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Introduction



In a year that swept away so much – cherished lives, livelihoods, routines, community cohesion – it is even more powerful to retain the continuity of celebrations. Creative Writing is one such elevated tradition at YSN. Writing is more than documentation of what happened; it is an acknowledgement of what it felt like, a memorializing of insight, a measure of respect given to the experience of our students, patients, educators and others. Writing can provide a catharsis, and that is an experience we all needed in this last year. The essays in this collection mark a special moment in time, and a timelessness around nursing student journeys. Thank you deeply to Dr. Linda Honan for her creativity and commitment in creating this unique experience at YSN, including the Creative Writing Award ceremony. While we will celebrate each author as always, we will also note this year the very special contribution that Linda has made to the school, and to the profession, with this gift of writing. Thank you to all the student writers over the years, to the esteemed selection panel members, and most of all, to Linda.

Ann Kurth, PhD, CNM, FAAN

Thank You



Much has changed in 2020 and the repercussions are still rippling four months into the new year. We met the dawning of 2021 with optimism, in the hopes that the turning of another calendar year / page would allow us to return to our normal lives. But here we are, seeking to find a new normal. Once again we are unable to gather as a community to celebrate our students' literary gifts. We have however, continued to honor and award their efforts via this chapbook. We hope you enjoy the top 25 submissions for the Creative Writing Award of 2021.

Our students' stories tell us what they see as meaningful, and what they want others to understand about their experience of nursing. These literary treasures speak to the richness of our work, how we bear witness to our own and others' stories, and how our patients teach us lessons we carry forever. This is not ordinary work, and I have been privileged to work with these remarkable students for 31 years. It has been a joyful ride, but it is now time for me to leave and turn over the reins to a new generation of educators and clinicians. I thank you all for your years of support in this effort and eagerly anticipate Yale students' ability to enchant, inform and exclaim that nursing does indeed matter....

Linda Honan

**In all entries, patient details have been changed to maintain privacy.*

HIS FEET

By Maxwell Shaw-Jones

Near the end, Molly Flannery would come to the house where he was dying and she would massage his feet. His feet, like mine, were not particularly attractive. They bunion-bulged and they gnarled at the toes, but were feet well made for massaging. And there was a thing in Molly Flannery which knew the truth, that one of the last delights to stay after your body has finally been forgotten in pain and its own devouring by cells, is a foot rub.

That remained, even after his appetite went, after the muscles faded off his long arms and legs, when he left the bed less and less until, finally, never. It was around then that Molly Flannery began to come, bringing cocktails for my mother, lasagna for my brother and me, her black hair billowing straight behind her from the car and up to his bed where she'd set to working on his feet immediately.

Here was my father laid out dying. And here were her hands that held and held and held as he sighed in that quiet, fading relief. I have never stopped loving Molly Flannery for this. This love lives in me like a tiny world, a snow globe where his pain and my grief became calm at the genius of her hand's sudden tenderness. And two days ago, in the hospital after a twelve-hour shift with my patient whose brain and lungs crawled with that same teeming cellular rage my father knew, after a day of washing him, him moaning and hunting for words the cancer had long ago eaten, him looking me in the eyes with his mouth widely open, always open, my shift was suddenly over. I had to go home. I understood this man would be dead soon.

On my way out, I went to the room and took his feet in my hands and I held them. I squeezed them, first the left, then the right, and told this man goodbye. I would be leaving now and would not come back in time.

Maxwell is a GEPN student in the Family Nurse Practitioner Specialty. In 2018 he graduated from Middlebury College with a degree in English. He spent the following few years alternatively traveling and working a weird, wide range of jobs. After trying out being an island caretaker, a fiberglass laminator, and a museum security guard, he eventually realized he wanted to be a nurse. Maxwell is interested in the ways nursing can be used to address all manner of issues outside of what we typically think of as 'health' and will be co-facilitating the Fall 2021 US Health Justice Elective.

**2021 Winner of Creative Writing Award*

GUIDING ANGELS HIDDEN IN PLAIN SIGHT

By Sajni Persad

Ask and so you shall receive
The Universe will help you believe

Sending words of affirmation
Through the whispers of disguised angels
Who laid in hospital beds for my entire shift's duration

Continuously, sharing their voices
Imparting years of their wisdom
And reinforcing my nursing choices
As I humbly build my reigning kingdom.

Sajni Persad is a first-generation student who would not be here attending YSN without the sacrifices of her parents—both of who emigrated from Trinidad to offer their children a better life. In 2019, Sajni graduated from Boston University College of Health and Rehabilitation Sciences. During her undergraduate years, she worked at Boston University Occupational Health Center (BUOHC) where she had the opportunity to create and integrate an interactive health tool focused on helping employees manage their care and prevent future work-related injuries and illnesses. With the guidance of her life experiences and mentorship of her former professors, advisors, and BUOHC supervisors, she decided to pursue a career in nursing. Currently, Sajni is a GEPN student striving to become a well-rounded Family Nurse Practitioner with intentions to provide patient-centered primary care to overlooked families deserving of holistic care in a broken healthcare system.

During my 4th clinical day, I came in contact with patients who told me multiple sayings, phrases, and stories that left a lasting impression on me. Maya Angelou once said “. . .people will forget what you said. . .but people will never forget how you made them feel” and this holds true for me. While I may not remember the exact words that my assigned patients said, I remember feeling blessed to be a part of the nursing profession.

I like to believe that there is some higher force out there in this vast universe looking out for every one of us. That higher force—whether it be God, the Universe, or whatever one may believe in—always sends help in a moment of need, even if one may not realise that they need it. Despite my patients being patients, we crossed paths during a trying time when I felt tired, stressed, and drained from a long month filled with endless exams and assignments. My patients—who I consider myself blessed to have met—acted as “disguised angels.” They were the ones who were gently and subtly sent my way to remind me that if I am not meant to be here. . .If I am not meant to take this path in nursing, I would not be here standing and taking this path in life.

“PAIN, YOU SAY?” A Nursing Home Monologue

By Tim McGehee

“Pain, you say?”

You asked me if the resident in 212 has complained of pain this evening.

Well let’s see now. I arrived this afternoon at 3 o’clock. First thing I did was check on 201. The nurse on the morning shift said the resident was running a low-grade fever. Took it again and looks just fine to me now.

The resident in 202 had a blood sugar that was up there and was very concerned. When I went back in to give insulin, I found her eating a whole bag of chips. Guess she can’t be too concerned.

Keep a close eye on 203. He kept getting out of his chair, and without his walker. I tell you, that chair alarm was going off my whole shift. Could hardly hear the phone ring.

Which reminds me, 204’s daughter Donna called again. She instructed me not to give out medical information to the other daughter Ronda. Can’t say I’m guilty, but it sure is easy to get their names mixed up.

The resident in 205 is alert but confused, she thinks we are dating and asked if there was another woman. I told her I was married. She said we must be too young for the responsibility of a relationship.

Now, the gentleman in 206 was being inappropriate with the aides again. I sat him down and told him to cut it out, but he acted like he couldn’t hear me. Guess his hearing loss comes and goes.

The woman in 207 asked for a glass of wine with her supper. Sure enough, it’s in her PRN orders. She finished it right there in front of me and ask for another right away.

You know the married couple in 208 and 209, don’t you? Seventy-fifth anniversary this year. Well, he wouldn’t leave her alone before dinner, so she kicked him out. Directed me not to let him back in until after lunch tomorrow.

The resident in 210 had her shower today but refused to let me do a skin assessment after. She could not believe I was a male nurse. Told me we would be “the talk of the town”.

When entering 211, I was told to “take cover”. The gentleman there thinks there is a battle going on outside his room and even pretended to throw a grenade in the bathroom before cleaning his dentures. I think he needs to change the military channel.

Before bed, the resident in 212 refused her senna. She said, “I don’t need those brown pills” and threw them right in the garbage. Still no bowel movement though, and due for milk of magnesia if nothing by morning. Just before I walked out the room, you know what she said. “Come back with something for this pain.”

Inspired by “Frost, You Say?” A Yankee Monologue
By Marshall J. Dodge with Walter Howe

Tim is a first year AGPCNP student. He served in the US Coast Guard as a machinery technician before earning his bachelor’s from the University of Connecticut and has worked in nursing homes as both a CNA and RN. Following graduation, Tim would like to work in primary care with the Veteran’s Administration.

**2021 Winner of Creative Writing Award*

THESE EYES AND HANDS

By Kendall Cote

Winter striped maple trees lining the road give way to a brief glimpse of Hanson's dairy farm. The tranquility of my hometown backroads almost negates the constant feeling of impending doom. The stress mounts as every minute passes while eagerly driving the hour home to peacefully study for the upcoming med-surg exam. I just dropped my son off at my parents for the night in Stafford Springs – a town most in Connecticut refer to as a “hick town” full of “rednecks” (neither of which are fair depictions). *Ordinary* is the way I always describe it, a place where everybody knows everybody, and no one ever leaves. The people of Stafford often stay as victims of socioeconomic circumstances doing the best with what they have. The town is full of mechanics who inherited their shops, farmers, and foresters. *Rednecks* – no, *stuck* – yes. I left 15 years ago – chasing what? I still wasn't quite sure until recently.

The road turns from dirt to asphalt as I try to clear my head. Nearing the only road into and out of town, these intrusive thoughts of creative writing topics sneak into my head. I don't have time for that. *I don't have enough experience to write about anything*, I scold myself. Approaching the final hill before the intersection out of town what I see makes my heart stop and my hands grip the wheel tight.

Without thinking, my former racecar driver personality kicks in as I whip the medium-sized SUV around the median. My eyes look to where I want to be, and my hands and car follow while artfully avoiding oncoming traffic as I pull over in front of the mangled motorcycle. Once parked, a part of me that I did not know existed kicks in – *the new baby nurse*, as Sarah Korpak would say. I approach to the pacing victim, and quickly recognize him under his helmet, I ask “JJ, are you okay?” He responds clearly. Neurological function seems intact thus far. I see Rob, near JJ, standing speechless next to his own pristine bike. My eyes dart to the tires on the Ducati, and there's barely any tread – racing tires. It is February in Connecticut, and the roads are covered with sand and salt. Without asking, I know he “dumped” his bike while turning since there is no tread to create traction with the road (a visual observation the gearhead in me catches). JJ continues to pace while favoring his right knee. “Did you land on your knee?” I ask - observing his jeans are not damaged, which leaves me confused. Then, I see his eyes, they're dilated – Linda Honan's voice suddenly screams in my head, “The dog that is going to bite you in the *'behind'* on this one is shock!” I open my hatch and seat him in the back of my SUV for further assessment until the ambulance arrives. Motorcycle jacket, jeans, and helmet – all in good condition. “Did your body hit the handlebars or street sign?” I ask in an attempt to rule out internal bleeding. Next, I ask if he hit his head, and he responds no. *Phew*, I think to myself in a sigh of relief. His wrist seems limp. “Did you try to break your fall?” I ask. He nods, and I know he likely has a left distal radius fracture.

While talking to Rob about what happened I subtly watched JJ. His

respiratory rate is 25 – he’s tachypneic. I ask JJ for his right hand and gently rest two fingers on his wrist. His heart rate is 115 - he’s tachycardic. Just from talking to him, I gauge his pupils as 8 mm in both eyes. When the ambulance finally arrives, I pass my report to the EMT:

JJ M. - a 35-year-old male A&OX4. Status post motorcycle accident 12 minutes ago. Denies head impact or trauma. Respiratory rate 25 and heart rate 115 and regular. Pupils 8mm OU – appear equal, but unknown if reactive. Complains of left knee and wrist pain and admits to breaking his fall on left side. Possible left distal radius fracture from reaching impact of the fall.

I say goodbye to Rob, who is on the phone, and I get back in my car to drive home.

I look at my hands on the steering wheel and think, *Wow! These hands and eyes were just first on the scene, triaged for emergency responders, and provided what little comfort they could for an old friend.* The hand-eye coordination that ensued from the moment I emerged at the top of the hill until now solidify that I am becoming the nurse I aspire to be. Despite learning mainly on Zoom for the past five months, I was able to react and help without thinking (if only med-surg exams were that easy). The weight of doubt I have in my ability that I have been carrying around since September is lifted, and I reacted as best I know how. The controlled environment of clinical rotations, with the constant help of amazing preceptors (such as Sarah), was not there, but what I have been taught was. In the moment, my eyes observed, and my hands reacted. What I have learned is in me, and today, I became a nurse.

These eyes have witnessed tragedies and miracles. They have not only witnessed the despair of someone losing their vision, but also experienced the elation of vision being restored while working in ophthalmology. These hands have been hurt; nevertheless, they provide security. They’ve not only been through numerous race car accidents and field hockey stick strikes, but also rubbed my son’s back to sleep every night. My eyes and hands are so much more now. These eyes will observe and take in as much information as possible, while my hands will practice coordination and comfort. These eyes and hands are meant to be more than part of a small-town girl, they are instead transforming to those of a nurse and provider. What more am I capable of from seeing and doing? I can’t wait to find out.

Kendall Cote is a GEPN in the FNP track. Prior to coming to YSN she worked nearly ten years as an ophthalmic technician; during which time she completed her BS in Health Science Studies at Quinnipiac University. Kendall has a 4-year-old son that she tries to model a strong work ethic, patience, and compassion for on a daily basis. Writing has always been a positive outlet for Kendall – she enjoys seeing how personal experiences and moments manifest into extraordinary stories about our lives and leave a lasting footprint on paper to relive forever. Kendall enjoys spending time with her family, going to the beach, crocheting, and baking when time allows for it.

MONOTONY

By Camila Soto Espinoza

In the middle of a pandemic, my mother wears a mask as she cleans rooms in a hotel that shouldn't be full, yet somehow is fully booked. Tourists are enjoying vacations their entitlement has convinced them they deserve, because *quarantine is just so boring*.

In the middle of a pandemic, my father puts on a mask and gets on a bus that holds more people than seats. He has been asked to show up to a mine in the middle of the desert to fix this machine that is no longer working. The company is losing money and their patience is short.

In the middle of a pandemic, my sister wears a mask and answers the relentless questions of the costumers that walk around the store. Does it come in a different color? Does it come in a different size? I'm just looking, thank you. This store pays the bills and the food of three different families

In the middle of a pandemic, I wake up and get ready for work.

I've lost that sense of fear of knowing that something lingering in the air might just kill me. Long gone are the days where I was terrified of an illness that takes your breath away and sometimes never gives it back.

Working is neither an option nor a choice for any of us. My family and their immigrant daughter have bills to pay and mouths to feed.

What if you get sick? my mother stresses as she begs me for something no one can afford; to stay home.

I lost the 5 jobs that kept me afloat once the pandemic hit, and I need all the ones I found because the virus is spreading. I have a duty to serve, and a need to make money because bills don't pay themselves and debt is growing.

We have had the talk. The ultimate fear shared by everyone who loves someone who wears a pair of scrubs or has been labeled *essential*. She knows I made arrangements right at the beginning of the pandemic. I have assigned a person that will take care of my remains and send them back home. As for them... I'm the person that will take care of their remains if it ever comes to that.

That's what my savings are for now. To pay for death.

I walk to work.

I wear a mask I carefully chose to brighten the dystopian nature of our reality. On my way to work, I listen to the news about the people that don't believe in this illness, and I listen to the news about the people that die of it. I get updates from my relatives and friends back in my home country.

No hospital beds, so many are sick.

I reach for my coffee mug to take a sip and I almost feel I'm doing something illegal. I look around me as I quickly lower my mask and take a big gulp. Then I put it back up.

I work.

I watch adults, and children, and babies get tested for an illness that makes you drown from the inside out. My protective equipment makes me sweat every

last drop of water until I'm dry on the inside and drenched on the outside. Parking lots were not made for this, yet here we are, unable to eat or drink, shoving swabs down holes I had forgotten we had... but gotten so incredibly familiar with now.

Adults barely tolerate it; kids look at you like you're torturing them; babies have to be restrained by their parents. They cry so hard my ears are ringing by the end of it.

I'm done with this shift.

I walk back home and get naked right at the door. I then spray the door with my very last bottle of disinfectant. I'm so incredibly grateful my family is not here with me.

I jump in the shower. I change. I look at myself in the mirror and notice the red marks in the bridge of my nose that seem to be permanent by now. I wonder if it'll leave a scar.

I get ready for my second job.

I walk. I get updates on the worsening symptoms of my relatives and friends back in my home country. Still no hospital beds, even more people are sick.

I don't drink coffee this time. I keep my mask in place and walk in silence as my upper lip is drenched in sweat and a lingering headache reminds me, I need water and food, not coffee.

I work.

I watch healthcare workers arriving defeated. They give me their arm and add their own sorrows. I get a single vial of blood from one of their veins and I'm surprised I'm getting something other than air. They look hollow. They look empty. They make me wonder how much pain and death we can witness without falling apart, and I'm certain some are close to figuring it out.

I wonder if the next pandemic will be PTSD and suicide.

"It's a horrible way to die", they tell me, "and we might just die the same way"

"We might" I respond, wondering if my respirator fits me well as my protective goggles and shield fog with condensation.

We share a moment of silence. We part ways

Sweat drips down my back, covers my upper lips, the skin under my eyes, my hairline.

I work in 4-hour intervals with 15 min breaks. I drink water and later regret it because that means I'll have to pee. PPE is a commodity, and you can't waste it like that.

I take more samples, see more hollow faces. I hear the story of a man who died in the same bed where his wife had died a week earlier.

My best friend back home texts me. She is sick.

I keep working. The next person tells me they recently sent their daughter and partner away to live with their parents so they could be safe from the invisible dangers they carry home. You can't see it, it might be stuck in your hair, infecting your clothes, lingering in the single goodnight kiss, in the hug you give them as you get home from a shift.

I keep working. The next person tells me they are caring for their own

people. Doctors and NPs and PAs and nurses that work floors they later populate as patients.

I keep working. My uncle is sick and rushed to the ER. My grandma's O2 saturation is getting lower by the hour.

I keep working.

Free food.

I go home. I repeat my little ritual. I get undressed by the door and put my clothes in my bucket. I'm almost out of disinfectant and there's no way to find more.

My best friend might get rushed to the ER if she continues to deteriorate.

I shower. My feet throb, and so does my head. Dehydration is getting the best of me. I drink some water. I make some snacks that I eat while I keep working.

My third job needs my attention.

I read about the incompetence of government officials and the people that died because of it. I write reports I'll soon use in meetings.

It's time for bed.

I don't usually go to bed. I fall into bed. I pass out in my bed. More than sleeping, it feels like I'm being turned off. Awake one moment, completely gone the next. I'm so exhausted, so drained, so incredibly numb that falling asleep is a matter of closing my eyes.

Not this night though. Tonight, I cry. I don't know why I'm crying, what I'm crying about... I just do.

I sob uncontrollably for however long it takes me to set my alarms to get up tomorrow and do all of this, all over again.

The remnant of lingering fear, the rage of incompetence and apathy, the hopelessness that this will never end settle like sediments when I'm not in motion.

My throat hurts, my head hurts, and I lay awake counting inhalations, wondering what it would be like to have lungs full of liquid, to be surrounded by air yet deprived of it. Does it feel like breathing in a void, or underwater? Does it feel like a weight in your chest or like the world is suddenly devoid of oxygen?

My eyes close. My alarm goes off. Somehow, 5 hours of sleep felt like a second, a blink, the brief instant between two heartbeats, two breaths, two sobs.

My uncle is in the ICU. My grandma made it through the night.

I get up, feeling more tired than yesterday, ready to do the exact same thing I've been doing for what feels like an eternity. There's such a monotony in a pandemic, such a rhythm in the sounds the world makes as it falls apart. Maybe it's one endless day, or so many days rushing in at the speed of light that you can't pinpoint where one ends and the other begins. It feels like the pandemic started yesterday, and somehow also 10 years ago.

And we're still in the middle of it.

In the middle of a pandemic, where I get ready for work...

Camila Soto Espinoza is an international student from Chile. She graduated with high honors from the University of Concepcion in 2015 and found her way to Yale

University 3 years later. She has made it through YSN despite the difficulties of being a first generation, low-income student at Yale, the civil unrests of 2019 that threatened the life of her family back in Chile, and one ongoing pandemic. Somehow, she will graduate in May of 2021, as a CNM and WHNP. She likes to keep herself busy while the world around her is on fire. She is a Yale Global Health Fellow at UNICEF, an CNM intern at Mass General Hospital in Boston, an RN supporting Yale's efforts to keep their community safe during COVID, a student co-chair at YSN's diversity committees, and an assistant in at least one research project. Needless to say, Camila is also perennially tired and always late. After graduation, she is hoping to practice at a community health center. In her free time, she enjoys making baked goods for her classmates and walking in East Rock Park.

**2021 Winner of Creative Writing Award*

ALONE, TOGETHER

By Marina Rosenberg

March 18th, 2020; Alone, Together, in Fear

For the first time in my three years working in the University of California, San Francisco Parnassus Hospital emergency department (ED), the waiting room was empty, eerily quiet in contrast to its usually overflowing and noisy state. Large emergency tents had been erected in the small parking lot in front. All patients were now triaged by a nurse in full PPE outside the ED before being placed directly into a bed while their loved ones were made to wait elsewhere. Ambulances began to arrive, reporting “shortness of breath, possible COVID-19,” at which point their patients were placed in isolation in a negative pressure room. In those early days, the shift to isolation and the accompanying fear were the most tangible and unnerving changes. Our patients were alone, separated physically from loved ones and the usual small comfort of their nurses and staff ducking in and out of their rooms. This fear of the unknown was engraved in the faces of our isolated patients looking out for reassurance through the small windows of their rooms, and reflected back in the eyes of the hospital staff, framed and highlighted by the ever-present N-95s and protective goggles, when they believed no one was looking.

November 18th, 2020; Alone, Together, in Sadness

Nine months later, 250,000 COVID-19 deaths in the U.S.¹, and the final stretch of my first semester of nursing school. I arrived on the floor for my Wednesday night clinical already feeling exhausted, with my thoughts divided between my upcoming exams and greedily longing for Thanksgiving break the following week. Even though I would not be able to go home to California for the holiday, I was looking forward to a slight pause in the chaos that is GEPN year. My patient from the previous night had been discharged, and I was reassigned to help care for a new patient, Ms. F, a 63 year old woman admitted to the hospital after suffering a stroke.

Donning my surgical mask and goggles, just as I had nine months before in the ED, I met Ms. F at her bedside and introduced myself as her student nurse for the night. I noted the weakness in the left side of her body and the slight left-sided facial droop. In somewhat slowed, but clear speech she introduced herself and thanked me, despite the fact that I had yet to do anything for her. When she looked up at me the first thing I noticed was that glint of pain and fear in her eyes that I had become so accustomed to seeing so many months ago. However, underneath that glint, I recognized deep sadness, a sadness I initially attributed to significant life changes that can follow a stroke. From the hallway I could hear her attempting to cough but instead of loud, satisfying noises, the sounds that emanated from her shared room were more like moans of agony. Ms. F had failed her swallow test earlier that day, meaning that the painful tube running through her nose deep into her digestive tract could not be removed, preventing her from performing the most simple act of taking a sip of water.

At this point I was in my 8th week of medical-surgical clinicals and my nursing skills still felt very limited. My hands remained occasionally shaky and uncoordinated when attempting to complete seemingly basic tasks, such as changing bed sheets or opening small pill packs. Over the next 5 hours of my shift, I spent

most of my time at Ms. F's bedside in hopes of making her more comfortable and listening to her talk about her family and what brings her joy. Each time her nurse came to check-in, Ms. F asked when she could talk to her husband. At 9:00 PM we called Mr. F and updated him on her current status. As she spoke, Ms. F reached for my hand and finally those uncertain hands of mine felt strong and purposeful, connected to my patient and providing the comfort she so badly needed. Ms. F repeatedly asked when he would come to visit her. Each time he reminded her that he was not allowed into the hospital because of COVID, I felt her small hand tighten slightly around mine, as if unconsciously attempting to remind herself that she was not alone. In that moment, as I watched tears well in her eyes and felt them start to form in my own, our hands clasped together, I felt her fear and sadness deep within my own chest. We had both found comfort in feeling this loneliness together.

January 12th, 2021; Alone, Together, in Heartbreak

Over the past two years I have watched as Alzheimer's has slowly and painfully taken over my grandfather's brain making even the most basic tasks and conversations a struggle. My grandma has become his primary caregiver, grounding him and nurturing him without a single complaint, the exhaustion etched in her face and visible in her slowed walk. I haven't hugged my grandparents since March of last year, a choice we made to protect them, but I long to be embraced by those who have loved and supported me unconditionally. Two days ago, we sat socially distanced and masked in the backyard of their home in Berkeley. My grandparent's house was like a second home to me in my childhood, yet I could no longer experience the comfort of entering those four walls to the smell of baking cookies and pictures of my family. It was the first time I had seen them in person since I started nursing school across the country. Although it was clear that my grandpa was struggling to follow the flow of the conversation and to hear us through our masks, he would lower his own mask briefly and flash a little smile of recognition and comfort in our presence. He couldn't quite place in his memory where I am in school, but he asked how my courses were going and how my first semester had been. I shared with them some of what I had learned, and I also shared with them the anguish I felt for my patients that were sick and alone in the hospital.

Today is my grandpa's birthday. My sisters and I had planned to visit him briefly to celebrate, knowing that he responds better to seeing our faces instead of trying to place unconnected voices in his memory over the phone. However, just as we were about to leave our house, my grandma called to tell us that he had suffered a stroke and was in the hospital. I felt that knot of anxiety and sadness tighten in my chest again. Visitor restrictions now prohibit my own grandma from being with him, just as Ms. F had been separated from her partner and support system. As the image of my grandpa, alone, in the hospital disoriented and likely frightened formed in my head, my mind filled with a range of thoughts and emotions. I thought of Ms. F and the despair that I saw in her eyes and felt as her hand squeezed mine. Who is holding my grandpa's hand? Who is calming his fears and discomforts? Who is reminding him of who he is and where he is? Anger. I feel anger at those who continue to choose not to wear masks because their actions mean that people are sick and alone. The only comfort that I can find in this uncertain and terrifying

time is the hope that just one person - a nurse, student, patient care technician, or provider - will hold my grandpa's hand and help him feel that he is not truly alone until he can come home.

¹ <https://www.nytimes.com/live/2020/11/18/world/covid-19-coronavirus>

Marina Rosenberg is a GEPN student in the Family Nurse Practitioner specialty. In 2017, she graduated from the University of California, Berkeley with her bachelor's degree in public health. Before coming to the Yale School of Nursing, she worked in the emergency department at the University of California, San Francisco as a patient care coordinator for frequent users of emergency services. With a foundation in public health and coordinating social services, Marina is eager to learn the clinical skills at YSN that will allow her to work as a primary care provider for underserved and vulnerable populations.

FROM NURSE TO PATIENT - ALL IN ONE SKI RUN

By Nicole Kuhnly

“You have a tibial plateau and fibula fracture. That is the big weight-bearing bone in your lower leg – “I cut her off and explained that I’m a nurse and I know what it means. You see, I’m a nurse who is in grad school and due to start her final semester of an APRN program. I’m a nurse who spent my school break working extra hours at the hospital where I work as an RN. I had taken the one day off, a Wednesday in January, to go skiing with my brother, cousin and friend. All very advanced skiers, I looked forward to being able to spend the day on many fast runs. It was only the third run when I was going pretty fast and caught an edge after going over a hill and tumbled thrice. Thank God for helmets. My skis didn’t pop off until the second somersault. As I laid there seeing if I could move my arms and legs, I immediately started ruling injuries in and out. My right hip hurt and so did my left knee. The right hip I thought was an abrasion and would be okay. Left knee I was convinced was only a sprained knee. My friend, a medic and a nurse, was able to help stabilize my joint as we got ski patrol to bring me down. They took off my snow pants and I knew something was wrong with my knee. *Perhaps an MCL tear, maybe a bad sprain? Hopefully a bad sprain. Please don’t be broken.* In shock, I hadn’t yet shed a tear.

I was brought to a local small hospital where they quickly completed X-Rays and CT scans on my left leg and right hip. *Bad day to not wear underwear.* I changed into a gown and tried to balance my desire for discretion with my unrelenting pain and not caring about anything beyond that pain. After the PA returned and very nicely tried to explain my injuries, the shock wore off as the “what if” thoughts flooded my mind. A severely displaced tibial plateau fracture, a fibula fracture, torn meniscus and ACL tear. Yikes. *What if I can’t graduate? What if I can’t go back to work? How do I pay my bills?* She explained that I would need surgery and I could be transferred to another hospital closer to home. I called my mom in tears and we decided on a hospital and the PA started the process. I laid there flat, in a patient gown, helpless and realizing I would have to pee. *No, hold it in until you can walk,* I told myself. I let out an audible chuckle when I realized I wouldn’t be walking for a while. May as well start the process sooner, I suppose. I ring the call bell and ask for a bedpan and some help. I warned them that I pee a lot. They ask me which way to turn, a question I’ve asked patients hundreds of times. I didn’t know the answer. My left leg was broken and my right hip was also hurt, likely a bad bone bruise they thought. We figured it out and alas, I was on a bed pan. At 27 years old. Humbling, yet humiliating. The sensation is unlike something I could describe to anyone else and I was terrified I peed outside the confines of the pan. I called for the tech and she came back and sure enough, I had peed over the bed pan onto the sheet. Prepared for a bed change, she said “I’ll just put an extra pad down so we don’t have to change the sheets.” I didn’t think much of it, since an ambulance would be taking me away soon. I thanked her and profusely apologized, something I found myself doing through my injury course for needing help with

basic human needs. Having the ability to wipe your own butt taken away from you so quickly is heartbreaking for an independent 27 year old.

The ambulance finally came, it was now 5:30 pm. 7 hours after my original fall. We had about an hour and a half to go. Sure enough, they took the wet sheet with us, *ew*. The pain was so strong, that I didn't even care about the soiled linens though. Two male paramedics helped lift me over to their gurney and strapped me in. *I hope I don't have to pee on the way*. Back roads are bumpy and the ambulance driver seemed to find every bump, not his fault. I needed my pain managed and got pushes of fentanyl which finally provided some relief. I woke up at the next hospital and was told "hug yourself" as I had told multiple patients before. I laid uncomfortably in the ED waiting to see the orthopedic trauma physician. Two residents came in and introduced themselves, wanting to obtain a history. I tried to appease them, as I understood they were just doing their jobs. I had to pee and I was in pain, though. The ortho PA came in shortly after them and saw my visible grimace and asked if I wanted something for pain. *You are a goddess, yes*. Pain management, ultimately my admitting diagnosis, was so important and it took for what felt like forever to get to a comfortable level. Before I knew it, I had been assigned a bed in the orthopedic unit and was being transferred there. I got there and the three techs quickly tried to transfer me over, completely exposing me in the meantime. *Let's maintain some dignity please*. The nurse comes in with a second nurse and rattles off the admission questions, which I had grown incredibly familiar to working as a night shift nurse. *Yes, I want a blood transfusion if needed. No, I don't have any baseline memory issues*. She proceeds to rip off my socks and start looking at my inner thighs for skin issues. *Are you freaking kidding me??* It's now around 11 pm and I'm exhausted. I tell them that I have no skin issues but that isn't good enough for the nurse. "As you know, I have to do a thorough skin assessment of your whole body to make sure we're not missing a pressure injury." I expressed my understanding but request for pain medications as my body is hurt on both sides and turning is similar to climbing Everest at the moment. "Well you can't have pain medication until 11:30." This nurse, completely unappreciative of my pain level and the fact I'm an active 27-year-old with no stage 4 pressure injuries, was just trying to do her job but this is where I needed to advocate for myself. *Well we can wait to check the skin on my butt until I have some pain meds, why don't we truly cluster care ya know?* Snarkier than I needed to be, but who could blame me – pain is a terrible thing. The next two days in the hospital were filled with resident visits, different nurses, and reconstructive surgery. Bedpan use became normal, who would've thought!

I got discharged home and was thankful for my mom, also a nurse, who would be taking care of me in conjunction with my sister and dad. The ability to get myself a tissue, to go to the bathroom independently, to shower, were all things that I took for granted before my accident. While thankful to have people who could help me do those tasks at home with dignity, I constantly thought of those who didn't have built-in healthcare at home. I thought of my patients who needed help with everything and expressed their helplessness. I finally

understood them. I, too, was helpless. From the hospital to home, I found new ways each day that my injury would impact my future as a nurse and healthcare provider. From anticipating patient needs to letting patients take necessary time to build their mental strength, I will carry it with me. Covering patients' bodies so they feel comfortable at all times, I will carry it with me. Reassuring patients that their helpless feelings were transient and encouraging small feats of independence, I will carry it with me. Above all, remembering my experience as a patient, I will carry it with me.

Nicole Kuhnly is a final-year MSN student in the Adult Acute Care track, with a concentration in Oncology. Prior to YSN, she completed her undergraduate degree in Psychology and Pre-Health at the College of the Holy Cross and worked at the Dana-Farber Cancer Institute with breast cancer research. During her time at YSN, she has worked as a medical-surgical nurse, continued with research projects, and volunteered for local organizations. In her free time, she enjoys being with her family and friends, traveling and skiing, which ironically led her to experience healthcare from the patient side. Following graduation, she hopes to work in an inpatient capacity, with eventual goals to serve as an APRN in an Oncology Critical Care Unit. She is looking forward to being able to use her knowledge and skills, as well as her own patient experience, to provide optimal care to her patients.

CONNECTIONS

By Camila Soto Espinoza

Human connections make us who we are.

They play a role in every aspect of our existence, from our conception and upbringing to the somber commemoration of our death, and we will spend a lifetime chasing them... *or running away from them* .

We cry as we are removed from the comfort of a warm womb that surrounds us, and the cacophony of sounds that make life, life itself; breathing, beating, digesting.

We are brought into this cold, blinding reality where we are acutely aware of its space... infinite space, nothingness extending in all directions.

The natural habitat of us, brand new humans, is a warm chest and a breast to latch onto. The very smell of life is the remnants of blood, and vernix, and sweat, and breastmilk, and in that space of safety, we lay down to rest and be nurtured.

We are born with reflexes encoded in our bodies, all there for our primitive need for survival. We mimic, we smile, we begin cooing, and eventually talking. We touch, and hold, and fuck, and hug, and kiss, and hope that those we love will love us, and those who love and care for us won't hurt us.

There's nothing more humbling, more private, more miraculous than witnessing the pure, unashamed, unadulterated, unprocessed longing for connection; that longing that comes when pain makes you raw, fear wipes you clean of all pretensions, and there's nothing left but the most vulnerable version of you.

You can find it hidden in the most peculiar of moments. In the middle of a bed bath, as you wipe vomit and urine, and feces from someone else's skin, as you place a cold compress against someone's forehead, as you offer a straw with some water to drink, as you give a hand to hold, or halfway through a consult, or in a corner of a waiting room, or from a companion sitting quietly as the patient sleeps.

Do you have children? It starts. A timid bait that's often enough. A simple question with a simple answer. It builds a bridge that makes them feel a little less lost in the vast and confusing space of a sterile room in a hospital or a clinic. *Did you grow up here? What school did you go to? What's your favorite sports team?*

Amidst fear, we seek connection, contact, protection, a distraction from strangers in blue or green that have seen more of our intimate selves than most of our loved ones. Something in common, however small, is often all it takes.

I've gotten used to these little moments of small talk as someone nervously folds the edge of a bedsheet, or compulsively moves in their seats.

I'll try to make them feel better. I crack a little joke, usually about myself. I talk about the weather because that's easy and distracting. My hands move efficiently, wiping, palpating, gloving, gowning. This masterful skill all nurses have to stretch small talk in endless directions. It keeps them distracted, less

afraid, more connected to me rather than fixating on the pain to come, in these labs, in these exams, in these procedures, and all its life-altering potential.

But sometimes, I can't. Sometimes the reality of today is unavoidable, and the grief is front and center. Sometimes it's not small talk that builds the bridges of connection, sometimes it's just pain. That person in front of you that reminds you of someone you lost, that diagnosis that stole a part of you, or took your mother, your father, your child, your siblings from you, that person who hurt you, that silent pain you carry around, heavy in your stomach yet hidden from coworkers.

When connections anchor themselves in wounds and scar tissue, they seem to linger for longer. They take you by surprise because the person you are and the professional you become should be two separate entities. Your problems have no place in the room of a patient, and yet, sometimes, here they are, on display, staring back at you as if you were looking in a mirror.

We all have that wound that didn't heal properly, that pulls on the edges when poked, covered by tissue that cracks during winter. Mine must live somewhere between my stomach and my diaphragm because that's where I feel it first.

The sinking, the tearing settles as I look in the depths of their eyes, and know I'm in the presence of someone who has wiped blood, sweat, tears, semen, or all of the above from their bruised bodies, from their wounded souls.

Any history of trauma? I ask, knowing damn well that I might just hear the story of someone that ran for their lives and lived to tell the tale. A witness, a victim, a survivor of the deepest horrors of human nature. A soul once ignored, or used, or abused, or neglected. Someone whose past holds the memory of a type of fear you feel in the marrow of your bones and the roots of your teeth. The fear of knowing your will has been ignored, your voice silenced, your body taken from you, left at the mercy of someone who has no mercy for you.

Anything I can do to make this easier? I add, because there's something to be said about the wounds this job can create, and the memories it can trigger. The fact that this person is here to get help doesn't mean that your touch is welcomed. They close their eyes, or look at the ceiling, and tolerate your intrusion as you fully remind them of that time they were in hell and somehow survived it.

And there's often nothing you can do to make it better. You'll cause pain nonetheless. There's no prescription for this. No magic pill they can take to digest you and your intrusion. But there's something you can offer when you have no solutions... you offer support.

You let that bridge built as you feel the discomfort that makes you play with the pen you're carrying, makes you check an IV line a few dozen times, or makes you shift nervously in your chair. You let them see that this pain they are carrying is omnipresent in this room where there's only you and them. You let them see you a bit more raw, more human, just so they know that when you say you are sorry, you truly, *truly* mean it.

Human connections make us better somehow. Don't mind the lingering ones

you often take back home with you. Don't mind the ones that remind you of a version of you that was hurt by life. Let them make your heart heavy, let them give you pause, let them add fresh tears to old tales of pain and sorrow. Don't shy away from the most human of nature, and the gift it is to know that for a brief moment, you were able to console that reflection in the mirror.

Camila Soto Espinoza is not a writer, but she writes. Writing helps her process life and all its mysteries. She writes to make room for all the other pressing issues that demand her attention; like her full-time internship at Mass General Hospital in Boston, her part-time job as an RN, the research projects she works in, the diversity committees she belongs to, and her fellowship in global health. Somehow, she will graduate as a CNM and WHNP in May of 2021.

THE BEST YOU CAN DO

By Kendall Tamler

A global pandemic. That is a phrase I wouldn't have even been able to comprehend in the beginning of nursing school, but by the time I was a practicing nurse, it seemed like the only way of life. "Well, you signed up for this," people would say. That always frustrated me. It showed me just how oblivious they were to the whole situation. No one signed up for taking care of patients in unsafe ratios, with inadequate PPE and not enough resources or knowledge to save everyone. But that's what we were thrust into and that's how I started my career as a bedside nurse.

I had been working on a med-surg floor for almost a year, but throughout the second wave, our floor had transformed into a Covid-19 floor. The hospital was completely full. Both ICUs were full, as was the respiratory floor. There were just too many patients. I walked into work that day, with my same attitude that I adopted every day; *you can only do the best you can do*. I started my morning med pass, doing my best to cluster care in my Covid rooms. I went to see my first patient, a sweet man with intellectual disability who had been diagnosed with Covid and couldn't comprehend the situation fully. I introduced myself and a radiant smile spanned across his face as he introduced himself back. "I think I get to go back home today! I have my coat ready!" he exclaimed to me, pointing to a pile of his belongings. I glanced at the monitor. He was on 2L of oxygen via nasal cannula. But suddenly, within a matter of seconds, as usually happens with Covid, his oxygen saturation levels began to plummet. 90. 89. 88. 87. 86. I watched the numbers falling fast. I titrated up the oxygen. I maxed out the oxygen, but it was no use. 85. 84. 83. I grabbed an oxymizer set up that I noticed in the far corner of the room. I frantically switched out his original tubing to the new oxymizer tubing that would give him better oxygen concentrations. His oxygen saturations were still in the 80s. I increased the oxygen further. 10L, 12L, 15L. His oxygen saturations weren't budging. I needed help. I needed the respiratory therapist or a provider or maybe even to intubate. I was panicked, but I couldn't show the patient. I had to stay calm for him, because if he started to panic, I knew it would only worsen his condition. His room was at the end of the hall though. I banged on the door as loudly as I could, hoping someone would hear me. I couldn't leave him in this condition, take off all of my PPE, and risk him desaturating. There wouldn't be enough time for me to put all of my PPE back on and get to him. I pounded my fist against the door again, praying that someone would be there to help, but my prayers went unanswered. I cracked open the door and called out for help, but my cries of desperation were met with silence. Suddenly I had an idea. I could send someone a message through our messaging system on the computer. I went to login to the computer, but it was dead. I plugged it in, but it wouldn't start up. I felt completely helpless.

I turned around to look at my patient. His oxygen levels were still in the 80s, despite me maxing him out on oxygen. I looked at him, feeling a

wave of defeat rushing over me. “You should sit down, Kendall,” he motioned. “You seem tired and stressed, you deserve a rest.” I felt a small, single tear drop from my eye. No training in the world had prepared me for this. No textbook can teach you how to fight a vicious disease that causes incredibly kind and compassionate patients to decompensate so acutely. No textbook can teach you what to say to a man who is dying, yet cares more about his nurse’s wellbeing. I was out of ideas. Until someone could come with a better oxygenation method like BiPAP, all I could do was sit here with him. So that’s exactly what I did. I sat beside him and held his hand. He smiled at me through gasping breaths. “Don’t you feel better now that you’re not running around?” he asked. I wish he could have seen my smile back to him. I wish he could have even seen my face behind these goggles and masks and shield.

“We’re just going to take some deep breaths together,” I encouraged. Together we inhaled, and as my lungs filled with air, I wished I could somehow fix his lungs. But being a good nurse doesn’t always mean being a miracle worker. Being a good nurse means you show up for your patient. That’s what I’ve learned most from this pandemic. We want to save everyone and we want to have a solution to everything, but sometimes, in the midst of a nasty and mysterious disease, there is no way to have all of the answers or save everyone. Sometimes, being a good nurse means just sitting with their patient and providing comfort when there isn’t medicine to save them. Sometimes, all you can do is the best you can do.

Kendall Tamler is a second year AGACNP student at YSN who will be graduating in May. Throughout the pandemic, she has spent most of her time working as a bedside nurse at a community hospital. When she graduates, she hopes to work in a neurocritical care unit helping those with catastrophic illnesses who are in need of acute and compassionate care.

TURNING THE CAMERA ON

By Elizabeth (Libby) Grant

Through the pandemic, we have been starved of human interaction. Bits and pieces of humanity can be imitated over Zoom, but it's like the dark web—you can put just about anything out there—a smile, a snippy remark, a praising comment—but you can also hide. Are you angry?

Are you scrolling through Instagram? Are you still in bed or, heaven forbid, performing a bodily function? Did you spill coffee all over yourself? Genuine human interaction is not possible over Zoom, where participants can artistically calculate what they show each other. How are these artificial classrooms and socializations affecting our ability to care for patients, in person, where we can't turn off our cameras?

Am I standing too close? Am I breathing too hard? Did I even say hello? Why on Earth did I say “bigger beans to fry” to a patient? If they laugh, is that a good thing? OMG, I have to TOUCH THEM? Are my hands too cold? Too dry? I should be talking more. I should be talking less. Do they think I'm bonkers?

I spent so much time trying to self-monitor, as I do on Zoom, that I paid more attention to myself than to my patients. I was so worried about reacting the wrong way that I heard my patients without listening to them. I missed important cues, including signs of a TIA, which—thankfully—my astounding partner caught because I was trying to figure out what my next question should be, and how exactly I should ask it.

The worst part? It took until my last day of clinical to realize the impact my self-editing had on my ability to care for patients. While interviewing a patient with bipolar disorder, I was pondering whether my non-verbal cues were sufficient when I realized she was crying—and not just silently welling up with tears. She was full-blown bawling her eyes out. I'm talking heaving, whimpering, Niagara Falls crying. And you know what I realized? I had no clue as to why she was crying. I didn't even know what her last sentence had been because I was so focused on keeping my feet still and silent, trying to make appropriate eye contact, and leaning forward just enough to suggest I was actively listening. All the while what was I *not* doing? Listening!

Thankfully the patient's nurse was with me, and she gathered the information needed and calmed the patient. I felt such shame and frustration that I wasn't able to successfully do the *one* thing—seriously, the ONE thing—that we were assigned to do on this psych rotation: have meaningful conversations and human connections with patients.

The best part? I now know this is a weakness of mine. I know I will need to make frequent mental checks to minimize my self-censoring. I know I need to re-train my brain to be more present and authentic. My first step—keeping my camera on in class this Monday.

Elizabeth (Libby) Grant is a WHNP student in her GEPN year. Before YSN, she received her Bachelor of Science in Chemistry from the Honors College at the

University of Maine. After graduation, she is hoping to practice in an underserved community in the Southwestern United States. In her free time, she enjoys cooking, long beach days, and watching movies with friends. She would like to thank her amazing friends Chloe Kiester and Helen Montie for their support in writing this piece.

TO SURRENDER

By Kay Green

Something indescribable had changed. The stagnant, chilled air reeking of staleness and sterility remained. The tubular fluorescent bulbs overhead rained their crisp, white beams uninterrupted. The staccato chirp of the IV pole rang its usual repetitive song, announcing the infusion was complete. Masked strangers in blue uniforms hurried to and fro, their steps rumbling past as they called out requests for assistance down the hall. Business as usual it seemed on the surface, but as my gaze penetrated the large glass-paned doors, I understood the irreversible deterioration of the lion-hearted thirty-six-year-old woman I met months ago. A mere shell of herself, I surveilled her with a sense of hushed resignation to the limitations of modern medicine and the unassailable forces of human mortality. It is as if an unconscious bodily switch is flipped, and suddenly one transitions from gripping with white knuckles onto life to actively dying. My preceptor stood at my side presumably drawing similar conclusions, as I saw her steel-like exterior soften and her shoulders drop in disappointment; we said nothing.

My eyes shifted between the neon green readout of the 5-lead EKG and the rise and fall of the patient's chest, noticing the stutter in each of her exhalations. My mind drifted back to just three weeks prior, the day of discharge on her last admission. Her pearly white grin and sweet, hearty laugh flooded my thoughts as I recalled her remarkable storytelling of her tumultuous journey with a rare form of aggressive cancer. She cited her husband, her three young children, and the guidance of God as her greatest support and driving force behind her strength to persevere and withstand the chronic pain and harsh treatments. I personally struggle with the validity in the powers of prayer, but something about the obvious mightiness and tender vulnerability of the pale woman behind that glass inspired me to bow my head. I silently prayed for the dissolution of her pain and for the watchful protection and comfort of her family through the inevitable trying days to come.

After disappearing behind a weighty wooden door, my preceptor returned with the patient's assigned nurse, and together we entered the room. Having treated this patient for four years, my preceptor brushed the sweat from the patient's forehead with the back of her index finger as she gently called her name – a familiar friend. The patient roused from her daze momentarily, interjecting with a few indecipherable words and a half grin as she raised her bruised right hand out to grasp the hand of the woman whom she clearly recognized. My preceptor's voice broke slightly as she alerted the patient that she would be phoning the husband to update him on her condition.

In place of the usual hellos and pleasantries, only wails were heard on the other end of the line. The husband desperately begged and pleaded for the healthcare providers to invoke every ounce of their administrative power to whisk the patient home via ambulance. Knowing that time was dwindling, this seemed a nearly impossible task but one worth fighting for. The patient herself

was a fighter, and this was her dying wish – to spend her last precious moments in the comforts and normalcy of home, surrounded by the love and warmth of those she cherished most.

Only a half beat after terminating the call, my preceptor was back on the line eliciting guidance in expediting this task and exploring every avenue to ensure it was accomplished. Despite the clamoring in the hall, as I knelt at the patient's bedside, I felt a profound intention and focus exuding from her, like a sprinter manifesting all the power within herself to surge toward the finish line. It was as if she knew she must rally for life a bit longer, that her time to surrender had not yet come. Mustering the courage and energy, she willed her heart to thump and squeeze, her lungs to contract and expand, and her hope to shatter the odds and carry her through.

Barreling through the door came the patient's husband and mother, rushing to her side to kiss her face and lift their voices in collective prayer. Pandemic restrictions prevented her children from physically joining them at the bedside. Instead, they remained with their aunt in a vehicle across the street, anxiously awaiting to see their mother's face. A cacophony of innocent, high-pitch cries flooded my ears as the children joined the room via FaceTime, revealing to their dewy eyes a version of their mother they scarcely recognized. In a moment of tremendous terminal lucidity, her motherly instincts kicked in, her eyes opened, and her voice regained some clarity as she blew kisses to her children through the phone, stating warmly, "I love you."

Upon her husband's request, I moved to hold the iPhone. I noticed the sad, reddened faces of her children on the screen. A heaviness filled my heart, as if cement had been injected into my veins. My eyes welled, and warm streams sped down my cheeks. The patient's mother periodically turned to me and clutched my free hand tightly, a look of deep, unrelenting grief upon her face. "Please, please, please," the patient's husband repeated, though to whom I am unsure – to the healthcare workers to complete his request, to God to alleviate the pain and suffering, to his wife to hang on until they got home?

I could not halt the sense of helplessness I felt, and I imagine everyone in the room felt the same. As healthcare providers, we must repeatedly acknowledge that just as the world spins and gravity keeps our feet grounded, people are born, and people die. We must surrender to this fact of life. However, to surrender does not necessarily equate to giving up and acknowledging defeat; rather, it is more like capitulation, to surrender under agreed upon conditions. The power of the human will is stronger than the forces of nature. I know this because when my dear patient ultimately died peacefully in the comfort of her home, her conditions were met.

Hailing from a small town in Indiana, Kay Green is appreciative of the trials and triumphs that have led her to Yale School of Nursing. Something in her heart drew her to healthcare at an early age, though reading and writing remained enduring passions and served as faithful outlets most of her life. She is a first-year student in the PMHNP track with special interests in chronic illness, substance use, grief, and trauma. Kay describes herself as a humanist, regularly identifying with the quick wit

and keen observations of Kurt Vonnegut, "Practicing an art, no matter how well or badly, is a way to make your soul grow, for heaven's sake." She thanks all who read the work that fostered a bit of soul growth in its creation.

IN THESE TIMES

By Kierra Jackson

“What day is it?”

She asks me this every time I see her. Usually late at night when I do my first set of rounds and always before her routine before-sunrise cup of nectar-thick orange juice. Her accent is heavy and French. She leans toward me, anticipating my response.

“It’s Wednesday. Wednesday, December 23rd. Tomorrow morning when you wake up it will be Christmas Eve.”

She stares at me, then straight ahead, then back at me for a follow-up question.

“What is the year?”

“It’s 2020,” I say.

She leans forward, again, and I remember her hearing aids are out for the night.

I get close. Inches away. I shout through three protective layers: an N95 mask covered by a surgical mask and a plastic face shield strapped to my head. I begin to sweat. I pull at the front of my gown to let a bit of air in.

I wonder if she remembers that I’m the RN working on her wing tonight—if she can see my name written in all caps with black Sharpie on the upper half of my face shield. I wonder if she knows that all this get-up is for her safety as much or more than it is for mine. I expect her next question to be, “Are you from the future?”

“Two thousand twenty. Two-zero-two-zero. Twenty twenty,” I repeat.

Her room is serene. Holiday music in the background, a sketch of a young woman propped up in the corner, a wreath with an artificial candle that flickers like a real flame when the overhead lights go out.

“Twenty twenty? It’s two thousand twenty?” She repeats the numbers again and in French—*deux mille vingt*.

Her voice trails off with the words from her native tongue.

“Yes, that’s right,” I respond.

She looks at me and then at her dresser full of family photos, a small music box, and a set of unopened Christmas cards with a note attached:

Dear Staff,

Please help my mother sign these cards, if possible. It would mean a lot to our family-friends to hear from her this year. And, we think she’d enjoy this activity. Thanks for all you do for our mom and in these times.

Sincerely,

Victor (Josephine’s oldest son) and Family

“I was born in 1925. September 27th, 1925,” she shares. “How old am I?”

I think for a moment. “You’re 95-years-old.”

“95.” She repeats matter-of-factly. She looks at me with wide eyes. “I’m 95-years-old!!”

“Yes!” I say with a sense of delight. I smile behind my masks.

“That’s old ...” she says with a seriousness that makes my concealed smile fade.

“I will be 100 in a few years,” she calculates.

“Yes. That’s amazing!” I say. I’m excited for her. I want to honor this achievement, celebrate her as she chips away at each day—getting closer to being a centenarian. “Has anyone in your family lived to be a hundred?” I ask, now making what feels like unnecessary small talk.

“No.” Again, her gaze drifts. She has left the room for a moment.

“95 is too old. I will die soon,” she concludes. Or maybe she wonders. Assumes.

“Nooo ...” I tenderly insist. Again, I smile behind my layers and hope she can see it in my eyes.

“It’s the middle of the night,” I shout. “Do you think you can rest for a bit longer?” She smiles and I’m unsure whether she hears me. A folded paper towel with “Claire” and a 10-digit number scribbled on it sits on her bedside table. I hold it up in the air—show it to her.

“I will call my daughter in the morning,” she declares. The nursing facility staff knows this anchors her day.

“Yes, of course,” I say. I rub her arm and tuck her in.

“Claire. Claire is my daughter. In the morning I will call her.” I nod and set the paper towel back on the table next to her phone. I head to the door and drop a wet brief and used wipes in the trash and peel my yellow isolation gown down and off my body. My gloves come with it. I can feel my neck now cool with sweat.

I turn off the light and watch the fake flame lick the darkness.

I leave her room and think back on this denial of mine; wondering who is most uncomfortable with death—Ms. Josephine or me.

*real names and dates have been changed for the purposes of this piece

Kierra Jackson is a CNM/WHNP student in her final year. Prior to YSN, she completed her undergraduate degree in Writing-Intensive English at Marquette University. After graduation, Kierra will be moving to Chicago—her hometown—for a yearlong midwifery fellowship at Erie Family Health Centers. In her free time, she enjoys trail running, bullet journaling, cultivating her maternalistic green thumb, and dining outdoors and in good company.

NURSING ON A TRAIN TO INFINITE DARKNESS

By Ashleigh Evans

“We’re lining up for lunch. Don’t want him to miss a meal.” The nurse smiled at him. The nurse thought she was saving him from the barrage of questions pummeled by the nursing student. As I write that sentence, I laugh.

He needed to be saved – desperately. We all wanted, equally as desperate, to save him. But the last thing he wanted was to be saved; he wanted to be listened to. The simple fact of the matter is that what he wanted, more than anything, was to die.

I looked at the clock: 33 minutes. Though nursing students are only supposed to talk to patients on the inpatient mental health floor for 30 minutes, it seemed like only a mere few seconds had passed. I looked at him. His eyes shined brightly, his respirations rate slightly elevated. He looked at me, then looked down at the table.

“Would you like to finish?” I asked him. “You have a choice here.” He smiled and emphatically shook his head.

“We’ll be a few more minutes,” I told the nurse.

Back into the rabbit’s hole we fell – him leading the way, me following along, listening, grappling, fighting to understand, failing, and settling into the discomfort of meeting him where he was. Deeper we fell: why he detested the concept of life itself, why he glorified the act of dying, why he climbed the stairs, why he jumped 21 stories – 391 feet - to his death, why it denied him...

Rarely is this the type of bedside nursing that people imagine when they hear the term. However, I can’t recall a single time in nursing school when I have felt more comfortable or aligned with my purpose. While he talks about death, I hear life – birth, to be specific. As a prior birth assistant, I often find myself searching for an emotional connection with my clients. I find them at their most vulnerable point, meeting them at their truth in that moment. I ride waves of emotions in the same manner that they ride waves of contractions: the dread, the doubt, the exhaustion. The victory, the disbelief, the elation.

But there were no ebbs to this flow. We fell further down into the infinite depth of depression and suicidality. Wherever he was leading me, I was completely unfamiliar with the territory. He was barely old enough to drive and had hardly experienced the life he hated so much. He continued to talk. I continued to listen.

He sighed, resting his arms on the circular table between us. I watched as his bright eyes dulled into a comfortable green. His breathing slowed. His energy shifted from the desperate plea to be heard to the calm satisfaction of listening to loud thoughts transform to soft words. He told his truth, and now he was finished.

I looked at the clock: 49 minutes.

“It’s officially time for you to go to lunch,” I said. He didn’t move and continued to stare at me, a friendly smile on his face. I did the same. “I want you to know that I’m proud of you,” I said. “Every day you get out of bed, you

choose to continue living. That's winning. I'm proud of you for continuing to try. As long as you're trying, you're winning."

He stood up and weakly smiled at me, waiting to escort me to the door. "Winning is not found in living, Ashleigh," he said as he opened the door for me to leave. "Winning is found in death."

He smiled and waved as he turned and walked away, leaving me to find my way back to the surface.

Ashleigh Evans is a Certified Nurse-Midwife in her GEPN year at YSN. A child of a Navy Nurse and a Marine Corps Aviator, Ashleigh grew up in a military family, moving every three years between the US, Japan, and Spain. She graduated from the George Washington University with a degree in Biomedical Engineering in 2013. After serving six years as an Officer in the US Navy, Ashleigh separated from service and solo traveled to fourteen countries, teaching others the power of financial independence in activism. Now, Ashleigh advocates for increased diversity in nursing education and activism in nursing as she joins the fight for Better Health For All.

THE DOORSTEP

By Shiliu Wang

Nursing School, 2nd semester. What I am thinking while waiting on a doorstep in sub-zero weather:

I'm thinking about the lub dub of my miraculous heart, pumping between four and six liters of blood per minute, perfusing the farthest corners of my body with oxygen and nutrients, keeping me alive, sustained, warm.

I'm thinking about my brain. The countless decisions it makes in a split second, triggering the intrinsic ancient responses to breathe, sense, smell, act. How it sends lightning-like signals down axons to my spine, innervating the next set of neurons that instruct my body to shiver and generate heat.

I'm thinking about how cold I am right now. How stress, both physical and emotional, trigger the sympathetic nervous system to release not only catecholamines, but a surge of sugar. How this sugar, if sustained for long periods of time at such high levels, corrodes the inner lining of blood vessels, increasing viscosity, driving up blood pressure and slowing wound healing.

I flip through the papers attached to my clipboard – rental assistance forms, information about the latest eviction moratorium, flyers for an upcoming “tenant talk” – to find the name of the person whose door I just knocked on. Jamie.

I'm thinking about how racism constantly triggers the sympathetic nervous system. That to live as a person of color in this world, especially as a Black or brown person, means existing in a never-ending state of stress-induced high blood sugar coursing through the blood vessels, wearing away at the body.

I'm thinking about my friend Cindy, whose husband has been shuttled between three ICE detention centers over the last year. I hear the fear rising in her voice when she calls me, trying to figure out where they moved him yet again. Asking me to translate a court document from English into Mandarin. Asking me how soon they'll release him, if they'll ever release him.

I'm thinking about the constancy of the stress and anguish that pulls on her. The pounding levels of cortisol, adrenaline, glucose in her bloodstream. The way her body is slowly metabolizing the entrenched racism and xenophobia of this country into toxic substances.

I'm thinking about asthma as I inhale fumes of exhaust from cars speeding down the street, making a sharp turn onto the highway next door. I cough, thinking about the chronic constriction and inflammation of the airways, making it hard to breathe.

I'm thinking about how the data shows that dense, urban areas with large BIPOC communities, like New Haven, still contending with the legacies of racial segregation, police violence and active disinvestment endure the highest rates of asthma in the country – and unsurprisingly, are the most brutalized by COVID-19. Poor Black and brown communities, because of racist zoning policies and gentrification, are 75 percent more likely to live near and breathe in the putrid air of industrial plants, service facilities, landfills, highways.

I'm thinking about how intersecting systems of oppression force poor people,

in the richest country in the world, to make unconscionably constrained choices: Do I pay rent or do I pay for my insulin? Do I eat, or do I put gas in my car? Do I go to my doctor's appointment, or do I go to work? I'm thinking about how growing up in a low-income immigrant household riddled with interpersonal conflict, service industry jobs and mental health issues meant my own family faced many of these constrained choices.

I knock again, the late afternoon sunlight casting my silhouette against the door. I silently rehearse what I will say if Jamie answers. "Hi, I'm with a local community group supporting residents who are facing evictions right now. Do you have a minute to talk about your eviction case?" Someone turns on a light in the front hall. I'm thinking about why I am standing outside a complete stranger's apartment, waiting to ask them if they would like to be connected to legal aid and rental assistance programs. I'm thinking about the teachers, friends, community members and texts that helped shape my critical consciousness and taught me that it is my responsibility to speak out in the face of injustices; that all of our liberation is bound together.

I'm thinking about how sick our society has to be to evict people in the middle of winter, in the middle of a pandemic.

I'm thinking about why we live in such a sick society.

I'm thinking about how we have been taught in nursing school that in order to understand how to provide effective care, we need to understand what the pathophysiology is. In order to understand what is abnormal, we first need to understand what is normal.

I'm thinking about the institutions and forces that get to decide what is normal and abnormal. Who is normal and who is abnormal. I'm thinking about how this idea of normalcy creates false binaries that lead some bodies to be more valued and some bodies to be expendable.

I'm thinking about how all bodies that are not white, cis, thin and able-bodied are considered deviant in our white supremacist world. I'm thinking about the countless times my queer, Asian American non-binary body has been misgendered, questioned, stared at. I'm feeling both how devastating it is, but also how awesome that the deviant bodies and identities—who fight to be recognized as human—have also always found ways to celebrate, express, exalt in being so exquisitely alive, despite it all.

I'm thinking about how imperative it is that healthcare providers see themselves as organizers, activists, agitators. About what it would feel like to have instructors who modeled this for students and made it a priority to teach how organizing and activism are necessary medicines to supporting patients and providing competent care. How if, alongside learning about how to treat patients' disease processes, we were also taught how to diagnose and treat societal diseases like racism, fatphobia and poverty.

I'm thinking about why our nursing education does not center health justice and teach us how to critically engage with the deeply paternalistic and profit-driven foundations of our sick-care system. Why does it not teach us how to fight tooth and nail for a world where everyone has a roof over their heads, can

earn a living wage, can live safe from police violence, can breathe clean air and drink clean water, can express ourselves freely no matter size, shape, color, desire.

I hear steps approaching the door, and a face peers through the curtain. I can't feel my fingers gripping the pen and clipboard.

But I can feel the wisdom, brilliance and resilience of communities of color, of my queer and trans ancestors who have been surviving and thriving at the margins of society, leading us towards a more liberated and just future.

I can feel into my future role as a nurse practitioner and that my commitment to care for others means refuting and refusing our current reality and all the forces that shape it: capitalism, white supremacist heteropatriarchy, anti-blackness, militarization, nation statehood, neoliberalism and more.

I can feel how caring for others means fighting to abolish prisons, police and borders. It means de-colonizing our desires and minds and seeing the inherent value in each and every one of us. It means imagining and manifesting communities and societies predicated on deep interdependence, self-determination, care for ourselves, one other and our environment.

I know deep in my being that to truly fight for better health for all means making seismic paradigm shifts in understanding what it means to be human.

The door opens and we begin.

***all names have been changed to preserve anonymity*

Shiliu is a second generation, Asian American queer person born and raised in Western Mass. They are a current GEPN student on the Family Nurse Practitioner Track. They are also involved in local anti-eviction, housing justice work in Connecticut. Prior to moving to New Haven, they were living and working in Boston and engaged in a variety of different types of community organizing, most recently around immigration justice and ICE deportations, anti-gentrification efforts in Chinatown and political education in the Asian American community. Shiliu is committed to bringing in racial, economic and other social justice issues into the classroom and clinical spaces, knowing that these issues are inextricably linked to health and healthcare.

THE FALL OF GEPN 2020

By Kathleen Lessard

We all began this journey from different places, but all have arrived at a moment when we are the presumed infected, the potential patient, the untouchable. Masked, distanced, vitally aware that needed human connection can lead to exposure, illness, transmission to others, even death. In a profession where connection can be key to the process of healing this is where we begin.

As I drive in the still early darkness to the hospital, I am fully awake with the realization that I will now be the one standing by the bedside, offering more than a light conversation, a book to read, a warm blanket. I have been plodding along towards this moment for longer than many of my fellow GEPNs have known how to walk. Their small grainy faces have become my flickering companions reflecting back at me from my screen these past weeks. I am blown away and humbled by their eloquence, their passion, their knowledge, their light. I am constantly reminded of their youth and of my years and impostor syndrome hits hard and often. But here we are now, regardless of our length of journey, in the same place stepping into our first clinical rotation together.

We enter the hospital, the floor still sleeping, dark, hushed except for the din of machines whirring, beeping. I feel like a masked intruder, uniformed and acutely ready, and completely underprepared. From moments that will change everything, to the mundane tasks of laundry and making of meals, in this still darkness of morning like a city just about to stir, the hospital is a packed microcosm of life. For this reason, I have always been drawn to it.

Our first rotation is on a neuro stepdown unit which keeps most patients confined to their beds, and some confined only to within their minds. CL is one of those who slides between both realities. One moment she is fully present and in the next, she is gone again. A tiny bird of a woman who looked at me with soft green eyes, said to me my name, thankful for the kindness of just hours earlier, regresses back into her broken brain. Padded white fists fly in anger, loud condemnations and gnashing teeth have replaced her calm repose. It's terrifying and extraordinary to watch. How the end of the day, the setting of the sun, this not completely understood phenomenon of the mind, can bring about such change. Her son tries to help us soothe her, but even he has become a stranger.

We bathe her and her body tells the story. Her pale thin arms are bruised from the insult of IVs. Her backside and heels reveal that she has been resting on them for too long. They are still blanchable but an angry pink in deep contrast to her paper white skin. We apply lotion to sooth her back and place a pillow to lift her heels to relieve the pressure. This, with new sheets and clean skin hopefully makes her feel cared for. Now warmly tucked and resting, her face softens to look much younger than her 90-plus years.

AW is a carpenter, a father of daughters, a grandfather, he is 171-pound six-foot one man, and now he is here, in a bed, reduced to a current reality he is all too well aware of. He came up to Connecticut to help care for his grandchild,

maybe this serendipitously saved his life. Someone was there to see the change in his face, his speech, his gaze, and he was able to get care within the hour and to be cared for by some of the best in the brain business.

AW is hard to write about. Maybe because he hits too close to home. He is barely a decade older than me and his body has failed him. He is the father who has now become the child and his child now is the one who hovers over the bed in worry, a place that my family dynamic tips inevitably closer to each passing year. He is a present reminder of the cliché that tomorrow is not promised. It's heartbreaking that his most basic request for water is a comfort we cannot even grant him since he could aspirate. It is heartbreaking to hear his twenty-something daughter tell him to adjust the urinal so he doesn't wet the bed. It is heartbreaking to hear him say he is dying since it is true his old life is gone. It is heartbreaking.

These early days are a rollercoaster of learning and emotion; the steep climbs to knowledge and then rush of the freefall when you're going on faith that you have learned enough stay on the right track. Times of both highs and lows, but grateful to be holding on tight to every new experience.

Our next rotation is on a renal/general surgery unit. The patients are now what seems jarringly mobile, have more lucid mentation, and are aware of our every move. SB is so alive, but what doesn't ail her? Crohn's disease, ulcerative colitis, rheumatoid arthritis, kidney stones, diabetes, the list goes on. Plus, a son with mild autism, a deadbeat ex-husband and a floundering business to boot. And she is so up, so ready to get better, so ready to get living with these shitty IBD diseases that you just learn to coexist with. She says I came along right when she needed someone to take her mind away for a bit. This is one seasoned skill that I can readily offer. Someday soon I can offer her medically more, but today she has given me the dose of what I needed most. To remember I do already have tools in my wheelhouse, the ability to listen, to see someone, to make a connection, and sometimes this is what at that moment for the patient is most vital.

Memories of these early days are even more vivid with the backdrop of COVID, with one life lived in the routine and safe confines of home and another now in the changing and unexpected experiences of the hospital. These initial faces now rattle about in my mind. Regardless of outcome, here they will live forever as guides along this journey. I do not want to forget how we began and always remember how it feels to be on both sides of the mask, and the ways you can still connect through it. I now look at my beloved clinical crew, and this unprecedented time, in this hallowed and greatly human place, and I know that my journey, although wandering, brought me here at the right time.

** While these stories are true, initials and identifying characteristics of patients have been changed in an effort to protect their privacy.*

Kathleen is a lapsed landscape architect who spent her past life designing

playgrounds in Boston and helping to preserve landscapes in Central Park. After years of volunteering at hospitals and a brush or two with her own healthcare adventures she has set her designs on nursing. Kathleen is currently a first year GEPN in the Adult-Gerontology Primary Care Nurse Practitioner (AGPCNP) specialty.

MAYBE SOMEDAY I WILL SEE YOU AGAIN

By Stacey Frizzell

Heal. Save. Tend.
Care. Soothe. Treat.
Nurse.

When I was a little girl, I idolized nurses.
I wanted to be an Olympic gymnast, so I did gymnastics.
I wanted to be a lawyer, so I went to *Lead America* camp for future lawyers.
I wanted to be somebody else, so I became an actress.
I wanted to work in the music industry, so I studied music business.
I wanted to cure people's sadness, so I majored in psychology.
I wanted to care for children, so I became a teacher.
I always wanted to be a nurse, but I could not become a nurse.
I could be anything I wanted, I would find a way to become all that I wanted.
But I could never be a nurse.

Closed. Hard. Tired.
Stressed. Undervalued. Empty.
Nurse.

Nurses are people who can use needles and clean up blood and clean up bodily fluids without passing out.
Nurses are people who work on holidays and work throughout pandemics and watch people die.
Nurses are people who keep their eyes open when everybody else's are closed.
Nurses are people who can get through the day but they can never get through a full night's sleep.

I could not be a nurse.
They did the job that I admired but was scared to do.
They did the job that heroes do, and I am not a hero.

I am just going to clinical, and I am just a nursing student.
I wear scrubs that are brand new and a stethoscope I got for my birthday and I keep a penlight in my pocket.
I get the easy patients, because I am just a nursing student.
I get the hard patients, because I have 5 other clinical members to help who are now my family.

My patients talk to me. My patients yell at me. My patients smile at me.
My patients thank me. My patients curse at me. My patients don't want me around.
My patients complain to me. My patients appreciate me. My patients don't

want me to leave.

“Hi, I’m Stacey and I’m going to be your student nurse today.”

I tell them everything I will do for them before I do anything for them.

“I’m going to check your blood pressure.”

“May I check your pulse?”

“Would you like some help getting cleaned up?”

Most of them say “okay”.

Most of them know that I’m there.

But most of them don’t have traumatic injuries and brain damage like you do.

Most of them aren’t in the corner room by the nurse’s station like you are.

You cannot say “okay”.

You needed someone to watch you, even when someone was already watching you.

In school I was taught: they always know that I’m there.

Even when they can’t open their eyes, or open their mouths, or move their fingers.

They always know that I’m there.

So I talked to you.

“Hi, I’m Stacey and I’m going to be your student nurse today.”

“Hi! It’s Stacey again. I’m gonna help you get cleaned up.”

And I talked to you the next shift.

And I talked to you the shift after that.

You were there for one whole month, and you did not say anything back.

“Hi, I’m Stacey and I’m going to be your student nurse today.”

You did not talk, and you did not move, and you could not breathe all on your own.

“Hi, it’s Stacey, I’m just here to help you.”

I’m a student nurse, so I just do what I can.

I am just changing your position, and changing your sheets, and adjusting your bed.

I am just suctioning your airway, and cleaning you up, and holding your hand.

I am just a nursing student.

Palliative care came to see you yesterday.

So many hours had gone by. So many days had gone by.

I know palliative care doesn’t always mean you’re going to die, but palliative care doesn’t come for everyone. “Hi, I’m Stacey and I’m going to be your student nurse, do you remember me?”

My clinical group cared for you. We cared about you. We didn’t want you to die.

That night, we saw you move. We saw you lift one leg in the air. We heard you mumble small words.

Then I heard your voice, your real voice.

Your voice that spoke whole words and almost made a sentence.
A voice I thought I would never know.
A voice I hadn't known, but imagined in my mind.
A voice that was somewhere inside of you this entire time.
"Is that Stacey?"
You knew me.
You heard me.
"Yes, it's Stacey! I'm here to get you cleaned up."
I cleaned you up and then I held your hand and I stood by your bedside.
I didn't leave you for the rest of the night.
When my shift was over, I didn't want to leave you at all.
Maybe someday, I could be a nurse.
Was this one of the miracles I've heard nurses talk about?
A few months have gone by now.
I'm in ILCE clinical with addiction medicine where sometimes we're on your floor.
I felt every ounce of air leave my body the first time I saw your open door.
There was no one in there.

I can't remember anything that's important.
But I can't forget anything that matters.
Those who know me know that I don't forget people.
That's why I haven't forgotten your voice.
That's why I walked down the hall with an urge to turn around.
Just to check again.

I don't forget anything that matters and that's why -
I know the bed is in the exact same position as when I you left you in it.
I see the window and I see the monitors.
I see the sink outside the room.
I see the door and I see the bed.
I hear your voice inside my head.
Because you are not here.

Did you go home? Are you downstairs?
Are you gone? I don't know.
And I don't have time to find out.
Because I am just a nursing student and this is not my job today.
So, I don't find out.

I don't know where you are.
And I know that I can't ask.
Because it's no longer my business.
You're no longer my patient.
This is no longer my place.

Maybe you're safe and healthy.

I can only hope that you are safe and healthy.

Maybe someday I will see you again, I just hope that it's not here.

I think I know how it feels to be a nurse now.

Nurses are people who hear your voice when it's not there.

Nurses are people who cry in the break room or the bathroom or the closet.

Nurses are people who are sad when they don't think you'll get to go home.

Nurses are people who celebrate with your family when you do get to go home.

Nurses are people who don't forget you, no matter how many of you there are.

Nurses are people who will look for you in grocery stores and in shopping malls.

Nurses are people who will look for you in the window of the car that pulls up in the other lane at the stop light.

... or maybe that's just me.

12 hours a shift. 5 patients a day. 3 days a week. 52 weeks a year. 780 patients.

Someday, I will have 780 patients in a year.

For now, I have had 15.

Whether for a minute, or a day, or a week, or even a few - you were mine.

You were mine, you were mine, you were mine, you were mine, and you were mine.

You were mine, you were mine, you were mine, you were mine, and you were mine.

You were mine, you were mine, and you were mine.

You were mine, and I will always wonder where you are.

Do you need me?

Are you okay?

Do you still know my name?

Stacey Frizzell is a current GEPN who will be specializing in Psychiatric-Mental Health. She graduated from the University of New Haven '14 and '15 with a B.A. in Psychology and M.S. in Education. Prior to attending Yale School of Nursing, she worked as an elementary and middle school teacher. Outside of school, her passions include anything and everything artistic: music, acting, and gymnastics to name a few. Stacey is a volunteer EMT and chose to pursue the APRN field to combine both mental health and nursing.

WATCH OUT FOR THE CATS

By Jordan Quintin

Last October, instead of typing up emails to clients at my desk job, I rolled a condom onto a flaccid penis of a man whose name I did not know. As a 26-year-old woman new to the nursing field, it felt strange to be trespassing on this man, Mr. Lyon's*, most intimate parts. It felt jarring even.

My hands quivered as I lifted my patient's gown to clean and apply sealant to his pubic area. I was deeply aware that this man, just a few years older than my father, was disoriented, alone and exposed in the hospital with little but a thin hospital gown between us.

As I unrolled the condom catheter and pinched its base, he writhed with irritation and something else, I sensed. It reminded me of my grandmother who, at the age of 85, has never been to the doctor for fear that anyone would see her naked. Once, she told me that she keeps her showers just under three minutes to limit the likelihood she'll drop dead while washing.

When it seemed as though the catheter would still not adhere to his skin, my preceptor told me to trim his pubic hair. I snipped at the root of the hair follicles with small surgical scissors, working in measured sections towards his groin.

Still green to the nursing world, it struck me the boundaries that we cross in the name of health, how unnatural and strange it all felt, yet also how moved I was to be inhabiting this space with him.

I maneuvered around his nooks as though I were tending to the heirloom tomato plants my mom and I nurtured this summer. As his incoherent groans grew louder, I began working in haste. I worried that I would nick his skin and a pool of blood brighter than those tomatoes would spill out onto his abdomen.

"I have to go," he said with urgency as he began to come to. I hesitated and asked him how many more minutes he could hold it as though he had any control, as though we were on a road trip going to some nameless town I had never been to, waiting for a sign for the next rest stop.

Before I could get to the supply room for another size, I felt warmth spread across my hands. I cradled the urine that had seeped from the loose condom like an offering.

I imagined the ammonia levels in his blood rising like seawater, not unlike the shame I pictured building in his body. The body remembers, I thought. *But you are safe with me*, I willed to him.

I was in my first semester of nursing school and had just started my rotation on the medical surgical unit. Not yet into my third shift, I ruminated over my aversions to stool and waking up on Saturday's at 5:30 a.m. In the few quiet moments, I questioned whether this had been the right path for me, a lover of literature, poems and all those right-brained ornaments that most people don't find all that valuable.

After getting the change-of-shift nursing report, I went to my patient's room. Before knocking, I closed my eyes to hear my professor's voice. *When you*

enter the patient's room, introduce yourself and determine whether they are alert and oriented to person, place, time and situation.

A&O x 4, okay. I fiddled with the foreign-feeling stethoscope draped around my neck.

"Hi Mr. Lyon. My name is Jordan, and I am a nursing student. I'm going to be taking your vitals and asking you a few questions this morning. Would that be okay?"

I suspected he was disoriented by the way he evaded my question. Instead, he told me what he thought of the Connecticut math curriculum, of how much he loved his mother's homemade chicken roast, how I should try his mother's homemade chicken roast, and of the stray cats traversing the hospital ceiling. Couldn't I do something about all these cats?

His words bled into the National Geographic channel. He began asking me if I had watched the episode on the East African wildebeest and their Great Migration. Each year, thousands of wildebeest travel from the Serengeti plains and cross the Mara River, he said, not really talking to anyone in particular.

"Is that on TV today?"

I wanted to tell him that I had lived there and that I had seen them too, but by that time, he had already digressed to the cats. Our connection, albeit tenuous from his waning lucidity, felt genuine.

Alert to person? Yes. Alert to place? "Hell," he said wryly, interrupting my thought.

I paused. He was not wrong I thought. I looked at him. His face was jaundice, his eyes shaded with a yellow-orange curtain. I catalogued my brain for the lecture. Cirrhosis, I remembered. *A healthy liver filters bilirubin from the blood, but when the liver doesn't function as it should, it can build up in the blood, giving the skin and whites of the eyes a yellowish hue.*

Quilted light blue restraints swaddled his wrists and anchored his hands to the bed rails. This was so he could not cause harm to himself and pull the tube rivers that flowed from his lung to the chest tube drainage system. I watched the drainage collect into a spring of blood.

I wondered what the person who designed limb restraints was thinking of when they chose the azure color. Was the color meant to oppose gravity? The gravity of illness; of one's body decompensating.

I want to believe it was so patients could feel as though they were extricated from the metal hospital bed and transported to a bluebird day. I imagined Mr. Lyon on a ski lift ascending into the sky until his illness was obscured by the snow dusted fir trees.

"Can you tell Patricia to stop screaming in my ear?" he asked. I heard the agitation climbing in his throat. I remembered reading that high ammonia levels had toxic effects on the brain. *The diseased liver struggles to filter toxins from the bloodstream. Toxins, such as ammonia, accumulate in the body and travel to the brain affecting its function.*

His words continued to trip over each other into disparate, desperate sentences. I looked at the empty space beside the head of the bed unsure of

what to say. As the silence between us swelled, I put my hand gently on his shoulder. I shushed his bedside wall.

As I went to leave, I noticed his soiled bed pad. I imagined the vulnerability embedded in incontinence; the humbling act of entrusting someone for support in your most basic human need.

This would become the start of several Lactulose-fueled bed baths that morning. At that moment, the laxative had begun coursing through his colon working to reduce the amount of ammonia swirling in his bloodstream.

My nursing partner for the day emerged from the hallway with a clean gown, bed sheets and a Pepto Bismol-pink tub filled with soapy water. Together, we ran warm wash cloths over his buttocks, his distended abdomen and the red starbursts that stretched across his skin. He protested as we combed his scraggly black beard splintered with greys. When we tucked the fresh bed sheets beneath his flank, he batted us away, irritated.

And still, we cleaned his clouded eyeglasses, brushed his teeth and changed his socks. After our third bed bath, he began to acquiesce. Comforted by the familiarity of our hands, the rhythms of the washcloth going down his arms, his back, his legs, his posture relaxed.

When I began cleaning up his overbed table, a resident came in to insert a nasogastric tube up his nose. He howled. I reached out my hand and, like a blood pressure cuff, he squeezed tighter and tighter still.

After I buttoned up his thin blue gown, I turned to leave.

“Hey, make sure you watch out for those damn cats,” he said. With that, he closed his eyes to rest, taken away by the lull of the wildebeest.

Jordan is a GEPN student in the Family specialty. Her love for creative writing began at her beloved alma mater, Milton Academy, where her teachers fostered her love for words. In 2017, she graduated from Kenyon College with a B.A. in International Relations with a focus in sub-Saharan Africa. Prior to YSN, she played in the Tetons, pursued a Fulbright in Kenya and worked in health tech. Jordan's clinical interests include functional medicine and global and environmental health. As a nurse, she hopes to emulate her mother, the most thoughtful, warm and selfless nurse she knows.

HOSPITAL SHEETS

By Jill Langan

I spent the evening studying the hands of a dying friend
Visiting her in a room lined with drawings by her young sons
Pictures of hearts and stick figures,
Telling their mom they loved her.
Her hands were soft— midwife hands
The long extensions of her mind and eyes
Seeing without seeing
The deepest spaces of a life's beginning.
I sat and cried. Felt bad for myself.
Sat with my discomfort—
Ruminated over my own losses and the unfairness
Of young mothers leaving their children too soon.
Way too soon.
I thanked her for being such a tremendous friend
And silently and solemnly blessed our hands together.

A few hour later, the next living being I touched
Was the top of a small babe's head.
Furiously coming earth-side,
Unaware of the hands that influenced my own.
I prayed aloud with this patient—
For the first time in years,
The word's permanent recitation etched in my heart
Further linking me to my own mother and her faith.
I heard a gentle echo of the *Lord's Prayer* and *Hail Mary*
Escaping the lips of my teacher, who alongside me
Was mourning the anticipated loss of our friend.
We tucked this family in to bed
Encouraging their self-study of one another

Remembering how only few hours beforehand
I had tucked my friend in to bed with similar sheets.
Hospital sheets, that are tugged on
By people bringing babies in to the world.
Sheets that envelop the sick and dying
And the same sheets that we would later sleep on
To rest in between the busyness of a labor floor.
These small white threads, woven together, cleansed over and over
Tether all of us—
Life and death.
Like prayers. And hands.

Jill Langan is honored to study on the land of the Mohegan and Quinnipiac Indians. She is currently in the throes of Integration, completing the last months of her Master's of Nursing in Certified Nurse Midwifery and Women's Health specialties, with concentrations in Gender and Sexual Health Justice, as well as Global Health, and a focus on Indigenous Midwifery.

For Claud and Judy.

THE OCCASION

By Kylee Martin Horlacher

There are people who will take their final breaths today here in the ICU. Others will take their first in Labor and Delivery. Both tragedies and miracles are happening in this building and although the environment is completely new to me, I am keenly aware of it. The tension between birth and death is conspicuous, as is my uncertainty of what someone is supposed to do in between those two end points. Where do I lie on this spectrum? I suppose that's the great mystery.

My grandpa used to love that quote by R.A. Salvatore: "We are all dying... That is the inescapable truth of this existence. It is a truth that can paralyze us with fear, or one that can energize us with impatience, with the desire to explore and experience..." Maybe it was that truth that motivated him. Maybe that truth sparked his growth. From a small-town boy who earned money cutting his neighbors' grass (and often using it to bail his father out of jail), to an M.D. who founded a clinic that successfully delivered hundreds and hundreds of newborns. Perhaps the thought of imminent death motivated him. Or perhaps his series of life events simply happened, one after the other, until he died six years ago.

"Why would we give spironolactone instead of a hydrochlorothiazide?" My preceptor asks, interrupting my rumination about my grandfather. Today is my first hospital rotation, and I feel both reverberations Salvatore presented; Last night I felt the desire to explore and experience, but now I feel paralyzed with fear. My preceptor intimidates me. I keep going down the wrong hallways. I don't know where the urine cups are. Even after finding the urine cups, I can't unlock the door to retrieve them. Sometimes I think that I'm doing much better in Zoom class than I am in real life.

My heart weighed a hundred pounds when I opened my acceptance letter eight months ago. I never imagined being accepted to Yale. When the acceptance letter first came, I pictured myself walking the historic halls of the Sterling Memorial Library and running through the aisles of the hospital looking Meredith Grey-esque. Fast forward to today and I'm fumbling over my words and getting lost in supply closets. As it turns out, regular nursing school is less glamorous than I thought. Throw a global pandemic on top of that and you're left with Zoom calls, late and lonely study nights, high cortisol levels, and a Fitbit that reminds me I've only taken 90 steps today. Would my undergraduate professors who congratulated me for being accepted into an Ivy League school be disappointed to know that I've spent most of this week sitting at my 28-inch-wide Ikea desk wearing the same pair of sweatpants I've worn since Sunday with a bag of Flaming Hot Cheetos at my side?

After a few weeks of exclusively virtual social interactions, I started to feel isolated. Sometimes the most camera-shy students are the ones that need friends the most. I missed the rush of relief after turning in an exam, the adrenaline fading as I walked out of the building with classmates, talking about how it

went. Instead, I now press “submit” when I finish a challenging proctored exam and find myself alone again in my unsympathetic room. Am I in nursing school? Do I really go to Yale?

That is why I needed today. Upon arriving at my assigned unit, the Zoom images of five classmates were now paired with living, breathing humans. In fact, my first words when I finally met a fellow classmate were, “You’re a real person!” followed by, “I had no idea you were so tall.” Perhaps the most important interaction I had in the hospital today was a single look of gratitude from my patient. She was fighting for more life, yet she took the time to nod her beautiful rawboned head and tell me “Thank you. I love nurses. I love nursing students.” Yes- that’s when it hit me. It hit my self-important brain hard enough for me to remember that these patients are real people. I am no longer paralyzed with fear. I remember why I’m here.

The virtual world can be blinding, and I can’t allow my desire to explore and to experience grow dim. My grandfather already took his last breaths. Two million others, more loved ones among them, have taken their last breaths during this pandemic, too. But I haven’t. Today I made the conscious decision to make the most of my in-between. The time between my first and last breath is all I have. So, what if it’s not what I expect? This is life, no matter your beliefs on its purpose. These are the breaths I get to take, and with them, I want to become a nurse.

Kylee Martin Horlacher is a first year FNP student who is honored to be a part of this community. Prior to Yale, she completed her undergraduate degree in the Exercise Sciences department at Brigham Young University with a focus on Exercise and Wellness. Researching with the department of Life Sciences piqued her interest in holistic health, and she looks forward to becoming a provider that takes social, emotional, spiritual, and mental health of each patient. After graduation, Kylee will work in a Health Professional Shortage Area and plans to continue working in underserved communities even beyond her employment contract.

**ON MELODIES I MET IN THE HOSPITAL: BLOOD,
MINISTRY, AND JOHN HENRYISM**

By Leoncia Gillespie

I met you yelling in the hospital today

Your cries,
Ringing stranger in one ear and familiar in the other,
Reached out to shake my hand
As if to say

you are welcome here...

Here
In the room you never asked to reside in
Your voice held on to control

We repositioned your body the way you asked us to
And it left marks,
Stains,
Red paintings introducing themselves to the sheets in defiance,
As if to say it was not in agreement with your request, our action

Your body resisted like an artist
Redefining an era,
Tagging its work,
Territorial

Pain clenched within the fibers of a pillow, you urged us to stay for the race
And when the blood began to transfuse, a little more forgiving than your
wounds,
You began...
Preaching to us like the minister you told us you were
Voice ragged, dyspnea presenting
Hammer in hand, building your own pulpit
Steel-driving your way towards victory,

You Worked

And I could not help feeling like I'd heard this spiritual before,
Seen the sun shine on this melody before,
As it sang both my favorite and least favorite kind of weather...

I'd been learning this sound for generations.
And I couldn't help but think that you too had been producing melodies

under stress for years
That you too had been wielding your hammer in defiance of the 88 inside...
In defiance of the who knows how many outside
But I knew that folk tale all too well...

I wanted to tell you that you did not have to prove anything to us
That rest was an option
But instead, I said

Thank you

Like those cries I'd been hearing were prayer
And your words prophetic
Like the ostomy bag you showed us was a lesson
And its contents some necessary burden

I listened,
As you worked over your wounds,
Because no matter how much I'd grown to hate it
I knew the song you were singing too

Leoncia Gillespie is a GEPN student in the Women's/Reproductive Health specialty. Although she is an introvert, Leoncia finds her voice on stage performing spoken word poetry. She believes storytelling is one of the most intimate ways to create community and healing. After completing her journey at YSN, Leoncia hopes to incorporate storytelling and other art forms into her work as a nurse and community member.

CANCER KILLS THE MIND

By Sajni Persad

Fickle mind
Leaving me in a bind
To and fro I go
Similar to wayward winds blowing
Sometimes gentle, sometimes detrimental
It is all temperamental, so please be nonjudgmental.

Past memories become my present
Thieving me from reality
To and fro I go
Similar to erratic waves flowing
Is this how it goes?
For I, truly, no longer know.

Sajni Persad is a first-generation student who would not be here attending YSN without the sacrifices of her parents—both of who emigrated from Trinidad to offer their children a better life. In 2019, Sajni graduated from Boston University College of Health and Rehabilitation Sciences. During her undergraduate years, she worked at Boston University Occupational Health Center (BUOHC) where she had the opportunity to create and integrate an interactive health tool focused on helping employees manage their care and prevent future work-related injuries and illnesses. With the guidance of her life experiences and mentorship of her former professors, advisors, and BUOHC supervisors, she decided to pursue a career in nursing. Currently, Sajni is a GEPN student striving to become a well-rounded Family Nurse Practitioner with intentions to provide patient-centered primary care to overlooked families deserving of holistic care in a broken healthcare system.

I can only imagine what Carina—a pleasant yet fragile mid-50-year-old patient—might be thinking. Despite surviving brain cancer, Carina is now experiencing the detrimental side effects of radiation and chemotherapy two years later. Two years later and Carina—a mother of adult children—lies in a dreary hospital bed with the mistaken belief that she lives with her parents, who died years ago. Two years later and Carina—a wife to her husband for three decades—lies in a gloomy hospital room with plans of her future wedding. Two years later and Carina—a cancer survivor—lies in an uncomfortable hospital bed pleading to walk. Unknowingly, Carina succumbs to her present reality of dementia while she lies in a constant and crippling state of confusion engulfed by a warped sense of reality.

WHERE WE FIND LOVE

By Kierra Jackson

On the other side of an overnight shift at the long-term care facility where I work:

Legs throbbing, eyes crossed, tired with my mind racing—med math, charting, asking myself if I provided good nursing care. *Was there even time to provide good nursing care?*

Older, veteran nurses will say, “There is always time for good nursing care.”

I look around your room and see the wildly glamorous black and white photo that sits on your end table.

It was your wedding day.

You clasp your hands, smile, and laugh when I show it to you.

I line up your meds on the table and remember the nurse manager giving report at the start of the shift: “... expect her to steadily decline.” I wrote it down on my paper next to your name and room number.

I came to give you your nighttime meds and you batted at the air in search of my gloved hand.

You grasped it. Brought it to your heart, held it there. Brought it to your cheek, held it there. Brought it to your lips; repeatedly kissed my single use exam-gloved hand with a passion and tenderness that took my breath away.

I looked around. Had anyone seen this?!

Felt embarrassed for a moment.

Felt tender toward you.

Felt the depth and fullness of your 98 years as your radio played time-stamped music so romantic it haunts.

Kierra Jackson is a CNM/WHNP student in her final year. Prior to YSN, she completed her undergraduate degree in Writing-Intensive English at Marquette University. After graduation, Kierra will be moving to Chicago—her hometown—for a yearlong midwifery fellowship at Erie Family Health Centers. In her free time, she enjoys trail running, bullet journaling, cultivating her maternalistic green thumb, and dining outdoors in good company.

HEALING IN PROGRESS

By Helen Day

There is a small sign outside of the unit:

Quiet Please! Healing in Progress.

It is neatly laminated and secured with shipping tape on the shiny wood doors.

I don't know its purpose or origin –presumably protocol– but it instantly softens me, my mind filling with split-second images of healing and progress: nutrients from food restoring energy to cells, time lapses of wounds closing and scabbing and scarring, a patient fast-forwarding through sitting up, standing, walking with assistance.

I am relieved and reassure myself before walking in:

What is medicine, but a modifier of human process? – and the nurse, but a witness?

Inside the unit doors, there is a mumbling of actual nurses: tired workers – quite different from how the rest of the world and I imagined.

Crowding in pockets of twos or threes, lining the hallway for change-of-shift.

They whisper, but their quiet does not feel intentional nor healing-related – it is Solemn and Knowing and even their laughter is telling:

I see this every day.

I stand and listen to my first teacher, Jodi the night nurse, occasionally peering into the patient's room.

33-year-old admitted 41 days ago for massive ICH. Status post trach, PEG. GCS still 3.

I profusely jot notes like they are instructions to perfection – an impossible feat even Jodi probably learned to abandon six months in.

I am bound by my newness: what does ICH mean? Not, what does his ICH mean?

I peer once more into the room and gown myself in blue polypropylene for vitals and a bath.

After knocking twice on the cold metal door frame,

I press on the door, my gown dancing with the gush of air as it opens.

I step forward and realize I am answered only by the buzzing of a ventilator,

So I step back, almost as if to stop the gown from dancing, and hold my breath:

I am trying to be still and match this silence, which is more profound than anything I have ever encountered.

I stand alone at the head of the bed and gently cup his arm with my gloved hand – hi, sir?

I press my knuckle into his sternum like I was taught – I'll be taking care of you today, okay? And refasten the johnny sleeve, which had been loosely draped under his collarbone by someone else, hours ago, and unmoved since, save the soft rise and fall of his chest.

I count his breaths, but have trouble understanding that they are only happening because of a machine, something much more than a modifier of human process.

I forcefully squeeze his calloused toes, watching his eyes once more for a response, but they remain gently closed.

I am struck by indescribable emotion – a grief,

Solemn and Knowing, and invasively nagging – but impossible to hold onto, or say out loud, without crumbling each shift.

Dizzily, I walk to the bathroom, and bring back a pink basin filled with warm water and soap.

I breathe deeply, dip a cloth into the basin, and lift it to cleanse his gently closed eyes.

Ever so Quietly, I heal too.

**All identifying information has been changed to protect patient confidentiality.*

Helen is a currently GEPN student in the Psychiatric-Mental Health NP specialty. She graduated from Skidmore College in 2018 and worked for two years as a research assistant at Boston Children's Hospital, studying the intergenerational effects of trauma and stress. She is from Woodstock Valley, CT – a town with zero stoplights and probably more cows than people. She enjoys music, art, and snuggling with her dog.

OF COURSE

By Sarah Anne Lovell

After all this time, over a decade of waiting, I had thought it would feel more ceremonious. Magical. Miraculous. I didn't expect to hear the angels singing or people cheering, but after all these years of imagining what it would be like, of knowing every scent, sense and flicker. I thought it would feel different. I thought **I** would feel different. But it was so much more, and still, so understated.

I had wanted to be a midwife since I was 26. A pipe dream back then, that went where all dreams go when you're busy building a life: on the back burner. I became a doula when I was 33. A childbirth educator at 34. A lactation counselor at 36. A homebirth midwife assistant at 37. I had seen babies born and babies lost. Siblings introduced. Families completed. I had wiped tears of joy and tears of disappointment from cheeks. I had seen babies fed and nourished. I had watched hundreds of families expand and grow in various ways. I became a nurse at 40. And now, my first catch at a little over 40 years old.

I expected that it would feel different. That I would feel different. I expected it to feel so wonderful; life itself being born into my hands. MY HANDS. I was prepared for the tears to well up and overflow and soak my cheeks. I had built up this moment in my head for over a decade, yet, when everyone asked me how amazing it was, I felt...inadequate. Inadequate because my experience would not satisfy their curiosity, my response would not meet their expectations, because it wasn't magical. I didn't cry.

Instead, *I exhaled.*

It was familiar. It was an intimate, internal knowing in my heart and in my hands. Even as they fumbled to grasp the slippery, vernix coated skin. Even as my heart pounded itself into a million pieces. I focused. A deep grounding sensation, and a little voice inside me that said quietly,

"Oh. Of course this is how it feels."

It was almost as if after seeing hundreds of babies come earth side, my body was familiar with that dance of hormones. The push and the pull. My heart knew how it would go. My soul recognized the slick sensation of an eight pound baby being caught, wailing, pink and perfect as I lifted it into its parent's awaiting arms. I remembered thinking later about its warmth. In the moment though, I had an inner knowing of this process; that feeling a baby born into these hands served to validate. Could a perfect little baby ever comprehend the gift it had just given me?

I felt content. Excited, even. But it wasn't magical, no, it was confirming. A settling in for the long haul in midwifery ahead. It felt familiar. Safe. It was exactly where I belonged.

Of course, that's how it feels.

Sarah Anne Lovell is a 1st year Midwifery/Women's Health Nurse Practitioner student who has been involved in birth since 2013 as a doula, homebirth assistant,

childbirth educator and Certified Lactation Counselor. She's known she wanted to be a midwife for well over a decade, but it took four careers before she finally made the leap to enter graduate school in her 40's. A bit of a wandering spirit, Sarah grew up in Maine but has lived in Boston, Denmark and Vancouver, Canada before arriving in NYC, where she lives with her amazingly supportive partner and two jerkface cats.

THE HIDDEN DEATH

By Camila Soto Espinoza

¿Alguna Perdida? “Any losses?” – I don’t know how many times I’ve asked that question, and the answer was commonly yes.

You’ll see, in Spanish, and in Chile in particular, this is how you ask about miscarriages. You ask someone – *any losses?* – and there’s no need to clarify what it is that you lost, no need to explain what losses we are referring to. The word *Loss* is reserved to the act of losing a pregnancy. Lost children have claimed it for themselves.

When I was 19, I had to take a bus to get to my clinical; this rural free clinic 2 hours away from my apartment. I was going to be trained in ultrasounds all day that day, while seeing people that had been waiting in line since 5 AM. Out of the dozens of people we saw, I couldn’t find a heartbeat on 4 separate occasions, and of those 4 times, the probe was taken from my hands for confirmation.

I was only wrong once.

Out of those 3 families, I had to ask 2 to stop recording what they thought was going to be a loud and clear beating of a tiny heart. One woman cried, another woman nodded almost compulsively, and the last one just looked detached. I’m completely sure no one heard a word we said.

When I was 20, I remember caring for a woman that was slowly losing a pregnancy. That’s not what her file said though; this was a rupture of membranes first, a second trimester bleeding after, an amniotic infection right at the end, and then, a fetal demise at 21 weeks. It took 4 weeks she spent in absolute bedrest, as if resting in a bed was going to change the outcome. This was her first child, and this child had a heartbeat. In fact, looking for that heartbeat used to be my job as a student in my first *Maternal-Fetal Medicine* rotation. I would lower the volume to the minimum, put the device against my ear, listen and wait. We had our own routine. Some days she would take my hand, ask for the machine, and turn the volume up to listen. On other days, she would look away and I knew I had to be as quick as possible. She wanted to be left alone. She was as afraid to fall in love with this child, as she was to waste a single second of its existence.

I want to believe she was somewhat relieved the day I, my preceptor, and the OB on call couldn’t find a heartbeat. Not from the tragedy of it all, of course, her pain extended infinitely in her eyes. But she was finally able to let go of that tiny flicker of hope she inevitably held onto with both fists and all her strength, even as the prognosis worsen... and regardless of how much she tried not to.

The day no heartbeat was found, she told me her insides sounded like the desert, as her gut and her pulse caused interference through the speaker, and mimicked the wind running wild and free in a sandstorm.

That day she was allowed to walk to the bathroom for the first time. We walked the halls together. I rubbed her back. When she pushed, it was just the two of us, and the tiny body of a fetus that was named after some Chilean

revolutionary that her father, a historian, admired. I had to straighten his spine and rotate his limbs. I had to be careful not to pull too hard so I wouldn't peel his delicate skin off. I wrapped his body in warm surgical lap pads because he was too small for blankets. I accommodated the bones in his skull with my fingertips before his mother could see him.

When I was 21 years old, I was sent to this huge hospital in this very small city in the middle of nowhere. San Pedro de La Paz (*Saint Peter of the Peace*) was the name of this place I've never heard of before in my life, all in order to finish my rotations in Intrapartum. In this hospital, people with money and people without it came together, which is rare. There are private hospitals for the people with money, and I never wanted to work in one. Public hospitals are where I find myself at home. But in this hospital, the division was virtual. They just treated you differently. There were private rooms you could pay for, and rooms with 6 to 8 beds for those who couldn't.

It was to one of these private rooms I was called to by my preceptor and the OB. I was called in because I was the only student with any experience in losses. I was called in because the other students on call didn't know how to cope with it, and for some reason they thought I did. I was called in to the case to hold a hand, and dry tears in a cold OR, as this woman was getting a D&C for the loss of a child she had been trying to conceive for 14 years. She was heavily sedated and still she cried. She never stopped squeezing my hand, and for hours after, the half-moons of her nails were imprinted into my skin.

It took a little over 1 hour to break her heart, from the announcement of no heartbeat, to the end of the procedure, and I was there for the worst of it. She soaked my scrubs as I held her. I rocked her to sleep like a child. She invited me to the funeral, but I couldn't make it.

When I was 22, I kneeled in front of a woman sitting in the toilet of a large public bathroom of the hospital. She refused to stand up and was too scared to look. I was called in by other patients that heard her crying in her cubicle, and it took 10 minutes to get her to even open the door. Patients from all units offered their assistance with half closed hospital gowns and pushing IV poles that dragged against the linoleum because of the missing or broken wheels.

She told me the cramps had stopped and it didn't hurt anymore, and she panicked when I tried to help her up. It took another 10 min of reassurances to get her out of the bathroom stall. I cleaned the blood off of her legs, her vulva, her hands, her cheeks, and helped her to a shower, and then to a wheelchair that would take her to her bed. She was here to visit her sick mother and became a patient along the way. I put on gloves and fetched the clots from the toilet. I found the products of conception, labelled them and put them in a jar to be sent to pathology. She didn't want to see it. She didn't want to talk about it. This pregnancy was a surprise and she had kept the secret to make a special announcement to family and friends.

"There's nothing to announce now" were her last words to me before my shift ended.

When I was 22, I found myself in a cold room, taking the body of a 38-weeks-

old fetus out of a pathology box.

Her limbs were in all the wrong angles, and her skull was molded to an unnatural shape. Her skin felt cold and rubbery, and her body looked pale, mottled, grayish.

Her mother came to us for decreased fetal movements, carrying a plethora of baby bags as she was told we'd likely admit her for induction. As many tried, and failed to find the heartbeat, it was through an ultrasound the diagnosis was confirmed.

"*My baby is dead!*" she screamed to the cave of an empty hall that carried her grief to the waiting room where her family was sitting, and other rooms full of patients, full of midwives, and full of students, myself included.

She was, in fact, admitted for induction.

It took a few days, and several calming conversations with family, who needed someone, something, anything to blame for the unexpected tragedy.

She pushed the very soul out of her until baby was delivered. I covered her with a blanket and waited. She refused to see her, asked me to take her away. And so I did, but I returned, stayed by her side until she changed her mind.

I straighten her body, dressed her, wrapped her in blankets mom picked for her. I carried her gently. I placed her in her arms. She didn't have her phone with her, so I took photos of both of them with my phone per her request.

She was discharged with red lochia coming out of her retracting uterus, a swollen abdomen, breasts full of milk, an empty car seat, and unused clothes still inside the plethora of baby bags she never unpacked.

I sent her the photos in an email that she replied a month later, thanking me for everything.

Out of all these moments, and all those losses, there were a few common questions that I was never able to answer; *Why is this happening? Why is this happening to me? Did I do something wrong? Why are you doing this to me?*

One of my preceptors told me once – *When you can't offer answers, offer support.* I helped them pray to gods I don't believe in, and I held them as tightly as I could when they only had my arms to find comfort. I sat with them and heard the stories they wanted to offer. I dealt with their rage and the rage of their loved ones. I gave space to pain and protected it from others that wanted to disturb it with empty words like "*everything happens for a reason*". I stayed when asked to stay and left when asked to leave. I worked extra hours and stayed past my scheduled time. I cried with them, and by myself during bathroom breaks, and in staircases, and once I went to bed, long after my shifts had ended.

I improvised. I found myself carrying loads that were heavier and bigger than myself in my desperation to be helpful.

Each patient, the ones mentioned here and the many more I didn't mention, aged me, broke me a little. There's something you lose, an innocence of sorts, when you see the smallest of bodies in stillness, when you see the fear as the blood is dripping down someone's legs, when you can't find a heartbeat, when you are the person that will forever mark the loss of a whole future for an entire

family. There's death hidden in the overwhelming process of creating life and welcoming humans into this world, and I constantly wonder if anyone is taught how to deal with it the right way.

Is there a right way at all? Am I ever going to learn? There's a doubt buried deep inside me, that wonders if this job one day will consume me. There's a deep concern buried deep inside me, right next to the previous one, that's bothered by the fact that being consumed by my job doesn't bother me as it should. I'm upset with myself and my willingness to let this profession take me and swallow me whole. And it's in these stories that I realize just how much I've given... and how much I've received.

One undergrad degree and one masters in this field, spread between two countries, 5 cities, and more than a decade has turned my job into my life. Midwifery, and by extension nursing, is not what I do, is what I am. I was raised by this field. I grew up in this field. I was nurtured by it, harmed by it, loved by it.

I am one of its many children, and what an honor it has been.

This field has no compassion, it teaches you about the cruel realities of a type of grief that's carried in silence, and secrecy, and confusion. I assisted in miscarriages and explained devastating news before I ever delivered a breathing, living baby. But, despite the heartache that comes attached to all the lost children that have come my way, and the many more that are likely to find me in the future, I wouldn't have it any other way.

Camila Soto Espinoza knew she wanted to be a Midwife when she was 3 years old, and she has no regrets many decades later. She has dedicated her life to the pursuit of this calling. She graduated with honors from the University of Concepción in Chile as a Certified Midwife in 2015 and worked in public hospitals around the country until she was accepted at Yale School of Nursing. She became a Nurse in 2019 and will soon become a Certified Nurse Midwife and Women's Health Nurse Practitioner in May of 2021.

