THE MURMUR

My WISH is that you are able to take a BREAK from PowerPoint slides or Epic and ENJOY a breath of FRESH AIR with The Murmur. May this be an OUTLET from the hustle and FILL you with JOY and LAUGHTER.

CHEERS! Betsy

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Tips for before the date:
- Remember to ask out your potential date
- Take a shower, preferably using soap
- Wear deodorant
- Brush your teeth
- Wash the clothes that you are going to wear
- Clean your nose

Tips for during the date:
- Don’t forget to pick up your date
- Don’t slap or punch your date
- Don’t sell your date
- Don’t leave your date at the restaurant
- Don’t cuss out your date
- Don’t fall asleep

Tips for the end of the date:
- Don’t vomit before, during, or after the good-bye kiss
- Don’t forget your date’s name
- Don’t ask your date to pay you
- Don’t try to sell any drugs to your date
- Don’t drop off your date in the middle of the desert
- Don’t wipe your nose on your date’s shoulder during the hug

Gifts appropriate for the first date:
- a pack of cigarettes
- a barometer
- a 2-karat diamond ring
- a tuba
- a gerbil

Gifts appropriate for a long-term dating relationship date:
- earplugs
- a bottle of ketchup without the top on it
- a flat bed truck
- a dishwasher
- bug spray

Things to say on the first date:
- “Will you marry me?”
- “I had no idea you were so stupid.”
- “Quit looking at me like that?”
- “What’s wrong with your nose?”
- “I aspire to be just like Steven Segal.”
- “Wait right here; I need to call my parole officer.”

Things to say on the long-term dating relationship date:
- “I’m starting to get bored when we go out.”
- “The mere thought of marriage makes me sick to my stomach.”
- “You’re ok, I guess.”
- “The doctor told me that all my kids would be really messed up.”
- “I love being alone.”

Things to say to your spouse:
- “I forgot to tell you; I hate kids.”
- “I’m trying to get fired.”
- “The FBI is looking for me.”
- “When did we get married?”
- “Can you set me up with that friend of yours?”
- “I’m going to burn the house down tonight.”

*While in med school, Dr. Thigpen wrote this article during his reign as editor of the murmur*
For me, being “Off Call” is an obligation. While outside the hallowed halls of UMMC and whatever kind of walls the VA has, I believe it mandatory to do what awakens your soul. For me that usually involves being outdoors, creating adventure, finding my wild heart. All these things are made better when my wife is doing them with me. As we approach Valentine’s Day, I’d like to challenge you to have a soul arousing experience in the name of love. I want you to explore vulnerability and passion in such a way that you will be screaming Pat Benatar lyrics at Cupid as he hastily empties his quiver. The charge is simply this: ask someone out on a date, the right way.

Gentleman, name a time when you felt more alive than when you called a girl you were crushing on to ask her on a date. You can’t because you’re all too busy swiping, you out-of-touch, screen-obsessed, high-sock-with-shorts-wearing children. I’ll describe it to you...

You meet a girl; maybe you taught her venipuncture at orientation. For the next 6-10 months you crush. You tell yourself you’re playing the slow game, but you know you’re lying. You see her from time to time in the hall or library; you’ve even interacted a few times in groups. You may have even confided in your PI.C. that you are “intrigued” by her, and he hypes you up. The game changes when you see her out one night, and she makes the mistake of looking too good and talking to you for 30 seconds too long. This is the moment you decide to actually ask her out. You have to; there are no other options.

A week passes. Time to man up. You know the difference between Channellocks and Vice-Grips, so calling her is the only option; no texts, no DMs. You stare at the phone, throw the phone across the room, and start pacing. Voices of doubt fill the room, “She is too good for you,” “She is probably seeing someone else,” “You’re not her type,” “There is a bed for you on 7 West.” You do something manly to quiet your demons, maybe microwave some pizza rolls or urinate outside. You retrieve your phone, grab the car keys, and make a couple laps around Belhaven because “I’m headed to meet *insert not a girl’s name* at El Charro” sounds better than “I’m watching Road House again.” You clear your throat, hit call, and raise the phone to your ear.

*Ring* – Can’t hang up now. She’ll see the missed call.
*Ring* – I’m going to throw up. Is this phone ringing in slow motion?
*Ring* – Nobody answers within three rings. This is normal.
*Ring* – She must be dead or screening my call. Please be dead.
*Ring* – This was a mistake. Why didn’t I practice a voicemail?

“Hey,” an excited voice calls out, ending your suffering in a sonorous purgatory. Overwhelmed with joy you hurry to reply, “Hey, this is…,” only to be cut off by the remainder of her prerecorded voicemail greeting. “It’s *the woman of your dreams*. Sorry I missed you…” Defeated, you hang up without leaving a voicemail. The drowning numbness still leaves room for you to overthink every moment since you first saw her. Driving back towards home, the potholes seem deeper, the street lights dimmer. You begin the ascent of your front steps when you feel a familiar vibration in your pocket. You stop. The vibration continues. It’s not a text. You hurry, but you’re nervous. Your pocket must have gotten smaller, or maybe your hand got bigger. Why won’t your fingers work? Finally, your phone emerges; her name, bold and bright across the screen.

The charge is simply this: ask someone on a date, the right way.
An Eye to the Future

PAYING DOWN MED SCHOOL DEBT AND INVESTING FOR THE LONG-TERM

If you’re finishing medical school or residency and you’re staring at a large sum of student debt, you are not alone (According to the Association of American Medical Colleges, $200,000 is the median debt for students leaving medical school). Seventy-three percent of your closest medical school friends are just like you and share a similar burden and the fear of what comes next. Like any large-scale challenge, one cannot simply wish the problem of debt away, and procrastination will only exacerbate the problem by adding additional interest to your balance. So, what is a newly minted doctor supposed to do about a large amount of debt? How can you focus on debt reduction, while keeping an eye towards investing and building a solid financial base for the future?

Here are a few ideas that might be beneficial to someone in your position:

- **Start paying down debt, while in residency.** Many loans accrue interest right after you finish medical school and mitigating that growth can make a substantial difference over the 3 to 7 years spent in residency (ex. If you exit medical school with $200,000 of debt and loans carrying a 5% interest rate, neglecting payments for 3 years of residency will add a substantial sum of $30,000 in extra interest to your balance).
- **Utilize Income-Driven Repayment Plans:** If you start to repay debt during residency, a monthly debt payment of $2,000 isn’t very reasonable on a salary of roughly $55,000. An income-driven plan will cap your monthly payments at a reasonable percentage of your monthly income and allow you to start tackling your debt burden. Your payment will adjust every year, based on your income level.
- **Consolidate Loans:** If you have multiple loans, try consolidating into one loan at a lower interest rate. This could be a potential cost saver by refinancing multiple private or federal loans into a new private loan. Consider Public Service Loan Forgiveness (PSLF): If you work for a government or non-profit organization, you may be eligible to take advantage of PSLF, which would allow your remaining student loan balance to be forgiven after making 120 months of payments on the balance. PSLF is available for borrowers with DIRECT Loans. One additional benefit to enrolling in an income-driven plan (referenced earlier) is that those payments made during residency or a fellowship can count towards your 120 month total. If you spend five years making payments during residency and fellowship, then you only have 50% of your payments left to make once you’re done with your medical training.
- **Investment Considerations Post Medical School:** If your employer offers a 401(k) match, contribute, at least, the necessary amount to receive the full employer matching contribution. Forgoing employer contributions is, essentially, giving away free money. Should you use extra cash to invest or pay down additional debt? Without a crystal ball, there’s no perfect answer to this question. Over the last 100 years, US stock market returns have averaged roughly 10% annually, which would exceed the interest rate on most student loans. So, if the market returns 10% and you’re paying 5% interest on your loans, investing extra cash would earn you an extra 5% on your money. Stock markets can often be choppy and don’t rise in a straight line. But by smoothing out returns, investing extra cash has the potential for upside.
- **Compound Investment Growth:** The old investment phrase of “time in the market, not timing the market” rings true. As you transition out of residency, or even have a spouse that contributes a second income, investing more will pay long-term dividends, simply based on the concept of compound growth. One thousand dollars invested today should build on itself year after year.

**Consider a Financial Plan:** A Financial Needs Analysis may give you a better picture of the necessary income and savings over your career to provide for the type of retirement you desire. Don’t assume that financial planning is only for those nearing retirement. Just as with paying down debt, the discipline of a financial plan will pay tremendous dividends over the long-term. Paying down several hundred thousand in debt can seem like a very daunting task at the outset. Developing a plan and utilizing the resources available to you, should alleviate some of the stress and allow you to focus on your medical career, while reducing your debt burden.

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Featuring Kate Forrestberry from The Apothecary
MLK DAY OF SERVICE
BENEFITING THE
JACKSON FREE CLINIC
What does Dr. Woodward do when she has a day, or several, away from the hallowed halls of UMMC?

FOOD
First up must be food. With a chuckle, Dr. Woodward says “I have to say my favorite restaurant in Jackson is Keifer’s downtown because my husband and I own that restaurant.” As with most Jacksonians, Dr. Woodward has a weak spot for their feta cheese dressing. It is obviously a go-to salad dressing, but her favorite way to enjoy it is served on top of their cottage fries. Be warned! It is a must try and will become a crucial part of every future Keifer’s experience.

TRAVEL
When you have several days off, you could load your family in a car and drive to the Grand Canyon like Dr. Woodward’s family did in 2018. It was somewhere she has always wanted to go, and she finally talked her kids into hopping in the car and heading West! As with most families, traveling involved multiple pitstops. Some stops were planned, others were a little more spontaneous such as pulling over to see Billy the Kid’s grave. When they finally reached their long-awaited destination, her whole family was in awe of the natural beauty that was impossible to capture on camera. To Dr. Woodward, it was not just the grandeur of the canyon that made this trip special, it was dozens of pitstops that made this trip one of her most memorable family vacations!

RECHARGE
As one might imagine, serving as vice chancellor at Mississippi’s only academic medical center, Dr. Woodward spends a great deal of time with people. Though she describes herself as an extrovert, she says “I was probably in my 40s before I realized that the thing that recharges me is having a couple hours here and there for ‘me time,’ whether it’s reading or puttering around the house tidying up.” She says, “I also love a shopping day off, and a seeing friends day off, but solitude is what recharges me.”

She advises students and people young in their career to consider what restores you and make that a priority. When you have a young family and a demanding job, it becomes easy to put yourself at the end of the list. Dr. Woodward believes she is better at her job and motherhood when she gives herself a little bit of solitude. She wants us all to know, it is important to recharge your own battery.
Thanatophobia, the fear of death, is an ubiquitous phenomenon. Many questions remain unanswered, perhaps unanswerable. What becomes of perception at death, are our senses heightened or diminished, can we perceive things extra-sensory, or does the very fabric of time and reality unravel in a way incomprehensible for our minds to fathom? These harrowing questions were the subject of inquiry for Dr. Paul Kalanithi.

The doctor approached this problem from several different angles throughout his academic career. He earned a master’s in English literature at Stanford, followed by a master’s in history and Philosophy of Science at Cambridge. Unsatisfied with the results, he decided on a direct encounter with death by enrolling in Yale Medical School. Dr. Kalanithi relates, “I was pursuing medicine to bear witness to the twinned mysteries of death, its experiential and biological manifestations: at once deeply personal and utterly impersonal.” Continuing his journey, Dr. Kalanithi took a medical residency in neurosurgery at Stanford. Still seeking to comprehend death in an endless sea of life-altering neurological trauma, he recounts, “I began to suspect that being so close to the fiery light of such moments only blinded me to their nature, like trying to learn astronomy by staring directly at the sun.”

Dr. Kalanithi needed to access the sun’s core to arrive at an understanding. Tragically, at the age of 36 he would get his wish. A chief resident with a world of possibilities ahead of him, Dr. Kalanithi was diagnosed with inoperable lung cancer, only a 0.0012% chance at his age.

“Death, so familiar to me in my work, was now paying a personal visit.” He explored the intersection of “biology, morality, literature, and philosophy” from the patient bed rather than the physician’s bedside. Dr. Kalanithi had his book published posthumously a year after his 37th birthday.

In his work, the doctor proved his worth as a philosopher, poet, and tenacious human being. He referred to the cancer wrecking his body as “the privilege of direct experience,” and boldly asserted that “even if I’m dying, until I actually die, I am still living.” He explicated the works of Nietzsche and Darwin – that the characteristic of the organism is striving. He held on to hope for the sake of his wife and newborn daughter, asserting that hope was some combination of confidence and desire. Paradoxically, as a medical doctor his confidence was that he would die, while his hope was that he would live. Therein lies the drama of human death. In a world of statistical probability, one may opine “why not me” rather than “why me?”

Upon reading this book, my impression is rather stoic. On occasion, it is prudent to envision yourself as already dead. Time is a nonrenewable resource, and death sets the limit. Do not delay the realization of your dreams, plans, or aspirations. Prepare now for your death by living an intentional and purposeful life. Remember that until you die, you are still living. Breathe in each breath fully; there will come a day for us all when breath becomes air.

When Breath Becomes Air
A Book Review by Cal Wilkerson
April 17, 2021 was a day for the ages. Runners of all levels from the school of medicine and beyond assembled in Fondren on that crisp morning to participate in the Fondren Urban Ultra. It was a relay-style marathon in which runners go as far as they can within a 12-hour period without leaving the course.

If you didn’t know already, our Deans of the SOM have an incredible knack for running. They took this opportunity to hustle a few naïve medical students into taking on this challenge with them. Teams of four runners from each class (M1-M3) competed against each other and a team of four Deans (Mike McMullan, Lyssa Weatherly, Katherine Schneider, and Jimmy Stewart) that day.

Together over the course of those 12 hours, we clocked in a cumulative 455.7 miles between the 16 of us! Breaking down by class, the M1s put up 86.8 miles, the M2s went 93 miles, and the M3s ran 124 miles. Taking home the cake, though, were the Almighty Deans with a whopping 151.9 miles. (It is worth noting that Dr. Schneider ran 55 of those herself.) As a group, we put up 13 personal records for distance that day!

Needless to say, it is always refreshing to enjoy time outside of the hospital together. While the Golden Pacemaker Trophy remains with the Deans this year, the medical students are ready to come back with a vengeance for the Second Annual in 2022!
This Season’s GI Cocktail

Bradley Munn, M3

Okay so when I think of Valentine’s Day, I tend to get nauseated and anaphylactic.

So this season’s GI cocktail is for everyone who will spend their Valentine’s Day, Galentine’s Day, or Single’s Awareness Day with their best buds planning summer vacations...or any time you get to spend away from UMMC!

This recipe should make enough for five or nine cocktails, depending on how heavy you like to pour. Just double it up if you’re really wanting to have a good time!

All you need for this cocktail is a blender. Add the frozen pineapple, Coco López, coconut milk, rum, and lime juice to a blender and ENJOY YOURSELF and no one else! I promise these are like really good.

Piña Colada

1 whole fresh pineapple, peeled, cut into chunks, then frozen for at least 3 hours
1.5 cups Coco López
½ cup unsweetened coconut milk
2 cups white rum
4 tablespoons fresh lime juice, has to be fresh

Cheers!

Drink responsibly
Ina Garten’s Crispy Chicken with Creamy Mustard Sauce

BETSY CROSSWHITE, M3

What do Meghan Markle and Ina Garten have in common? They both secured their men through chicken. Ina makes her husband, Jeffrey, chicken every Friday evening when he arrives home. Meghan describes the night Harry proposed as starting with a simple roasted bird. Make this for your significant other and a ring is sure to be in your future. Nothing keeps the passion alive like chicken.

**DIRECTIONS**

Pat dry 8 chicken thighs and sprinkle both sides with salt and pepper. Heat 1Tbsp of olive oil in a large skillet over medium heat. Place the chicken skin side down in the skillet for 15 minutes until the skin is golden brown. Turn the chicken over and add 1 thinly sliced yellow onion to the pan. Cook for 15 more minutes until the thighs are cooked and the onions are browned. Transfer the chicken to a plate. To the browned onions, add 2Tbsp of dry white wine, 8ozs of creme fraiche, 1Tbsp of dijon mustard, 1tsp of whole grain mustard, and 1tsp of salt. Stir over medium heat for 1 minute. Return the chicken, skin side up, and the juices to the skillet. Sprinkle with parsley and serve hot!
M3 and M4 Social at Fondren Guitars 2021
After years of medical training, you now hold an offer for employment. Before signing on the dotted line, it would behoove you to have a healthcare attorney review your contract. Unfortunately, hiring a healthcare attorney is an expense you may not have considered. To ease that burden, Medical Assurance Company of Mississippi now has a program to provide a review of employment contracts — at no charge — for resident physicians at the University of Mississippi Medical Center. The employment contract initiative — a $500 value — is limited to one review per resident.

To qualify:
• You must be a resident/fellow of the University of Mississippi Medical Center.
• You must be seeking employment as a practicing physician in Mississippi.
• You must be one of the first 100 residents/fellows with a contract to contact MACM.

If you are seeking employment or have an employment contract in hand and would like advice from a healthcare attorney, contact MACM at the following:

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