over, louder and louder
I try desperately to decipher your message

You've been a difficult patient

You have complaints about the meal service
not enough one day, too much the next,
delivery always too slow

Your incontinence vexes you
as does its cleanup

You dislike the sleeping arrangements
too warm, too quiet, or too loud

I do not know the cause of your anguish
and this anguishes me

Seasoned colleagues say you will be fine
not all tears can be helped
continue with supportive care
don't take it personally

The truth is, neither of us knows what we are doing here
you, learning how to be in this world
me, learning how to help you
you, my newborn son
me, your newborn mother

I clutch you to my chest

your writhing body, wrecking-ball head, flailing limbs
you are fed, changed, burped
chubby, afebrile, uninjured
we have tried the bounce, the pat, the shush
the pacifier, the swaddle, the swing
all there is left to do is breathe
deep slow breaths

Minute-hours later
your shrieks give way to stuttering, shuddering sighs
your head grows heavy on my shoulder
your fists unclench into fingers
clinging like a gecko's to my chest

This,
this is the meaning of life
to have, to hold, to love

You, tiny creature
you are my most difficult patient
my most beloved patient
my longest night shift

Wisconsin Arrival EHSQH □

Came like a vision in the night
Cultivation, a rebuild
Silent luggage crossing in September
My snowflake lifted eyelashes looking
Forward
Taking me through deep waters
At the water's edge
I learn this new cat tail standard
Quake of rest
Muted through wildflower fields
The famished snow moon sleeps through speckled ice melt
Bluebirds spring with soft Susans
Fear and doubt
Here again faithfulness sits at the table, drinking the dripping cup
Sunrise surprises jet through morning color steps
Careless purple joy steps
Each one with the pace of "All Will Be Well"
Here is the longest, and farthest from home
Shortest and longest horizon light days
Finding my way in the tilled soil
Where Immanuel grows seeds of safety
Sprinkled with the harmony of Mendota, hallelujahs

Shifting

By Maggie Larson

The weather has recently been anxiously precarious.

Blinding rays of sun and skies hued in blue

give way to ominous cumulonimbus clouds and the wailing weather siren.

Horizontal torrents of rain threaten my 99-year-old basement.

My glorious routine weekend bike ride to another Madison festival

culminates in a furious ride home against the blustering wind and branches falling.

[These shifts warn of impending doom-

climate change, social unrest, political divides, so much sadness-our world weighs heavy with disquietude.]

It is suddenly July.

Which means

instead of summer's optimistic beginning,

I see glints of autumn's yet determined restart.

Where have the days gone?

The list of to-dos still as long

the tent still waiting to take its trip

the children with no drive or momentum

seemingly drunk on the sticky sweet of long summer nights

content to lounge longitudinally on the now sunken sofa.

I glance at the thoughtful pile of papers on the edge of a previously clean counter.

Half-finished manuscripts waiting for that just-right journal,

new scribblings of one day masterpieces,
bills to pay (though no one mails a check anymore),
belated correspondence with old friends,
the never-ending shopping list for a house full of boys.

An unexpected gust of wind rushes through the open window
that was enjoying a long-awaited cool evening
as a new front moves in.

Papers dance for a moment as the room grows briefly dark

Flying

Floating

Falling

to a new place.

Perhaps some will not be found again for some time.

Perhaps one will declare themselves more important.

Perhaps I will cross paths with my friend at the store

also wandering the aisles to find what is needed to fill shelves and bellies.

How easily my organized chaos is unsettled in an instant.

Sigh. My brain is already unconsciously shifting. Starting over again.

The Power of Belonging: Enhancing Resilience and Effectiveness in Family Medicine By Michael Chen, MD, FAFAP

The Oxford English Dictionary defines belonging as “an affinity for a place or situation.” However, belonging is not just a desire for this connection; it is a fundamental need that expands into every aspect of our lives, including our profession. For family physicians, the significance of belonging extends beyond camaraderie or shared experiences. It directly influences our effectiveness, resilience and overall well-being in the demanding landscape of medicine.

Medicine is a collaborative endeavor, requiring physicians to function within intricate networks of patients, colleagues, healthcare systems, insurance companies and legislation. A sense of belonging within this framework fosters cohesion, encourages teamwork and enhances patient care outcomes. When physicians feel connected to their peers and institutions, they are more likely to communicate openly, collaborate effectively and seek support when facing challenges. This collective synergy not only improves clinical decision-making but also cultivates a supportive environment conducive to professional growth and satisfaction.

Family physicians all know the practice of medicine is inherently stressful, marked by long hours seeing patients and responding to the voluminous messages and phone calls while completing paperwork for patients. In such an environment, the experience of belonging serves as a buffer against burnout and compassion fatigue. When physicians feel valued and supported within their professional communities, they are better equipped to cope with the emotional toll of their work, maintain a sense of purpose and sustain their passion for “helping people,” as all pre-med students say. Belonging provides a vital source of resilience, empowering family physicians to navigate adversity in order to help patients receive quality care.

Fostering a culture of belonging that celebrates diversity and embraces inclusivity is not an easy task. It involves all of us, actively “swimming upstream” as to go with the flow will allow morale injury to continue. Slow down your day to day. As we rush to close charts and stay on time for our patients while adapting to increasing EHR burden, take the time to encourage open dialogue with your team in the clinic. While it may sound contradictory to take this extra time, the culture it creates will improve efficiency. When the whole care team genuinely cares for each other and takes time to provide words of affirmation, this sense of belonging will inspire open communication leading to more effective, compassionate, and cohesive teams. This, in turn, will enhance patient care, improve job satisfaction, and contribute to the overall advancement of the field. As family physicians, the responsibility to lead in this area is significant, but the rewards are well worth the effort. We must commit to this transformative journey with resolve, ensuring that every individual within our organizations feels a sense of belonging and are empowered to transform health care for all.

The Evolving Landscape of Cannabis in Medicine

By Michael Chen, MD, FAAFP

As a family physician, I have witnessed firsthand the transformative effects of cannabis on patients' lives, as I come from a state (Utah) with a medical program. The evolving landscape of cannabis legality has not only influenced treatment options but also illuminated stark differences in patient experiences and access to care between medically legal and illegal states.

In Utah, patients benefit from regulated access to a variety of cannabis products. This legal framework allows for a structured approach to prescribing, dosing, and monitoring. As patients must first obtain a medical card from a medical provider and then must meet with a pharmacist to discuss medical cannabis options. Medical cannabis can offer relief for various conditions. Utah has a list of qualifying conditions to guide medical providers and then also has a Compassionate Use Board to discuss medical cannabis use for those who do not have a qualifying medical condition or are under 21 on a case-by-case basis. Anecdotally, my patients have experienced a reduction in opioid use and improved quality of life. The availability of cannabis also fosters open conversations between patients and healthcare providers, enabling more personalized and effective treatment plans.

In contrast, patients in states where cannabis remains illegal face significant barriers. The lack of legal access forces many to seek cannabis through unregulated, often unsafe sources such as Delta-8 THC. This situation can lead to inconsistent product quality and dosages, increasing the risk of adverse effects. Furthermore, the stigma surrounding illegal use may deter patients from discussing their cannabis use with healthcare providers, potentially compromising their overall treatment strategy.

Ultimately, the divide between medically legal and illegal states highlights the need for continued advocacy. The benefits of medical cannabis are becoming increasingly clear, and legal access ensures that patients receive safe, effective care tailored to their needs. As the medical community, we must support policies that facilitate research, promote patient safety, and bridge the gap in care between states with differing legal landscapes. This approach will not only advance our understanding of cannabis in medicine but also ensure that all patients have access to the benefits it can offer. We must also be wary of health disparities that exist in this space and design programs that do not further these divisions.

Briana Krewson, DO, MPH

Family Medicine PGY-II

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Sip

It's in the moments when I take sips that I have flashbacks to what I've learned, what I've felt. There is something about sitting, sipping steaming coffee or tea from an open mug that's been woven by the careful, coarse hands of a potter, that dissipates my worries about what is next for that particular day. Those are the moments when I feel relief from the ever-constant flow of notifications, and allow a wash of subconscious to soak my thoughts.

In the past few years, I have become more aware of losses, both in my career realm and my personal realm. I am a physician – this is a large part of my current identity, and with that comes the bringing of life, the going of life, and all the living of life in between. This is what makes me most excited to work each day, to know that my tether is being intertwined ever so intricately with those of my patients and community members.

There is grief and pain in all ages of life from loss – this is part of what makes us most human. This is part of what unifies us, it's what makes us all the same at the root and core of who we are. From my limited perspective on the comings and goings of the human soul, it is the people who have lost their children who bare some of humanity's deepest scars.

Sip.

When I was a child, I thought having a baby was as easy as trekking to the nearest Toys R Us, selecting one of the many-sized baby dolls from the shelf, embracing the smells of fresh powder and new plastic filling crevices of my body I didn't know existed. I could pick out outfits for my babies, push them in strollers, and then leave them behind when I went to the playground or was called for dinner. There was no sense of responsibility or tie to the playful representation of life. I basked in the joy of ignorance and falsities.

I have a friend who keeps in touch with me when she has a favor to ask or a connection to share, who had a stillbirth a year or so ago. Her pregnancy, from what I know, was uncomplicated. She carried her baby over 40 weeks. I remember seeing her at a wedding recently, crushed inside as my eyes danced over her small frame and sunken eyes, rejoicing at the fact that she was able to attempt celebration, a year devoid of her greatest joy.

This was one of my first friends to become pregnant. Or, at least one of the first friends to speak out about her struggles. Until then it had only been medical school lectures on fetal demise that prepared me to have the ever so *slightest* educational background on what she could be experiencing. I had never heard of fetal demise prior to this, and I had surely never seen its impact on parental figures.

No one ever discussed the challenges of fertility with me, the challenges of carrying your future family, or the challenges of delivering the child. Why would they? I felt as educated as the childhood version of myself who left her baby doll behind in the playroom. If only I had learned that object permanence does not apply to emotions. If only I had been better prepared on how to assist my friend through her traumatizing life event.

Sip.

And then it happened again. This time, I am less shocked. This time, it was one of my partner's friends. This time, not a friend we rarely hear from, but a *best* friend. Again, an uncomplicated pregnancy. This time, a baby carried to only 32 weeks. I remember my partner calling me in the middle of the day at work; I sensed the significance of the news from the unusual timing of the call. *She didn't feel him moving as much as usual. Crash section.* The baby survived three days; the parents now face the rest of their days with him in a way they did not anticipate.

It was the primitive wailing during the baby's virtual remembrance ceremony that awakened my own scars, setting fire to the internal fissures I carry from my own losses. Those primordial noises are the ones that play over and over in my head as I sip. Likely because as a woman of reproductive age with a moment to sip her morning coffee, I cannot help but think: *Will it be me too? Will I be tied to these parents in ways I fear?*

Sip.

It is then that these moments of wakeful pause begin to feel like more of a curse than a blessing. The grieving community would say I am not alone in this. These are the moments we remember what it's like to see the world a little darker, and then a little brighter, and then a little darker again, until eventually, our eyes adjust to a new way of seeing. Where the grief completely changes how we live each day, and yet we would not have it any other way. We have a mutual understanding that the only way to survive is by letting the grief exist within openness.

Some of us will choose to ignore the pain of loss. To push it away. To pretend it does not touch us, to pretend we do not know that feeling. But it is unavoidable, in the most beautiful and unifying way. The challenge of experiencing grief unites us.

And again, I sip. Or maybe gulp, as I soak in all the prickly feelings that make me most myself.

Heart Broken, by Caitlin Regner

I have always loved love. Ever since I was a little girl. I loved the stories of princesses who were swept off their feet. The idea of a soul mate. The idea of discovering someone who understands you... who understands me.

Perhaps this is why I was attracted to diamonds. I even shared it during my interview.

“Why do you think you will be a good fit for our company?”

After sharing my resume, qualifications, trainability, willingness to learn the diamond industry, ultimately, I shared, “And I just love... seeing people in love.” I felt childish after saying it, yet, they could probably see that it was true. I have worked in diamonds ever since.

I loved watching couples enter our store. Usually they were giddy, as if they were drunk on love. I offered help, answered questions, and gave them their time and space to survey our collections. This was part of the game. While they looked, I listened. And as they tried on various shapes and sizes, I always asked for their story.

“How did you meet?” or “How did you propose?”

They never needed much prompting. A simple question, like pulling the cork off of the champagne bottle, gave space for their pent up excitement to overflow into joyful storytelling. First one, then the other, and back and forth they'd go. Sometimes minutes, sometimes longer. And then they would buy the rings.

My manager told me to ask these questions to make a sale. I asked the questions because I longed to hear the answers.

And I loved to see the couples back. Often they would return each year to clean their jewelry, sometimes to buy more. They would share wedding stories, pictures, updates, vacations, announcements of children. Even though I only saw them once per year, so many of these couples and their families felt like close friends. My manager liked this about me. I sold more jewelry than any other salesperson in our store.

Our story began like that. I remember him taking me out to some of the fanciest restaurants, outings to places I would never have dreamed to visit on my own, buying me jewelry. I truly felt like a princess. I was giddy, I felt drunk on love. Maybe that was part of the problem.

I ignored the thought at first when it crossed my mind: “Is this jewelry for me? Or for him?”

When we went to pick out our diamond, he was the expert. He knew which was best. He made the final decision.

I was happy. I liked my diamond. But I didn't feel the same way that those other couples seemed. Then again, I didn't live in their homes. What did I know? They likely had their problems, too.

We got along fine. His job was demanding. On hard days he would come home and complain about the food I cooked, the way I had put his clothes away. I didn't blame him. I knew it was the stress. He still took me out, bought things for me.

We started trying to have children. Oh, how I wanted a baby. We struggled for months to get pregnant. I remember the morning that I saw those two bright lines next to each other. I couldn't believe it. I was overcome with joy! I rushed to tell him the news, and his smile helped me to know that we would be okay.

Then, I started bleeding.

It happened this way several times. I'd see those two lines and start hoping, praying for the best. Several weeks of vomiting, and I'd start bleeding again. I was starting to lose hope. For me. For him. For us.

And then, one of the times, I didn't bleed. I was holding my breath for weeks, waiting for the pain to come. But it never did. And instead of cramping, I started to feel little flutters. Little movements from within.

This was my favorite part of being pregnant. I loved our child so dearly, and always felt his little kicks were his way of telling me he loved me, too. After a long day at work and preparing dinner for my husband, I would go sit in the nursery and gently rock back and forth on the soft chair we had bought for him. I would sing and he would kick. We would go on like this for twenty, sometimes thirty, minutes. I dreamed of holding him. Of seeing those feet on the outside.

As my pregnancy went along those days at work became longer, harder. My feet would swell. And each night, rocking on the chair, the swelling would improve, and things would feel easier. He gave me strength. I could get up and go to work again the next day, knowing I would have these moments with him at the end of the day.

Eventually, though, I felt weaker. The swelling became worse. Even though it would go down at the end of the day, it never went away completely. I started to feel more short of breath. A few weeks of this, and I knew I had to see a doctor. I didn't feel all that bad, but I wasn't sure I could keep working. The baby's heart was fine. My blood pressure, heart rate, oxygen, all fine. The ultrasound of my legs, clear. But then, "I think you need to go to the hospital... I think your heart might be failing."

My heart? Failing? It couldn't be.

And yet, it was. I remember the look of fear on the doctor's face when she put the ultrasound probe over my chest. My heart wasn't pumping normally, she told me. It was only working at ten percent. Fluid was backing up, rushing back into my lungs, my veins, my legs.

They gave me oxygen and medicine to help get rid of the extra fluid. He came to visit. I knew it would be hard for him. The stress took a toll. None of this was right. I wasn't home, taking care of him. I was supposed to be the doting wife, I was supposed to be having his baby. Why was I sick in the hospital? Couldn't they give me medicine and let me come home?

The answer was always no. I stayed there for weeks. Eventually, they decided it was time for him to be born. It was still early, but it was more risky for him to stay inside than to come out. None of it was as I had dreamed. I had surgery. He went directly to an incubator. I couldn't see him. I couldn't feed him. My husband was angry, torn up inside, he wasn't handling things well. They thought the delivery would help, but my heart didn't improve. I wasn't allowed to go home. Instead, I just moved from one hospital to another, waiting to find out whether I would ever recover.

I longed for our rocking chair. I longed to sing to him. I longed to feel him move.

My heart was broken. My marriage was not perfect. I never labored, my delivery was all wrong. My baby was born too soon. I couldn't feed him the way I wanted. He was slowly growing, getting better. He would get to leave the hospital. But I would not. I would not go home with him. Everything was wrong.

And that was when I realized. Maybe everything *wasn't* wrong.

I have always loved love.

At least, I have always loved the idea of love.

Maybe now I was finally learning what it meant to love.

I needed a heart transplant.

My heart was broken.

But I knew it wasn't.

I knew what it meant to love.

I had learned to give my whole heart in order to love another.

And I knew we would be okay.

Pass the Buck Please by Ravi Hirekatur

I often go to a county park in Madison called Nine springs E-Way to do photography. On one side of the road is a prairie. The prairie is a great spot for wildflowers. During the summer and early fall, there are blooms of wild sunflowers, yellow and purple cone flowers, queen Ann's lace, and numerous other prairie flowers. There are a lot of insects that hang around – bumble bees, hoverflies, dragon flies, various types of spiders, beetles. During the migration season in early fall, monarchs visit this place too. I usually go there on the weekends early in the mornings, so the air is still and crisp and there is minimal movement of flowers and insects, making it easier to photograph them.

On the other side of the road is a wetland. There are several areas of water filled wetland patches that attract Sandhill cranes, ducks, Canada geese, shorebirds such as sandpipers, killdeer, and various types of ducks during spring and fall during their migration. During sunset time, groups of Sandhill cranes fly in from nearby fields to roost in the wetland. There are also swarms of blackbirds that often nest in the area and dive down on an unsuspecting trespasser, not to mention many other local birds that are difficult to photograph. I usually use long telephoto lenses to photograph the birds. At least once during the summer, I rent a long telephoto lens for a better reach for birds. Sunset time is ideal for these birds as the soft light makes photos interesting.

Many people would come and go into the parking lot. Some people park their cars to walk in the prairie or the wetland parts of the park. Some people, while driving on the rural highway, stop in for a break. I usually park my car, get my camera equipment out, mount my lens on the tripod and walk across the road from the parking lot to the wetland side. Often, people notice me with my gear, and some are curious.

One time, a well-built man in his 60s stopped me in the lot, he was driving a pick-up truck. He was a burly man with a heavy build, had a curious look on his face. I had just mounted a long lens on the tripod with my camera attached to it. I was carrying my tripod on my shoulder walking across the parking lot toward the wetland side.

He lowered the window and shouted at me.

“What the hell is that?” Is that a rocket launcher?”

“No, it’s a camera lens.”

“I served in the military. That looks like a rocket launcher. Are you an Arab? Are you going to blow up this place?”

“No, it’s a lens. I’m going to take pictures of birds.”

He still didn't believe me. He kept shaking his head, so I took a few photos and showed them to him on the camera LCD. When he still didn't believe me, I gave him the camera with the lens to look at. He reluctantly looked through the camera viewfinder.

"I'll be darned," he said, shaking his head. Then he drove away.

One evening, I was going to photograph Sandhill cranes in the wetland area. I had parked my car on the prairie side and got the camera gear and lens out of my car. I had rented a long lens to take pictures of the birds. I had just removed my gear from the car and had started to mount the lens on the tripod.

A man in a white van driving on the road next to the parking lot saw me, pulled into the lot, and stopped next to me. He was thin and emaciated, in his late 60s, with gray hair with a stubble on his face. He had a somewhat shrunken face with a gentle smile and a raspy voice. He asked me,

"What the hell is that? Is that a bazooka or what?"

I said, "No, It's a camera lens."

"What do you do with that?"

"I take pictures of birds in the wetlands."

"Wow! That is quite a lens to take pictures."

"Yeah, the birds are often skittish, so I have to use a long lens to get their photos, so I keep my distance from them so as not scare them away."

He looked at me curiously.

"Are you from India?"

When a stranger asks me that question, I get somewhat nervous. Is he going to be kind or hostile? I have faced both in my encounters with strangers who asked that question.

I said half-querying, "Yes?"

"I have a lot of respect for Indians. They seem kind and nice. And my doctor was Indian."

I nodded.

He then said, "Are you a Hindu?"

Me: "Yes, I was raised as a Hindu, and I practice Buddhist meditation."

Him: "You Hindus consider elephants as sacred, right?"

“Yes. Ganesha, the elephant headed God, he’s the remover of obstacles. He is a very popular God in India.”

He reached inside the van, pulled out a small white marble statue of a Ganesha, and said, “This is for you.”

I was surprised, “You don’t have to give this to me. I have a Ganesha statue at home.”

He said, “You may, but this is for you. You value this more than others.”

“I’m a stranger.”

“In one way, we’re all strangers. In another way, we’re all related and there are no strangers.”

I had to agree. I took the statue with some discomfort. It was made of white marble. A simple statue without all the intricate designs that one usually sees in the statues made in India.

I felt a little awkward, “Thank you for the statue. How come you have a statue of Ganesha?”

He smiled, “A friend of mine told me about it and I read a few things about Ganesha. Then I thought it would be nice to have it with me when I am driving my van. I believe he has protected me from many dangers. Now that the statue has served its purpose, I want to give it to someone who values it.”

I thought he seemed like a wise man, and asked him, “Do you meditate?”

He paused for a minute, “Kind of. I don’t do any formal methods although I learned a couple of ways to meditate, but I do get into a meditative state when driving. Initially, I had to face a lot of demons when I started driving, most of them my own – things from the past, fears, phobias, people that hurt me, people that I hurt, my own failings, etc. After a few weeks, I made peace with them all. Now when I meditate, all my past troubles seem so insignificant. I am very much at peace now.”

I nodded in agreement. I have been meditating for a couple of decades and I knew exactly what he meant.

Then he asked me, “Do you have minute?”

I looked at my watch impatiently. It was about an hour before sunset. I looked up and saw a couple of Sandhill cranes fly into the wetland. They have started coming to roost. I should get there soon if I want to get some decent photos. But I was curious and was drawn to this man, so I said “yes.”

He said, “Maybe I should tell you something.”

For a second, I thought he was going to ask me for money. When I was young and single, I used to pick hitchhikers. They always had a story to tell, and I was always interested in their stories. Some would ask for money. I would give them money. I don’t do that now.

I gingerly said, “Go ahead.”

He looked at me in the eye and said, "I have cancer." There was a tinge of sadness in his voice.

Now I wanted to hear his story.

He continued, "I went through chemo and radiation. It was gone for a year, then it came back like an old friend to say hello.

The doc said, "You have 9 months to a year. Get your life in order, do what you enjoy."

I asked, "why do you call cancer a friend?"

He said with a smile, "Because it taught me many things. When you have cancer, you don't know if you have any future. The past is past. Then you have only the present. Cancer helped me focus on the present, which suddenly, became rich and lively despite cancer."

Now I wanted to know the details – what kind of cancer, how long did he have it, and so on., but he continued.

"My wife had passed on, children had grown and had their own families, so I sold my house, moved my things to a storage, bought a van. My dream was to go on road trips. I could not do it when I was raising kids. Money was always tight then. But now I had nothing to hold me back. I've been on the road now for a few months. I traveled around the country, visited national parks. In between my trips, I visited my children and got back on the road again. I mostly stay in campgrounds and camp out in my van. Initially, I worried about getting sick during my trips. By the grace of God, I have been healthy so far. I am having the time of my life."

Now, I was more curious to hear his story.

He continued, "Here's the most important lesson I have learned in my life so far. I was on a road trip and my van broke down. I was out of money, and I got stranded. Then I came across an elderly woman. I wanted to ask her for directions, ended up talking to her for some time. She found out my story, invited me to stay in her house for a few days until I got things straightened out. Initially, I was hesitant. I wondered what her motives were in helping me out, as I wasn't used to getting help from strangers.

Turns out she had gone through some difficult times in her life, and people came into her life and helped her out. Even the strangers offered help. Once she was back on her feet, she decided she wanted to continue this gesture: help whoever was in need, whether they were strangers, or people she knew. Or sometimes, she would just be kind to strangers. The only way she could repay the help that she received was to help other people. Pay kindness with more kindness.

After he stayed with her for a few days, he asked her: "How can I repay your kindness?"

She said to him, "Show kindness to whomever you come across. Help perpetuate it."

Then, he said to me: "That's what I'm doing."

"I'm following her example. It's enriched my life. She passed me a buck; I'm trying to pass it to you and others I come across.

I had a lot of questions – who is this lady, where did he meet her, what kind of help did she receive from others?

I suddenly noticed my camera and the lens were sliding off the tripod. I hadn't fastened the lens to the tripod tightly. So, I turned my attention toward my camera, started to tighten the lens clamp. I saw him slowly drive his van toward the road. Then he stuck his head out of the window and said,

"Did you say you do Buddhist meditation?"

I said "Yes."

He stuck his hand out of the window, "Here's the laughing Buddha for you." He gave me a hearty laugh. He put it in my hand,

And he turned onto the road and started to drive away.

I ran behind the van, "Hey, wait a minute." I wanted to get more info – his name, where he is from, his medical condition. I could help. He stuck his head out of the window as his van got on the road, and shouted at me with a hearty laugh, "Pass the buck please." Then he drove off, I never got his name.

As I started walking toward the pond that was about ½ mile away, where I was hoping to see Sandhill cranes, I started to think of what happened. I still had the laughing Buddha in my hand. The man seemed happy and wise, but there was a tinge of sadness in his voice. May be the awareness that his life would be ending soon? "A man with the goodies," I thought. I kept looking at the laughing Buddha statue. Then it occurred to me, "Hotei." In Zen Buddhism, there is the concept of the laughing Buddha, sometimes also called Hotei.

Hotei is an enlightened being, a Bodhisattva: a very happy and contented man. Bodhisattvas are enlightened beings who have taken a vow to help others and spread compassion. After getting enlightened, Hotei dedicates his life for the good of others and spreading happiness and compassion. He is always shown in pictures and statues as potbellied, with a shaven head, hearty laughter on his face – and he's carrying two bags of goodies that are attached to the ends of a pole on his shoulders. He goes to the marketplace, and hands out the goodies to people.

On a deeper level, Hotei is full of joy, love and compassion. He is just passing them on to others. The goodies are joy, love, kindness and compassion. I have just met a Hotei!

I did get some good photos of Sandhill cranes that evening. I went home feeling peaceful and happy. The man I just met seemed very happy and contented despite his illness. I could sense pure joy in him. He

didn't seem sophisticated or well-educated, but he was happy and wise. I didn't know who he was, nor did he know who I was. It was a pure and deep human to human interaction without any pretenses, veils or ego. What started out to be a mundane encounter had turned into a very profound one, and a very satisfying one too.

I now have the statues of Ganesha and Hotei on my meditation altar, as a reminder of his kindness and his message to spread it to others.

The First Patient

Kya Vaughn

I walked through the door and caught a glimpse of the sun casting shadows upon the bed. He looked so peaceful, the patient in Room 3040, his white hair surprisingly well-coiffed, his chest gently rising and falling as the heart rate monitor quietly sang his vitality. This was to be expected now—handoff and nursing reports told me that the sleeping man who now rested so soundly beneath the sun’s shadows had only hours before attempted to rid himself of all the mechanical nonsense we had attached him to, that being the nasal cannula and intravenous antibiotics that—for as far as we were concerned—were keeping him alive.

I questioned if I should wake him, knowing that we should prioritize rest in the delirious patient. I ultimately decided that my investigative auscultation was worth the momentary disruption to assess the status of his pneumonia; I’d be quick and then he’d drift back to sleep.

The pictures taped to the whiteboard were a new addition to his room. They showed a family: a husband, his wife, their three children. The second picture confirmed that the children had gone on to have kids of their own. They were pictures of a happy, healthy, beautiful family. They were an attempt to familiarize this foreign place full of shrill sounds, needle sticks, and odd people whose bodies were adorned in latex gloves and face shields, blue hospital scrubs and the ever-looming presence of a sense of undescribed urgency. These were the things of the world I was privy to, a world that I could not share with him, as his thoughts had been misshapen due to forces beyond the control of either of us.

My mother always said that nothing in life is promised. I saw those words come to life each time I looked at my patient. All the thoughts that make us who we are, are fleeting things; they, too, are not promised. Each day I watched as his mind escaped him, as his baseline dementia was complicated by delirium brought upon by a week-long hospital stay.

He was a pleasant, grandfatherly figure who was growing lonely in his time here. My morning pre-rounds were one of the sparse opportunities he had to connect with a world outside of his walls. I tried to learn more about the man in the photo on the wall, a man who seemed so different from the one I met every day; it was hard to imagine that they were the same.

I had begun to really get to know him, the him outside of Room 3040. His favorite meal was Chinese noodles that he ate every night. For breakfast, he’d have 2 donuts from the gas station up the road with a cup of coffee. He was a veteran, and he was proud to be: “I’m a veteran, you know,” were his words of choice to confirm that he had the wherewithal to understand us when we discussed his care; he needed us to know that he understood.

He was a quiet, gentle man content with simple comforts—food and company. I could hardly believe that this was the same man who had gotten lost while driving in a rainstorm and got stuck beneath his truck, dragged into a ditch—at least that’s what his wife had told us.

He had begun showing signs of dementia two years prior to this admission, signs that he wasn't willing—or perhaps able—to accept, as made apparent by his attempts to keep his keys following the incident with the truck, the worst of the incidents thus far. And now he lay in this bed, day after day, fighting pneumonia, the nurses, and himself.

“There you are, good morning,” he said, sleep still in his eyes. Each morning I was surprised he remembered me, but each morning I was glad that he did.

“Good morning. I'm just going to take a quick listen to you here and then I'll let you get back to sleep.”

I adjusted his nasal cannula, crooked from a night of semi-restful sleep. He sat up straight and removed the telemetry device from his gown pocket so I could listen to his heart and lungs. The crackles were still present but improving. I could hear the phlegm built up in his chest. His heart beat in perfect rhythm.

“Do you know if anyone from your family is coming to visit you later?”

His eyes wandered across the room as if the answer to my question was hiding somewhere on the walls or behind the curtain, if only he could just find it...

He raised the corners of his mouth as if preparing to smile, before lowering them and furrowing his brow a bit. “My wife Julie is coming later, I think. I hope she brings my noodles.” Julie was his daughter.

I looked at the book on his bedside table and wondered if he'd picked it up at all throughout his stay; I'd never seen him read it.

“Have you been reading your book much? It looks like a good one.”

He shrugged. “I don't know.” He looked fraught at the thought of the book.

“Maybe I'll come back this afternoon to run through some things with you while your family is here. Would that be okay?”

“Oh, I'd like that very much.” The raised corners of his mouth stayed this time. He was happy at the prospect of no longer being alone.

We went through our song and dance—questions about chest pain and dyspnea, headaches and coughs—and then, as promised, I let him drift back to sleep before the chaos of the hospital was allowed to consume him once more.

It came time for him to discharge. His pneumonia was cured—his delirium, however, was ever-present, waxing and waning—and he was ready to move to a more stable area of the hospital; the discharge orders were already in. He would no longer be in my care.

I went to see him one last time; I couldn't let him leave without me saying goodbye.

I stood in the doorframe of his room, gently knocking. He had already been informed about the transfer.

“You'll come see me downstairs, won't you?” He said the words with a gentle smile on his stubbled face, peeking his head from around the corner as he rested in the recliner, a nurse fiddling with his IV.

“I'll certainly try.”

It was all I could muster at the time. I knew that I wouldn't be able to. Not only would his care be transferred to another team, but I only had a week left of this rotation. Soon enough, I'd be going on to another hospital, meeting another patient who would similarly require my care and attention.

My words were enough to make him smile, to feel at ease. Meanwhile, I couldn't help but feel as though I had lied. I realized then that this was medicine, a revolving door of hellos and goodbyes, with no face ever staying for too long, with no bond lasting forever. I would never see this patient again. This was the job: to treat and to discharge, and we had successfully done both.

I thought of him then, and I think about him now at times. I imagine my first patient tinkering around his house, eating his morning donuts at the table with his wife, spending the afternoon doting over his grandchildren. I know this is unlikely—dementia is a tricky disease—but I imagine it anyway. I'd spend my thoughts conjuring up this image to buy him a life he was no longer able to live. He's owed a happy ending, even if it's not real.