Tabula Rasa
Vanderbilt University Journal of Medical Humanities

2009 • Volume III • Age and Aging

EDITOR-IN-CHIEF
Rajshri Mainthia, VMS I

MANAGING EDITOR
Laura Meints, VMS IV

EDITORIAL BOARD
Medical Practice Section
Lane Crawford, VMS II
Rinal Hanif, VMS I
Sabrina Poon, VMS I

Community Section
Shane Magee, VMS II
David Marcovitz, VMS I

Patients Section
Brian Barnett, VMS I
Akshikumar Mistry, VMS I
Grace Shih, VMS I

DESIGN
VMC Creative Services

ADVISORS
Betsy Brandes
Nancy Humphrey
Joyce Johnson, MD
Scott Pearson, MD
Gregory Plemmons, MD

ACKNOWLEDGEMENTS
Janelle Owens – Financial support
Ann Price, MD – Alumni relations
Susan Urmy – Photography
Scott Rodgers, MD; Ban Allos, MD
Amy Fleming, MD – Encouragement

Tabula rasa. Latin for “blank slate,” is Vanderbilt School of Medicine’s journal for medical humanities. Tabula Rasa is dedicated to the idea that the mediums of pixels, paint, pen, and paper lend individuals the means with which to explore the nature of humanity and enhance their medical experience. The journal is published annually, and we invite submissions of original short stories, poetry, essays, interviews, artwork, and photographs from medical students, residents, faculty members, alumni, patients, and members of the Nashville community.

AGE & AGING
2009 • Volume III
EDITOR’S NOTE

Art and literature, as well as ethics, sociology, history, and religion, provide meaningful insight into the human condition, doctor-patient interactions, and the development of the medical practice. Through my interactions with patients, caretakers, and community members in the past eight months, I have only begun to understand and appreciate the importance of cultural and social competency with respect to the care and treatment of individual human suffering. Undoubtedly, by incorporating the humanities and art into medical education, schools nationwide are helping students indirectly nurture skills of observation, empathy, analysis, and self-reflection. Fortunately, Vanderbilt School of Medicine is at the forefront of this movement.

In this volume of Tabula Rasa: Vanderbilt University Journal of Medical Humanities, we aim to provide an organized forum for patients, professionals, and the surrounding community to engage in the humanities. We did this by splitting up the journal into three sections (Medical Practice, Community, and Patients) and seeing how each group, individually and as a whole, responded artistically to a common theme: “Age and Aging.” Through this approach, we found that although time is an intrinsic factor in life — always moving forward — the way we perceive age and aging may vary depending on circumstances (disease, prognosis, mental health), visual appearances of the individual, and societal expectations. I invite you to join us in recognizing, celebrating, and better understanding through art and written word the myriad ways in which age and aging are known to people.

Most sincerely,
Rajshri Maitlynth
Editor-in-chief

TABLE OF CONTENTS

MEDICAL PRACTICE

1 The arrival of destiny
   Michael Wolf

2 Hey grandma
   Veronica Slootsky

3 A contemporary Trojan War:
   The influence of ancient Greek ideas
   on modern approaches to mortality
   Joe Real

4 Miami
   Gregory Plommons

5 Three witches
   Michael Kallen

6 Devotion at Sakya Monastery
   Carmen Wolfe

7 Mr. Mulligan
   Ryan Darby

8 High speed Haiti
   Michael Propper

9 Now arriving
   Michael Propper

10 Turning the page
    Rafael Sobota

11 To be hollow
    Victoria Wurster

12 Inaugural:
   Conversation with my husband on
   November 5 of his 75th year
   Lynne McFarland

13 Turban and shades
    Ravi Parikh

14 It’s not a war; it’s a parenting challenge:
   Raising cancer up to be a useful citizen,
   and not a felon
    Joyce Johnson

16 End
    Brenda Butka

17 A brief thought on age and living
    Benjamin Jurrien Dean

18 Room 7032
    Elika Bartlett

19 Charm
    Merina Thomas

20 One a’clock on Christmas morning
    Bill Fleet

PRIZE WINNERS

EDITORS’ PICKS FOR THE TOP WRITTEN AND VISUAL PIECES OF EACH SECTION

“Am I too old, Grandma, To make history?”
Hey grandma
Veronica Slootsky
page 2

“In the basement his tools turned cold”
End
Brenda Butka
page 16

Please visit the Tabula Rasa website for past issues, unabridged writings, and additional poetry, prose, and works of art. The pieces displayed in this print edition represent only a small selection of the works submitted to the editorial staff for review.
21 My years
Matthew Gartland

22 Woman carrying her baby
Frances Cheng

23 Developing a change in perspective
Billy Sullivan

24 Palmar reflex in turquoise
Lane Crawford

COMMUNITY
25 Dear doctors
Michael Sarnowski

26 Hunting down the fountain of youth
Sally Bebawy

27 Shipping out
Janice Savage

28 Ten questions for Mary Bufwack

30 Alzheimer’s masquerade
Jan Rosemergy

31 Reflection
Matthew Koreiwo

32 Grandpa and grandma at it with Wii
Jessica Solomon

33 Musings on aging
Gwen Moore

34 Fugue
Deborah Deason

36 Dress-up birthday party, plus ten years
Clark Thomas

37 Fourteen-year portrait
Clark Thomas

38 82nd and Edison
Michael Sarnowski

PATIENTS
39 Turtle time
Charles Phillips

40 A person is for loving
Charles Jaeger

41 He and me
Tate Lenfant

41 The beacon
Harriet Martin

42 The big “C”
Holly Ables

44 A band of bubbas
Jean Gauld-Jaeger

PRIZE WINNERS
EDITORS’ PICKS FOR THE TOP WRITTEN AND VISUAL PIECES OF EACH SECTION

The arrival of destiny
Michael Wolf
Acrylic on canvas

Michael Wolf is a first year medical student from San Diego, California. As a student of neuroscience and an amateur painter, he enjoys artistic exploration of time, space, and form.
Hey grandma
Veronica Slootsky

Hey Grandma
School is going well
Yes, I'm eating. No, not cooking really.
I miss your cooking, the peroshki
You sent me Russian caviar?
Grandma, it's not real you know.
Besides I hate it, still. But thanks.
No, I haven't much to tell you
About that, Grandma
Taking after you I guess, maybe
At twenty-six, like you.
For now, they only bore me.
I know, there weren't any
For you, after the war.
All dead.
That's why you waited, patiently.
But Grandma, don't you see?
I want to write some history.
But Grandma, don't you see?
That's why you waited, patiently.
All dead.

The bombs that threw you in the Volga off
your dinghy
The march to Prague from the Black Sea
The promise of the red flag you planted
That betrayed your race three years later,
Grandma,
I want it to be me,
The fear you fought down, the night before
Stalingrad and the
Offer of the married Major you rejected
Last chance, maybe?
Grandma, I want that to be me
Passover at liberated Auschwitz
Bringing them bandages and splitting the sea
I am too old Grandma, at twenty three
For your legacy
I am too old Grandma, now,
For that memory
Am I too old, Grandma,
To make history?

Veronica Slootsky is a third year medical student. Her grandmother was in medical school when drafted into the Red Army to fight the Nazis at age 18.

A contemporary Trojan War:
The influence of ancient Greek ideals on modern approaches to mortality
Joe Real

The dilemma of aging is not a recent phenomenon. For all times, every individual has been forced to confront mankind's greatest adversary. This undefeatable foe is of course mortality. The ancient Greeks recognized the fleeting existence of man and sought out the best ways to approach life and aging.

To many ancient Greeks, The Iliad was like The Bible of modern times. Greeks looked to its author, Homer, for guidance and lessons. In The Iliad, Homer presents an interpretation of the human condition. Human life is tragic because it is temporary. Death is the inevitable end for mortal men. What are men to do when bound by such a restraint? Herein lies the real subject of Homer's epic.

The Iliad tells the story of the terrible war between the Greeks and the Trojans. The fighting begins when Paris, a Trojan prince, captures the beautiful Helen. Helen was the wife of Agamemnon, a powerful king in Greece. Outraged by the Trojan betrayal, Agamemnon calls on his Greek allies to bring war against the city of Troy. Homer's epic picks up ten years into the fighting between these two great powers. The backdrop of war provides an ideal setting through which they wish to be remembered. Even after thousands of years, perhaps the words and themes of Homer continue to find resonance in the modern world.

Achilles is the heroine of the Greeks. Before he faces Hector, his opponent on the Trojan side, Achilles must choose between two fates. His mother, a goddess, tells him that if he chooses to fight, Achilles will have great glory but will die in Troy. However, if he chooses to return home, Achilles will have a long life but will not be remembered. Achilles chooses the fame that accompanies his certain death. Why does Achilles make this decision? To the Greeks, glory came about through the acquisition of time. Time, a combination of your material possessions and the esteem in which society holds you, was a driving force in Greek society. The question of how to achieve time is the obsession that consumes the minds of Achilles and other heroic men in The Iliad. To be remembered is to be immortal. Kleos, deathless fame, is what every hero desires. Time is important because it determines the way in which a person will be remembered. It decides whether an individual's name will be immortalized through the words of others or whether that name will be lost forever with the passage of time.

I have found the modern day patient to show similarities to the Greek heroic ideal concerning mortality. Patients, like Achilles, desire a certain amount of aphthiton, fame. When it comes to conversations on aging, I have found that patients often bring up family, careers, and other personal accomplishments during the discourse. These elements of the patient's life are the source of his or her time, and the means through which they wish to be remembered. Even after thousands of years, perhaps the words and themes of Homer continue to find resonance in the modern world.

Joe Real is a first year medical student who graduated from the University of Notre Dame in 2008 with majors in premedical science and Greek and Roman Civilization. As an undergraduate, he spent a semester abroad in Athens, Greece where he studied Greek literature in translation.
Lodella's brother Bobby, the responsible one, called to say that she'd better get down to see them in Florida before the holidays this year, that at the rate Mama's mind was going, she truly might not know her by then. Of course Mama's mind had been going now for over three years, Bobby's wife Charlene had been saying. Charlene had a way of making their mother's encroaching senility sound like one prolonged liquidation sale, the kind that always seemed to be stretched out forever in empty strip malls. But this time Bobby sounded more frantic than usual, made it sound like her lucidity was now sinking fast, just like that big ball in Times Square on New Year's Eve. Only this time there wouldn't be a shiny new globe to replace it.

Lodella is thankful for Bobby, glad that he's taken their mother in, but she is not thankful for Florida. Everyone at the airport sputters Spanish on cell-phones, bronze midriff bodies in neon tube-tops mill about in the mid-autumn airport like some kind of boardwalk. Miami seems so out of character for Mama; she's like some dimestore guppy dropped into a tankful of tropical fish. Maybe moving to Bobby's in Florida had actually been the first sign of senility, the first step away from the sensible shore of all that seems reasonable—snowflakes at Christmas, wool sweaters at ball games. Seasons.

It's been a year since Lodella has seen her. She's still sounded the same when she's talked to her on the phone. Occasionally their chitchat has wandered away, a needle jumping the groove on old vinyl. But Lodella has usually been able to get her back to the subject at hand. Still, it's not the same when you can't see the person. Little things have recently happened that tell her that things are not what they were. Last month her mother mailed Lodella's son Jimmy a Play-Doh Fun Factory for his birthday, despite the fact that Jimmy was now a junior in high school. Lodella could still see the sheepish expression on Jimmy's blank face when he'd unwrapped the present. He'd tried really hard not to let her see he was embarrassed for this, for her too. She'd winced as he'd opened the present, hoping just maybe her mother had just reused the box for a shirt or some gloves. But inside had been a new Play-Doh Fun Factory. Jimmy had pressed the fluorescent pink dough into the plastic, squirting out skeins of spaghetti-like matter which had looked like the brain. Lodella had stood in the kitchen, kneading the dough with her fingers, wondering if maybe the brain was like Play-Doh, how it must get all hard and crumbly after a while, no matter how much you exercised it or kept it airtight.

As her plane begins circling Miami the world spins beneath her—palm trees, pastels, garish carnival colors, and she pictures her mom as a speck on the midway, growing or shrinking. She isn't sure which.

Three witches
Michael Kallen
Acrylic on canvas

Gregory Plemmons is a pediatric hospitalist at the Monroe Carell Jr. Children's Hospital at Vanderbilt and assistant professor of pediatrics. He received his MD from the Medical University of South Carolina and MFA in Writing and Literature from Bennington College. His fiction has appeared in Best New American Voices and the Yalobusha Review and was the recipient of the 2008 Barry Hannah Award for Fiction.
Mr. Mulligan

Ryan Darby

Mr. Mulligan didn’t believe in death. He didn’t believe in life either. He didn’t believe in anything, really, but that had never stopped him from going about his business. He was 89. His wife was dead. She had been beautiful, once, and he had loved her, at least as far as he could remember. His memory was intact, but it ached if he tried to reach too far back. That was ok for Mr. Mulligan; those days reminded him of these days, so they weren’t of much use. Mr. Mulligan had been told there would be a light at the end of the tunnel, and he was afraid that he might miss it. Besides, Mr. Mulligan didn’t believe in heaven. He didn’t believe in God, either. He didn’t believe in anything, really.

Mr. Mulligan’s friends kept dying, so he stopped making them. Besides, they were all rather boring. He found TV rather boring, too. He always felt as if he had seen the show before. Mr. Mulligan spent most of his time reading. He had never been an academic man; with falling in love and raising a family, he had never really had time for thoughts. When Mr. Mulligan read he would sometimes feel a fluttering in his gut, or a kick in his chest, and he vaguely recalled that these correlated with basic human emotions, though for the life of him he couldn’t remember which ones. Still, he enjoyed these emotions without understanding what they meant, much as he enjoyed the books he read without understanding what they meant.

Mr. Mulligan became agitated one day when a young woman spilled coffee on him. He was angered, not so much by the damage to his skin, but rather by the damage to his books, which he would no longer be able to exchange. The woman offered to pay for his books, to which Mr. Mulligan called her a tyrant. When the woman insisted that she very strongly favored human rights and equality for all, Mr. Mulligan replied that she was most certainly then a communist. This coaxed a simple, warm laugh from the woman, at which point Mr. Mulligan became confused as to whether he was, in fact, angry. He felt a swift kick in his chest and realized he may have inadvertently fallen in love.

When he awoke, however, the doctors said that he had not really fallen in love, but rather that his heart was failing. He felt this to be quite the ironic plot twist, though he wasn’t really sure of its meaning. He closed his eyes and saw the woman he had fallen in love with at the bookstore. He heard her laugh, felt her perfume on his nostrils, tasted the confused anger on his lips. Mr. Mulligan lay there with his eyes closed, listening to his thoughts buzz from one side of his head to the other. Mr. Mulligan was not ready to die, but, like everything else in his life, he did it anyway.
Now arriving
Michael Propper

Michael Propper likes when he has taken a photo that captures a "telling moment"—whether it be a fleeting gesture or look, a human interaction, or the incongruous. He likes exploring an image he's created, and discovering, within the image, information and meaning he would not have found before.
It started with my hands. Previously warm and agile, they were home to fingers that could dance, uninhibited, across cold steel. They had an uncanny ability to remember obscure movements I hadn’t attempted in years. They worked hard, and were rewarded. I didn’t know it a year ago, but my hands would quickly age beyond their fifty-three years of life; the transformation would be absolute. They are now cold, stiff, and unyielding hands of a stranger.

I was eight when I held my first violin. The smell of fresh rosin on my bow still emanates clearly, mixed with the warmth of wood and polish. I can still feel my hands sweating with excitement and anxiety before each performance. But it was the classroom, not the stage, where I would find purpose. I witnessed drastic transformations in my students from their first wobbly lullabies to their painstakingly perfected concertos. I suffered their frustration and tears as hours of practice still could not convince a stubborn B-natural to turn flat. I felt their elation in playing through an entire sonata without a single slip of a finger. And when my daughter performed in her first recital, I shared her pride and sense of accomplishment as both her mother and teacher.

Newly twenty, my daughter is enveloped in the fresh and fanatical dreams characteristic of college life. She is young and full of love. She plays the violin with a passion and grace that can’t be taught. She speaks three languages and has backpacked through southern China. She can’t decide whether to become a musician, chemist, or lawyer. I refuse to acknowledge that she will, for me, be forever frozen in this time never to grow old and enjoy the happiness and bitterness of marriage, motherhood, or independence.

My pancreas is to blame. While I continue to wither without fail, it grows beyond all explanation, flourishing in a garden of weeds and arid soil. I have aged thirty years and in all imaginable ways within the span of seven months. Soon my body will follow my hands in steady decay. I smile and feign light-heartedness as I point out to friends and colleagues that my wig looks better than my real hair ever did. I watch idly as my husband starts smoking again after twenty-seven years of abstinence. I am bothered that “fighting” only prolongs the inevitable. Dying has, unquestionably, taught me the art of passivity and patience. Who was it that said the world ends with a whimper, not a bang?

I have decided to die without protest, and in silence. My only request is that my daughter will remember me as I was a year ago. Today, I wish she could see in front of her a mother happy, satisfied, and in the prime of life. But she can’t be fooled; my hands refuse to deceive. With one look at them she knows that they, too, are dying old.

To be hollow
Victoria Wurster

It started with my hands. Previously warm and agile, they were home to fingers that could dance, uninhibited, across cold steel. They had an uncanny ability to remember obscure movements I hadn’t attempted in years. They worked hard, and were rewarded. I didn’t know it a year ago, but my hands would quickly age beyond their fifty-three years of life; the transformation would be absolute. They are now cold, stiff, and unyielding hands of a stranger.

I was eight when I held my first violin. The smell of fresh rosin on my bow still emanates clearly, mixed with the warmth of wood and polish. I can still feel my hands sweating with excitement and anxiety before each performance. But it was the classroom, not the stage, where I would find purpose. I witnessed drastic transformations in my students from their first wobbly lullabies to their painstakingly perfected concertos. I suffered their frustration and tears as hours of practice still could not convince a stubborn B-natural to turn flat. I felt their elation in playing through an entire sonata without a single slip of a finger. And when my daughter performed in her first recital, I shared her pride and sense of accomplishment as both her mother and teacher.

Newly twenty, my daughter is enveloped in the fresh and fanatical dreams characteristic of college life. She is young and full of love. She plays the violin with a passion and grace that can’t be taught. She speaks three languages and has backpacked through southern China. She can’t decide whether to become a musician, chemist, or lawyer. I refuse to acknowledge that she will, for me, be forever frozen in this time never to grow old and enjoy the happiness and bitterness of marriage, motherhood, or independence.

My pancreas is to blame. While I continue to wither without fail, it grows beyond all explanation, flourishing in a garden of weeds and arid soil. I have aged thirty years and in all imaginable ways within the span of seven months. Soon my body will follow my hands in steady decay. I smile and feign light-heartedness as I point out to friends and colleagues that my wig looks better than my real hair ever did. I watch idly as my husband starts smoking again after twenty-seven years of abstinence. I am bothered that “fighting” only prolongs the inevitable. Dying has, unquestionably, taught me the art of passivity and patience. Who was it that said the world ends with a whimper, not a bang?

I have decided to die without protest, and in silence. My only request is that my daughter will remember me as I was a year ago. Today, I wish she could see in front of her a mother happy, satisfied, and in the prime of life. But she can’t be fooled; my hands refuse to deceive. With one look at them she knows that they, too, are dying old.
Inaugural:
Conversation with my husband on November 5 of His 75th year

Lynne McFarland

“In childhood, were you teased about your power ears?”

“I had Flame-Colored hair. No one paid attention to my ears.”

(In the morning's light, I trace the few lit wires,
The copper filament remains of Hair-on-Fire.)

When the brightest things, the gods, coalesced to earths and suns,
They made us. We came from mythic matter.

“With Obama, you know, your ears are protected from all scorn,
Even my allusions to Prince Charles.”

“I feel sorry for you. You have unimportant ears.”

We who leached each other's bones
Now feel new-made wings and legs unfold.

“I reserve the right to ridicule your nose.”

“And you your long neck, leading to No-Ears.”

Filled again with earth and sky, the stuff of which
They always meant our blood to be composed,

“What children we could have had—long-necked creatures with orange crests and ears like Barack…”

Seamlessly we lift our wings—
And know the gods still madly love us back.

“At Goodwill I almost bought a tux. I still might get it.”

“For January 20th?”

“We should be formally attired to watch it on TV.”

“Our children would be long-necked creatures with orange crests and Barack-like ears dressed in tuxedos watching television...they would curse their lives.”

“They would be famous characters in Dr. Seuss books and very rich…”

(Superstitiously, he touches the small mole between
My cheekbone and my chin. I know the gesture well—
Meant to dispel whatever carcinogenic cells might dwell therein.)

I ask, “Who are you to worry about me?”

For he has a red-head's skin as well as hair,
Membrane thin with embryonic lucency, and riverlets of
Broken veins spilling into sites of ancient injuries and sores.

He says, “We are made to be such fragile things.”

It seems the gods have never loved us more.

Lynne McFarland is an advanced practice nurse and an associate in the department of psychiatry. At Vanderbilt, she has worked with older adults in the Geriatric Psychiatry Clinic and has conducted research at the Center for Human Genetics Research. She has read and written poetry for years and views it as the most compact form of communication.

Ravi Parikh is a first year medical student who has been involved with photography in over 40 different nations since the age of 11. This photograph is taken in Maharashtra, India, where Ravi worked to bring better healthcare access and services to poor villages. The man photographed is wearing protective sunglasses after undergoing cataract surgery.
It’s not a war, it’s a parenting challenge:
Raising cancer up to be a useful citizen, and not a felon

Joyce Johnson

Cancer is starkly beautiful under the microscope. This is for me a source of anguish, anger, frustration, and reluctant wonder: how can something so devastating be so remarkably appealing?

The structural diversity, crazy-quiltish, makes a pathologist utter those incongruous words: “isn’t that beautiful?” A colleague routinely comforts slightly ashamed residents who have blurted out those words with, “it’s understood, it’s bad for the patient.”

It is said that faces universally considered beautiful are so because of slight asymmetry, very close to, but not achieving, geometric perfection. Perhaps this explains why the magnified view of cancer elicits a catch in the throat: curiosity; and wonder. Malignant cells look so very like normal ones, yet somehow wrong, incomplete. The structures formed by the errant cells look eerily similar to the normal design, but lack its discipline, its faithful obedience to blueprint.

In the clinic, cancer is an evil monster. It steals health, work, time (but not love, nor meaning). The cancer I know best, the one whose disarray I encountered each and every day, is more like a confused child, almost getting it right, but unable to meet expectations and standards, either through lack of insight or sheer lack of tools or ability.

Cancer then is not far off normal; its “almost-ness” makes it appalling. Some patients describe the experience of having cancer as bodily betrayal and mutiny is exactly what it looks like. It is a garish caricature.

Time for a new metaphor.
Consider for a short moment, the similarity of malignancy to a child on the wrong path. Honest mistakes have been made; but the child is only slightly astray, and redemption is still possible.

Recruit the developmental biologists. When they have unlocked the many secrets of what happens between zygote and the highly diverse cell types of the mature organism; and when they have discovered the mysterious events by which a child grows to a larger adult, all the while respecting boundaries; then, we shall have the tools with which to induce the child, the adolescent, to grow up.

Parenting paradigms have changed in the last 50 years. So too, perhaps, should our oncologic therapeutic metaphor: creative, authoritative, nurturing, non-violent parenting with high expectations, based on the principle of allowing, and even inducing, mature and independent functioning within the highly conserved rules that govern the life of a cell.

Adaptive maturation, effective functioning, and respect for boundaries and the well-being of the larger community, one’s neighbors, and one’s self: a worthy goal for a cell.
There is a very interesting piece of DNA at the end of each of our chromosomes—the telomere—that serves as an internal clock of a person’s age. These telomeres do not measure age in years, revolutions around the sun, but rather demonstrate the age of our cells destined to breakdown and fail. If I had two 75-year-old grandmothers, one ‘healthy as a 60-year-old’ and the other ‘showing her age’, the former probably has longer telomeres. Age, like color of your eyes, is a physical fact and thus has no intrinsic value; does the color of our eyes in itself have a value? It seems peculiar that society places such a high premium on age.

For instance, we place a high value on looking young and staying sharp-minded. So many choices in our lives are made, so much of our time is spent, focusing on these aims. But if looking young and having a sharp mind are just outward manifestations of telomere length and telomere length has no intrinsic value, then where is the value in attaining these aims we set for ourselves? Aging less must get its value from elsewhere, from something that does have value in itself. Indeed, the fundamental value here is the value in living a moment in a human life, of setting a goal and achieving it, of having an experience, of living humanly. Aging slower only has value as a means to extend our ability to live our lives.

The intrinsic value of human living is not apparent in our society which blindly eats according to the latest nutritional advice, exercises to the exclusion of other hobbies, or thinks about doing these things, but never does. We see age as the end point, but age is just a fact like the color of the sky. Slowing our aging is only of value if it helps us live our lives, sit by the fire and read, go for a walk or climb a mountain.

The intrinsic value of living is not the same as the intrinsic value of life. When we consider to what lengths we would go to continue to age, consider how able you or your loved ones will be able to continue to live humanly. Strive hard to stay healthy and keep those telomeres short, but only so you may live the life you afford yourself.

A brief thought on age and living

Benjamin Jurrien Dean

Brenda Butka is a pulmonary physician at Vanderbilt Medical Center. This drawing is part of a very personal project connected to the Cambodian holocaust.

Benjamin Jurrien Dean is a first year medical student pursuing a career in pediatrics and neurobiology. He also has a passion for philosophy and its intersection with the practice of medicine.
She lies there swaddled like the healthy newborns that seem to find comfort in their confinement. She is swaddled so tightly that the pacifier, cleverly tucked under the edge of the blanket, is pinned firmly in her mouth. She is sleeping, not sucking, her lips loose around the rubber nipple. And when she wakes and whimpers, the sound of her cries are muffled by that surrogate nipple, the taste of rubber all she knows, as she is too weak and too ill to nourish herself. But all is not lost as calculated calories are pumped into her frail frame through a hole in her belly. She is not growing, but she is not shrinking yet either.

Her cries are louder now. Were you to step close enough, you would see her thin lips spread wide, her tiny chin trembling, and her pathetically puny tongue, quivering with the force of her protest. The pacifier stands guard at the center of it all. You can stand there too and watch her cry, her eyes squeezed tightly shut as her face flushes with effort. If you are quiet she won’t have to know you were there. You reach out a hand instinctively to comfort her but you stop yourself in time and your hand hangs limply above her head, the sweat soaked hair, tangled and matted and clinging to the angry red scars beneath.

You place your hand on the rail of the crib instead, afraid that her dark eyes might open to your touch, afraid that she might meet your gaze, that she will blame you.

If you walk quickly past her open door you can slide purposefully into another more brightly lit room. A room with a baby whose skin doesn’t look borrowed from an elderly man who fell asleep with a burning cigarette in his hand. If you spend enough time in that room, with parents who breathe sighs of relief at your news of negative cultures and reassuring cell counts, who smile as their child latches hungrily to his mother’s breast, you might miss her parents as they slip quietly off to work. And in their absence you can pretend that you believe they understand what is happening to their child. You can pretend that when they asked about taking their new daughter home, “cuándo, cuándo,” that they were merely in denial, and that you have not failed them. And a couple of days later, when she finally stops crying, stops breathing, you can pretend that you are saving her life by pushing air into her lungs and running blood into her veins, and making her cry once again.

Ellika Bartlett is a fourth year medical student from Northampton, Massachusetts who plans to pursue pediatrics. This piece was inspired by a patient she took care of during her third year Pediatrics rotation.

Merina Thomas is a second year medical student who traveled to India last summer to interview the rural elderly about the many changes that have occurred in their community. This photo reflects the intimate nature of one of those interviews.
One o’clock on Christmas morning

Bill Fleet

There they lie all calm abed,
Who knows what dreams are there.
Girls with tears they have not shed
Boys with unknown griefs to bear.

Now their life is but a dream
Of life with goals unknown to me.
Perhaps as good as now they seem
But things may come they cannot see.

There they sleep so happily.
There they dream of life to come
Of goals to reach eventually
Of living in a happy home.

There they sleep so peacefully
Every one a piece of me.

Bill Fleet, VUSM class of 1958, began writing as a hobby after his retirement in 1998. He has self-published two books. This sonnet is about his eight grandchildren who were visiting on Christmas Eve.

My years

Matthew Gartland

There are no rings at the core of the great Baobab tree,
no way to measure its years of life.
Is it not the same with my own time in this place?

I have seen four generations of my kin come into the world,
crops wither and wilt in many seasons,
the snows of Mount Kirinyaga arise and recede.
I have known elephants to wander my fields
and lions to steal into my kraals.

My one hundred and thirteen years are written on a piece of paper,
issued to me before the first Great War.
But are my years not better measured in the Baobab tree?

Above: photograph of J. Nyaga taken by author in Meru, Kenya in 2007

Matthew Gartland is a first year medical student from Morristown, New Jersey. He lived in Nairobi, Kenya for two years where he met the subject of this piece.
Developing a change in perspective
Billy Sullivan

To the One I Love,

The past few months have been hard for us. Sometimes even too hard, especially with us making all of these mistakes.

I’m learning how to be a ‘fixer’ here in medical school. Well, so I’m told. I should be able to find the solution, but I cannot. Maybe when I graduate in three years? Will the answers come then? I’m afraid we might not make it that far.

What if we forgot about all the times we’ve done wrong. The times we were impatient. The times we were just too busy. Even those times that we were just too tired. Because after all, between a first-year medical student and a full-time journalist miles apart, this kind of relationship is, well, exhausting.

Maybe we need another change. No, not a change of how, like how we have been trying incessantly, time after time, trouble after trouble, stumble after stumble, excuse after excuse—no. Maybe we need a change in perspective.

Last Friday I saw a cute, cuddly, clueless little baby in clinic, and I couldn’t help but think about her life, her struggles, and her falls. But more importantly, I couldn’t help but think about her smile. As we are approaching sixteen months of a relationship and that baby approaches sixteen months of life, I can see the perspective that we might need to consider.

After about a year, the baby entered into a much more independent world, as she began to balance and learn how to walk for herself. She developed that strength and that coordination to hold herself up. You and I entered into our own, independent worlds, far from the comforts of college, at about that time.

But, because the baby keeps on trying this novel and exciting thing called walking, she’s probably likely to fall down a whole lot. After all, it is quite hard.

Shortly thereafter, she probably started to learn how to say words. She began with one and she struggled and she stuttered. Putting the sounds together is just too hard sometimes. But once the sounds come, the words multiply, phrases are born, and the seeds of a sentence have taken root. Soon, communication will blossom.

Twenty-two years later, her relationships, too, are developing. Not failing, not struggling, but developing. For development is that process — that natural process — that cannot be stopped. It takes time. It takes a lot of practice. It takes a lot of trial and error. But it becomes more beautiful and amazing every time you are able to catch a glimpse of its fruits.

Unfortunately for us, developing doesn’t come with a manual or a hand-book. An instruction booklet doesn’t follow the baby out of mommy. I’m sure. I’ve checked. But the baby usually does OK, and sometimes, but only sometimes, she develops into something truly special. Like you.

Our relationship is developing, and I’m pretty sure even we aren’t going to be able to stop it. It doesn’t need a fix (although it tempts me so), it doesn’t need a change of course, a change of heart, or a change of underwear. It just needs a change in perspective.

All of my love
and some more that has yet to develop,

Billy Sullivan

Medical Practice

Developing a change in perspective
Billy Sullivan

To the One I Love,

The past few months have been hard for us. Sometimes even too hard, especially with us making all of these mistakes.

I’m learning how to be a ‘fixer’ here in medical school. Well, so I’m told. I should be able to find the solution, but I cannot. Maybe when I graduate in three years? Will the answers come then? I’m afraid we might not make it that far.

What if we forgot about all the times we’ve done wrong. The times we were impatient. The times we were just too busy. Even those times that we were just too tired. Because after all, between a first-year medical student and a full-time journalist miles apart, this kind of relationship is, well, exhausting.

Maybe we need another change. No, not a change of how, like how we have been trying incessantly, time after time, trouble after trouble, stumble after stumble, excuse after excuse—no. Maybe we need a change in perspective.

Last Friday I saw a cute, cuddly, clueless little baby in clinic, and I couldn’t help but think about her life, her struggles, and her falls. But more importantly, I couldn’t help but think about her smile. As we are approaching sixteen months of a relationship and that baby approaches sixteen months of life, I can see the perspective that we might need to consider.

After about a year, the baby entered into a much more independent world, as she began to balance and learn how to walk for herself. She developed that strength and that coordination to hold herself up. You and I entered into our own, independent worlds, far from the comforts of college, at about that time.

But, because the baby keeps on trying this novel and exciting thing called walking, she’s probably likely to fall down a whole lot. After all, it is quite hard.

Shortly thereafter, she probably started to learn how to say words. She began with one and she struggled and she stuttered. Putting the sounds together is just too hard sometimes. But once the sounds come, the words multiply, phrases are born, and the seeds of a sentence have taken root. Soon, communication will blossom.

Twenty-two years later, her relationships, too, are developing. Not failing, not struggling, but developing. For development is that process — that natural process — that cannot be stopped. It takes time. It takes a lot of practice. It takes a lot of trial and error. But it becomes more beautiful and amazing every time you are able to catch a glimpse of its fruits.

Unfortunately for us, developing doesn’t come with a manual or a hand-book. An instruction booklet doesn’t follow the baby out of mommy. I’m sure. I’ve checked. But the baby usually does OK, and sometimes, but only sometimes, she develops into something truly special. Like you.

Our relationship is developing, and I’m pretty sure even we aren’t going to be able to stop it. It doesn’t need a fix (although it tempts me so), it doesn’t need a change of course, a change of heart, or a change of underwear. It just needs a change in perspective.

All of my love
and some more that has yet to develop,

Billy Sullivan

Medical Practice
Lane Crawford is a second year medical student who was pleasantly surprised to discover that her creative juices had not in fact been irrevocably squashed by anatomy, pathology, and the like.

Michael Sarnowski was born in Rochester, New York and is currently enrolled as an MFA poetry student at Vanderbilt. His poetry has been published by *The Adirondack Review*, *The Honey Land Review*, and *Write Bloody Publishing*.
Hunting down the fountain of youth
Sally Bebawy

This is my neighbor, Bill, after a successful day of deer-hunting. Bill is seventy-one years young and harbors no evidence of advancing age, except for maybe the years on his hunting license! To me, this image of his smile and his blood-stained hands is a reminder that the struggles and triumphs of medicine go beyond the walls of a hospital.

Shipping Out
Janice Savage

I t was just as well that, at 80, his hearing was practically gone. He would have hated the gurgling of the trach tube, the respirator’s watery hiss, an incessant thump programmed to parcel packets of air at certain intervals. The green monitor with its graphs and curves, pressure, volume, and frequency, everything precisely measured. He saw and heard none of it. We had to shout over the bleeping circuitry. It seemed irreverent that final phrases could not be wrapped in whispers.

Since it was Christmas, we brought in a small tree. Dwarfed by the twinkling technology, even Christ could not compete. His milky eyes searched the ceiling as if scanning the horizon for a ship. Trunk packed, he was pacing the pier. I had to look away.

And his hands, the blue veined wrists held by velcro straps, fingers swollen and spread like starfish. Sixty years a mechanic, his nails had long since lost their blackened edge of grease and oil, the callused palms now soft as an auditor’s. In the basement his tools turned cold.

As a distraction, we teased him about the nurse who called him ‘sugar,’ told him we’d fill his food bag with eggnog, hang tinsel on the bed rails. But he could not be distracted — his eyes had spotted the ship.

The last year he lived with us was hard for all of us. Days marked by pains and pills. The chaotic pace of our lives bewildered him. Mystified by computers, answering machines. Some of his habits were irritants too. The slight whimpering sound he never knew he made, his walker’s monotonous thump across the carpet, oxygen tube trailing like a loosened leash. Everything I cooked had to be soft or small, prepared for his toothless taste. Yet even these things carry a weight of fondness like sleepless nights calming a colicky baby.

Before the sickness, he spoke of the war in Italy, said he’d never forgive the Red Cross for charging American soldiers for coffee after they had slept all night on the frozen ground. The bitterness rose in the cup with each stir of his spoon. And how, back in the States, for months he’d been afraid to sit in the lighted house at night. Crouching in the yard, he’d shield the crimson glow of his cigarette from invisible bombers.

Toward the end, I could not go. The vacant sedative gaze belonged to someone else. He had already boarded the ship. As it pulled away from the pier, the ropes slipped heavily into the dark waiting water. Later, I studied the horizon even after his shrinking speck of ship had turned to the sky.

Janice Savage has worked at Vanderbilt Medical Center for the past nineteen years and is currently an administrative assistant in the Department of Patient & Family Centered Care. Her work has appeared in the Vanderbilt Review, Old Red Kimono, Vanderbilt House Organ, and Collage. “Shipping Out” was written as a tribute to her father-in-law, Mose.
Mary Bufwack has been with United Neighborhood Health Services (UNHS) for twenty years and currently serves as the organization’s CEO. UNHS is a private, non-profit organization that provides health care to the underserved. Before working at UNHS, Bufwack taught sociology and anthropology at Colgate University in New York and coordinated domestic violence shelters for the YWCA in Nashville. In an interview with Tabula Rasa, Bufwack describes health care as a social and cultural system and uses the UNHS community clinic model to shed light on the age and aging of the population she serves.

TR: What has been the impact of inadequate access to health care on the aging of your patient population?
MB: Their bodies age faster and they die faster simply because they don’t have access to a good quality of health care or a nurturing environment. Many of the people we serve are old before their time. At least within this population, we could be the last generation that could expect to live longer than the previous generation.

TR: Can you give an example?
MB: We had a wonderful board member named Wanda. I met Wanda very soon after I took this position, and Wanda was very active in the community, a great organizer. Her diabetes began to take its toll very soon after I met her … She was obese and didn’t get the right care, so by the time she got care and got insurance for the care, [the diabetes] had taken its toll. Everything spiraled downward, and she died from the complications, many years before such a bright and wonderful person should die.

TR: What are the main projects UNHS is focusing on right now?
MB: Our focus is on adults in the 45–65 age group as we’re seeing the emergence of the difficult-to-manage chronic diseases. Our other focus is on the teenage, pregnant, and parenting groups. So we kind of go for either end of the age spectrum.

TR: How does prevention of chronic diseases work in a community health care setting?
MB: Identifying disease early just ameliorates things, but if we’re going to have an impact on [persons ages 45–65], we know it has to be done in the early childhood and adolescent period. So, that depends on our schools, our communities, and our youth organizations working together. We can do a lot to avoid smoking and substance abuse in those early years. Nutrition and activity are probably harder community issues to get at.

TR: What is it like when you’re seeing 14, 15 and 16-year-olds who are forced to mature early due to having children of their own?
MB: They handle an awful lot: mostly, trying to stay in school, trying to [cope]. But in some ways the pregnancy is almost easier than the actual parenting responsibilities … because when the baby is born, you’ve got a baby to raise and you’re usually living with one of your parents or an aunt or a grandmother. So you’ve got a multigenerational household — often, with complicated household relationships. And we don’t cut them any slack, we really don’t. We expect them to parent and somehow negotiate their household. We expect them to stay in school and be successful in the same way every other student has to do it — show up on time, enroll in classes, meet your graduation requirements, and get the credits so that they can go on and be good parents in terms of being able to make a living. In many ways they are much more mature than a young person who hasn’t had to deal with that level of responsibility.

TR: AIDS is probably something you see quite a bit of at UNHS, isn’t it?
MB: Yes.

TR: We now see people are living longer with HIV and AIDS. How is HIV/AIDS affecting the aging of the populations that you’re serving?
MB: We see increasingly the heterosexual transmission of HIV — oftentimes in young women, [and] often first identified when they’re pregnant. These women can live a long time on [antiretroviral] medications, but … in many cases the motivation to keep up and manage that level of medication is not as much as you would like it to be.

TR: Now, in its 33rd year, how has “aging” affected UNHS and its capacity to heal?
MB: We’ve grown a lot. The leadership staff has stabilized as the management has matured. [UNHS] has also grown in its attractiveness to physicians. Twenty years ago, we could not even get three physicians. Now we have 14 physicians and receive one new call each week. Physicians have begun seeing this as a viable career. Because the physician staff has stabilized, the quality of care has also increased … we are now able to provide more comprehensive care. Rather than simply dealing with episodic and acute care cases, we are able to focus on behavioral health.

TR: What has been your biggest challenge?
MB: We are always working against complacency. We do this by delivering care in nontraditional settings, such as schools and mobile units, as well as by using an electronic health record system and adapting to its advances. It is important to always try and challenge ourselves. We want to stay on the cutting edge and never grow “old.”

TR: What do you think President Obama can or should do to support the progress made by organizations such as UNHS?
MB: Healthcare delivery is currently confronted with two main issues. One: people lack health insurance and two: healthcare is often inaccessible and delivered in a culturally insensitive way. Community health centers aim to focus on the latter. Even though 40% of our patients have insurance, our main drive is to provide access by using an “open system” model where patients are not denied or charged because they do not fit in the provider’s “schedule.” We provide a non-intimidating atmosphere that bigger institutions cannot provide.

It is our hope that support for such systems does not decline and that the concept of community health centers can be built upon as a model. We need to focus on channeling more funds towards primary care centers. For instance, rather than increasing capital for more NICU beds, we ought to focus on strengthening the primary care and community outreach that would prevent the need for NICU beds in the first place. [Also], it is our hope that Obama will recognize the importance of primary care in medical education. This is possible through increasing support for primary care training and residency programs as well as support for programs like the National Health Service Corp that provide incentives for new primary care physicians.

Interview conducted by Rajshri Mainthia and David Marcovitz.
Alzheimer’s masquerade

Jan Rosemergy

How did you find me? Mama exclaimed after we jitterbugged into the dining room where spiders, scarecrows, pumpkins swung, where men, women, couples, lone, were ghosts. Staff, one a medieval princess, another an Egyptian queen, raised confused partners from their chairs to sway to black cat Bobbie Belle’s keyboard crooning. Play a little swing, one resident’s wife directed. Kansas City, Kansas City here I come. His hand clutched the cowboy hat his wife had brought to brand them still a pair as she tugged him from his chair. His body remembered their moves, spinning, grinning. Another’s wife, white-haired, denim-clad as a farm-girl with lipstick freckles, curled her arm around her mate, white Holstein patches safety-pinned on his black turtleneck and slacks. She coaxed him to those feet that could no longer recall a way to move, but even so, she clasped him close, her eyes closed, their bodies swaying. Watching these dancers, my husband and I stood handfast. How did you find me?

Reflection

Matthew Koreiwo

I have been twenty-three for the past five years. Not physically, of course, all those signs of aging are there; hangovers last two days instead of two hours, cuts take longer to heal, and I can grow something that almost approaches a decent approximation of a beard. Nor has my mental, emotional, or cultural development been arrested. As far as I can tell, I’ve hit all the developmental milestones right on target and am fairly well adjusted. Rather, it is in terms of potentiality that I have stopped aging.

It started, innocuously enough, when I was twenty-three. Most of my colleagues in the NYU English Department were also twenty-three, so at that point, while not ahead of the curve, I was comfortably ensconced in the middle. Two years later, after finishing my M.A., I took a job in publishing and noticed that most of the other people holding similar jobs were twenty-three. Now, halfway through my first year of law school and three months shy of my twenty-eighth birthday, I find myself increasingly alarmed as I am again amongst a group whose median age is twenty-three. Like Matthew McConaughey’s character in Dazed and Confused, I keep getting older while those around me stay the same age. The thing about getting older while those around you stay the same age is that you don’t actually get older, at least not in any meaningful sense.

In his essay, “On Potentiality,” Giorgio Agamben wrote that Aristotle distinguished two kinds of potentiality; the generic potentiality of a child and the existing potentiality of someone who possesses knowledge or an ability.

“The child”, Aristotle says, “is potential in the sense that he must suffer an alteration (a becoming other) through learning. Whoever already possesses knowledge, by contrast, is not obliged to suffer an alteration; he is instead potential,” Aristotle says, “thanks to a hexis, a ‘having’, on the basis of which he can also not bring his knowledge into actuality… Thus the architect is potential insofar as he has the potential to not-build, the poet the potential to not-write poems.”

It is this hexis mentioned by Aristotle, this “having,” that, paradoxically, I do not yet have. Instead, I still find myself in the process of becoming other through learning.

I recently began reading Gravity’s Rainbow again. I’ve done this three or four times before and the pattern is always the same. I start it, get a hundred pages or so in, then get distracted by something else and put it down for long enough that by the time I’m ready to continue I’ve forgotten what’s going on and have to start over. This time, though, looks to be different. I’m already at a section I haven’t read before, and I have no intention of putting it down. There may be hope for me yet.


Jan Rosemergy is the director of communications for the Vanderbilt Kennedy Center (VKC) and has a life-long love for reading, writing, teaching, and sharing poetry. Her work at VKC has taught her that the arts enhance the quality of life for individuals with developmental disabilities, as well as for those who acquire disabilities through accident or aging. This poem is among a series she has written reflecting on her late mother’s experience with dementia.

Matthew Koreiwo is a graduate of Providence College and New York University and worked in the publicity department at Grove/Atlantic, Inc. before enrolling at Vanderbilt University Law School. He is currently at work on at least a dozen short stories and a novel, none of which he will ever likely finish.
**Grandpa and grandma at it with Wii**

**Jessica Solomon**

Jessica Solomon, a Special Education and pre-medical student at Vanderbilt, loves her grandparents more than anything else in the world. She has enjoyed sharing the new age of digital arts with her grandparents, as well as learning timeless lessons from them with each visit or conversation.

---

**Musings on aging**

**Gwen Moore**

When I was the child in the above photo, my goal was to become a college student. So when I graduated from college, I felt a little lost, having given little thought or energy to the life that lay beyond. For the next couple of decades I still felt 17. I enjoyed a reputation as a precocious young person amidst my elders, and recently realized I still take pleasure in exceeding expectations.

In my thirties and forties I adopted a growing family. As “Aunt Gwen” I became a quasi-matriarch, ending up with seven grandbabies. My mother transformed from a plan-initiating, world-traveling woman to an Alzheimer’s patient, addled, dependent and childlike. Empathy for my mother’s situation, interacting in the workplace with folks decades older than me, and my own fibromyalgia and other complaints added to my feeling quite “old”. Still, eighty didn’t seem so old now that my mother was eighty.

Life changes suddenly brought me into daily contact with young people. In the medical school, the energy of youth surrounds me. The intellectual dance of serious learning and playful cleverness is stimulating. Emotional and relational struggles in my younger friends’ lives reflect my own. Being single all my life adds to the fluid sense of age, since I have no family milestones from which to take my bearings. It’s freaky to have friends my age with receding hairlines, paunches and wrinkles and still recognize the young person they were when we met.

Writing my autobiography in 2006 allowed me to revisit all the years from the first half of this journey and incorporate all those parts of me into who I currently am—child, adolescent, young woman, matriarch and (currently) a white-haired but “youthened” woman experiencing a creative renaissance, pursuing a wide range of activities and finding that play enhances my sense of well-being and engagement.

At my fiftieth birthday I was asked to share any wisdom gleaned along my path. My response was instant: “For every ‘Yes’ you say in life, there are many ‘Nos’.” The finitude of this life experience has been my greatest ongoing challenge. I can’t be more than one place at once. I can’t practically incorporate as much adventure and relational richness and newness into my life as I would wish for and imagine. Poets and scholars affirm my confidence that there is another world, an experience beyond this one, where finitude loses its restrictive grip and expansiveness becomes our “normal.” “There will be no end to the increase of His government or of peace.” (Isaiah 9:17) I’m dying, and living, for the dawning of that day.
The incomprehensible din emanates from the surface. The individual sounds are discernible – yet cacophony still. Concentrate, be still, respond.

Notes all over the keyboard, a rest, a trill; The soprano strains become clear, almost too sporadic and shrill to follow. Then swiftly rushing in their innocence. The familiarity is complete, the urge to harmonize envelopes you. This song once belonged to you, claimed you completely; You could imagine no other. Attempting that theme now is that only. Where did the pure, sweet notes go? In confusion, counterpoint emerges. Lower notes yet the theme is still clear. The meter slowed but only to allow a further appreciation. The sweet clear notes of higher register surface again, Reminder of what began. The middle voice overwhelms these sounds until carelessly. You allow the notes to fade. Comfortable and unopposed the middle song gains precedence and confidence. Blithely moving toward what? In the middle, spinning around the theme, Direction lost, but joy is noted in this register Unencumbered by the high notes searching for their Lost ascendency. Stealthily a rumble sneaks below the comfortable middle range. Slowly yet tenaciously encroaching upon the present theme. Resistant, you struggle to hold the middle range And stretch to remember the high. Too quickly you are immersed in the rumble.

From within the conflicting sounds, the theme can be discerned. Although slow, ponderous, the original theme is present. Boring to some, pedantic, but from within still beautiful. You can still hear the sweet high notes, the counterpoint of Alto, but each grows faint. The base, the tympani rhythms are strong. The lower notes flow louder and slower, no rushing now. Quietly, struggling, one more attempt to sing the first innocent soprano. You beseech those whose love you have to see if they can Hear that beautiful song, But their response, irritation, impatience, condescension, misunderstanding. Step back, think.

The fugue of one theme plays repeatedly, for each is caught up in her part, Unable to appreciate another. Change occurs surreptitiously while each plays on. To recognize the interlocking melodies, the changes over time – the gift of life. To appreciate each measure for the beauty it conveys. To study the impetuosity, the propriety, the wisdom of each movement Is to know the fullness, the complexity of life. To laugh with the soprano of youth, To converse with the alto of the adult, To listen and respond to the sonorous tones of age. These are the pleasures of life. These are the callings of the child and the parent. These are the gifts of a God, who hears the cacophony from above, And delights in the fugue of life.
Dress-up birthday party, plus ten years
Clark Thomas

Fourteen-year portrait
Clark Thomas

Clark Thomas has been a freelance photographer for forty-three years, has worked for nine national magazines, shot album covers for the music industry for 17 years, and more recently has won awards for his work promoting national television news teams. His favorite work, however, is making simple portraits of everyday people, either on location or in his Nashville studio. His web address is www.SimplePhotographs.com.
82nd and Edison
Michael Sarnowski

My grandfather kept a pair of boxing gloves in the basement. They were faded brown with a wooden grip inside, as if fingers were thread around the spool used to stitch men to the floor of the ring. When I slid my hands into them, there was a larger space that his bones had worn into the leather. I could feel a history of aching muscles, the strain of opening jaws just to eat. I could see the broken noses that hung on Irish faces for the next half century. I could taste sweat mixing with blood and dirt. The leather began to crack along the knuckles. This was where fear came clean. This was where bandages unwrapped like rosaries. These fights were held in the basement of the church he helped build. Next to storage areas was a ring where men could come late in the day. They became thin silhouettes sparring in the twilight. Each came for their own reasons. My grandfather fought so he could afford food, and kept fighting long after he told my grandmother he had stopped. He did it for the good of the family. Funny, how even after a man has seen the tired face of war, he learns there are other battles that need to be fought. I set the gloves down on the old piano bench, a coffin of sheet music. There were new refrains that needed to be sung, a shadowbox tune of left hand accents over a crescendo of rights.

Turtle time
Charles Phillips

Often, old men are considered wise because of the wealth of knowledge they have accumulated from a lifetime of experience. When diagnosed with testicular cancer at age twenty-two, I got a jump on life’s learning curve by experiencing a major illness a couple decades before the norm. I ‘aged’ in the sense that I lived through something most people my age have not.

One of the biggest lessons my diagnosis taught me was to live every day as best you can because you never know when you might wake up and be told you have cancer. By taking life one day at a time, I feel like I have returned to being five-years-old again. When I was five, I woke up every morning looking forward to the next game of tag or the next episode of Teenage Mutant Ninja Turtles. Thanks to cartoon shows, I gauged life in thirty minute increments. I distinctly remember being told it would take as long as five episodes of Ninja Turtles to get to Grandmother’s house.

Somewhere along the way time stopped moving as slowly as it did when I was a kid, and I began to age a little faster as my conceptual increments of time grew from thirty minutes, to a school day, and on to a school year. When evaluating an hour, I guess it seems smaller and less important when you are twenty and have experienced 175,205 of them, compared to having lived through only 43,801 hours when you are five. One month is 1/60 of your life at age five, but an entire year is 1/60 of your life at age sixty. Aging seems to make the importance of each day feel inversely proportional to the number of days lived. It only seems natural for a sixty-year-old man to feel like the beginning of fall passed on to winter and spring in an uneventful blink of the eye. But ask a first grader how long it takes to get through the school year and you will probably not get ‘quickly’ or ‘uneventfully’ as an answer.

Cancer and other grave illnesses seem to reverse this process by emphasizing the present. When faced with a potentially terminal illness, the time scale reverts back to childhood increments. If you only have a finite number of days to live, every one of them seems precious. I am extremely fortunate not to have a poor prognosis, and I am very happy knowing I will probably live a long life. But I am not taking any chances; I plan on aging one day at a time anyway. I may be older and wiser, but I am living like a kid again.

Charles Phillips was born in Rochester, New York and is currently enrolled as an MFA poetry student at Vanderbilt. His poetry has been published by The Adirondack Review, The Honey Land Review, and Write Bloody Publishing.

Charles Phillips is currently a second year medical student. He was diagnosed with testicular cancer during the summer of 2007 and successfully completed treatment by the fall of that year. His experience has inspired him to pursue a career in oncology.
A person is for loving
Charles Jaeger

A seed is for growing!
But what if there's no one
To care?
To wrap it in soil?
And nurture?
How will it grow?
A seed, to be,
Must grow.

A flower is for blooming!
But what if there's no one
To care?
To pull the weeds?
And water?
How will it bloom?
A flower, to be,
Must bloom.

A sunset is for glowing!
But what if there are no clouds
To move?
To catch the light?
And shine?
How does it glow?
A sunset, to be,
Must glow.

A pinwheel is for spinning!
But what if there's no one
To care?
To find a breeze?
Or blow?
How does it spin?
A pinwheel, to be,
Must spin.

A person is for loving!
But what if there's no one
To Care?
To give and receive?
To touch?
How can they love?
A person, to be,
Must love.

I'm the seed;
I must grow.
I'm the flower;
I must bloom.
I'm the sunset;
I must glow.
I'm the pinwheel;
I must spin.
I'm the person;
I must love!

Charles Jaeger's writing is spurred by experiences that impact him and almost 'force' him to write. The poem A Person Is for Loving is a companion piece to another (A Pinwheel Is For Spinning) which was written about an experience with his youngest daughter.

He and me
Tate Lenfant

Grand daddy,
fishes
Me,
wishes
Grand daddy,
forever
Me,
wishes.

Tate Lenfant is diagnosed with cystic fibrosis and cystic fibrosis-related diabetes. Tate and his grandfather, Jim Douglas, have an amazing kindred relationship. This short poem describes each of their favorite past-times and their special love for one another.

The beacon
Harriet Martin

To learn to rejoice when trembling winds doth blow –
When all around our foundations rock and stall –
To bring glad news in the midst of the storm.
This is my watchword for which I've been born.
To hold fast to goodness
To hold on to life –
To see a glad future in the midst of strife.
To know that GOD undergirds every plan – to spread the good news to child, woman and man.

Harriet Martin is a former Country Music Association singer/songwriter and is a survivor of breast cancer. She is also a former Palm Beach model, having worked with designers like Elizabeth Arden, Oscar de la Renta, and Davidoff. The beacon was written shortly after she received breast reconstruction surgery at Vanderbilt Medical Center.
The big “C”

Holly Ables

This, my friends, is the face of cancer. I received the shocking and still unbelievable diagnosis of thyroid cancer yesterday.

At first, I mourn when I think about my impending loss of beauty. Getting an incision in such a prominent, obvious place is challenging my self-image.

While I’ve always been fearful of getting such a diagnosis, I never thought I’d get it so soon in life. I mean, I’m only 32 years old. Thyroid cancer does not run in my family, nor do I have a history of radiation to the head (other than standard dental x-rays). I think I’m still processing the fact that this is happening to me and that the big “C” is real and inside of me. I know that attitude and the mind-body connection play a big part in healing, so I refuse to be down about this. I’m coasting on denial.

As my surgery approaches, I am scared and angry. Being subject to something like this makes me feel helpless and small.

The Last Monday

Today is. It is the last Monday I will have a neck unmarred. The last Monday I will have all pieces of me. The last Monday I will have cancer.

Surgery: December 5, 2008

Holly Ables, an educational specialist at Vanderbilt Medical School, was diagnosed with thyroid cancer last year. Throughout the course of her treatment, part of her emotional healing process was to do self photography.
Following her academic studies, Jean Gauld-Jaeger began a professional career at the Vanderbilt Medical Center as Director of the Department of Patient Affairs from 1978 to 2003. "I am especially interested in the life experiences reflected in the faces of my subjects and in recording the beauty of the Tennessee landscape." Her paintings may be viewed at www.artbyjaeger.com.
“
A doctor possessed of the writer’s art will be the better consoler to anyone rolling in agony; conversely, a writer who understands the life of the body; its powers and pains, its fluids and functions, its blessings and banes, has a great advantage over him who knows nothing of such things.
”

THOMAS MANN, 1939