

# stimulus

a medical humanities journal





## WHAT'S INSIDE THIS ISSUE:

*A collection of poetry, short stories, drawings, graphics, research, essays, music, and experiences from the students, faculty, and alumni of UTA as well as a number of community creators.*

## NOTE TO READER

*From the Stimulus Team*

Stimulus: A Medical Humanities Journal was created to be an experience for its readers. Unlike many other academic journals, it contains a unique combination of academic works, personal experiences, and artistic expressions. In this way, Stimulus can be seen as a portable art gallery.

Just as any piece of art can be interpreted in a number of different ways, so too can the articles that follow. We invite you to gain insight on the creators' interpretation of their own work by referencing the creator biographies at the end of this journal, in which our creators shared their purpose, artistic opinion, and the underlying meaning(s) of their submission.

**In this Volume, we chose to provide trigger warnings for submissions that may contain sensitive content. Please note when the following icon appears at the beginning of a submission before continuing to read:**

**Sensitive  
Content**



MAY 2022 | VOLUME II

# stimulus

a medical humanities journal



THE UNIVERSITY OF TEXAS  
AT ARLINGTON

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## Dr. Dan Cavanagh



# LETTER FROM THE DEAN OF THE COLLEGE OF LIBERAL ARTS

I write to celebrate this second volume of Stimulus. There is a certain excitement that occurs when a new journal is launched, especially one that allows students to gain experience in the myriad processes involved in putting out a journal – editing, peer-review, publishing, layout, and more. But when a new and exciting effort turns the corner into a longer-term, ongoing contribution to the academy and knowledge, that is a true accomplishment. This second volume of Stimulus is a wonderful example.

As the world continues its forward march to one of interconnectedness, eschewing the traditional approach of singular expertise, I am heartened to see this new journal add to the great work started last year. I am an artist myself – I was trained as a composer and pianist. I cannot overstate the importance of ensuring that we allow our deep understanding of the human condition – gained through the words of scholars, the images of poets, the scenes of painters, the notes of musicians – to provide additional lenses through which we understand our place in the world, our versions of humanity. As the articles in this volume demonstrate, it is when we combine our human senses of the world with our technical training in medicine that we grow that much more capable of treating our fellow human beings with dignity, care, and inventiveness.

With that, I leave you to experience the work of the real experts – the creators of the articles that follow. I am proud to support the Medical Humanities at UTA and am certain that this type of interdisciplinary inquiry is the future of breakthroughs in our understanding of the human condition.

**Dan Cavanagh**

**Dean, ad interim, College of Liberal Arts**

# LETTER FROM DR. GELLMAN



May 2022

Dear Stimulus Staff,

Congratulations on this Second Annual Volume of Stimulus: A Medical Humanities Journal. Our entire University community is truly blessed by the efforts of the Mavericks for Medical Humanities student club and this truly interdisciplinary, exemplary, publication. It is wonderful to see the overlapping interests of the sciences and humanities working together toward the improvement of patient care. During this unprecedented tumult of global unrest, efforts toward optimizing empathy and compassion in healthcare are even more pressing. Encouraging creativity and innovation, as part of undergraduate education, is even more important now, as we face these new and unimaginable global challenges from COVID and in Ukraine. It is wonderful to offer this platform of personal expression to the University community. We celebrate the fact that optimal patient care transcends technology and brings focus to “the person in there”. Thanks so much for your efforts bringing about this wonderful publication and passing the gift of personal expression to the next UTA community.

Sincerely,

Dr. G

Steven Gellman MD, MFA

UTA Associate Professor of Practice

UTA Pre-med Consultant

Faculty Advisor: Mavericks for Medical Humanities



# LETTER FROM THE STIMULUS TEAM



Top row, left to right: Karyssa Nelson, Darashagam Nahal, Cami Henyan, Dr. Steven Gellman  
Bottom row, left to right : Thao Thu Nguyen, Eman Eltahir Ali, Amal Eltahir Ali

This is the second collection featuring prose, visual arts, and media. Many individuals have contributed to the second edition of the *Stimulus: A Medical Humanities Journal*: students, faculty, staff, alumni, affiliates, and the surrounding community. The journal is organized by the Mavericks for Medical Humanities organization and supported by UTA's Department of Philosophy as well as the UTA College of Liberal Arts. The medical humanities combines two unique subject matters: the fine arts and the medical sciences. As a whole, the medical humanities explore the ethical, historical, literary, philosophical, and religious dimensions of healthcare. The team of *Stimulus: A Medical Humanities Journal* is passionate about the medical humanities and believes it to be especially relevant in today's day and age. The medical humanities provides individuals with a special prospect on medicine, human society, and the relationship between the two. The field of medical humanities brings a creative aspect to the field of medicine. The medical humanities takes into consideration not just the physical body of the human but also the brain, body, emotions, mentality, relations, and environments of humans. The mission of *Stimulus: A Medical Humanities Journal* is to provide a creative outlook for individuals to express themselves in the context of medicine and the humanities. The Stimulus Team hopes to provide creators with as many ways of expressing themselves as possible. We are proud to showcase the talent of the many individuals who have submitted to the journal.

At Stimulus, diversity is of great importance to us. Therefore, we have included submissions from nearly every genre of artistic composition. We hope you enjoy reading this journal as much as we have enjoyed putting it together.

When deciding how to order the pieces, we strove to make the journal as readable as possible. We alternated prose with art and photography. Our design team also incorporated background elements and design to enhance the appearance of each page. The design team created a theme that connected the journal to the UTA community and campus. We grouped the UTA community, community creators, and Stimulus staff submissions into different sections to highlight the skill and style of each author demographic. We hoped that the flow of the journal would keep the reader captivated and interested as to what kind of piece will be next. The wonderful variety of style and medium of art creates a journal with multiple perspectives and artistic influences. We chose pieces that we feel highlight the importance of human connection through personal experience and community insight while creating a theme of inclusion and acceptance.

We greatly enjoyed reading the submissions from our peers and community as the submission deadline approached. At the beginning of the submission portal being open, we would go days without getting a submission or only receive a few a day. Within the last 48 hours of the submission deadline, we received 27 submissions! From this experience, we have gained significant leadership skills and have become more connected to our UTA community. Despite setbacks and challenges through the process, we continued to have a shared goal in mind: spreading the virtues of medical humanities and the importance of the journal's message. This has been an enriching experience that has grown our knowledge on the healthcare field as well as the role of medical humanities in real life practice. We have internalized the messages from this journal and will use them in our future in healthcare, as we are all on the healthcare track for our future careers.

Lastly, we would like to thank the UTA faculty and staff who have helped and given support to the establishment of Stimulus: to Digital Publishing Librarian Yumi Ohira and copyeditor Janet Long for their efforts in helping to put the journal together; Dean of the College of Liberal Arts Dr. Dan Cavanagh for his advocacy of this journal and medical humanities at UTA, Dr. Eli Shupe; Caroline Nguyen for creating the Stimulus logo; and President of Mavericks for Medical Humanities Joshua Cupps, as well as the club leadership for collaborating with us and spreading the word about our journal. Finally, a very special thanks to Dr. Steven Gellman, Karyssa Nelson, and Thao Thu Nguyen for continuing to contribute to the journal and guide us on how to honor Stimulus and the UTA community in this year's volume.



# STIMULUS TEAM



Karyssa Nelson

Founding Co-Editor-in-Chief, Volumes I & II, Executive Advisor 2022

I graduated from UTA in the Fall of 2021 with an honors degree in Psychology, a minor in Biology, and a certificate in the Medical Humanities. I am currently taking a growth year while working towards my ultimate goal of becoming a physician. As one of the founders of Stimulus and of the Mavericks for Medical Humanities student organization, watching the Medical Humanities and Bioethics program expand and touch so many students' lives was one of the most impactful pieces of my time at UTA. I am thrilled to see the journal continue this year with the help of the incredible Stimulus team, creators, and faculty who support its mission.

Thao Thu Nguyen

Founding Co-Editor-in-chief, Volume I & II, Executive Advisor 2022



I graduated from UTA in Fall of 2020 with a degree in Biomedical Engineering, a minor in Disabilities Studies, and a certificate in Medical Humanities. The Medical Humanities has become an integrated part of my life, from being mindful of my interactions with others, to keeping myself grounded, and also looking at everything through another set of eyes. As a student who advocated for the Medical Humanities program at UTA, It excites me to witness it become a more widespread and incorporated discipline. I am so thankful to have been given the opportunity to continue working on this journal with our *Stimulus* team and am proud to see it's growth along side the Medical Humanities program at UTA.

Cami Henyan

Editor



I'm a junior majoring in Biology and minoring in Medical Humanities. I love working with kids, so my goal is to be a pediatrician. My interest in Medical Humanities and Stimulus is due to my experience thus far shadowing doctors and working as a scribe in a hospital. I've seen the need for more understanding and empathy in the healthcare field and feels that Stimulus is the perfect way to bridge the gap between healthcare and human emotions. I am very excited to see everyone's submissions and creativity shine in the journal!

## Darashagam Nahal

Editor



I am currently working towards my Bachelor of Science in Biology, and I am due to graduate in 2024. I am highly interested in the principles of clinical ethics and how they are applied in the healthcare industry. My fascination with the field of medical humanities stems from my combined enjoyment of the social sciences, the visual arts, and the study of ethics. I am immensely grateful to the entire editorial and design team as well as all of the creators who have contributed to the second issue of Stimulus: A Medical Humanities Journal.

## Eman Eltahir Ali

Graphic Designer



I am a junior currently working towards my Bachelor of Science in Biology at UTA. I plan to go to medical school and either become a physician or work in a lab. Overall, my career aspirations is working somewhere in the medical field although I have yet to decide which medical career path. My interest in the Medical Humanities and Stimulus is due to my creative arts and science background, my interest in medicine, and my empathy for others. I look forward to working with the amazing editorial and design team, seeing everyone's work, and making this Stimulus: A Medical Humanities Journal Vol. II possible!

## Amal Eltahir Ali

Graphic Designer



I am a junior at UTA majoring in a Bachelor of Science in Biology and obtaining a minor in Medical Humanities and Bioethics. My career aspirations consist of going to medical school and becoming a pediatrician because of my fondness of children. There is also consideration of working in Neurology because of my interest of the brain. My connection to Medical Humanities and the Stimulus journal began with my interest in the minor and the Medical Humanities club organization as well as my creative arts background. Additionally, I believe in the importance of having humanities, patient care, and empathy in the medical and healthcare field. I am looking forward to putting in hard work with the Stimulus team's designers and editors as well as making the Stimulus: A Medical Humanities Journal volume II happen!



STIMULUS

UTA CREATORS



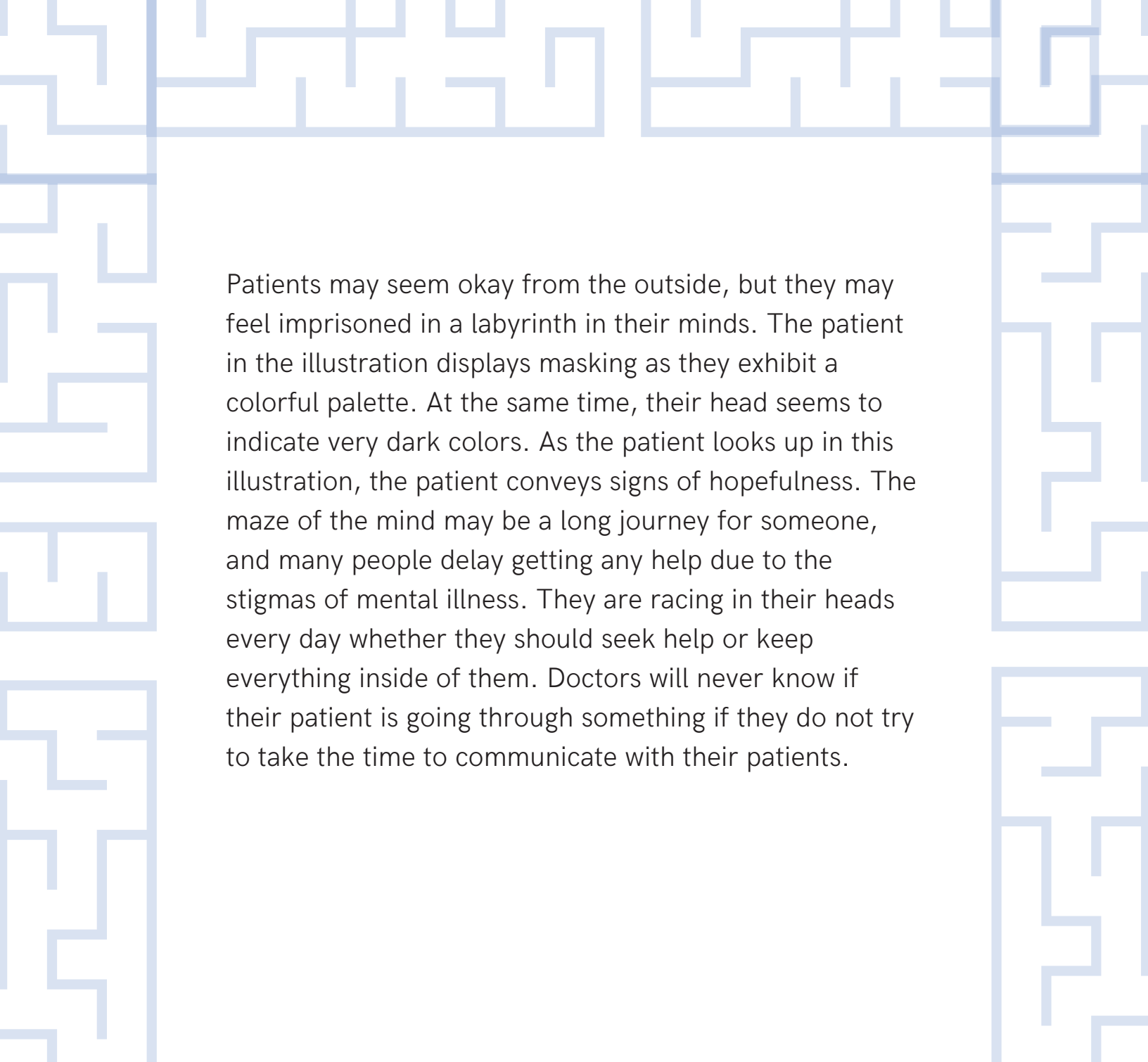


# The Maze of the Mind

Karen Hernandez







Patients may seem okay from the outside, but they may feel imprisoned in a labyrinth in their minds. The patient in the illustration displays masking as they exhibit a colorful palette. At the same time, their head seems to indicate very dark colors. As the patient looks up in this illustration, the patient conveys signs of hopefulness. The maze of the mind may be a long journey for someone, and many people delay getting any help due to the stigmas of mental illness. They are racing in their heads every day whether they should seek help or keep everything inside of them. Doctors will never know if their patient is going through something if they do not try to take the time to communicate with their patients.

# Curtain: The Other Side

## Uchechi Etumnu

Long shifts, sleepless nights  
Tough times, rough life  
Flashbacks of being *undermined*  
Yet she does not compromise


Although she was *discriminated against, disregarded, and disrespected*,  
She studied twice as hard, and her *resilience* was endless.  
Jesus was her newfound *strength* amid all her trials  
As her *passion* to save the lives of patients consumed her like a fire

With much anticipation and delayed gratification  
She matched for emergency medicine residency following her graduation  
She learned with *hard work*, even when she fails, she is winning  
Her story never ended, it was only the beginning

When others placed a period, by inserting a comma,  
She realized she needed to know more than the central dogma  
To impact patients far and wide to heal from their traumas  
And talk to anxious families in waiting rooms to diffuse the drama

So, she used a headband to pack her curly afro  
And threw on her scrubs, and wore her white coat  
She was a city on a hill that was made to shine  
And she sparks the same hope in her patients' lives

She spoke words to patients that brought health to their flesh  
Whether it was a major surgery or just checking a temp  
She healed broken hearts without a coronary bypass procedure  
And bound up wounds without needing a suture



When it came to any patient, she could deeply relate  
She has been *misunderstood* and accompanied by pain  
But during this, she found *grace, hope, love, and faith*  
So, her notable duty was to enlighten others to discover the same  
She is *knowledgeable*, yet her *empathetic heart* understands  
What it's like to be on the other side of the curtain with her face in her hands  
Except her curtain is...

Not just an imposter syndrome,

But being

Undermined.  
Discriminated against.  
Disregarded.  
Disrespected.  
Misunderstood.

Despite her

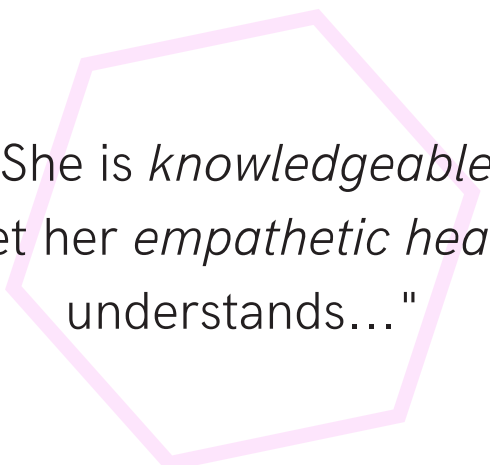
Resilience.  
Passion.  
Hard work.  
Knowledge.  
Empathetic heart.

Yet, she has

Strength.  
Grace.  
Hope.  
Love.  
Faith.

What is your curtain?

What is on the other side may try to break you, but it can save someone's life.



"She is *knowledgeable*,  
yet her *empathetic heart*  
understands..."

# Prioritizing Wellness: My Personal Wellness Plan

Sandy Hobart

# Prioritizing Wellness

## MY PERSONAL WELLNESS PLAN

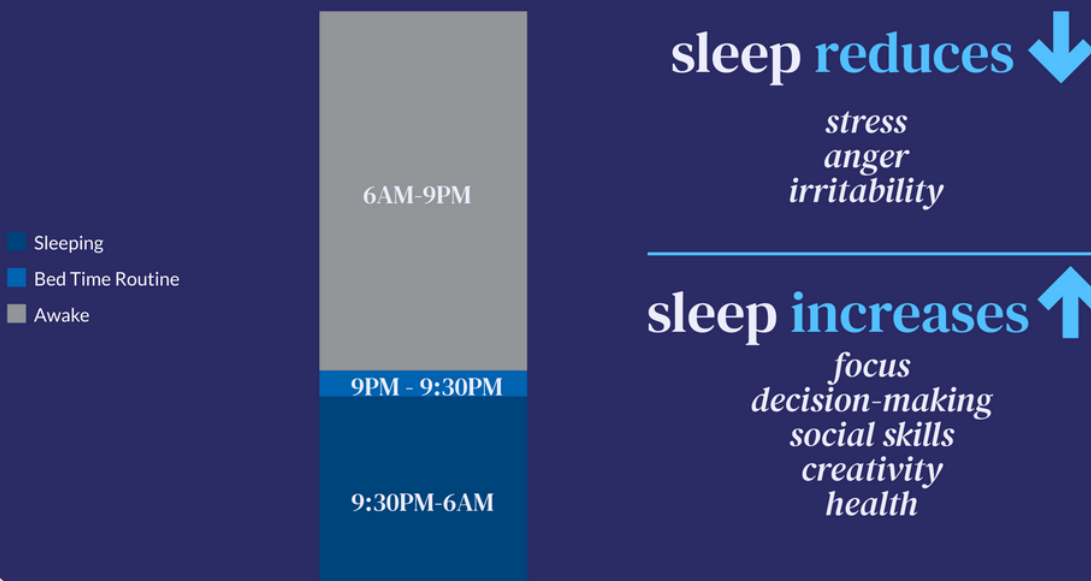
SANDY HOBART

Mom, Advisor, Instructor, Coordinator, Grad Student, Coach, Friend, Sister, Daughter

## Step 1: Sweet Sleep



In order to function well the next day, it is very important to prioritize getting at least 8 hours of sleep each night. This is sometimes easier said than done especially with a child, but I have found maintaining a routine helps. My son and I have a bedtime routine starting at 9PM which consists of story time and breakfast ideas for the next day.



There's only 24 hours in a day!

**Prioritizing Wellness**  
MY PERSONAL WELLNESS PLAN  
SANDY HOBART  
Mom, Advisor, Instructor, Coordinator, Grad Student, Coach, Friend, Sister, Daughter

### Step 1: Sweet Sleep

In order to function well the next day, it is very important to prioritize getting at least 8 hours of sleep each night. This is sometimes easier said than done especially with a child, but I have found maintaining a routine helps. My son and I have a bedtime routine starting at 9PM which consists of story time and breakfast ideas for the next day.

sleep reduces ↓  
stress  
anger  
irritability

sleep increases ↑  
focus  
decision-making  
social skills  
creativity  
health

There's only 24 hours in a day!

### Step 2: Perfect Preparing

It will be unpredictable, therefore it is important to accept one can never be prepared for everything. However, preparing for future events helps with a work-life balance and allows one to control what is known.

\*\*\*MOST IMPORTANT\*\*\*  
Block off their work to for activities that make one happy and help manage stress.

COULDFIND  
TOXIC COOKING COUNTERLINE WITH MY PHONE WALKING COUNTERLINE PUZZLE

### Step 3: Master Mental Maintenance

For one, mental health is the most crucial factor for positive well-being. Through personal experiences, I have considered risks for myself that help me understand a confident attitude and adapt to potential challenges that affect mental health.

Accept I can't be upset  
I will accept in a personal situation  
I will accept in a personal situation  
I will accept in a personal situation  
I will accept in a personal situation

Accept I can't change  
I will accept in a personal situation  
I will accept in a personal situation  
I will accept in a personal situation  
I will accept in a personal situation

"Be the change you wish to see in the world." - Mahatma Gandhi



**Prioritizing Wellness**  
 MY PERSONAL WELLNESS PLAN  
 ANNE HOGUE  
 Head, Adult Instruction Coordinator, Grand Rapids, Coach, Third Grade, Designer

**Step 1: Sweet Sleep**

In order to function well (at work), it is very important to prioritize getting at least 7 hours of sleep each night. This is especially true for those who work with children and have demanding schedules. The following are some tips for the best sleep:

- sleep reduces stress, anger, irritability
- sleep increases focus, decision making, social skills, creativity, health

There's only 24 hours in a day. Step 2: Perfect Preparing

Step 2: Perfect Preparing

Step 3: Master Mental Maintenance

For me, mental health is the most crucial factor for positive wellbeing. Through personal experiences, I have established rules for myself that help me maintain a confident attitude and adapt to potential challenges that affect mental health.

\*\*\*MOST IMPORTANT\*\*\*

Block off time each week to for activities that make me happy and help manage stress

LISTENING TO MUSIC, COOKING, QUALITY TIME WITH MY FAMILY, WALKING, COMPLETING PUZZLES

"Be the change you wish to see in the world." - Mahatma Gandhi

# Step 2: Perfect Preparing

Life can be unpredictable, therefore it is important to accept one can never be prepared for everything. However, preparing for future events helps with a work-life balance and allows me to control what I can.



Schedule ALL events in a personal calendar.



Set reminders! Work ahead when possible.



Be realistic with time commitments. Say NO, when needed.

**\*\*\*MOST IMPORTANT\*\*\***

Block off time each week to for activities that make me happy and help manage stress

  
LISTENING TO MUSIC

  
COOKING


  
QUALITY TIME WITH MY FAMILY


  
WALKING


  
COMPLETING PUZZLES


# Step 3: Master Mental Maintenance


For me, mental health is the most crucial factor for positive wellbeing. Through personal experiences, I have established rules for myself that help me maintain a confident attitude and adapt to potential challenges that affect mental health.


 Accept I can't be super mom, super advisor, super sister/daughter, super student, etc. Communicate and ask for help when needed.

 Make time for people and things that make me happy

 Establish and maintain boundaries

 Accept I can't change others but can always improve myself

 Understand others' opinions of me do not define me. Me, my attitude, and my actions define me.

 Approach situations and people with a growth mindset. Everyone has a unique background and there is always something to learn.

**"Be the change you wish to see in the world." - Mahatma Gandhi**

As a society, it seems we must always be on the go to achieve success. I believe because of this, we (including me) sometimes forget the role our own wellness plays in achieving any goal. This infographic was created as part of a personal wellness assignment for one of my graduate classes. It required me to reflect on how I manage my time to accomplish my professional and personal obligations while trying to limit burnout. I found this assignment extremely beneficial and want to encourage all students and colleagues to make time to consider their own wellness plan based on what works for THEM and not someone else. Each person has their own interests, challenges, and obligations, so there is not a one-size-fits-all solution! I hope sharing my personal wellness plan motivates others to consider how they prioritize their own overall wellness.



# Never a Task, But a Person

## Shakyra Silva

In the fall of 2021, I took a biomedical ethics course with a service-learning component where students volunteer in hospice care. We were to provide companionship to patients during the times their families could not be there with them or to those with few visitors who requested companionship. I had an experience with a patient while doing these service-learning hours that taught me an incredibly important lesson.

When I first learned that there was a patient to visit in Arlington, I was ecstatic. At that point in time, I had under half of the minimum requirement of volunteering hours for the course and was desperate to gain more. So, naturally, when I saw a patient available not too far from my house, I jumped at the opportunity. I learned of this assignment later in the week and planned to wait until the following Monday to visit the patient, 'Mr. Doe.' However, on Friday the volunteer coordinator let us know the patient might not make it until the next Monday and had a fear of dying alone. So, I changed my original plan and decided to go the next day, but later that same day, I was given an update that the patient might not make it through the night. At that moment, I decided to meet with him at six in the evening.

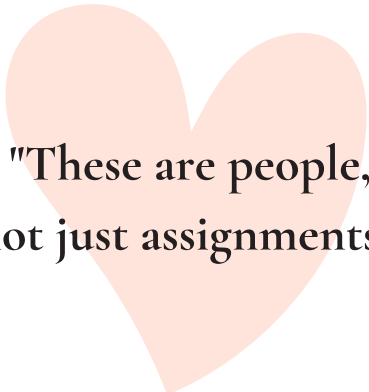
When I entered, I wasn't sure what to do. I sat there for a minute or two before deciding I should introduce myself, even if he might be asleep. When I introduced myself and told him I would be there with him for a while, I saw a small smile on his face for a second. I decided to talk to him. I saw small movements in his face when I talked to him for an hour or so. I told him childhood stories about my parents and brothers. I described the weather outside and how the night sky looked. I did this for a few hours until I was joined by another classmate, 'J.' By the time J arrived the patient had nodded off, and he had stopped making small movements with his face. J and I just continued to talk to him. J shared stories such as things about his family, pets, the holidays, and anything we could think of that he might like to know about. I stayed there until ten at night when my dad asked me to come home. I know if I had asked to stay longer, he would've said okay, but he would have stayed up waiting for me to get home. Even though I felt in my chest that I should stay, I left. J ended up staying until Mr. Doe passed.



Looking back to when I first learned of Mr. Doe, although my mind has since changed, I thought of him as an assignment and a means to get more volunteering hours. I forgot that he was a person — a sick person who didn't have very much time left and just wanted some company. I realized that I had been thinking this way when the hospice volunteer coordinator sent out the news of his passing being near. That's when it hit me that he was not just an assignment or task that needed to be checked off, but a person. The volunteer coordinator had warned us that some patients might pass while we did this, but I didn't understand what that really meant and how it would affect me until I experienced it firsthand. This was a person at the end of life: One second, they're here and the next they're not. They aren't just hours or just an assignment, and they shouldn't be thought of that way. From the time I got that message of his passing being near, and with every minute I spent with him it sunk in more. I could see how weak he was, I could hear how hard it was getting for him to breathe as the hours passed, this man was going to die soon, and I was there because he feared dying alone.

At that moment, I realized that I felt guilty for my past thinking and wanted to do anything I could to fulfill Mr. Doe's last wish. Although I was not with Mr. Doe when he passed, I am thankful that my classmate stayed behind to be with him so that in his final moments, this wish was fulfilled.

It might sound odd considering that the four hours I spent with Mr. Doe was the only time I had spent with him, and I had less than pure motives for volunteering beforehand, but his passing was difficult for me. I believe that it is because I have never spent time with someone who was so close to dying, and I felt guilty for my previous thoughts. I didn't know him, I only spent a few hours with him, but he was a person who lived a full life, did amazing things, had a family, and was, according to staff, an incredibly sweet man. It was a life, and I watched as it was slipping away, which was more difficult than I thought it would be.



**"These are people,  
not just assignments."**



When I first entered the class and the hospice volunteer coordinator spoke to us, I remember her saying, "These are people, not just assignments." I remember thinking, "Of course they are people, how can you forget someone is a person?" However, that's exactly what happened to me with Mr. Doe. I learned from him that forgetting someone's personhood and seeing only a task can unfortunately happen easily, and to anyone, just as it did to me. I am sorry to Mr. Doe because I did not think of him the way he deserved to be thought of. I am also thankful to Mr. Doe for the lesson I learned from my experience with him. I will keep this lesson close to my heart as I treat patients in my future career and will always remember above all else that a patient is never a task, but a person.



**PIVOT: The care of our people**  
**Kayode Aremu and Mayur Bhakta**

**PIVOT**

Neither black nor white

***Or is it?***

From the destitute black hole, I cry out  
playing your tune

Oh, Ye that yields it

***Do you hear me now?***

Vulnerable and Helpless

***Do you see me now?***

Draped in this vibrantly armored Ankara print

***Unapologetic?***

Yet I yield no POWER

***Who shall fight for me?***

In my silent piercing screams



Kaleidoscopic at the least

***Behold, magic of light!***

From gentle stream amasses a sustaining river

by chisel and hammer

up against the dam

***We pound to your heartbeat!***

Resilient and Empowered

***Like a raging flame in the desert!***

With scrubs of woven enriched fibers

***Proud!***

LISTENING, LEARNING, LOBBYING

***We will be your champions!***

For your reverberating calls strike a chord

# Hidden Pieces: Capturing impression void of expression

Kayode Aremu and Ololade Aremu  
Models: Ololade Aremu and Abolade Aremu



**FOCUS**



**FRIGID**



**CAPTIVE**

# ATTENTION



# BE STILL



# BE FREE

"Hidden Pieces" focuses on the emotions of the viewer. Hints of Impressionism and jarring representation of Black women that strike unsettling emotions. Stills of sleeping giants in medicine. The attire and face covering originally from Nigeria is known as "Ankara." The Ankara conceals the emotions of the subject, leaving the viewer to empathize with the unseen/unknown. A glimpse into the struggles of immigrants in medicine; either as providers or patients, especially Black women who have been marginally affected. This piece beckons a call to action to the new generation stimulating change.



# Fatphobia in Healthcare: A Fat Studies

## Perspective and Reading List

Dr. Sarah A. Shelton

In their “Joint International Consensus Statement for Ending Stigma of Obesity” published in *Nature Science* in March 2020, thirty-six medical professionals and academics argue that fatphobia harms the physical and mental health of fat people.



People with obesity (sic) commonly face a pervasive, resilient form of social stigma. They are often subject to discrimination in the workplace as well as in educational and healthcare settings. Research indicates that weight stigma can cause physical and psychological harm, and that affected individuals are less likely to receive adequate care. For these reasons, weight stigma damages health, undermines human and social rights, and is unacceptable in modern societies (Rubino et al., 485).

For decades, fat activists, the fat-acceptance movement, and fat studies (the resulting academic field) have worked tirelessly to make these very points. While it is encouraging to see them made by scientists and doctors in a medical publication, we only have to look around us in our daily lives to see (in both our media and medicine) that such discrimination is the norm, not the exception. Indeed, the consequences of fatphobia are all too easily ignored or even dismissed entirely in a culture where most arguments against fat bodies (i.e., the “war on obesity”) ground (and shield) themselves in “concern” about the health of “obese” and “morbidly obese” people. But this joint statement pulls together research that confirms that the fatphobia fat people face is actually a critical factor in fat people’s health precisely because it directly affects the quality of healthcare they do (or don’t) receive. The joint statement outlines several points that fat studies and activism have long argued:

- Physicians tend to spend less time consulting with fat patients
- Fat patients often report being prescribed weight loss *first*, whether or not they come in for issues related to weight
- Fat patients who have experienced such weight bias in consultations (or just in their general lives) are more likely to avoid seeking care in the first place
- Such avoidance often leads to a (too) late diagnosis or leaves issues undiagnosed
- Shaming and declaring war on fat bodies more often has the opposite effect than the one hoped for as, buried under such shame and aggression, fat people may also avoid gyms and exercise (to avoid being made fun of or even accosted) and may self-medicate with food through disordered eating

While the first instinct might be to dismiss fatphobia as less impactful than “obesity” itself, imagine for a moment (if you aren’t fat) that an entire country—or world—has declared war on your body. That one-size-fits-all desks in the classroom don’t fit you, signaling to your peers and professors that you don’t belong here. That a nurse trying to take your blood pressure is rough with your arm when the cuff is too small or rolls her eyes and clicks her tongue in clear disgust as she has to leave the room to find a medical device that fits your body. That you decide to get out and take a walk only to have someone roll down their window as they drive by and yell at you that you’re a pig or, even, that you should die. Though anecdotal here, these imaginings are all based on common occurrences in the lives of fat people. I’ve personally experienced some version of them all myself. As author Lisa Fipps (2021) points out in the acknowledgements of her book *Starfish* (discussed in the list below),

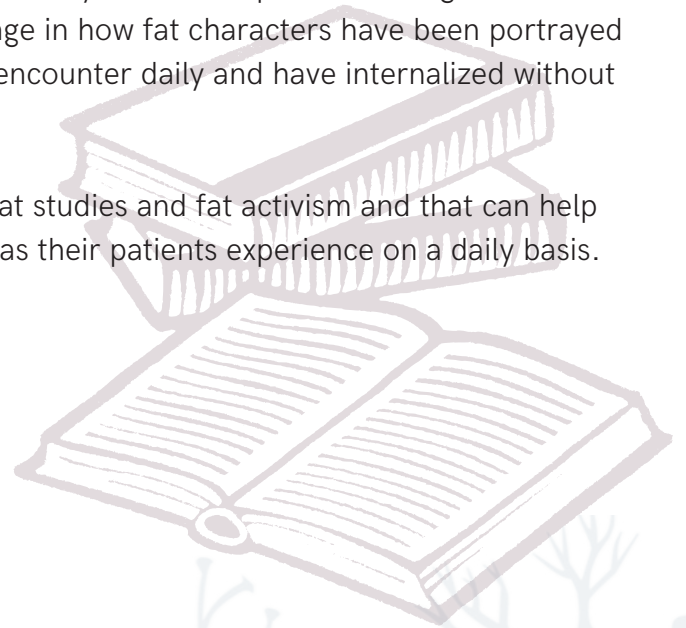


*Starfish* is a work of fiction, and a lot of people will read this and think, “It’s definitely fiction because people would never say or do such cruel things.” But a variation of every single mean thing people said or did to Ellie happened to me when I was a child (245)

Though the kind of healthcare bias listed above might seem fictional, the joint statement professionals, fat studies scholars, and fat activists know they are very real and very damaging.

In my Disability Studies: Fat Fiction (ENGL 2303/DS2301) course that first ran in Spring 2020 and will run again in Spring 2023, I use fiction, specifically Young Adult (YA fiction) to expose students to such bias and fatphobia through novels. At the beginning of that first semester, a nursing student explained that she’d specifically chosen the course to purposefully better understand the experience of her future patients who are fat and have experienced such bias. And as we worked our way from reading about Piggy in *Lord of the Flies* (a fat sidekick character who only exists to be sacrificed (literally) so that the others can learn a lesson) to Juliet in *Juliet Takes a Breath* (a fat, Puerto Rican, lesbian activist who is the protagonist but rarely mentions her size unless she’s talking about loving her body), all my students reported (through reflection assignments and our final class meeting) that seeing the change in how fat characters have been portrayed over time brought home for them how much fatphobia they encounter daily and have internalized without realizing it.

Below is a brief list of readings that offer an introduction to fat studies and fat activism and that can help healthcare professionals better understand the stigma and bias their patients experience on a daily basis.



## Non-Fiction

*The Fat Studies Reader* edited by Esther Rothblum and Sondra Solovay and *The Routledge International Handbook of Fat Studies* edited by Cat Pausé and Sonya Renee Taylor are the go-to anthologies that explain the field and show its theories in use.

*Fat Shame: Stigma and the Fat Body in American Culture* by Amy Farrell maps the roots of fatphobia in the U.S., showing that fat stigma predates “health concerns” and is, rather, a result of cultural anxiety about consumer culture, immigration, and race.

*Health at Every Size: The Surprising Truth About Your Weight* by Lindo Bacon founded the HaES movement that directly opposes diets, diet culture, and the damage both have done to our bodies.

*Shrill: Notes from a Loud Woman* by Lindy West is the author’s memoir about growing up trying, “unsuccessfully, to hide her big body and even bigger opinions.” It is also the source material for the Hulu series by the same name.

*Fattily Ever After: A Black Fat Girl’s Guide to Living Life Unapologetically* by Stephanie Yeboah tells the author’s story of “navigating life as a Black, plus-size womxn in a world obsessed with body image” and of how she advocates for fat-acceptance within a culture whose “body positivity” more often than not erases and silences fat people, especially fat people of color.

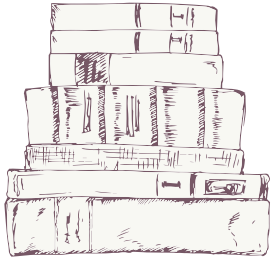
*Fat Activism: A Radical Social Movement* by Charlotte Cooper traces the history of and different conversations within fat activism.

*Hunger: A Memoir of (My) Body* by Roxanne Gay is a difficult (and possibly triggering) read but gives readers a better understanding of the damage internalized fatphobia does in fat people and how trauma, shame, and body image and acceptance are often intertwined.

## Fiction

*My Big Fat Manifesto* by Susan Vaught is exactly that: a manifesto. One of the first of its kind, this novel gives a fat character center stage and lets her talk and write back against all of the fatphobia she’s endured in her young life. Both the main character and her boyfriend face a decision about bariatric surgery, showing the different sides of that conversation as well as the consequences when such medical intervention goes wrong.

The Clover City Trilogy (*Dumplin’, Puddin’, and Pumpkin’*) by Julie Murphy heralded the proliferation of novels with fat protagonists after its publication in 2015. Between the three books, readers get multiple fat perspectives, encountering several characters who all have different experiences of being fat. The first book *Dumplin’* was the source material for the Netflix Original film of the same name.





The Faith comics from Valiant star something we've seen very little of: a fat superhero. Part of a trend that sidelines or completely leaves out fat storylines (whether fat manifestos or weight-loss plotlines) in favor of letting the fat protagonist have the storylines thin characters usually enjoy by default (coming of age, romance, grief, struggles with identity, etc.), these comics/graphic novels are doubly productive. A visual medium, they don't let readers get away with imaging the character as thin even as he or she is described as fat. Faith is drawn unapologetically fat, whether in her work clothes or spandex and cape.

*Fat Chance Charlie Vega* by Crystal Maldonado gives readers an inside look at just how damaging "willpower" narratives and shaming methods can be as it chronicles the mental and physical harm a mother's "health concerns" and disordered eating (through diets) do to the main character. It also realistically portrays the difficult push and pull, back and forth many fat people experience as they struggle, like the novel's protagonist, to replace their own fatphobia (learned from her parents and peers) with fat acceptance.

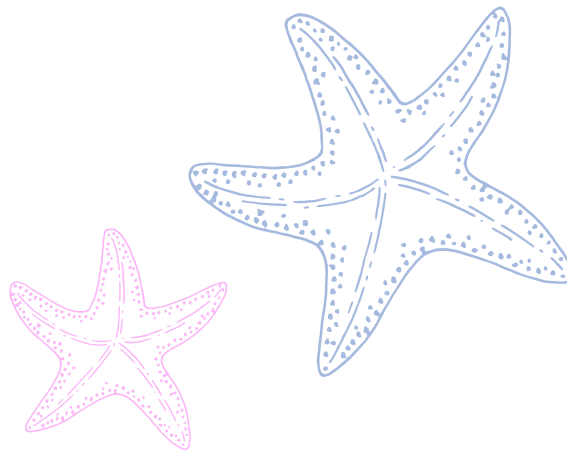
*Starfish* by Lisa Fipps is a novel-in-verse that, one poem at a time, embodies the same struggles with a fatphobic parent found in *Fat Chance Charlie Vega*. The protagonist, however, is still a child instead of a teen, and faces a parent willing to force her into bariatric surgery when she doesn't want it. This novel also addresses mental health as the protagonist works with a therapist and her father to face and heal from the trauma her mother has caused.

Though not research as listed in the joint statement, the last lines from *Starfish* (Fipps, 2021), speak for all fat people, patients or not.

I deserve to be seen.  
To be noticed.  
To be heard.  
To be treated like a human.

“To be treated like a human.”

I starfish.  
There's plenty of room  
for  
each  
and  
every  
one of us  
in the world (244)



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# You Can Still Hold On

Gabrelle Kelley



This is dedicated to a few close friends and a family member living with limb difference and all of the obstacles that come along with it. The arms and hands in this picture are noticeably different, and the bones in the arm on the left are visible. This was done in an effort to depict how much is still intact despite it being different from the unaffected arm on the right.

# The Power of Literacy

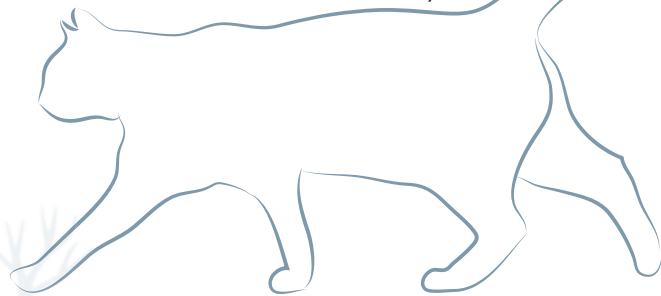
## Angie Gonzalez

When I was six years old, I fell in love. I was utterly infatuated and exhibited resistance to change due to this newfound love. It was a love so deep that sentimentalists would envy it. I was not in love with a person, but with the composition that lay before me. I was entranced by Dr. Seuss' *The Cat in the Hat*, the first book I've ever owned in English.

Having been raised speaking Spanish, the transition to English was incredibly difficult upon my family's immigration to the United States of America. I was placed in a solely English-speaking class due to the lack of space in the bilingual courses and struggled with being left alone, much to the dismay of my mom. It was an endless cycle of crying and confusion due to my inability to decipher what my teacher and the signs on the walls said. I felt ashamed and singled out. I was used to being an exemplary student in Mexico, and returning to those standards seemed as unreachable as the graffiti on the margins of train tunnels. My classmates' ability to understand and participate deemed them superior in my eyes, and I was the mere exception to a flourishing class.

My life changed on a fateful trip to the public library. My mom picked up a publication, with an odd-looking cat wearing a tall striped hat on its cover, and handed it to me. I studied it carefully and decided to read it, ignoring the negative thoughts that circled my head and insisted I'd be unable to understand it. Its images and simple vocabulary gave me a sense of hope like no other as I was able to decipher the not so foreign characters and follow the story's plot. I was fascinated by the way the words were strung together, the way one had to interpret them, find their color, decipher, and observe them. I had found happiness in the form of rhyming words and visual escapes.

My oblivious pursuit of happiness led to the most drastic change in my life; it allowed me to live hundreds of lives, shed tears over inexplicable emotional attachments, and lose myself at the hands of a paperback. I began reading every day, devouring book after book at an alarming rate. I was blissfully in love knowing something I enjoyed so much also helped me progress academically. Dedicating my youth to literature not only made me a more proficient reader and writer, but also fostered in me a sense of the value of education, creativity, and imagination. The words that are thoughtfully curated for the books we read are impactful past the last page that threatens to end the story.





# Life and Growth in All Forms, Within the Soul

## Maleah Galvan

Sensitive  
Content



This resin piece demonstrates the beauty of life in various forms. The flowers represent growth — whether it be emotional, mental, or physical.

# Mid-Level Providers May Solve Healthcare Shortages in Underserved Communities

Navvin Sadarangani and Randy Ramirez

## Introduction

The recent COVID-19 pandemic has unearthed many of the vulnerabilities that plague the United States' healthcare system. A disease that abruptly brought the country to a halt also served to underscore the glaring inadequacies in the nation's healthcare infrastructure and ability to provide care and serve chronically disenfranchised populations. According to recent data published by the Association of American Medical Colleges, the United States could see an estimated shortage of 37,800 to 124,000 physicians by the year 2034, with shortfalls affecting both primary care and non-primary specialties such as surgery, oncology, and neurology. Although the COVID-19 pandemic may have pulled back the curtain concealing many of the shortcomings of medical practice in the United States, this is an issue that far preceded the novel virus. The United States produces fewer physicians per citizen than nearly every other developed nation. Vast interspecialty pay gaps encourage bright young doctors to opt into higher-paying hyper-specialized fields rather than pursuing careers in primary care. With the necessity of access to quality primary care being highlighted by the ever-increasing number of patients and seemingly stagnant growth in the number of physicians, we, as a nation, must look to new innovative ideas on how to treat such a high volume of patients. The answer to this issue may lie in the increased utilization of mid-level providers such as physician assistants and nurse practitioners.

## What Is a Mid-Level Provider?

A mid-level provider is a healthcare worker who takes on tasks similar to those carried out by doctors, such as clinical or diagnostic functions—seeing patients, creating treatment plans, ordering tests, and writing prescriptions—but are required to complete fewer years of education than a fully certified physician. The term *mid-level* refers to the complexity of healthcare situations they're permitted to handle, rather than the quality of care that they provide to patients. Therefore, mid-level providers have only 2–3 years of extra education after obtaining a bachelor's degree, compared with the 7–10 years of education that physicians commit to.

A few examples of mid-level providers include nurse practitioners (NPs), nurse midwives, nurse anesthetists, and physician assistants (PAs). Describing providers as "mid-level" occasionally leads patients to believe they are not receiving the highest quality of care, but this is not the case.

Mid-level practitioners undergo intensive academic and clinical education programs to practice medicine at the level that they do. In fact, PA students often take some classes with medical students as part of their curriculum. To combat the demeaning stigma around the term, certain institutions such as Dartmouth Hitchcock Medical Center have begun to refer to their NPs and PAs as “associate providers.”

With increased patient education on the roles and responsibilities of mid-level providers in congruence with an increasing number of medical institutions using more appropriate vernacular to refer to their mid-levels, an environment with less patient doubt can be created. As more and more patients become comfortable with the idea of seeing a mid-level provider when they go in for a checkup, the burden on physicians will be greatly decreased and more patients will be able to receive quality care and attention.

## Underserved Communities and How Mid-Level Providers Can Be of Service to Them

The Health Resources & Service Administration (HRSA) keeps an updated list of medical shortage areas/populations organized by state on its website. As of March 2022, the United States has 3,441 areas designated as medically underserved. These areas are designated by HRSA as having too few primary care providers, high infant mortality, high poverty, or a high elderly population. Of these 3,441 areas, the state of Texas is the second largest contributor of all 50 states, contributing 206. The HRSA also keeps track of health professional shortage areas (HPSAs). The total number of HPSAs in the United States as of March 2022 is 20,760. Of these areas, Texas once again is the second largest contributor, with 1,177 designations.

This shortage especially puts a burden on the minority and impoverished neighborhoods who do not have their medical needs met to begin with. It's very common for minorities to lag behind in multiple healthcare quality measures such as effective patient-provider communication and proper insurance coverage. According to reports by The Commonwealth Fund, minority Americans face difficulties communicating with their physicians. More specifically, Hispanics are more than twice as likely to face difficulties than their Caucasian counterparts (33% vs. 16%), and about one-fourth of Asian Americans (27%) and one-fourth of African Americans (23%) also experience similar problems communicating with their provider.

Aside from the linguistic barriers, financial barriers make matters worse. Minorities tend to have lower rates of insurance coverage, creating even more barriers for them. According to a survey done by The Commonwealth Fund, nearly one-half of working-age Hispanics (46%) lacked health insurance for all or part of the year prior to the survey, as did one-third of African Americans. These variables, combined with a shortage of medical providers, create a lot of suffering for Americans, and if we ignore the problem, the gap will only get larger as time goes on.

With that being said, this crisis is solvable with the use of mid-level providers such as Physician Assistants (PAs) and Nurse Practitioners (NPs). Although PAs need to be supervised by a fully certified physician, the ratio of physician to PA in most states is 1:4. This means we can have more providers within the same clinic, which supports heavier patient volumes, and prevents physician burnout. In some cases, an NP can even work as their own independent entity, having a full scope of practice without the need for physician supervision.

Another important factor is the years of education required for mid-levels. Since the duration of education is less, the rate at which we get new providers into communities increases, once again solving the issue of having insufficient care.

## Conclusion

With decreased amounts of schooling and the ability to provide quality patient care, mid-level providers may be the answer to the physician shortages that are currently affecting our country. The transition to a medical system in which all patients are educated on the qualifications and abilities of mid-level providers will not be an immediate one, but with the help of various medical institutions and continued patient education, it is certainly an attainable goal. As more clinics begin to utilize mid-level providers, and an increased volume of patients can be seen, the amount of people who go without medical attention will continue to decrease until eventually, no one must go without quality medical care.

As pre-physician assistant students, we are especially aware of how the inability to access quality healthcare affects underserved communities. As frequent volunteers at the Mission Arlington Clinic we often see, firsthand, just how desperately some people need medical attention. Volunteering in a clinic run almost entirely by mid-level providers and witnessing their ability to diagnose and treat people who otherwise wouldn't be able to receive care has fostered a real passion within us for the physician assistant profession. Both of us hope to eventually practice as PAs and have the ability to serve the underserved in the way that we've witnessed other mid-level providers do.

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# Reading Between the Lines

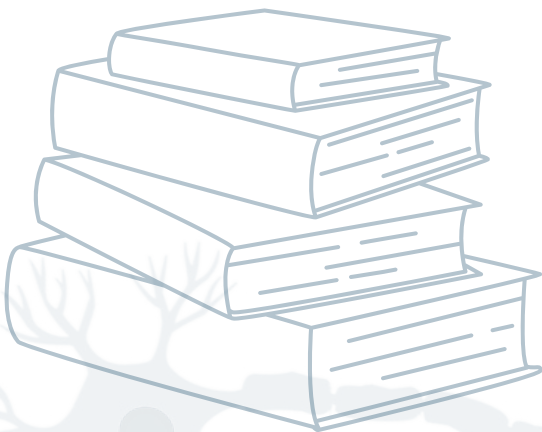
Serena Karim

Today's evolving career climate prioritizes a STEM-skilled workforce. However, this overwhelming shift in studies has detracted from the perceived value of the liberal arts, producing graduates who are missing a vital segment of their education.

Literature can restore these missing pieces. Take *Crime and Punishment*—a psycho-epic detailing a young murderer's motives, fears, and subsequent insanity. Dostoevsky speaks through his characters to weave a collection of philosophies and ideologies throughout the novel. Notably, one character considers the dangers of neglecting the humanities, asking:

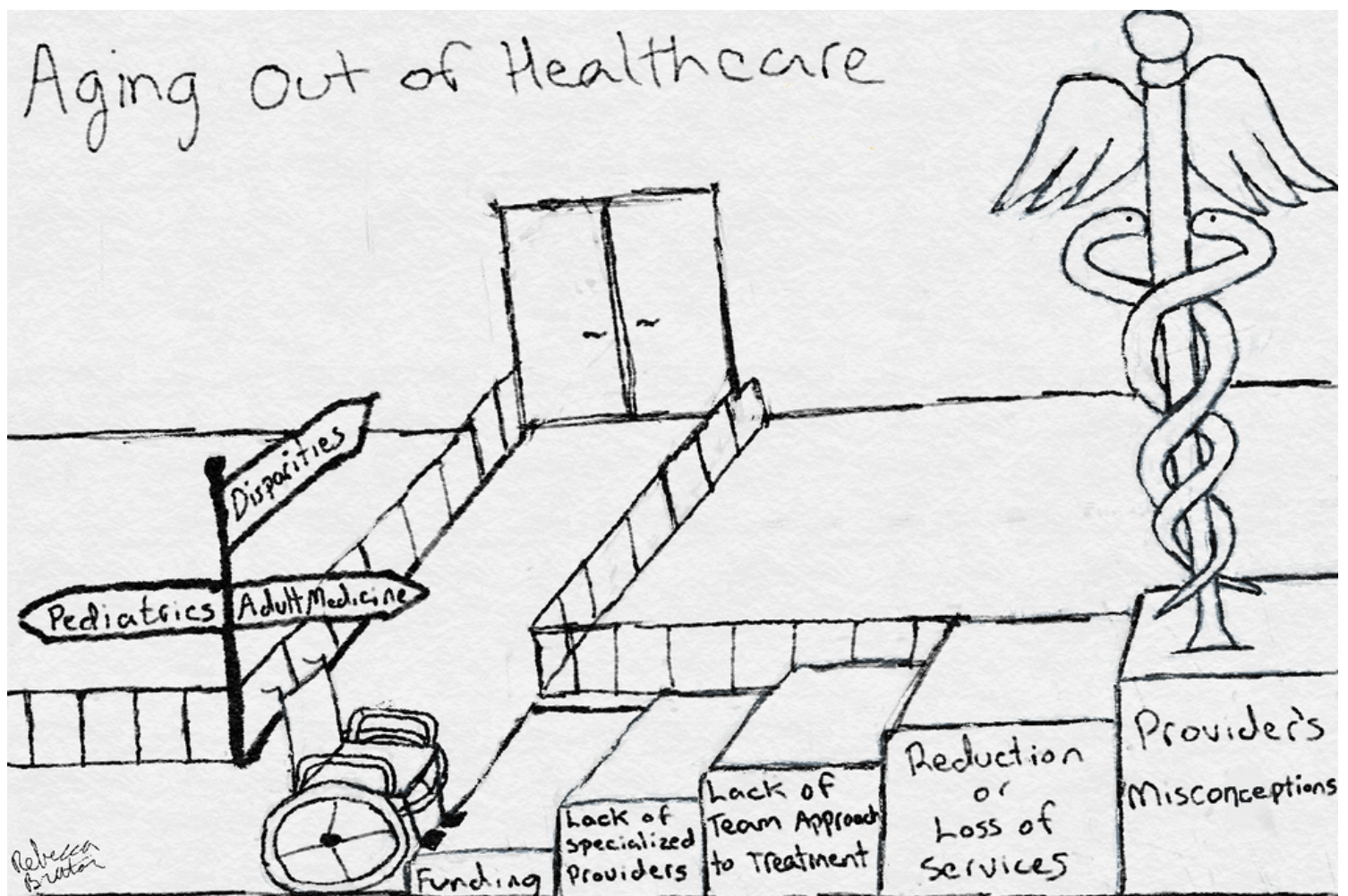
How can you, a doctor, whose duty it is to study man and who has more opportunity than anyone else for studying human nature—how can you fail to see the character of the man in the whole story?

"The X-Ray Waiting Room in the Hospital," by Randall Jarrell, develops this shortcoming from a contemporary stance. In the poem, a patient longs to feel connected to his nurses but is instead reduced to an "indistinguishable" case. To close the gap between professionals and patients, I believe that future caregivers must look beyond their academic checklists to find value in the liberal arts, too. Indeed, successful careers in medicine are contingent on both biological expertise and interpersonal insight. As a prospective nurse practitioner, I strive to pull from literature to access a multitude of human perspectives. Fiction, while imaginary, uses its creative range to express larger philosophical, historical, and sociological experiences. By reading between the lines, I can develop unique insights to effectively and empathetically cater to each patient I encounter. Indeed, I will challenge myself to "see the character of the man" in his own story—novel in hand, patient in mind.



# Aging Out of Healthcare

Rebecca Bruton



The inspiration for my piece comes from my personal experience as an adult patient with a disability and as a mother of a son with a disability. I chose the medical path, in part, because of the lack of disability representation in the medical field and to help change the way adults with disabilities experience healthcare. I hope to shed light on the many health disparities faced by adults in the disability community and to help shorten the gap in quality healthcare for this population.

# Care Beyond Medicine

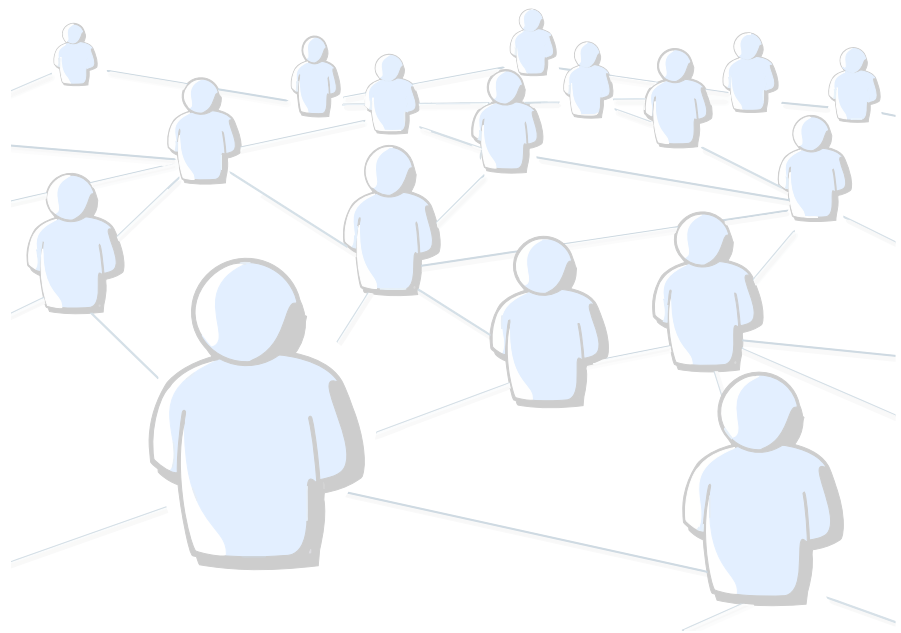
## Theresa Huynh

Touch. There is great significance and impact embedded within the smallest, non-medically related things in healthcare. It is common for patients to exude a sense of loneliness or anxiety driven by the silence of a medical facility. It is amazing how the presence of a comforting hand or how a sentence or word could greatly impact someone's mood or experience while changing their outlook on their environment and situation. To many, time is relative. Criteria that succeeds in helping someone endure their situations easier does not always involve hours of quality time or services with the biggest expenses, but is sometimes found within the smallest actions that make the biggest difference.

Understanding. Sometimes it feels like ignorance tends to be overshadowed with lack of understanding. The level of cognition and awareness tends to be undermined when it comes to children, special needs individuals or those with physical, verbal, auditory, or visual impairments. It is easy to assume that these individuals can be distracted with superficial or materialistic things but despite the distractions, they will always long for familiar social interaction. We can walk away and assume that the need and desire for physical or verbal comfort is lessened due their perceived lack of cognition. However, the level of receptiveness and attentiveness of their surroundings shows you otherwise. These individuals may have a difficult time communicating and conveying their thoughts in a manner that most are used to, but their level of awareness and expressed actions will show you that they are more aware and cognizant of their situation than you may have previously assumed.

Patients are People First. Due to the busy and stressful nature of healthcare, there are bits of patient's lives that may be easily or unintentionally be overlooked. Aside from the presenting physiological manifestations or complaints a patient may present, recognition of a patient's culture, respect for their race, and a brief understanding of their religion can help any healthcare professional better treat and care for people. Whether they encourage patients to seek spiritual guidance to aide them with their psychological well-being (ex: referring to the Quran/Bible, carrying out Namaz/prayer, asking Allah/God for help/guidance, or Buddhist meditating), curate a regimen that avoids conflicts with or conflicts the least with their cultural practices (ex: dietary restrictions during religious holidays such as Ramadan or treatment alternatives to blood transfusions for Jehovah's Witnesses), evaluate the patient's cultural diets (ex: food that tends to be high in oil), or educate themselves to prevent any subconscious racial prejudices (ex: getting categorized with Muslim extremist that does not represent their incredibly kind, giving, and peaceful religion), patients will feel more like a person with potentials of becoming more willing to listen and open up about their health.

Care Starts with You. The "You" encompasses everyone involved in the facility. From the janitorial staff, medical professional, to management. Each individual, regardless of occupation and quantity of patient interaction, was given a position to improve the quality of their team which inevitably promotes the patient's experience as well as quality of care by directly or indirectly contributing to the patient's level of comfort, compliance, and trust. Working as a team and creating an environment that promotes a sense of openness and trust can positively contribute to compliance and potentially prolongs the patient's life, given the circumstances. This can give the patient time to live their lives in a way that not only provides them quality of life, but to improve the quality of the lives to those around them. People tend to give more and exude more positivity to those nearby when they themselves feel good. To take care of one individual could have a ripple effect with potential kindness either spread from the healthcare worker to the rest of their patients and/or from the patient to their surroundings.



“Care Starts with You.”



# An Aptitude for Tranquility: Float

Ignazio Previto



Benbrook Lake on any evening, March 2021.

# The Relationship Between the Biopsychosocial Model and Autism Spectrum Disorder

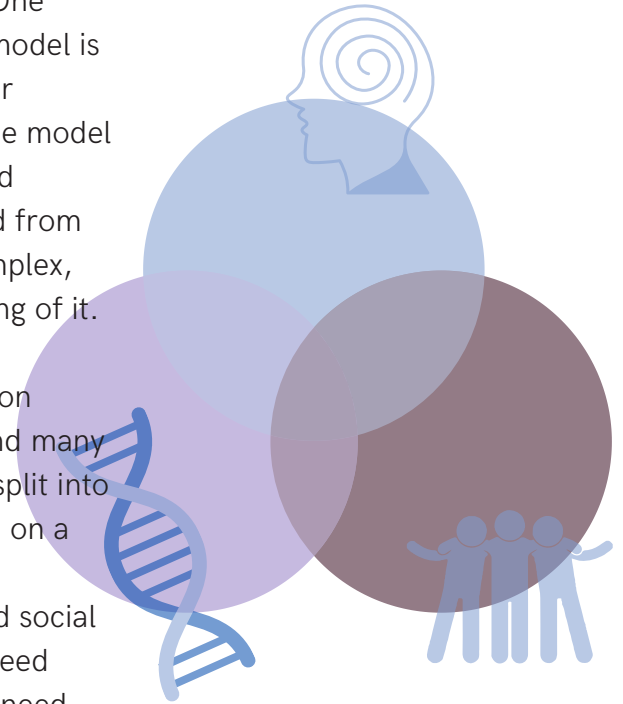
Anna Nguyen

As more disorders and diseases are studied, researchers use different models and methods to enhance their knowledge of the subject. One model that is used frequently is the biopsychosocial model. This model is known to be best used to look at the characteristics of a disease or disorder. For this paper, we looked at the relationship between the model and the disorder and compared the differences between childhood autism and adulthood autism and the characteristics that emerged from using this model. Although autism spectrum disorder (ASD) is complex, using the biopsychosocial model helped give a better understanding of it.

Autism spectrum disorder is a neurological developmental condition characterized by restricted interests, speech/behavioral issues, and many social challenges ("What Is Autism Spectrum Disorder?"). ASD is split into levels: ASD level 1, 2, and 3. The severity of the disorder is based on a spectrum that has a rating scale. From there, we can use the biopsychosocial model to look at the biological, psychological, and social aspects the person carries. Mild to moderate autistic individuals need little to no help with daily life, whereas people with severe autism need extensive help with daily life.

The biopsychosocial model works by looking at three factors: biological, psychological, and social. Looking at the three factors, we then look at the interactions between them to be able to understand the patient's disease/disorder from broad to detailed level. With that, healthcare professionals can create an accurate and helpful plan for the patient. The biological factors studied are the genetic makeup and how genetics and biochemical factors influence the disorder or disease. The psychological factor examines how mood, personality, and behavior are impacted by the disease/disorder. Lastly, social factors are inspected to see how culture, socioeconomics, and work affect the management of the disease/disorder.

In 2013, healthcare professionals defined four subtypes of autism: ASD, Asperger's syndrome, childhood disintegrative disorder, and pervasive developmental disorder-not otherwise specified. However, after 2013, the American Psychiatric Association decided that all these categories would be combined under one name, which is autism spectrum disorder. The reason for this was because there were subtle differences between each subtype, which ended up causing confusion and left room for open interpretations. Therefore, categorization by severity was to be utilized to differentiate and provide proper treatment or adjustment for people with ASD.



Some early signs of ASD include avoiding eye contact, having a slow response or failing to respond when being called, getting upset over slight changes in routine, having a high or low sensory sensitivity, and having difficulty communicating (“Screening and Diagnosis”). As an individual gets older other symptoms that they may develop consist of social anxiety, difficulty in detecting sarcasm, superior abilities in a particular field, and involuntary noise like throat clearing (Leonard and Sharon). The exact cause of ASD is unknown; however, researchers suggest that it results from a disruption in normal brain growth early in the development stage, and this disruption happens because of defects in the genes that control brain development and regulate how the brain cells communicate with each other. In addition, environmental factors may also play a role in the gene function. Because of these results, ASD is a complex mental illness.

Most people are diagnosed as children, the earliest at 18 months old, although researchers and doctors note that diagnoses are more reliable at age 2 (“Screening and Diagnosis”). Since the condition is developmental, people may not even know they have ASD until later in their adult years or they may never know they have the condition. Another downside of having this developmental disorder is that as an individual gets older, diagnosing ASD is harder, because by the time they get to adulthood the symptoms of ASD can overlap with symptoms of other mental illnesses such as anxiety or ADHD.

Since most ASD diagnoses are made between the ages of 2 and 13, a commonly used test is CARS-2 (“Childhood Autism Rating Scale”). The test pertains to children under 6, or over if the individual is shown to have an estimated IQ of 79 or lower or have a notable communication impairment. If an individual gets assessed as an adult, one of the required tests is the Autism Diagnostic Observation Schedule, Second Edition, or ADOS-2, Module 4 assessment (Lord and Rutter). Other options include referrals to doctors who specialize in providing behavioral, psychological, educational, or skill-building preventive therapies.

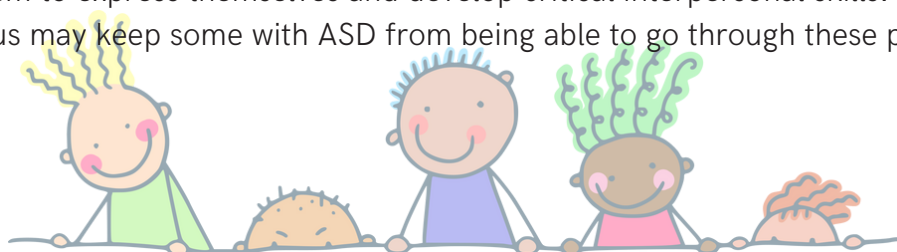
As previously stated, there is not a known cause for ASD, there are only suggestions. From ASD studies within the last 50 years, researchers have found that ASD is one of the most heritable disorders and that it is multifactorial in origin, meaning that there are a lot of factors that play into the genetics of ASD. Those factors include common and rare genetic variants. Common genetic variants display a strong positive correlation with IQ and educational attainment, while rare genetic variants involve the deletion or duplication of DNA that contains thousands of base pair variants. A rare variant can be inherited from a parent, appearing in the parent’s germline, making its contribute to autism a hereditary risk (Thapar and Rutter).



Looking at psychological factors of ASD, children with ASD tend to exhibit oppositional behaviors such as being aggressive, throwing tantrums, and having irritable moods. Seventy percent of children with ASD also exhibit atypical eating behaviors like pocketing food without swallowing, having hypersensitivity to food texture or temperatures, and severely limited food preferences (Mayes and Zickgraf). Other behaviors include having at least one anxiety disorder, a specific phobia, obsessive-compulsive disorder (OCD), and difficulty sleeping. As children with ASD get older, their psychological behaviors heighten. One reason could be the environment they are in. A study was done in 2016 by Happé et al. that tested autism quotient (AQ), empathy quotient (EQ), and systemizing quotient (SQ). They found that "The association between age and AQ scores in the ASD group may suggest that autism traits increase with age, the association between SQ (the tendency to analyze and extract rules) and age could be due to either a general age-related change that also occurs in typical developing individuals, or a worsening of ASD traits occurring when aging with ASD" (Happé et al.). With EQ included, they found it to be lower. With that, adults with ASD have high rates of mental health problems like depression and anxiety.

The study also found that adults with ASD perform better in neuropsychological tests for processing speed and visuospatial ability (Happé et al.). This means that adults with ASD have a better hold on being able to process a situation that is happening, allowing them to have better control of their emotions compared with children with ASD, who usually exhibit elevated levels of aggression and throwing tantrums.

Lastly, the model addresses social factors. It is known that social interaction is what helps an individual overcome/deal with any problem they are facing. For children with ASD, it is beneficial for them to have this interaction. In their 2018 paper, Mengxian Zhao and Shihui Chen found that putting children with ASD in a structured physical activity program had a positive result in social skills, frequency of expression, communication, and prompt response. Programs that putting children who have ASD with non-autistic children allowed them to express themselves and develop critical interpersonal skills. However, socioeconomic status may keep some with ASD from being able to go through these programs.

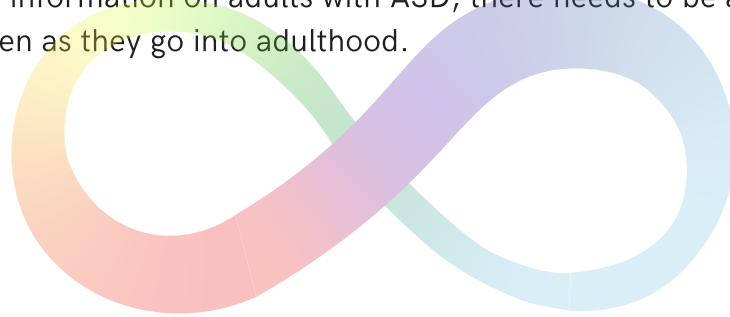


In 2017, a study was done testing socioeconomic, racial, and ethnic disparities among US children. The study found that "the proportion of children in poverty receiving services or supplementary income because of ASD was lower than the proportion expected on the basis of estimates of the prevalence of ASD in the general population" (Durkin et al.) This observation tells us that those in a lower socioeconomic status might have little to no resources available to them, thus delaying the diagnosis of ASD and the help needed for individuals with ASD.

Going into adulthood, an adult with ASD faces social challenges when looking for a job. Job searching is difficult due to the stigma/misunderstandings associated with ASD. Even if they can find a job, they may find themselves excluded/rejected by their coworkers, leading adults with ASD to isolate themselves. Children with ASD do the same when they face comparable situations in school or any public space. Other barriers adults with ASD face with employment is that employers find it hard to communicate with someone with ASD and to deal with the episodes that an adult with ASD may go through.

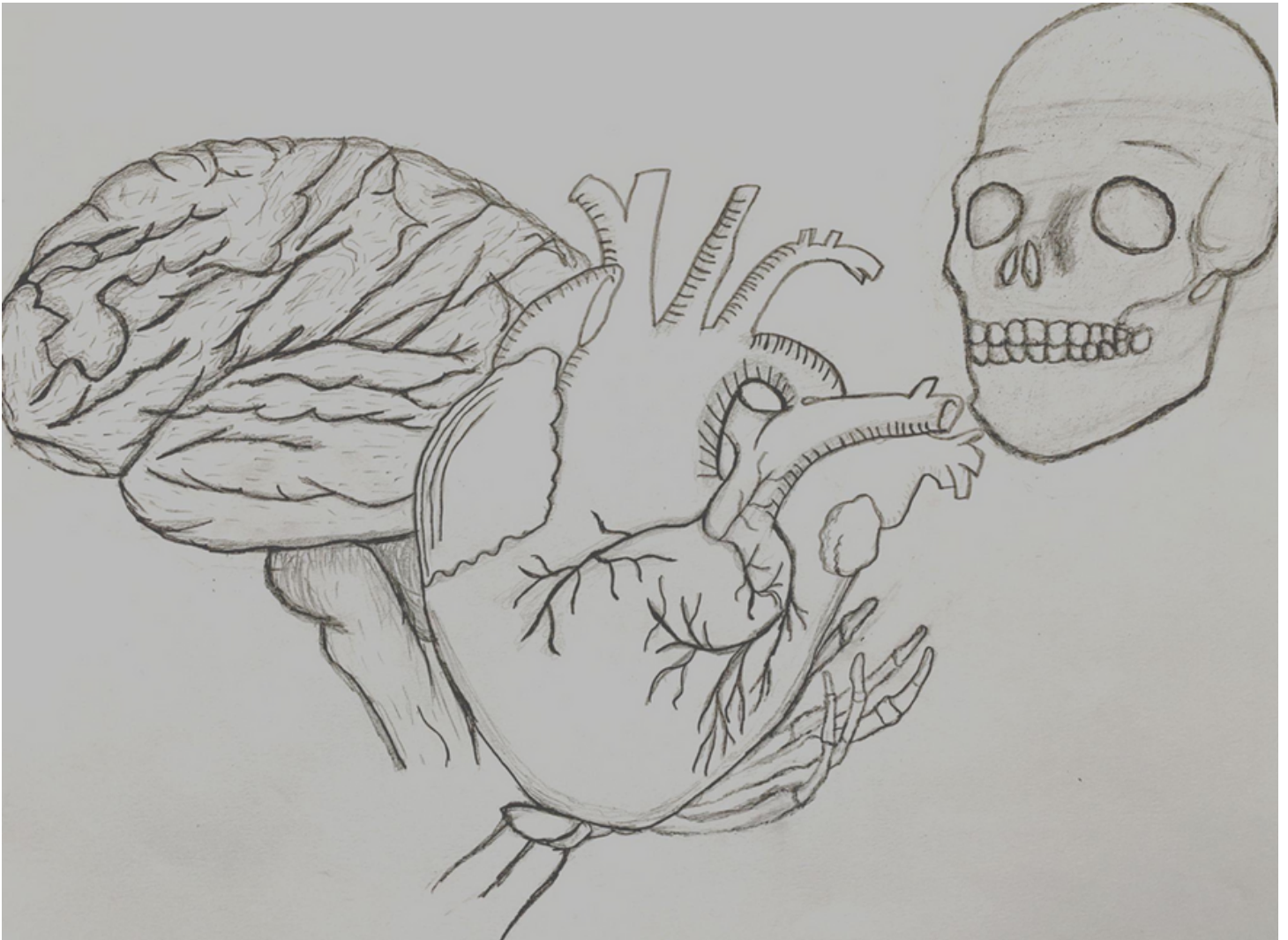


After 50 years of ASD research, there are still many things that have yet to be discovered. Using what has been researched so far, we looked at the relationship factors of the biopsychological model and how it helped us look at the differences between adulthood ASD and childhood ASD. The biopsychosocial model helps us see all these factors and be able to catch the differences between adulthood ASD and childhood ASD. This model leads us to have a better detailed understanding of ASD; in addition, we can see that, although there is not much information on adults with ASD, there needs to be a drive for more studies on the effect of ASD on children as they go into adulthood.



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This art describes the world of the medical field. The piece details the different forms of our human body, such as the brain, heart, skeleton, and skull. All of the forms contribute greatly to ourselves and our being. The forms play a big role in how we live our day-to-day lives. Drawing the forms is a great way to think of how our body can work together with these different parts and can be efficient in our life. Each part carries a role to provide us life, function, and health.

# What If You Were Still Here Now?

Megan Norris

Sensitive  
Content

What if you were still here now?

What if you were still here now?

You would be 5 years old.

What if you were still here now?

I would not be dealing with the day-to-day feelings.

The feelings that something is missing.

The longing and wanting to just see your smile

And the listening of that cute little babble.

I was at work, not knowing that you drew your last breath.

You were gone.

When you left, it left a huge hole right in my chest.

The week after, constantly waking up to a quiet house.

The only quiet I wanted was for the nightmares that terrorized me.

"Dear God, this is not how it should be, please take this from me"

I would think to myself.

The emptiness... the thoughts... the loneliness... the what ifs

What if you were still here now?

I would not be living in this "what I call reality."

Dealing with the harshness of this brutality.

The brutality that my child is gone.

It's been 4 years, but I still remember it as if it were yesterday.

What if you were still here now?

Would you be proud of how far I have come?

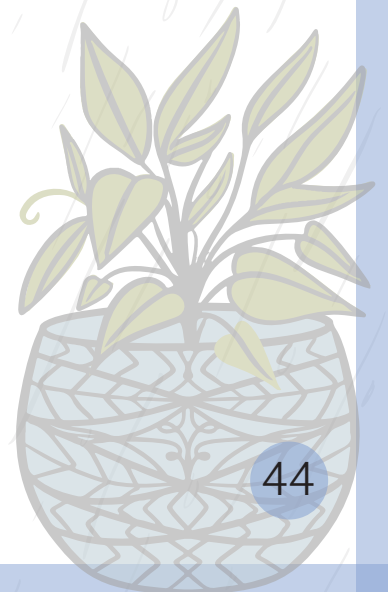
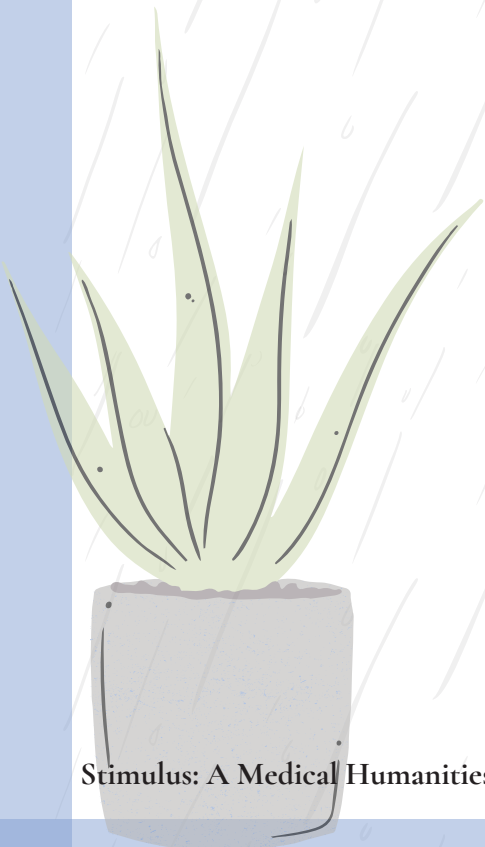
Would you shake your head at all the wrong decisions I made and say

"I know you can do better, Mom"?

Would you be happy with all of the things I did right?

I just wanted you to know  
Even though you are not still here,  
You were the reason I worked so hard and still do.  
You are the reason that I am where I am today, even with the pain.  
You are the reason that I am still here.  
You are the reason that I still want to pursue medicine.  
You are the reason why I want to work so hard  
For the children and families that will eventually come see me.  
You are the reason for all of it.

What if you were still here now?  
9 months was not long enough, but it was what we got.  
In my heart, you are still here with me now.  
Physically gone, but still here in a way.  
You are always loved no matter how far away.

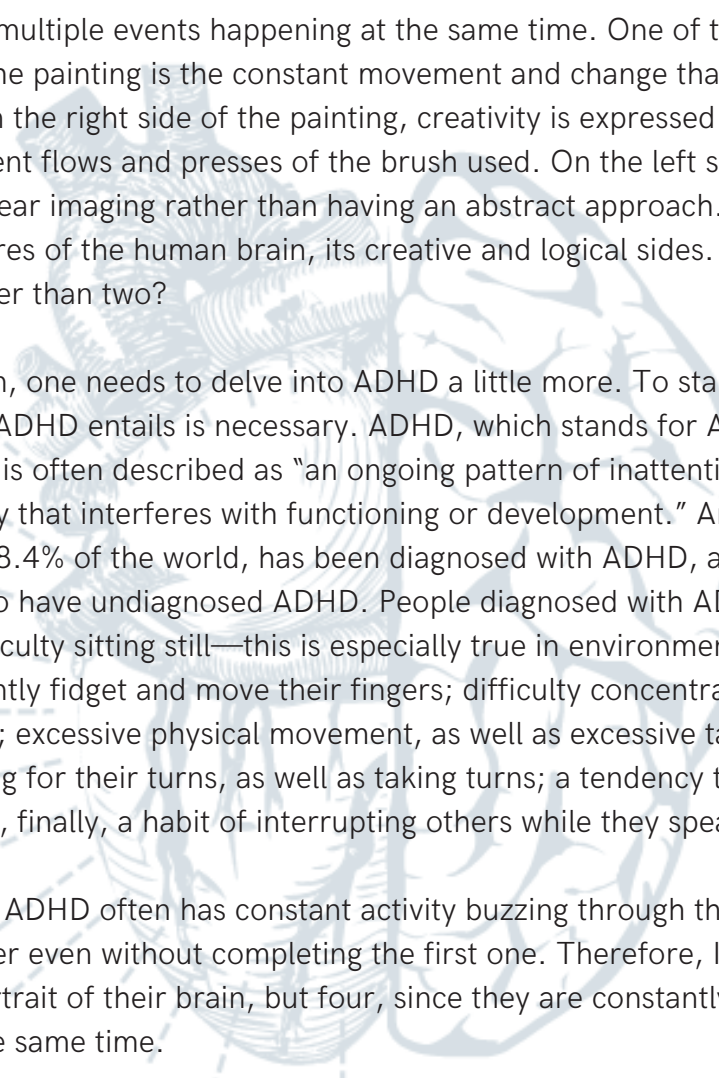






Asma Saleh





In this piece, there are multiple events happening at the same time. One of the key factors I wanted to highlight in the painting is the constant movement and change that occurs in the mind of one who has ADHD. On the right side of the painting, creativity is expressed through the abstract mediums and inconsistent flows and presses of the brush used. On the left side, however, the art is much neater and has clear imaging rather than having an abstract approach. This represents the right and left hemispheres of the human brain, its creative and logical sides. But then why are there four dividers rather than two?

To answer that question, one needs to delve into ADHD a little more. To start off, an understanding of what ADHD entails is necessary. ADHD, which stands for Attention Deficit Hyperactivity Disorder, is often described as “an ongoing pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development.” An average of 5.4 million children, about 8.4% of the world, has been diagnosed with ADHD, and an even higher amount are predicted to have undiagnosed ADHD. People diagnosed with ADHD often experience symptoms such as: difficulty sitting still—this is especially true in environments that are calm and quiet; a need to constantly fidget and move their fingers; difficulty concentrating and paying all their attention to a task; excessive physical movement, as well as excessive talking, beyond the normal; difficulty waiting for their turns, as well as taking turns; a tendency to do an action before thinking it through; and, finally, a habit of interrupting others while they speak.

All in all, someone with ADHD often has constant activity buzzing through their mind and will move from one task to another even without completing the first one. Therefore, I found it best to make not two sides to the portrait of their brain, but four, since they are constantly firing neurons about multiple things all at the same time.



# Fluoroquinolone Toxicity: From Mysterious Internet Illness to My New Reality - A Memoir of My Bout with Levofloxacin

Michael Paul Lewis



I have gone back and forth throughout the years questioning if and when I should tell my story. And unfortunately, this story is not unique in the slightest, despite it now being 2022 and what had befallen me had begun only 5 years prior. In fact, with one search on Dr. Google you can find hundreds upon thousands of stories akin to mine.

Some like to refer to us as “floxies” because it so easily rolls off the tongue and adds a touch of frivolity to an unfortunate situation, while others prefer not to self-identify with this unsolicited internet moniker, because, in some way, it implies that we are forever broken and will never recover from our damaged states. However, despite whatever you choose to call us, we are here amongst you hiding in plain sight. We could be your own mother or father, your own husband or wife, or even your own child one day. But only if you knew the right questions to ask, or what distinct but otherwise all-to-common signs and symptoms to look for, would you discover our existence. God forbid, you became one of us, only then would you really understand our pain and suffering - however, I would not wish that upon anybody or anything.

Although our wounds are invisible, our aches and pains and lived experiences are all too real; therefore, it astonishes me that even now, there are still pre-meds, medical students, and even well-seasoned medical professionals that have yet to hear about this debilitating toxicity, or still deny its very existence! Regardless, I am convinced that it is never too late to stimulate change and raise awareness, because I have hope that one day this syndrome will become a bona fide medical diagnosis that medical students around the world will first study when they learn about infectious diseases and pharmacology, especially as they cover potential iatrogenic side effects of certain antibiotics.

So, I encourage you to read on and heed my words and do not take them lightly, nor mistake them for hyperbolic, fanciful hearsay. Just try to keep an open mind, and avoid the this-will-never-happen-to-me bias that we so easily fall prey to when we read about adverse or unfortunate medical events, because you, too, could become one of us one day.

With that said, if you have not already guessed or have resisted the urge to look up the word “floxie” on Google, then let me introduce you to my story and the internet illness that ended up changing the way I look at medicine to this very day.

I still remember it like it was just yesterday. I ended up coming down with a very severe urinary tract infection in the fall of 2017. At first, it felt like a tingle, then a burn, and then it started moving up my urethra like a bullet train. By the time I was able to get tested, it was already 2 weeks out and still another week stood between me and my test results. Fortunately, everything ended up coming back negative, but I was still in unbearable pain and already on antibiotics.

The nurse practitioner had prescribed me the typical medications for such an infection — azithromycin, doxycycline, ciprofloxacin — and even gave me an intramuscular shot of ceftriaxone; however, we could not eradicate this bug and my symptoms were steadily becoming worse, so much so that it hurt to sit. The worst part about the situation, though, was that neither the nurse practitioner, nor the other healthcare providers could see any physical symptom nor find any discernible cause for my pain. So that next week, I took it upon myself to get a second opinion from a local urologist.

After about an hour and a half of talking and listening to my case, the urologist came up with a diagnosis of interstitial cystitis and put me on a medication called pentosan polysulfate. For the first couple of weeks, it worked like a miracle, but sooner rather than later, it ceased to have an effect.

A little discouraged, but still hopeful, I decided to return to the Doc to see if there was anything else they could do for me. His physician assistant recommended that we re-try the antibiotic approach, but with a different drug called levofloxacin, since the infection seemed to be currently concentrated in my prostate. Unlike other antibiotics, apparently, this drug could uniquely penetrate the organ and clear any residual infection that remained.

I paused for a second, because I had already tried a similar drug by the name of ciprofloxacin, but my only side effect was slight knee pain that went away after 2 or 3 days. In any event, I still brought it up. I was told that just because ciprofloxacin did not work for me, did not mean that levofloxacin would not. So, off I raced to the pharmacy.

Before handing me the drug, the pharmacist casually printed off a short advisory statement and then gave me a quick consultation about the medicine's potential side effects. He warned me that people 65 years or older should be especially careful after taking this medication and then proceeded to point to the long list of adverse reactions on the back of the piece of paper. Since I was nowhere near that age, I naively disregarded them, as one normally does. Because, who gets any or all of the side effects from a specific medication? Not to mention, I was 24, healthy, and in the best shape of my life.

I was prescribed 750 mg to be taken in the morning on an empty stomach for a week. By the 5th day of treatment, my knee started to really hurt, but, like magic, my infection had suddenly disappeared. One potential side effect of this medication was, also, joint pain, so I called the PA and asked if I should continue taking the medication, She said, "No," and I immediately stopped. End of story. Happily ever after, right?

Well..., about 6 days later, after taking my last pill, I tried to get out of bed, but fell to the floor in agonizing pain. I could no longer use my legs to support my own weight! Instead, I had to prop myself up and use whatever upper body strength I had left just to stand up. Both my knees were on fire and my quadriceps felt like overly tightened piano strings that could snap at any moment. Obviously, I knew this was not normal, but I chalked it up to some latent, secondary side effects of the medication.

For breakfast, I went to the kitchen but could hardly stand for more than 2 minutes without clinging to the cupboard to keep my balance. I told my mom that I was having trouble walking, and she did not believe me at first, until she saw my legs start to buckle and tremble beneath me. But you know how moms are: she just told me to go back to bed, get some rest, and that everything would be alright in the morning.



There was not really anything else that I could do being in that much pain, so I Googled, “levofloxacin side effects,” and “levofloxacin joint pain.” Immediately, all these forums, chat rooms, and websites popped up with people describing similar symptoms to mine. Some had it worse than I did, being bedridden for years, others had their symptoms go away in about month, and the unsuspecting few did not have side effects until months or years after their last pill. It seemed like every person’s timeline was unique, but what we all had in common was this same class of medications: fluoroquinolones. Apparently, ciprofloxacin (Cipro), levofloxacin (Levaquin), and moxifloxacin (Avalox) were the most common culprits, typically prescribed for UTIs, pneumonia, and infectious diarrhea.

On the internet, there was already a name for us. We were the “floxed” or “floxies.” But how is it that I and most of society had never heard of this nickname or its so-called corresponding illness *fluoroquinolone toxicity*? This toxicity can be defined as the constellation of chronic symptoms that a patient suffers from after taking a medication from the fluoroquinolone class of antibiotics. They can range from something as innocuous as minor joint pain, tendonitis, and neuropathy to even more serious reactions, such as Achilles tendon rupture, heart attack, and stroke, just to name a few.

As bad as that sounds, the worst part about all of this is we still do not know why this happens to some and not to others, nor how to rid “floxies” of this devastating syndrome. And, because this medication affects people in a myriad of ways, there is no one-size-fits-all cure.

As I laid in bed that day, I thought to myself, “How could this be? How could I have let something like this happen to me and my body? How could 5 pills devastate me in a matter of only 5 days?” It felt like a bomb had detonated in my body and I was 24 going on 65. I had never felt so geriatric in my life. It was like I had just entered the Twilight Zone, except this was the real world and this was my new reality.

For the next month or so, I had terrible insomnia and could hardly sleep for more than a couple of hours a night. My heart seemed to race randomly, as if I was running a marathon non-stop, and I had already lost 12 pounds in a matter of 21 days. Sometimes, I would have weird involuntary fasciculations vibrate throughout my body, and my eyes would twitch uncontrollably, and I would feel erratic electrical shocks from head to toe. Not to mention, I still could not fully bend my legs without being in intense pain, nor comfortably walk across a room or stand up straight; and my range of motion was reduced to about 5 degrees on a good day.

The scariest part about all of this was the unknown. Not knowing how long I was going to be like this. Not knowing what was happening to my body. Not knowing if anybody could cure me, or if I would ever be the same again. The only thing I knew for sure, at the time, was that only time would tell.

I soon learned to heed everything my fellow “floxies” suggested. Avoid NSAIDs and steroids. Eat healthy and stay away from processed and antibiotic-dosed foods. Take magnesium. Get a good night’s worth of sleep. And exercise and work through the pain to build my body back strong again.

It turns out that not everything on the internet is not always *not* true. In one way or another, almost everything that happened to those people on the “floxie” forums ended up happening to me. I started developing weird allergies to everything. First, it was to the particles floating in the air from the demolition site at work because I started feeling like there were bugs crawling on my scalp. Then, it was to my detergent because I woke up with hives all over my body. Then, eventually, I became allergic to my daily protein shake.

Thankfully, as the months went by, most of my initial symptoms went away; however, I was still left with an intense traveling neuropathy that would come and go and leave me with a burning sensation on my thighs and buttocks, which made it exceptionally uncomfortable to place things on my lap or sit for long periods of time.

My neuromuscular symptoms, like all other “floxies,” started to become cyclic as well, which is the weirdest side effect that still continues to this day, but to a much less severe degree than when it first started. My symptoms seemed to have a mind of their own and travel to and fro throughout my body in phases. I first noticed this right after having my extreme bout of tendonitis in both knees. As my knees started getting better, other parts of my body began getting worse. First, the pain went from my knees to my Achilles tendon, making it hard to walk or run; then my face and my neck, making it hard to blink, talk, and swallow; and finally, to my thighs and buttocks, making it hard to bend or sit still; then it would return to my knees and the cycle would start all over again.

What was curious about the syndrome was that whenever I got my heart rate up or experienced drastic changes in altitude, I could make my body progress through each phase at a more accelerated rate; the quicker the syndrome passed to the next phase, the quicker the afflicted area went back to normal like nothing ever happened.

My symptoms would ebb and flow and get better and then worse; however, slowly but surely, I was improving day by day. I knew I was never going to be the same Michael that I had been before, but who wants to stay the same forever? They say that in order to grow you have to suffer, so I guess I matured a lot in the first few years after being “floxied.”

And I am not going to lie. When I was in excruciating pain and did not know where else to turn, I tried a lot of things, like Chinese herbal medicine, acupuncture, Latino folk remedies, and over-the-counter supplements. Believe me, I do not think there is one supplement I did not try to see if it would assuage my symptoms. But, in the end, I mainly turned to Western and functional medicine and, consequently, saw family medicine doctors, orthopedic surgeons, neurologists, and alternative medicine doctors all with varying degrees of success.

Some people ask what I learned from this whole ordeal. If you talked to my friends, they would say I could teach a college course on the subject or even write my own textbook or novel. And, to tell you the truth, I realized that the only person who truly understands the signs and symptoms or ramifications of any illness is the patient. That is why it is so vital to take care of your own body and be your own advocate and make the best decisions for yourself that you can. Because, in the end, you, and only you, are the one who will have to live with those decisions and live in your body — not the doctor, not your mother or father, nor the pharmaceutical company that created the drug to treat your illness. For this reason, I believe that you should try to truly listen and understand what your body is telling you first, before immediately turning to Western medicine or pills, because sometimes the best medicine is no medicine at all, unless absolutely necessary.

Going through a traumatic experience like this has completely changed the way I now study science and view medicine. It is one thing to learn the facts of medicine in the classroom or a textbook and regurgitate that information for a test, but it is quite another when those facts of medicine become your life. Now every time I study the pathophysiology of a disease, I cannot help but think to myself, “Could this also be one of the reasons why I am still in pain today?”

We have yet to find a cure for many chronic diseases and syndromes out there, such as cancer, HIV, COVID-19 Long, and now fluoroquinolone toxicity. So, ask yourself this: What would you do if you were afflicted with these diseases or syndromes and nobody knew how to cure you? In the end, you would simply have to learn to live with the side effects and thrive in spite of them.

That is, you would have to find a way to use them as a strength instead of a weakness. I can say, since my bout with levofloxacin, that I have been able to better empathize with my family members and friends and even some patients that have also had similar chronic symptoms or mysterious illnesses like mine. Unfortunately, I had to learn all these lessons the hard way, and it saddens me that tragedies like this had to occur to make me appreciate what I already had, but that is human nature, I guess.

Thankfully, I have seen this “internet illness” get the much-needed attention that it deserves, which gives me hope that maybe one day we will find a cure for this obscure toxicity and understand why it affects some people and not others, or maybe even be able to prevent it from happening in the first place.

I am well aware that this is still happening to people, because, since my “floxing,” I personally have had two grandmothers, my mother, and a friend’s mother all be adversely injured by these medications. So, do not hesitate to contact me if you or someone you know has been hurt by these medications and needs someone to talk to. If you would like to know more or hear other stories like mine, there are several support sites like FloxieHope ([www.floxiehope.com](http://www.floxiehope.com)) and MyQuinStory ([www.myquinstory.info](http://www.myquinstory.info)), which I recommend and are some of the same websites I first frequented when I became ill.

I do have *good* news, though: For most, there is still life after being “floxed.” Since this whole experience, I have accomplished more than I could have imagined. I have started to run 2.5 miles a day after my two-year running hiatus and have lost all the weight I originally re-gained. I have worked as a chemist, traveled to Central and South America, volunteered as a medical interpreter, and learned various romance languages too. In addition, I have just published my first first-author paper having to do with breast cancer experimentation and transgenic mice at UT Southwestern and am applying to medical school as we speak.

My intent for this piece and the main reason I decided to divulge my experience *now* is not to frighten you nor to satanize the medical community or pharmaceutical industry as a whole, but to galvanize *you*, my reader, to effect positive change in the medical field, either as a student, patient, or provider, so you can make more informed decisions regarding your health and the healthcare of your loved ones, the diagnoses and treatment of your future patients, or the advancement of your own medical scholarship.

As I write this today, I take solace in the fact that potentially hundreds upon thousands of UTA students, educators, and alumni, as well as the general public may read my story and benefit from my lessons learned, so they can hopefully avoid being devastated by this terrible toxicity and never have to know what it really feels like to be “floxed,” like I was those many years ago!



## something comforting

Teresa Vu and Jessica Pham

lying in this hospital bed  
waiting for food so i am fed  
i look outside my window  
and see people playing in the snow

yet here i am, all alone  
will someone ring my telephone?  
minutes pass, it remains still  
no one cares for me now that i'm sick and ill

a knock comes from the door  
my emotions begin to soar  
yet only the nurse comes  
carrying lukewarm soup and cracker crumbs

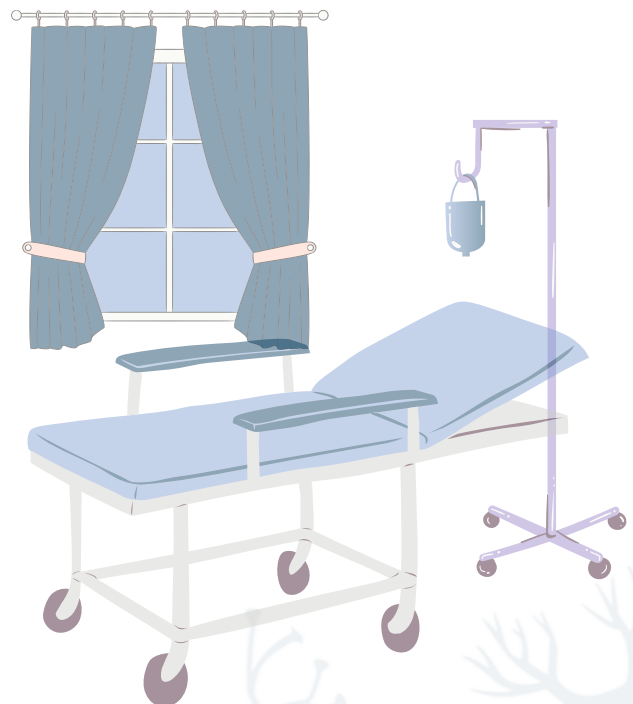
she greets me with a comforting smile  
i haven't seen that in a while  
each day seems like a routine  
receiving morphine then put through a machine

constant treatments with no avail  
how can i even prevail?  
all i ask is one simple thing  
for someone or something comforting

a woman opens the door  
her beauty, enchanting to the core  
on her finger, a golden ring  
she's my source of all things comforting

with her, it all becomes clear  
i feel no hopelessness or fear  
i have found my meaning of life  
my everything, my loving wife

everything is simplified  
as i look into her warm eyes  
i am ready and content  
for the path the inevitable has sent





# Our Red Sun

Isabella Moreno



Just like the sun, we change. We change every day, every month, every year. This picture was taken at the very beginning of the Fall '21 semester, and it is by far one of my favorite pictures I've ever taken. In my twenty-two years of living, I had never seen a red sun until that moment, and I'm still waiting to see another one. Usually during sunset, the sky looks different. The clouds and the sky look colorful with swatches of pink, orange, and red. It's amazing, and it's all because of the sun. If we think about it, we actually have a lot more in common with the sun than we think. When it's gloomy outside, the sun still comes out even if we don't see it, just like we still go to work or to school when we don't feel 100%. Our coworkers or classmates may not see the effort we put into getting out of bed, but we know it. Because of season and time changes, the days may feel longer or shorter. When the days are long, the sun seems to never want to go down. A little just like us when we never want a moment to end. Or when the sun goes down way sooner than expected, it's like us when we realize something, like a deadline being way closer than we think. The sun provides for us the way we provide for ourselves; without it we would not be able to *live*.

# The Reality of Barriers to Specific Populations of Pre-Health Students

**Eric Rios**

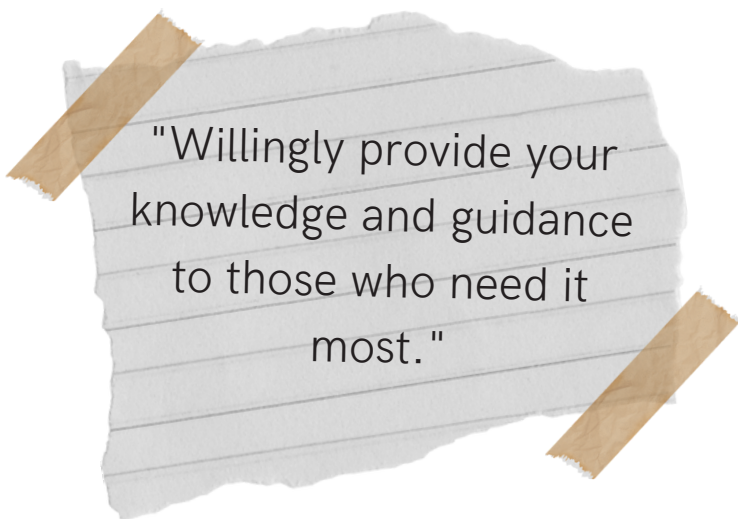
The following was written as a means to gain insight into the hurdles faced by a disadvantaged student on their path to becoming a healthcare professional. The dynamic of the specific student that I am describing applies not only to myself, but also to a significant population of students, including some peers that I have been fortunate enough to meet throughout my years on the pre-health path. Perspective comes not only from viewing and experiencing, but also from understanding on a deeper level than just the surface. There is often a select group of individuals that get overshadowed in the race to achieve the goals of getting into a school of health professions. Navigating a strenuous new process without guidance or mentors coupled with the need for time allocation to alleviate an unfortunate financial situation only adds more weight and stress to the already rigorous path that is a future career in medicine. On paper the individual who is faced with these additional stressors could be seen as not putting in enough effort to serve and adhere to requirements of their undergraduate career, but due to the unfortunate reality of necessary commitments and more strict financial situations, plans are interrupted, and a specific goal is not always able to be reached to its fullest potential. These can be seen as excuses by some, but it's the reality for this population of students that are often overlooked.

The road to success in medicine is difficult for everyone, but when the pressure and stress of an uncontrollable family or financial situation are also added, it can become overwhelming. The external stress placed upon our situation, which is out of our control, constantly sits in the back of the mind, plaguing our thoughts and future plans. It is as if you have been running a race for years with the single goal to finish, but the added weight of needing to take detours forces you to face the reality that you may never reach the finish line. The recurring notion of respect, passion, and love for a future career in the medical field over other priorities in life does not always coincide with one's current financial status. The many costly requirements to achieve a career in medicine can seem insurmountable when rent is still due, food is still needed, and expenses continually arise.

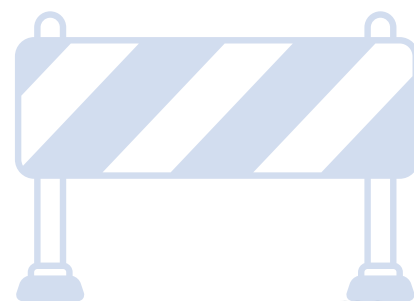
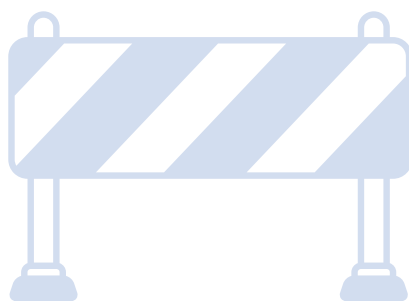
In addition to external factors, the unintentional pressure from family members and peers to succeed can cause further stress. Trying to explain the stringent requirements and lengthy road to a career in healthcare to an immigrant parent who works day and night to give you a better future seems impossible. Immigrant parents come to this country under the impression that their children will go to school, get a degree, and begin working once the diploma is brought home. However, when embarking on this specific path and explaining all that is required and what the possibilities and pitfalls are, you feel a disconnect between their perceived notion of what you're doing and what they believe you should be doing. These are feelings that are hard to put into words.

By providing insight to those who are in fortunate positions and are pursuing medicine under a different set of family and financial restraints, it is my goal to foster understanding, empathy, and community building. In several years, many of the individuals reading this article will go on to become health professionals or work in the medical field.

The request that I and others with similar situations ask is, when you are in a position that gives you the opportunity to give back to the overlooked or underserved communities, willingly provide your knowledge and guidance to those who need it most. When a peer or student comes to you explaining why they don't have patient care experience or enough volunteer hours, don't knock them down and tell them that they aren't good enough, but instead use empathy and understanding to guide the student to the right opportunities to enrich their education.



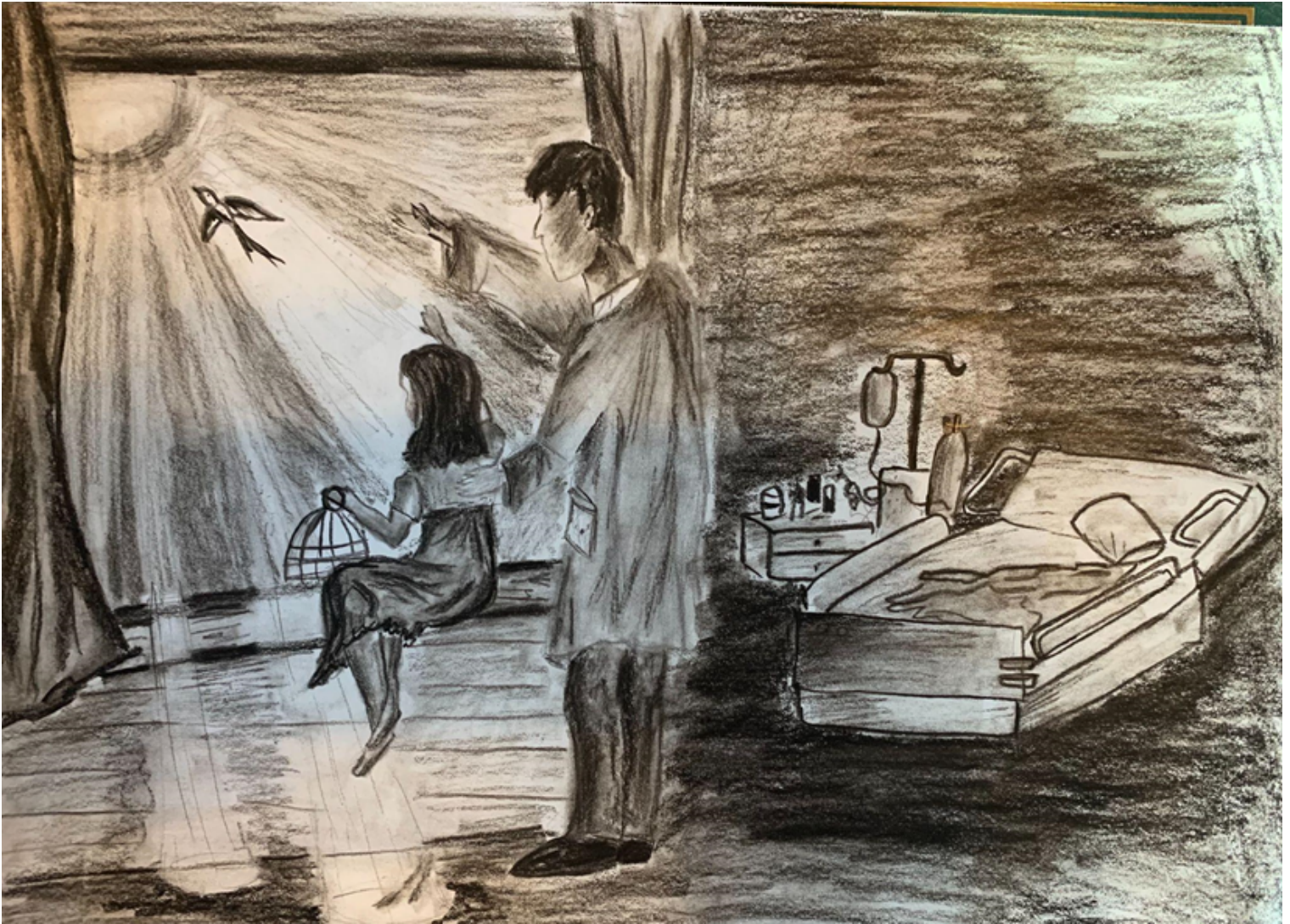
When a student asks for advice or insight on why their application was rejected, use empathy to encourage them to improve their application instead of immediately writing an invoice and turning them away when they can't pay on the spot. These all are realities that I and several students I know in similar positions have faced. I ask this not as a request for your sympathies, but simply to present an opportunity to recognize what many individuals endure on their path. I believe that understanding each other's unique struggles will create a stronger, more compassionate community.





# Hope

Anna Tarpley



*A Hopeful Prognosis* is an original charcoal on paper drawing representing the ideal ties between doctor and patient. The monochromatic scheme heightens the shadows around the abandoned hospital bed and highlights the two figures standing at the window looking out on a bird being released to freedom. The patient, depicted as a young girl, expresses the vulnerability of every patient, while the doctor stands behind her, supporting and pointing towards the bird, a symbol of hope. The composition seeks to explore the role of a doctor in bringing about hope by empathetically guiding the patient through illness — not only by means of medicine but also through spiritual support.



STIMULUS

COMMUNITY  
CREATORS



# The Dimming of the Shining City

Dr. Jason V. Terk

In March 1630, John Winthrop delivered the treatise "A Model of Christian Charity" at Holyrood Church in Southampton, England, prior to leading the first settlers of the Massachusetts Bay Colony on their journey to the New World. In his address, he referred to the new community they would found as a city upon a hill with the eyes of all people upon them. This reference to a portion of Jesus' Sermon on the Mount underscored the importance of committing the colonists to brotherly love and unity, setting the needs of others and of the community above one's own needs.

I first heard this reference to a shining city on a hill at the moment of my political awakening and at the close of Ronald Reagan's presidency in his farewell address in January 1989.

I've spoken of the shining city all my political life, but I don't know if I ever quite communicated what I saw when I said it. But in my mind, it was a tall, proud city built on rocks stronger than oceans, wind-swept, God-blessed, and teeming with people of all kinds living in harmony and peace; a city with free ports that hummed with commerce and creativity. And if there had to be city walls, the walls had doors and the doors were open to anyone with the will and the heart to get here. That's how I saw it and see it still.

I was never much a fan of Reagan but did recognize his desire to lead all of us as a nation of different people who had unique talents to share and whose commonality of purpose exceeded partisan divisions. I also recognized that this vision was as aspirational as the source that inspired it. North stars have their role if only we faithfully chart our course by them.

As Reagan's farewell words washed over me, I looked ahead at my immediate future and recalled my recent past. I would graduate from college a few months later and start medical school. I had just completed an idyllic 9 months of study in Hamilton, New Zealand — an experience that still influences me today. I witnessed a nation of diverse people that cared about each other meaningfully. In fact, the Kiwi culture is exemplified in their national sport, rugby, which emphasizes the team over the individual.

That promise of the shining city seemed more tangible as we witnessed the close of the 1980s and experienced the bliss of the 1990s. I and my contemporaries moved through those years getting married, starting families, starting jobs, and acquiring mortgages. The demons of our nation still seemed to be suppressed by our angels for the most part. We could not know that the seeds of the cataclysm that was 9/11 and the divisions that would follow were germinating beneath us.

The score of years that have passed since that horrible day have verily seen the transformation of who we are and how we are. No longer do we have a presumption of good will toward those who are politically, religiously, or philosophically different from us. Yes, we have always borne the demons of racism and intolerance through the shared history of our nation, but there was almost always the patina of unity among us, save for the years of the Civil War. Rather, we are now in a season of distrust and tribalism where each partisan seeks to win leverage for the sake of power alone only for those of like mind and mission.

The most insidious part of this darkening of our nation is the democratization of truth and the obfuscation of our understanding of reality. A lie told a million times on social media becomes fact. No longer can we count upon rationality, logic, and evidence to be the measures we employ to discern truth. Truth has been abducted to serve the mission of elevating influence, gaining advantage, and exercising power. It is a rot that is destroying us and creating many victims. The internet, which was formerly and quaintly referred to as the information superhighway, has become our road to perdition and the chief means of the purveyance of agenda-driven disinformation coming from both extremes of the political spectrum. The algorithms move us into our demagogic poles and obliterate the common ground where consensus suffocates from lack of oxygen.

This organized perpetration of deception has taken on more meaning as we have faced the most critical public health threat of the last century. Freedom, which was once defined as something that required a personal sacrifice of individual concerns in deference to the needs of others and the community, has now become rebranded as solely within the province of individual liberty. The simple acts of individuals wearing masks or getting vaccinated to protect all of us and ending the pandemic for our towns, cities, states, nations is too much for many among us who have distilled their catalyzed grievances into refusals to sacrifice their “personal freedom.” Indeed, as I write these words, state legislatures, including in my own state, are codifying this movement into law with bans on companies, including hospitals, nursing homes, and medical facilities, from requiring COVID-19 vaccination for their employees. And, those legislators are doing it not because of some sincerely held principles, but because they know which way the wind blows and cynicism Trumps all other considerations in getting reelected.

The victims of this now distorted concept of liberty are people whom we physicians encounter every day. The one that inspired this essay for me is an 11-year-old boy that I had seen 3 weeks before. He is a patient of mine in my pediatric practice who came to see me with typical respiratory symptoms that led to a diagnosis of COVID-19. While he recovered uneventfully, his father got sick the next day and 5 days later died from the same illness. Like the vast majority of people who die from COVID-19 now, he was unvaccinated believing that getting vaccinated was unnecessary and part of a greater effort to undermine his personal liberty. His son is now dealing with not only the unimaginable grief of losing a parent at such a tender age, but also asking his mother if he killed his father by getting sick and causing his death. This happens every day now in our communities across our nation. These are wounds that will never heal for this generation of kids.

We have no hope of exiting this pathway to darkness unless we can collectively rise above our manufactured grievances and reductive individualism to truly witness and love each other. We must recognize and reconcile the real harms done to each other in the evil pursuit of purely selfish interests. Only then can we renew and rekindle the true light of a successful community and our city on the hill.



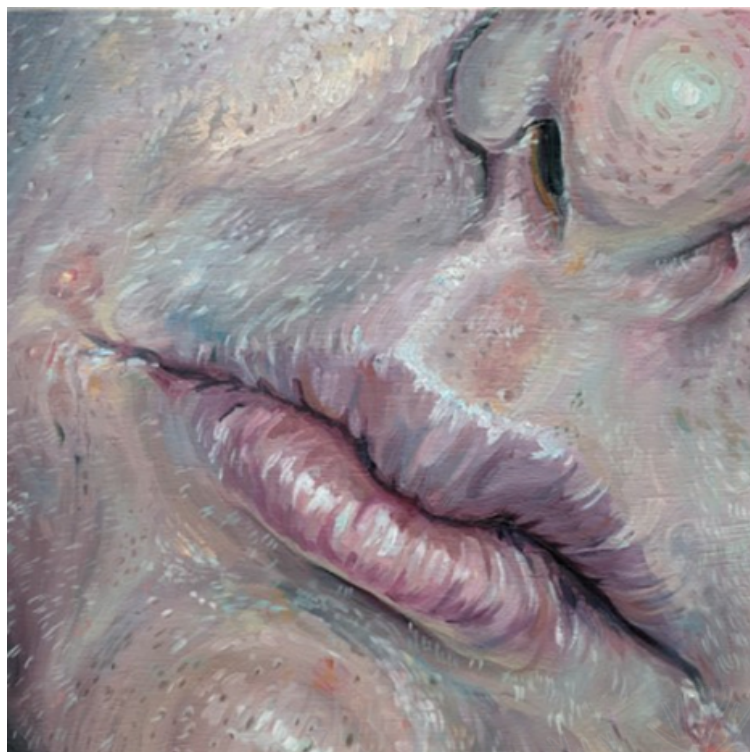
# Insecurity

## Audrey Williams



I want my works to serve as portals to another world where stigmatization of mental illness and gender identity are not a reality. I contradict stereotypes of femininity, mental health, and self-perception. While some may consider the self-portrait the ultimate act of narcissism, I revel in it. I invoke imagery from Baroque portraiture, an era categorized by luxury and indulgence. I insert myself and my loved ones into these opulent scenes, but with an unmistakable modern streak.

In my portraits, I emphasize features society deems less than perfect. Pores, cuts, and bruises compose the space in a decorative way that may be deemed grotesque. In my experience as a woman with OCD and trichotillomania, these encounters are a reality for me. I hope to capture these realities to spread awareness of my perspective. It is not my goal to romanticize my illness, but rather to acknowledge its power and truth as my reality. In an information-saturated world, I want my works to stand out as moments of raw and confrontative authenticity.





# The Day I Decided to Chase the Sun

## Dana Johnson

Sensitive  
Content

I cannot be sure when I first noticed my own existence.

Whether it was the smell of the gardens around me, or the first time I felt the sunlight dance along my stem. But I am now here.

I remember what it was like to feel happy and nourished. The sun provided me with all I needed to flourish. To grow and blossom, petals unfold.

I noticed the garden around me.

Full, colorful, and robust.

Where life would go to chase the sun.

I remember finding that beautiful once.

Before the *voices*.

The voices that told me the sun would make me less beautiful, less desired. The voices that told me the sun would take away my worth. That I was delicate, and that should be protected. The voices that told me the sun could not protect me.

The voices that told me only I could protect myself.

I remember feeling my energy fade and seeing my color dull. And I remember thinking it was worth it, because the voices made it so.

The voices, I realized, were all I had. My only trustworthy companions in this garden full of life.

I was alone.

I was isolated.

Just me and my voices.

I remember hiding from the sun and hoping it would not find me. I remember finding my safe space in the garden where I could go unnoticed. Left alone to listen to my voices. Left alone to try and find joy and worth. Searching for answers, feelings, fullness, life.

Until.

Only until I blossomed, I would say.

That was the goal.

The voices could help me get there, then I could be seen. Only then could I be beautiful.

I remember reaching for that.

Then I remember seeing it too late. The moment my leaves were crumpling and my petals falling. I remember feeling lost and unsure. I remember questioning the voices and challenging them. Fearful of what that would mean.

I remember seeing how the others blossomed, and wishing I could be them. Comparison felt so simple. It seemed the only way to stay motivated. Watching the world of life thrive while I slowly died.

I was fading.

Fading.

And fading.

And fading.

And then I remember fighting. I'm not quite sure what I thought I was fighting for. I knew I was not ready for the fade. I was not ready to leave without existing first.

So I would fight. Fight to join the garden and have what they have. I had nothing left to try but to fight for life.

To feel the sun again.

I remember the fear of the fight. The fear I still feel bright and early when the first light of dawn erupts.

I remember testing the sun and challenging the voices. I remember how I started slowly and would gently present one petal in the way of the sun. Just to see. To see if the voices were right. I remember slowly inching more of myself into the sun's path. Ready to run at the first sign of damage.

But the damage never came.

I instead felt the familiar pull and tug of the sun like a warm embrace. A safe haven. A place where I could be alive.

I remember fighting until my leaves sprouted once more. And my petals thrived. Fighting the fear to find my place with the sun. I persisted and fought and feared.

And I blossomed.

Petals bright, stem strong, leaves exposed. I remember feeling beautiful at that moment.

This is what *life* feels like.

I fight the fear still. And the voices; though they are quieter now.

I fight this so that every day I can chase the sun.

Chase life.

I cannot be sure when I first noticed my existence.

But I am sure I notice it now.

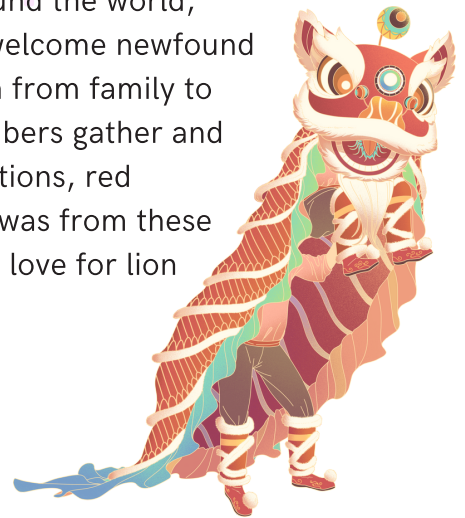


# Rawr

## Anthony Pham

The burst of firecrackers jolted my senses and signaled the beginning of the Lunar New Years' lion dance. I grasped onto my lion costume and simply let the beat of the drums playing around me take over my body. The thoughts and ideas in my head gracefully transformed into one cohesive movement as I mimicked the movements of a lion to bring good luck and fortune for all.

Lunar New Year is one of the most observed holidays celebrated around the world, uniting all generations of Asians together. It is the season where we welcome newfound prosperity, good luck, and triumph, with cultural traditions passed on from family to family. Every year since I was young, I have watched my church members gather and celebrate this special holiday with delicious ethnic food, lively decorations, red envelope gift-giving, and my favorite activity of all — lion dancing. It was from these memorable times with my community every year that I developed my love for lion dancing.



Lion dancing has not only helped me feel connected to my Vietnamese roots, but also become something that I enjoy doing in my free time. It's my personal way of bringing happiness and love to my community and represents a perfect balance of my cultural upbringing and identity.

Every time I lion dance through the fiery smoke and cheering audience, I concentrate on my artistic movements as the world around begins to fade. I leave my fears and worries behind and focus on placing my heart and passion into bringing joy to others nonverbally through this upbeat traditional cultural dance.



STIMULUS

ART  
+ ART  
STORY  
TE 335

↑ The Gallery  
Lecture Hall 148  
Rms 135-171  
Women's Restroom

← Stage 140  
Studio Theatre  
Theatre Arts Office  
Rms 137-153  
Rms 173A, 197  
Men's Restroom

→ Rm 191

The Gallery at UTA

STIMULUS TEAM  
CREATORS



# It Takes Two

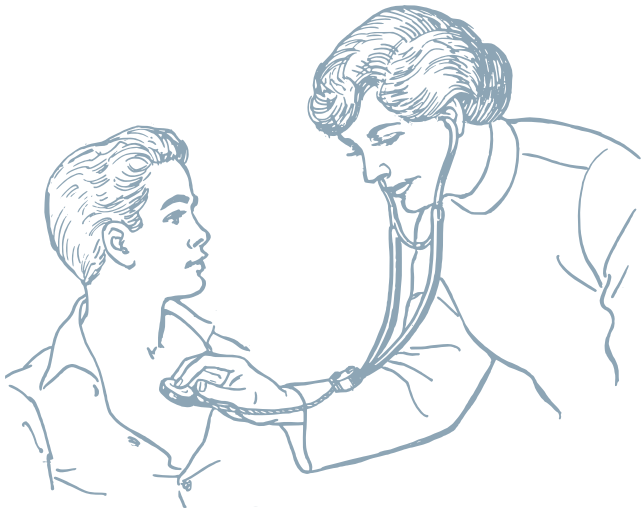
Amal Eltahir Ali



Image above has been rotated 180 degrees to create the image below.



This painting is illustrated as an illusion to represent a deeper meaning of doctor-patient relationships. When you view the painting right-side up, you see a patient in bed with medications in front of them, their family standing by the window, and the door across the room. When the painting is flipped, however, you see a doctor standing beside a hospital bed with a monitor next to their head and colorful curtains behind them. In this painting, both views are needed in order for the painting to make sense and be complete. When one of the elements is missing, then the element on the other side would be missing as well. For example, if the doctor was not painted then the other side would not have a painted door. Another example can be seen in the family members, which are represented as curtains on the doctor side of the painting. The most important aspect to be understood here is how, similar to the reality of healthcare and medicine, both the patient and the doctor are needed to make diagnosing, treatment, research, etc. successful. This can be represented in the painting by analyzing the question, What if either the doctor or patient was missing in the picture of healthcare? If the patient was missing, for example, then there would be no medications and thus no light on the doctor's side (the medications are depicted as lights the other way around) meaning no work. And if the doctor was missing, then there would be no door for the patient to exit once they feel healthy (the doctor is represented as a door on the patient's side of the painting). Overall, it is important to understand that the basis of healthcare and medicine starts at the proper doctor-patient interactions and relationships.



successful. This can be represented in the painting by analyzing the question, What if either the doctor or patient was missing in the picture of healthcare? If the patient was missing, for example, then there would be no medications and thus no light on the doctor's side (the medications are depicted as lights the other way around) meaning no work. And if the doctor was missing, then there would be no door for the patient to exit once they feel healthy (the doctor is represented as a door on the patient's side of the painting). Overall, it is important to understand that the basis of healthcare and medicine starts at the proper doctor-patient interactions and relationships.



# Interactive Activity Page

(Turn painting left and right to see illusion. Online, use tools to turn painting clockwise and counterclockwise.)



# Sikhism in the United States of America: On Cultural and Social Ignorance

Darashagam Nahal

## A Misunderstood Religious Community

A survey done by the National Sikh Campaign and Hart Research Associates (NSC & HRA) finds that 60% of Americans do not know about Sikh Americans (2015). When shown images of different Sikh individuals in turbans, very few individuals correctly identified the people in the images as Sikhs (NSC & HRA, 2015). Instead, significantly more individuals labeled the turban-wearing Sikhs in the images as Muslims or of Middle Eastern descent (NSC & HRA, 2015). Additionally, certain survey respondents even admitted to feeling wary and nervous around Sikh individuals who sported turbans (NSC & HRA, 2015). When asked to name a positive quality they associate with the Sikh community, a consequential number of respondents stated that they did not know “enough to associate positive qualities with Sikh Americans” (NSC & HRA, 2015).

American Sikhs are an underrecognized community of immigrants who come from India to chase after the American Dream and build a better future for generations to come. Since the earliest immigration of Sikhs to the United States, Sikhs have attained substantial achievements in nearly every field; nevertheless, the religion and culture of Sikhs is still greatly misunderstood by the American public.

## Background on Sikhism

Sikhism is a relatively young religion that originated in the Punjab region of the Indian subcontinent. Sikhism — outside of the Western world and amongst followers of the religion — is termed *Sikhi*. The Sikh religion was founded in the late fifteenth century by Guru Nanak (Discover Guru Nanak, 2019). Guru Nanak is the first of eleven Gurus in Sikhism and is credited for creating the underlying basis of the Sikh religion. Sikhism is the predominant religion in Punjab, India, with nearly 60% of the state following the Sikh faith (SikhNet, 2019). Punjab is the only state in India where Sikhism is the most-followed religion. The population of Sikhs in India is reported to be close to 20 million, whilst the Sikh population in Punjab — specifically — is closer to 16 million (Dopico, 2019). On a global scale, the Sikh population is estimated to be approaching 30 million (Dopico, 2019). Despite the aforementioned statistics, Sikhs make up merely 2% of India’s ever-growing population, which currently stands at 1.4 billion. Moreover, Sikhs only comprise 0.38% of the total world population (Dopico, 2019). Statistics — relating to the Sikh population on a global scale — reveal a significant observation: Sikhs are minorities in both the Western world and the Eastern world.

## Sikhs in the United States of America

The first Sikh immigrants to have come to the United States of America can be traced to the 1890s. These individuals came "to work in the lumber mills of the Pacific Northwest, in the farms of California, and to build the railroads that would connect America" (SALDEF, 2019). In 1912, despite continued violent efforts by the government and other California residents to impede development, the first Sikh place of worship was built in Stockton (SALDEF, 2019). In 1923, a Sikh man — Bhagat Singh Thind — fought against the many laws that were set in place to prevent people of Asian descent from becoming naturalized citizens. Sikh immigration to the United States was fairly inert until 1965 when the modification of federal immigration laws occurred (Sidhu, 2019). Currently, the United States of America is home to approximately 500,000 Sikhs (Singh, 2021). Sikhs have been an integral part of American society for nearly 130 years; therefore, being culturally knowledgeable about the Sikh religion and culture is owed to the American Sikh community.



## Beliefs of Sikhs

Gradual growth over the past 500 years has allowed Sikhism to become the fifth-largest world religion (Discover Guru Nanak, 2019). Sikhism is a monotheistic religion that believes in one eternal, omnipresent, all-knowing, and formless God (Singh, 2018). Waheguru is the name used in Sikhism to speak of God. As mentioned earlier, Sikhism was founded upon the principles taught by Guru Nanak during his lifetime. The term Guru can be more readily understood in Western society as meaning "messenger" or "prophet." The first ten Gurus of Sikhism are spiritually enlightened humans, whereas the eleventh Guru is the ever-living Guru Granth Sahib — the Sikh holy book. It should be recognized that amongst followers of Sikhism, the Guru Granth Sahib is more than a sacred scripture. The Guru Granth Sahib was to be regarded by Sikhs as "the eternal Guru" after the passing of the tenth Guru (SikhiWiki, 2019). The reasoning behind this belief is rather simple: The contributions made to the Guru Granth Sahib by the Gurus and other saints are eternally relevant.



## Identities of Sikhs



The turban is perhaps the most identifiable aspect of the Sikh individual's appearance. The appearance of a Sikh is meant to be unique for good reason — to stand out amidst a crowd and to represent one's faith with the utmost pride. The turban signifies many teachings of the Sikh faith: an individual consciousness, a united front, devotion, love for oneself and others, spirituality, peace, equality, self-respect, and courage (Sidhu, 2019). Furthermore, the turban — referred to by members of the Sikh faith as the dastar — is also worn to protect one's unshorn hair or kesh. Sikhs are not to cut their hair for two primary reasons: out of respect for the way that God created humans and the belief that hair acts as a "spiritual antenna" (Sikh Dharma International, 2018). Although the turban serves as a highly important feature of the Sikh identity, it has — in the present day — become a marker for hate crimes and discrimination against the Sikh community (Sidhu, 2019).

## Conclusion

Ignorance about the American Sikh community has led to the occurrence of multiple unfortunate events. After 9/11, violence against Sikhs saw a dramatic rise. One of the first victims of a fatal hate crime against Sikhs — after 9/11 — was Balbir Singh Sodhi, who was specifically targeted for wearing a turban (SALDEF, 2019). On August 5, 2012, a man killed six and wounded four Sikh worshippers at a gurdwara in Oak Creek, Wisconsin (SALDEF, 2019). Many unconscious biases are formed against Sikhs simply due to what they look like and what they wear. The average American has little to no knowledge of the Sikh religion and the culture of Sikh Americans. It must be acknowledged that the only cure for ignorance is knowledge. The potential for cultural and social improvement amongst those who are uneducated about the Sikh population is limitless.

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# Shoreline Spirituality

Dr. Steven Gellman



This sparkling shoreline image was captured in Padre Island, Texas. Here is nature's light and her timeless, repetitive rhythms in the waves. We have the extraordinary opportunity to connect with the sea and the heavens above.

# The Five Stages of Grief: After You're Gone

Karyssa Nelson



1 Loss

Grand Piano

Musical score for Grand Piano, measures 1-3. The piece is in 6/8 time. The right hand plays a continuous eighth-note melody, and the left hand plays a simple harmonic accompaniment of chords.

4

Pno.

Musical score for Pno., measures 4-7. The right hand continues the eighth-note melody, while the left hand provides a steady accompaniment.

8

Pno.

Musical score for Pno., measures 8-12. Measures 8-10 continue the previous texture. In measure 11, the right hand melody begins to slow down, indicated by a 'rit.' marking and a dashed line. The left hand accompaniment remains steady.

13 Stage 1: Denial Stage 2: Anger

Pno.

Musical score for Pno., measures 13-18. This section is divided into two stages. Stage 1 (Denial) starts at measure 13 with a change in the right-hand melody. Stage 2 (Anger) begins at measure 15 with a more intense, driving right-hand melody and a complex, rhythmic left-hand accompaniment. Dynamics include 'v.' (forte) and 'vol.' (fortissimo).

19

Pno.

Musical score for Pno., measures 19-23. The right-hand melody continues with a melodic line, and the left hand maintains a complex, rhythmic accompaniment. Dynamics include 'v.' and 'p.' (piano).



24

Pno.

Stage 3: Bargaining

30

Pno.

36

Pno.

4

41

Stage 4: Depression

Pno.

47

Stage 5: Acceptance

Pno.

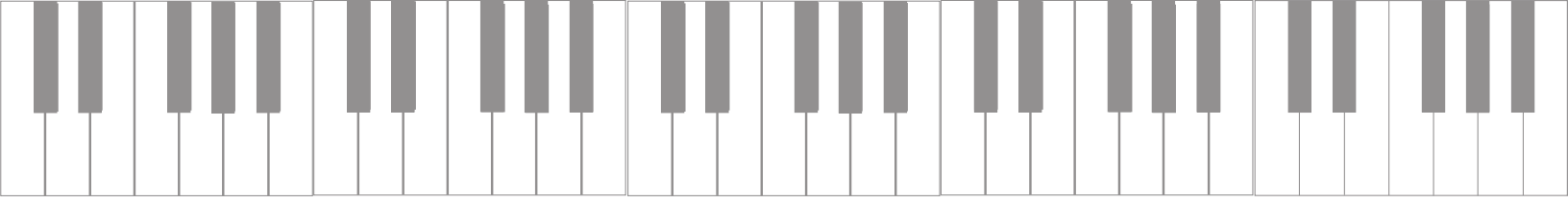


53

Pno.

61

Pno.



*Denial. Anger. Bargaining. Depression. Acceptance.*

This piece is meant to guide the listener on a journey through the five stages of grief following loss. Just like true grief, this piece is not meant to be entirely linear despite the labels of each stage in the sheet music. For instance, you may find aspects of denial bleeding into the anger stage. In life, the pace, length, and order of the stages may be different for every person and in every situation.

Although I did add my own voice to this otherwise instrumental music, I chose not to add lyrics to convey the universal emotional experience that music allows us to express even without words. Loss may come in many forms, but in this piece, the repetitive theme slowing to a stop at the beginning signifies a loved one who is passing, and although their theme resurfaces throughout the piece in the different stages, it can only be heard in its original form once acceptance is reached.



[https://av.library.uta.edu/media\\_objects/bc386j22w](https://av.library.uta.edu/media_objects/bc386j22w)



Bismillah Ar-Rahmaan Ar-Raheem  
Peace be upon you  
Modest and worn  
Adorned with faith and submission  
Upon you I stand, I quietly speak His word  
Upon you I bow, I exalt the Exalted  
Upon you I lay, I praise His name  
Upon you I sit, I send peace upon His Messenger  
Beloved friend and confidant  
You stand with me before Him  
From dawn to dusk  
Temple and refuge from this world  
Bear witness to my humility and reverence  
On my day of judgment  
And unto you peace

**Joshua Cupps**



STIMULUS

CREATOR  
BIOGRAPHIES

Department  
of  
Philosophy  
&  
Humanities



**Karen Hernandez, the author of “The Maze of the Mind,” is a junior majoring in Biology on the pre-med track at UTA.**

My hobby has always been art, and I have always tried to experiment with different mediums, including digital art. This was my first finished digital art piece. I am an advocate for people with mental illness as this topic is still stigmatized in society, which prevents many patients from getting the help they need. I personally have many friends and family who have experienced a time when they had issues with their mental health, such as anxiety and depression. Many of whom have not received any help because of the stigma surrounding mental illness. Physicians need to be able to connect with their patients to help their patients get the care they need, and this should include mental illness.

**Uchechi Etumnu, the author of “Curtain: The Other Side,” graduated in 2021 with a degree in Biology from UTA.**

Hello there! My name is Uchechi Etumnu. I graduated from UTA in Fall 2021 as a Biology major with a passion for healthcare and education. I was also previously involved in the AMAZING Mavericks for Medical Humanities Spring 2020 - Fall 2021 as one of the founding officers. Being a doctor can be a challenging process, but being a Black, female doctor is even more challenging. Although it is hard, it is never impossible. Therefore, I wrote a poem called “Curtain” to encourage anyone who has ever struggled with their career goals because of discrimination due to their ethnicity, faith, gender, or socioeconomic status, as well as any other experiences that may have occurred. This is dedicated to you. You are seen. You are loved. Never give up or quit on your dreams.



**Sandy Hobart, the author of “Prioritizing Wellness: My Personal Wellness Plan,” is a Health Professions Advisor at UTA.**

Hello! My name is Sandy Hobart and I am the Health Professions Advisor at the University of Texas at Arlington, my alma mater. My work experience includes 5+ years in pharmacy and 6+ years in Higher Education, including time as a Program Chair. I also co-teach and coordinate the Pre-Medical Preceptorship class and Chair the Health Professions Advisory Committee. My connection to UTA and background in healthcare provides a unique perspective for my pre-health students. I want students to learn from the mistakes I made in undergrad and have an understanding of the healthcare field they are planning on pursuing.

I value student development in and out of the classroom because I want students to succeed post-graduation. I enjoy sharing my life experiences, so students understand it is ok to struggle and they do have the ability to overcome challenges. Life does not always go the way you want! Trust me. Witnessing students grow personally and achieve their goals is the best part of my job! As the eldest sibling of 3 girls, I am known as the "independent, tom-boy." I play video games and love sports, especially football. I am the commissioner of my Fantasy Football League. Being a single mother to a 6-year-old boy (and all my students) has forced me to improve my organizational skills and patience! I can be very blunt at times, but I promise I mean well. Honesty and communication are very important to me, and I appreciate constructive intellectual debates. I am always open to the perspectives of others. Different perspectives often lead to the best ideas and learning opportunities. Life can get stressful, and I enjoy providing motivation for others so if you need to talk, I am here!

**Shakyra Silva, the author of "Never a Task, But a Person," is a sophomore majoring in Nursing and minoring in Medical Humanities & Bioethics on the pre-med track at UTA.**

I had originally been very focused on the medical science side of medicine. However, when picking an elective course for the fall of 2021, I stumbled upon a biomedical ethics course. Through that course I learned more about the humanities side of medicine and started to appreciate it and its importance more. I now plan to not only focus on the medical science side of medicine but also focus on the humanities side of medicine. I hope learning more about medical humanities will help me be a better future nurse and eventually a better future physician.



**Kayode Aremu, collaborative author of "PIVOT" and creative director of "Hidden Pieces: Capturing impression void of expression," graduated in 2021 with a degree in Biology from UTA.**

I am currently taking a gap year before medical school to participate in genetics research at UTA. Enamored by nature, you will either catch me rock climbing with a camera or making sand angels in the dunes. The raw and untamed yet serene spectacles of the outdoors soothe my spirit. I draw inspiration from diverse experiences growing up in Lagos

and now living in Texas. I use my camera as an extension of myself, focusing on matters words cannot express accurately—matters of humanities and those affecting minorities in the United States. The inspirations for "PIVOT" and "HIDDEN PIECES" stem from my Nigerian roots, experiences in my community, and my optimism in the future of medicine. Fascinated by the ability of artists like Banksy, TY Bello, and Adeola Olagunju to shape culture and tell stories from different perspectives, being behind the



camera feels like home to me. Focusing on empathy, inclusion, and individualized care; I hope our work helps illuminate blind spots in medicine and our enthusiasm to join the fight. I am so grateful to the models (Ololade and Abolade Aremu) for their patience, vulnerability, and incomparable ability to bring this vision to life. Collaborating with great friends and artists like Ololade Aremu and Mayur Bhakta was truly an honor.

**Mayur Bhakta, collaborative author of “PIVOT,” is a senior majoring in Biomedical Engineering and minoring in Biochemistry at UTA.**

Growing up in an immigrant family in Zimbabwe and later moving to the United States, I have been exposed to a myriad of cultures and views of medicine. As an aspiring healthcare professional, the perspective I have gained has greatly influenced the direction of my intended career. I thoroughly enjoyed drawing from my life experiences, premedical journey, and understanding of racial disparities in healthcare to compose the second half of Kayode Aremu's portrayal of the issue. Through works like our poem and service directly in the medical field, we hope to see an increase in cultural competency among healthcare providers and delivery of equitable care. We hope you absorb the message and appreciate the juxtaposition of the two parts of the poem.



**Ololade Aremu, collaborative author of and model for “Hidden Pieces: Capturing Impression Void of Expression,” graduated in 2021 with a degree in Biology from UTA.**

I am currently an employee at UTA and hope to someday make an impact in the healthcare field as a physician. Hence, this work resonates so much with me, for me the importance of diversity in medicine cannot be overemphasized. An immigrant myself, having grown up in Nigeria where healthcare and physicians were neither accessible nor affordable, it has always been a personal mission of mine to make a difference. I had always thought this was only a problem where I grew up, but as a Black woman and immigrant in America I have come to realize that couldn't be further from the truth. Music and art are forms of expression that I have always believed have the power to reach places in us and convey messages that words sometimes cannot. As the saying goes, a picture is worth a thousand words. Therefore, I was very excited to work on this piece with Kayode Aremu, and we hope that the message from artworks like these can make an impact on and reach people that words cannot.

**Dr. Sarah A. Shelton, the author of “Fatphobia in Healthcare: A Fat Studies Perspective and Reading List,” is a Senior Lecturer and the Coordinator of Social Media for the Department of English at the University of Texas at Arlington where she teaches composition and literature.**

My research interests include the materiality of classrooms and of reading and writing processes, posthumanism, posthumanist pedagogy/education, composition and writing studies, feminism, fat studies, and disability theory (to name a few). My work in disability and fat studies has been published in *Fat Studies: An Interdisciplinary Journal of Body Weight and Society*. I hold a BA in English from UT Austin and an MEd in Teaching and PhD in English from UTA.



**Gabrelle Kelley, the author of “You Can Still Hold On,” is a senior at UTA majoring in Kinesiology.**

I am a UTA student and I love art but my major doesn't allow me to be as creative as I would like to be so I thought this journal would be a great way to exercise my creativity. My artwork has always been a hobby and being able to create something gives me peace of mind. I chose cardboard and tinted charcoal for this piece because I haven't had much practice with any medium other than paint and I thought it would be fun to experiment with. I drew this piece because I want to work with amputees in the future and I know a few people with limb differences so I wanted to highlight and celebrate them.



**Angie Gonzalez, the author of “The Power of Literacy”, is a junior majoring in Psychology and minoring in Neuroscience, Biochemistry, and Medical Humanities & Bioethics at UTA.**

As an aspiring physician, first-generation student, and daughter of Mexican immigrants, I'm incredibly passionate about tackling healthcare disparities and providing underprivileged communities with optimal healthcare and opportunities.





**Maleah Galvan, the author of “Life and Growth in All Forms, Within the Soul,” is a junior majoring in Nursing and Public Health and minoring in Psychology at UTA.**

I am currently a student at UTA pursuing a double major in Nursing and Public Health, as well as a minor in psychology. When I first started at UTA I had the idea that my sole purpose of learning the field of medicine should be to provide perfect care. As I began to learn more, I realized that health care is about so much more than treating physical symptoms. Overall health is composed of mental, social, emotional, and physical aspects. As such, my goal is to become a healthcare professional that not only treats their patients well, but also provides them with cultural humility and respect. In my free time, I also run a small crafting business. My main creative focus is to express the beauty of life and the human body. As a result, I make many unique pieces of all shapes and sizes to represent the diversity of the human form.

**Navvin Sadarangani, collaborative author of “Mid-Level Providers May Solve Healthcare Shortages In Underserved Communities,” is a senior majoring in Kinesiology at UTA.**

As a pre-PA student who’s applying to PA programs this year, I wanted to shed light on how impactful the Physician Assistant profession is to underserved communities that don’t receive the same quality of care as their adequately served counterparts. I frequently volunteer and work in medical settings in both underserved communities and privileged communities, and I see the disproportionate amount of care some

communities receive compared with others. I hope to provide insight into how mid-level providers, such as PAs, can bridge the gap between these communities so that nobody must go without quality healthcare.



**Randy Ramirez, collaborative author of “Mid-Level Providers May Solve Healthcare Shortages in Underserved Communities,” graduated in 2021 with a degree in Exercise Science from UTA.**

I’m currently completing post baccalaureate coursework before applying to physician assistant school for the 2021-2022 cycle. I’m a frequent volunteer at the Mission Arlington Clinic and donation center. Witnessing how mid-level providers at the Mission Arlington Clinic have been able to do much good for the underserved inspired me to write this essay. My main hope is that this essay can shed some light onto often misunderstood roles of mid-level providers.



**Serena Karim, the author of “Reading Between the Lines,” is a freshman majoring in Nursing and minoring in History at UTA.**

As a strong advocate for the medical humanities, I hope to pursue a History minor and a certificate in Spanish interpretation alongside my BSN. I am also involved with Bioethics research through the Undergraduate Research Opportunity Program. In my career as a nurse practitioner, I hope to fall back on the humanities to bridge cultural, linguistic, and relational gaps between patients and caregivers. My hobbies include reading, painting, attending concerts, and playing the marimba.

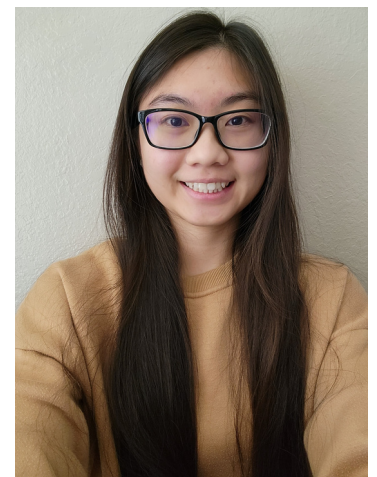


**Rebecca Bruton, the author of “Aging out of Healthcare,” is an undergraduate pre-med student in the Biochemistry department at UTA.**

I returned to school in 2019 to pursue a second bachelors after teaching special education for a number of years. I chose the medical path, in part, due to the lack of disability representation in the medical field and to help change the way adults with disabilities experience healthcare. I hope to shed light on the many health disparities faced by adults in the disability community and to help shorten the gap in quality healthcare for this population.

**Theresa Huynh, the author of “Care Beyond Medicine,” is a non-degree-seeking transfer student at UTA with intentions of going to graduate school.**

This was a therapeutic way for me to express the passing of my grandmother whom I lost in March 2022. This excerpt was a different take on the impact of healthcare and how different components of humanistic interactions affect everyone involved. One thing I realized with each loss I’ve gone through is that I may never shake nostalgia, but with practice and time, feelings of loss are slowly replaced with love. To all who have dealt with, are dealing with, or will deal with loss, take it one day at a time. Understanding how you feel will allow you to slowly recognize what you need. And with time, you’ll heal. From a veteran, the void does get smaller and your heart will soon feel warmer, so don't give up. Never forget that there's always a light shining at the end of the tunnel. Just because you can't see it yet, doesn't mean that it doesn't exist.





**Ignazio Previto, the author of “An Aptitude for Tranquility: Float,” is a senior majoring in Biology at UTA.**

I have a dream to work in the medical field, but a strong passion for the arts. The photo, *An Aptitude for Tranquility: Float*, was taken at the beginning of spring break after going through a considerable number of midterms. To take our minds off class, I went out with a friend, and took to the water; the lake was incredibly tranquil, and the air was crisp. What I captured in the moment of this photo represents exactly what I was feeling at the time: the awe-striking sublimity of nature. Through this piece I hope to inspire the viewer to live in the present moment and enjoy the world around you.

**Anna Nguyen, the author of “The Relationship Between the Biopsychosocial Model and Autism Spectrum Disorder,” is a junior majoring in Biology and minoring in Biochemistry and Neuroscience at UTA.**

My dream is to become a Neurologist! The brain is very interesting to me, and I am very fascinated by how it works. My article is on research I have done on the relationship between autism and the biopsychosocial model. This paper is very special to me because I have two family members who have autism and who were my inspiration for researching this area. The biopsychosocial model helped me gain a deeper understanding of the disorder. If you are curious about autism, I highly recommend looking at the papers I have cited in addition to doing your own research to see what you find. I have been researching autism since middle school, and I still have a lot to learn about this disorder.



**Ami Patel, the author of “Mind and Body,” is a sophomore majoring in Public Health and is currently an officer in the Mavericks for Medical Humanities organization at UTA.**

Drawing has been a hobby of mine since I was little. My goals for the future are to graduate from UTA, further my education with a master’s degree in Public Health, and work in a public health career. I hope to learn more about health issues and diseases that come with population.

**Megan Norris, the author of “What If You Were Still Here Now?,” is a senior majoring in Biology and minoring in Medical Humanities and Bioethics at UTA.**

I graduated from Weatherford Community College with an associates of Science degree in 2019. In August of 2019, I started my journey as a Maverick at UTA. My goal is to apply to Medical School in the Fall and start next August. The inspiration behind my piece that I have shared is about my son, John, who passed away in 2017. He has become my purpose for everything I do. He continues to push me forward. I wrote this submission in hope of reaching anyone who has lost someone very close to them, as these are hard times. This piece means a lot to me as I am finally able to put into words the thoughts that run through my mind on a daily basis.

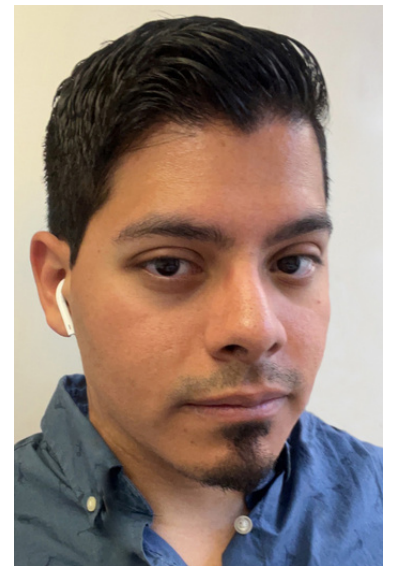


**Asma Saleh, the author of “The Art of ADHD,” is an undergraduate majoring in History at UTA.**

With my painting, I wanted to highlight the constant movement and change that occurs in the mind of one who has ADHD. On the right side of the painting, I used abstract mediums and inconsistent flows and presses of the brush. On the left side, the art is much neater and has clear imaging. This represents the right and left hemispheres of the human brain, its creative and logical sides. Someone with ADHD often has constant activity buzzing through their mind and will move from one task to another even without completing the first one. Therefore, the portrait has not two sides, but four, since the brain is constantly firing neurons about multiple things all at the same time.

**Michael Paul Lewis, author of “Fluoroquinolone Toxicity: From Mysterious Internet Illness to My New Reality — A Memoir of My Bout with Levofloxacin,” graduated in 2016 with degrees in Biological Chemistry and Spanish from UTA. He is currently a research assistant at UT Southwestern Medical Center studying breast cancer and a post-baccalaureate student at UNT studying Biology.**

I was born in Tegucigalpa, Honduras; however, I have lived the majority of my life here in the DFW area. In my free time, I love playing piano, trying new cuisines, and most of all, studying foreign languages, such as Spanish, French, and Portuguese. I currently hold a position in the Harold C.





Simmons Comprehensive Cancer Center at UT Southwestern Medical Center in Dallas, Texas, researching the epigenetic reader, Bromodomain-containing protein 4 (BRD4), and its role in triple-negative breast cancer formation, development, and metastasis. I would like to apply to medical school one day and become a physician-scientist to help find cures for some of the most devastating and obscure diseases known to mankind, much like the one that afflicted me many years ago as a new UTA graduate and which this memoir is about. With my short story, I hope to educate readers about *fluoroquinolone toxicity*, so they can make more informed decisions regarding their health and the health of others and, ultimately, effect positive change in the medical field, either as a student, patient, or provider as far as fluoroquinolone administration, pharmacovigilance, and “floxie” patient advocacy is concerned.



**Teresa Vu, collaborative author of “something comforting,” is a senior majoring in Biological Chemistry at UTA.**

As a graduating senior majoring in Biological Chemistry, I am currently pursuing a career in medicine. Throughout my 4 years at UTA, I was fortunate enough to encounter the Medical Humanities program, which has given me a whole new perspective on holistic, patient-centered care. I hope to be a vital asset in providing care for my patient, physically, mentally, and emotionally. As a first-generation college student, I am inspired by my parents to fulfill the American Dream they envisioned for me. When my father and uncle were battling cancer, they spent a good

amount of time in the hospital/hospice. I witnessed their triumphs and tribulations, physical and mental. I witnessed fear in their eyes when doctors told them of their prognosis and hearing their pain when the cancer was hurting more than usual that day. But in the end, I could feel their peace in their hearts when they were surrounded by their loved ones. They were my inspirations for this poem. I hope to translate to the reader how human connection and compassion goes beyond horizons to heal and comfort a patient. Practicing holistic medicine is essential; valuing the patient’s needs in all aspects is vital. Having someone there for you truly heals the soul inside. Having my friend Jessica collaborate with me on this piece made it 10 times more special. The Medical Humanities program at UTA has been such an eye-opening asset to our journey in pursuing medicine, and we are honored to be able to contribute a piece in this journal.

**Jessica Pham, collaborative author of “something comforting,” is majoring in biological chemistry at UTA.**

Growing up, my family always gave back to the community whenever they could, and I thought it was very inspiring. I don’t think I truly found my passion until recently, when I became more active in my clubs and volunteered at different events. I want to be able to provide healthcare to underprivileged communities either through free pop-up clinics, or Doctors Without Borders. Teresa, my co author, came up with the wonderful theme and idea behind this poem, and we definitely stepped out of our comfort zones with this piece. I only know how to write lab reports nowadays so I definitely had to search up a



lot of simple things like grammar. We wanted there to be a huge contrast in tone between the scenes before and after his wife walks in to emphasize the importance of compassion and human connection.



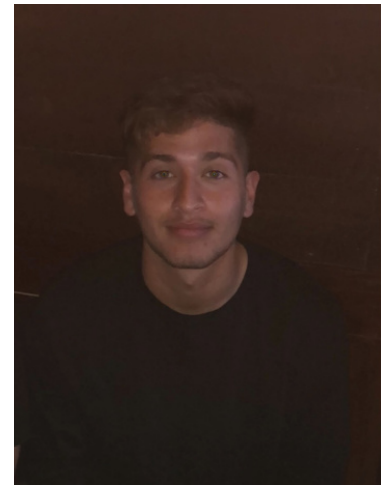
**Isabella Moreno, the author of “Our Red Sun,” is a senior majoring in Biology and minoring in Dance at UTA on the pre PA track.**

I have always loved everything regarding the human body whether that is science related, or dance related. That being said, I have always enjoyed having creativity in my life, whether that comes from dance, music, photography, or drawing. The reason why I chose this picture was because of how beautiful it looked. The camera doesn't even capture all of its beauty, but I have it ingrained in my memory and it's my favorite picture I've taken thus far. Sunset and sunrise have the meaning of a new, fresh day and an end to a day, respectively. My inspiration for this piece is to portray how we are different from one another, yet we all share so much in common. Many of us

are in school with a goal, something we all share, but the goal itself is what sets us apart, something different. We are each our own person, but we are all people at that, and should be treated as such in any environment.

**Eric Rios, the author of “The Reality of Barriers to Specific Populations of Pre-Health Students,” graduated in 2021 with degrees in Exercise Science, Clinical Health Route, and with a minor in Psychology at UTA.**

I am a first-generation nontraditional UTA alumnus who is on a pre-PA track. My passion stems not only from the path that I've chosen but also from being an advocate and shedding light on overlooked and overshadowed populations in healthcare, both patient and student-wise. I also hope to one day take part in empowering PAs—aiding in the growing profession- and exploring the opportunities and possibilities, while adhering to adequate boundaries, to unlock untapped potential for PA's all around.



**Anna Tarpley, the author of “Hope,” is a senior majoring in Interdisciplinary Studies in Biology and Classics at UTA.**

My studies focus on the relationship between philosophy and science. I love to play violin, especially when I'm fiddling alongside my 6 younger siblings. When I'm not fiddling, I can be found reading great literature (especially Dostoyevsky), painting, or gardening at my home in south Fort Worth.

**Dr. Jason V. Terk, MD, the author of “The Dimming of Shining City,” is a Pediatrician in Keller.**

I am a Distinguished Consultant with Cook Children’s Physician Network and practice in Keller with my 5 pediatrician colleagues. I am a passionate advocate for vaccines and past chair of the Texas Medical Association Council on Legislation. I also advocate for vaccines through the Texas Medical Association Foundation Be Wise, Immunize program. I am past-president of the Texas Pediatric Society and serve on its Executive Legislative Committee and Committee on Infectious Diseases and Immunizations. I also serve on the American Academy of Pediatrics Committee on Federal Government Affairs and am the current chair of the Texas Public Health Coalition.



**Audrey Williams, the author of “Insecurity,” is an oil painter based in Dallas, Texas. She is a recent BFA graduate from the University of Texas at Austin.**

I use the female portrait to challenge stereotypes in art, media, and culture. I currently study mental health counseling as a graduate student at Southern Methodist University. As an advocate for the healing powers of art and aesthetics, I aspire to become an art therapist. I seek to create imagery that represents some of the unseen trauma within my community and shed light on alternate forms of beauty that contradict societal standards.

**Dana Johnson, the author of “The Day I Decided to Chase the Sun,” is a Licensed Professional Counselor in the Dallas–Fort Worth area.**

Hello, my name is Dana Johnson and I am a practicing Licensed Professional Counselor in the DFW area. I am not a UTA student- but was made aware of this journal through a friend who is. I am very passionate about my professional career, and chose to write about something that impacts me regularly. Eating disorders are everywhere — my office, my family, in society. This is what I intended my piece to show: the struggle of hiding from the thing that keeps us alive- and the process of healing. It can be discouraging recovering from something like this, because “the voice” never really goes away. The poem is about the power we give the voice,





and our own willingness and motivation to stay alive. I am hopeful the use of symbolism here encourages readers to find a connection in their own life, so they, too, can chase the sun.



**Anthony Pham, the author of “Rawr,” is a first-year medical student at Texas Tech University Health Science Center College of Medicine.**

Growing up as a son of two Vietnamese refugee parents, my family has always been the motivation behind what I aspire to be. Through them, I am able to write my own story; one where I continue to look up to my parents as a source of inspiration, give back to my community, and one where I will always remember my origins, for they have shaped me into who I am today. I hope I can one day share my own story with others, in hopes that they aspire to make the best out of difficult situations. Close your eyes. Take a breath. Enjoy the moment. Seldom do we take a moment to enjoy our lives to the fullest especially with the constant stressors of work, school, and

adulting responsibilities. This writing is a reminder for me to take in every bit of life that time has to offer while celebrating a special holiday in my culture. I hope you all enjoy.

**Amal Eltahir Ali, the author of “It Takes Two,” is a junior Biology major with a Medical Humanities & Bioethics minor at UTA.**

I have observed all my life how many people emphasize the importance of the logical and analytical aspect of medicine and healthcare. Additionally, I have thought that doctors were the only ones involved in the diagnosis process of a patient. But, after being introduced to Medical Humanities in my Sophomore year of university, my perspective shifted. I realized that the humanities are just as important in medicine and that doctors are not the only ones partaking in diagnosing a patient. Being educated on Medical

Humanities, I concluded that doctor-patient relationships are the basis and the starting point of Medical Humanities and medicine/healthcare itself. I painted “It Takes Two” to exactly illustrate this. The painting is an illusion with one side painted to show a doctor and the other side (while holding it upside down) a patient. I specifically chose to create an illusion because it demonstrates a deeper understanding of needing both doctor and patient for the painting to work, similar to reality. The ultimate takeaway is that there needs to be two (the doctor and the patient) communicating, interacting, and listening for anything to begin.





**Darashagam Nahal, the author of “Sikhism in the United States of America: On Cultural and Social Ignorance,” is a sophomore Biology major at UTA.**

I believe that cultural competence is an incredibly significant part of bioethics and the medical humanities. Being culturally competent not only allows us to become better human beings, but also prepares us to be the best possible future healthcare providers. Cultural competence has no limit, and we should always try to learn more about other cultures. My intention behind my work was to spread more awareness about the Sikh community in the United States. As a Sikh, myself, I want other people to understand who I am and where I come from.

**Dr. Steven Gellman MD, MFA, the photographer of “Shoreline Spirituality,” is the founder of the Medical Humanities program at UTA. He became an educator of humanities within the Philosophy Department at UTA after retiring from his career as a physician in family practice.**

I am a physician, teacher, and advisor; however, when people ask who I am — I am a photographer. Ever since I could hold a camera, here is where my creative spirit lives and my passions are unleashed. I have always been drawn to the shoreline as my constant source of spirit and inspiration. My lab Roma and I are here, at this place where I find respite, inspiration, and spirituality.



**Karyssa Nelson, the author of “The Five Stages of Grief: After You’re Gone,” is a UTA alumnus who graduated with an honors degree in Psychology with a minor in Biology and a certificate in the Medical Humanities in Fall 2021.**

I found a love for the creation of music early in life. I wrote my first song in elementary school, using playdates to create make-shift choirs and bands to perform the symphonies I heard in my head. I have since written dozens of songs and participated in compositional and vocal competitions both on my own and as part of choirs through my early college years. As a recent UTA graduate, I now work in the psychiatric unit of a pediatric hospital

as I take a gap year before applying to medical school. Grief, trauma, and loss are ever-present themes in each encounter with my patients. Now more than ever, I rely on music to be my release and use it as a tool to connect with and relate to my patients and their families. I wrote this piece with the hope that those working through grief may find catharsis and comfort in experiencing the universal stages of human emotion through music.

**Joshua Cupps, the author of “Prayer Rug,” is a senior Biomedical Engineering major and is the current president of the student organization, Mavericks for Medical Humanities.**

"Prayer Rug" is a poem I wrote at the beginning of Ramadan, a Muslim holy month of fasting, prayer, reflection, and community. I was inspired by the connectedness I felt with friends who have helped guide me along this path and to this new spiritual community, especially as we drew nearer to Ramadan. As someone who has recently embraced Islam, I dedicated this piece to my prayer rug, which has become an important place in my life and journey. I chose to write this piece and personify this object because of the deep ritual and personal importance it has in my heart.









# WHAT'S AT UT ARLINGTON

## Pre-health

Please be sure to visit the UTA Health Professions Office:  
[Health Professions - College of Science - The University of Texas at Arlington \(uta.edu\)](#)

You can set up advising with our Health Professions faculty and staff:

<https://www.uta.edu/academics/schools-colleges/science/degree-programs/health-professions/advising>

- Health Professions Advisor - Sandy Hobart
- Pre-med Consultant - Dr. Steven Gellman
- Assistant Dean of the College of Science and JAMP Faculty Director - Dr. Greg Hale
- UTA Student Peer and Alumni Mentors

In addition, UTA has a great variety of pre-health student organizations serving the comprehensive needs of a variety of pre-health career needs.

## Symposium and Fair

We hope you were able to attend this year's second annual Medical Humanities Symposium, which was held on April 7, 2022, on the 6th Floor of the Central Library. We also successfully held our first Medical Humanities Fair full of activities and booths in Fall of 2021. We look forward to our Second Annual Fair in Fall 2022 and the third annual Symposium in Spring 2023.

## Mavericks for Medical Humanities Organization

Medical, dental, pharmacy schools, etc., no longer look exclusively at test scores and grades: It is important that applicants are well-rounded and have a firm grasp on bioethics. Mavericks for Medical Humanities is an organization at UTA that is a fun, interactive way to begin incorporating ethics, empathy, and the humanities into your education! Plus, we are all good friends here and we love a good discussion that goes beyond the bounds of your typical pre-req course! We hope that you will join our meetings this upcoming year our club is open to all majors, and we have big plans in store. To stay updated on meeting times, follow the links provided to join our GroupMe, see meeting topics on the Instagram, and explore the medical humanities at UTA!

Contacts:

<https://linktr.ee/med.humanitiesUTA>  
[medhumanities.uta@gmail.com](mailto:medhumanities.uta@gmail.com)

## Stimulus Contact:

[https://linktr.ee/UTA\\_MedHumanities\\_Stimulus](https://linktr.ee/UTA_MedHumanities_Stimulus)  
<https://medhumanitiesuta.wixsite.com/stimulus>  
[stimulus.mhj@uta.edu](mailto:stimulus.mhj@uta.edu)

## Medical Humanities and Bioethics Minor and Certificate

We are excited to announce that UTA now offers a minor in Medical Humanities and Bioethics. This program requires 18 credit hours, of which HUMA 3300, PHIL 3319, and a Disability Studies course are required. Starting Fall 2022, an internship opportunity to the Medical Humanities and Bioethics Minor will be added. Interested Minor students will need to contact Dr. Gellman to be sure they have met the prerequisites to take part in this internship.

The Medical Humanities Certificate Program includes a 12-credit plan. The HUMA 3300 course is required along with a variety of elective options in multiple disciplines.

UTA offers four courses in Medical Humanities taught by Dr. Gellman: HUMA 3300: Medical Humanities; HUMA 3360/SCIE 4301: Issues in American Healthcare thru Film; SCIE 4303: Clinical Medicine and the Human Experience; and SCIE 4304: The Art of Diagnosing Disease in Humans.

Dr. Eli Shupe is overseeing the Bioethics courses, including: PHIL 3319: Biomedical Ethics; HUMA 3340: Healthcare Through Fiction; and PHIL 3341: Topics in Bioethics.

Dr. Sarah Rose is overseeing the Disability Studies Program, which includes multiple possible course selections. The Disability Studies Minor offered at UTA is taught by faculty from all over campus: the Colleges of Liberal Arts, Nursing and Health Innovation, Business, Education, and the School of Social Work. This multidisciplinary minor prepares students for careers in law, education, public health, nursing, engineering, communication, and social work, among other fields.

We have an Art Studio in the Philosophy Department on the 3rd floor of Carlisle where Medical Humanities and Bioethics students can develop their creativity. There are a variety of supplies for student use.

## Faculty and Staff Contacts:

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Sarah Rose: [rose@uta.edu](mailto:rose@uta.edu)



STIMULUS

WHEREVER THE ART OF  
MEDICINE IS LOVED,  
THERE IS ALSO A LOVE  
OF HUMANITY.

*Hippocrates*

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