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Reflecting on My Experience as a Teenage Health Care Worker During the COVID-19 Pandemic

Nanya Raghavan



During the midst of the COVID-19 pandemic (April 2021), I became a high-school pharmacy technician. My senior year of high school ended in gray scrubs, gloves, and a mask. While I knew I was signing up for long hours of selling medication and administering COVID tests, I was not prepared for what else I would learn.

On my first day on the job, a couple approached me and asked about getting the COVID vaccine in broken English. Before I could respond, my coworker beckoned me away so that she could take over.

She asked the couple if they had health insurance. The woman turned first to her husband, then to me, and whispered “no.”

While I remained silent, my coworker ushered them out of the pharmacy. I could overhear her saying, “Well, you need health insurance to get the vaccine. Sorry. NEXT.”

In the numerous times that this memory has re-played in my head, I imagine how differently things could have been had I found the courage to speak. Despite it being my first day, I knew that COVID vaccines were free for everyone, including those without any health insurance. Yet, I bit my tongue, doubting that a teenage girl had any authority at all in a pharmacy where she was the youngest. I felt helpless, so I was silent.

It turns out that silence is a pervasive problem in health care. [In a nationwide study](#) conducted by VitalSmarts, more than 50 percent of health care workers reportedly witnessed their colleagues breaking rules, making mistakes, and displaying incompetence. But less than 10 percent spoke to their colleagues about the problem. Following silence, there is often a period of guilt — an “If only I had” phenomenon. [Patients and family members who experience or witness medical error](#) often feel this sense of guilt. They are haunted by thoughts of “If only I had been there” or “If only I had said something.”

So then why are we even silent in the first place? If a family member sees their loved one receiving questionable care, why don't they speak out? If a health care worker sees a colleague commit an error, why don't they initiate a dialogue?

It seems that remaining silent and [preserving the status quo provides psychological comfort](#). It's easier to be accepted by a group of "experts" than to risk antagonizing them. This is why a family member stays silent, believing they don't have the authority to question an "expert" doctor. In my case, I believed my age and inexperience invalidated my voice. Who was I to question those with more than 20 years of experience compared to myself?

There is also a sense of [learned helplessness in health care](#). Karen Malcomson, a nurse at "City Hospital," published an article describing her experience joining a new hospital. She was told, "nothing you do or say makes any difference" by her fellow nursing staff when she wanted to discuss the low quality of nursing care. In my pharmacy experience, I felt similar emotions of helplessness that she described. After seeing the pharmacy dispose of perfectly good vaccines following last-minute cancellations, I proposed creating a waitlist. Individuals who were particularly at risk could sign up and receive priority on the list. However, I was told that it was "too much work to implement."

One time a mother with a disabled son walked up to the counter. As I handed her the medication, I saw her eyebrows lower dejectedly upon reading the \$500 copay. "My son needs it; he is in pain. Is there nothing you can do?" she pleaded. I told her I could run it through some coupons, but I knew GoodRx would not save the day in my heart. She left the pharmacy empty-handed as I watched helplessly.

Following encounters like this, I realized that there was nothing I could do to improve the situation. Learned helplessness and the power of conformity reinforced my silence. It's been about a year since I started that first day at the pharmacy, and I've since realized that silence is dangerous.

Just how dangerous has been answered by [a study](#) on members of the Association of periOperative Registered Nurses. Nurses/nurse managers reported witnessing actual harm come to patients as a result of shortcuts and incompetence. However, the percentage of nurses who took direct action was lesser than the percentage who witnessed the transgression and remained silent. In other words, patients are harmed when people stay silent. I wish I could say that I found my voice during my time at the pharmacy. But I left in under half a year before I found my courage. My experience continues to haunt me, making me question what could have been better, both on a personal level and a societal level: How can we, as health care workers, find the confidence to use our voices? And once we do, and are shut down, how do we regain the courage to speak again?

In the meantime, however, we cannot conform and remain helpless. We owe it to our patients to do better. Every time I picture the couple leaving the pharmacy unvaccinated, I am reminded that true health care requires accountability and a willingness to challenge the status quo. That means challenging a "no" or "that's too much work" rather than accepting it passively. If I could do it all over again, I would tell my 18-year-old past self that her voice is more powerful than she realizes. The same applies to any person in a similar situation who feels that their voice is not worth hearing. Our voices are our means to advocate for the patient. We must use them. It took me over a year to find my own voice, but I'm finally raising it now.

Ananya Raghavan is an undergraduate student.

Use This Simple Google Maps Trick to See Your House (Or Any Other Place) Years Ago

By Albert Khoury, komando.com

Your phone's built-in GPS can do more than get you from point A to B. It can act as a tour guide in a new city or show you the best nearby restaurants, according to user reviews.

Did you know that your GPS can also help you save on gas? Both Apple Maps and Google Maps can give you traffic forecasts for a future date based on the regular activity at that time. Less traffic means less fuel burned.



For a long while, you've been able to use Google Maps in a browser to see what your house or some other location looked like in the past. And while it's cool, it's a bit of a pain. It's a lot easier now, thanks to an upgrade to Google Maps that allows you to do this in the app on your phone. We'll show you how.

Street View celebrates 15 years

Street View launched 15 years ago to map the world from a 360-degree point of view. According to a [Google blog post](#), there are now more than 220 billion Street View images from more than 100 countries and territories.

Google unveiled a new Street View camera that's lighter, smaller, more customizable (to better pick up details such as lane markings and potholes) and can be mounted to any vehicle with a roof rack. This replaces an entire Street View vehicle.

Google also makes it easier to travel back in time from your smartphone. You can use Google Maps on Android or iOS to see a location dating back to 2007 when Street View launched.

Nobody needs to know where you are at all times. You can prevent iOS and Android from tracking you through your devices' privacy settings.

Time travel on the go

Here's how to view a location from a past date. (**NOTE:** Not all locations have been updated with new images over the years, so it's possible you might not see historical views everywhere.)

- Open the **Google Maps** app and search for a place or drop a pin on the map.
- At the bottom, tap the place name or address.
- Scroll and select the photo labeled **Street View** or select the thumbnail with a **Street View icon**.
- While viewing a location in Street View, tap anywhere on the image, then tap **See more dates**.

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Mortgage

The Illuminated Elephant: Ancient Wisdom and Modern Medicine

by Fery Pashang, Pharmd

It is one of the last days of September. The sun, pale and tired, is slowly surrendering the humdrum of earth to the grey, soulless air. My father and I walk to our very final medical appointment, hopeless, exhausted, and befuddled. My father's labored breathing is the only sound that fills the silence on our trip. As we drift to the entrance, he unexpectedly turns to me and asks: "You never give up, do you?" I smile, knowing I have so much to say, yet saying nothing sometimes says everything.



It all started three years ago when my father came down with pneumonia. He was immediately put on antibiotic treatment, which, at the moment, successfully cleared the infection in his lungs. However, the aftermath of the damage appeared weeks later with severe shortness of breath, cough, and many sleepless nights.

In our desperation to find a cure, we sought every possible medical help we could; unbeknown to us that this was the instigation of a three-year-long sequence of medical visits and tests, which included a hefty list: respirologist, chest X-ray, CT pulmonary angiogram, CT head, cardiologist, several ECGs and echocardiograms, stress test, nephrologist, abdomen ultrasound, thyroid ultrasound, another abdomen ultrasound, a revisit to respirologist, chest/thorax CT scans, CT chest/thorax with contrast, otolaryngologist, allergist, endocrinologist, liver MRI with contrast, abdomen ultrasound, another chest X-ray, chest pa/lateral, CT pulmonary arteries angiogram, more chest X-ray, another thyroid ultrasound, CT head, nuclear parathyroid scan, chest X-ray, CT neck with contrast, chest X-ray, hematologist, gastroenterologists, palatopharyngeal analyst, speech pathologist, a revisit to an otolaryngologist, neurologist — and at last, a head MRI.

Throughout these events, my father underwent numerous blood works, several trips to the ER, a few hospital admissions, and many prescription medications (12 different daily drugs) to alleviate his debilitating symptoms.

Our journey to find a diagnosis was through a dark and gloomy tunnel, though we were not left alone. A constellation of highly knowledgeable and diligent health care workers accompanied us side-by-side throughout the way. These professionals meticulously examined each body part to uncover the cause of my father's condition.

Nevertheless, they were scratching their heads with no conclusive findings or a diagnosis at the end of every visit. We used to sit at a table: the medical professionals on one side, equipped with numbers, charts, and sophisticated machinery. On the opposite, my frail father melted away with uncertainty and anxiety day by day. Not to forget the difficulties in his capacity to muster his strength and hope against the tyranny of his severe shortness of breath and his declining health. Experiencing a real sense of suffocation on occasion is a scary one.

During the event, our body surely triggers us to gasp for air and enhances our chance of survival, and then it leaves us to our own devices to mentally cope with horror and anxiety, to accept and find our balance again.

But my father's struggles to catch a breath and his starvation for air were a constant, day-and-night experience. Here stands one man who led an extraordinary life in which he fought for the well-being of his family, children, and grandchildren, and now the same man fights moments after moments for another breath. And the battle endures.

Three long years passed.

Our hope to find a diagnosis was a light that glimmered ever so weakly and less brightly as time went on. The marching dark clouds of anxiety and uncertainty slowly claimed territory over the fading light of our hope. Every possible cause of my father's shortness of breath was ruled out. It was all clear that no other test could be done, and we have no diagnosis to even begin the journey of cure and recovery. But in our hearts and mind, we persevered.

The torch of hope in humanity's everlasting claim to a position above all of creation. Hope is a fragment of desire and trust that we humans can carry in our chest. It is our way of salvation despite pre-ordained suffering that attends every living being. Unyielding to give up hope, we decided to change our path and shift to alternative medicine. Our next destination was an acupuncture and herbal medicine clinic.

That late September day, we walked into Sarkis's office. I looked at my father sitting on the bed, shaking like a candle flame in the wind. His eyes were weary yet warm with anticipation.



Sarkis heard our story and then began listening to my father's breathing. He carefully observed how my father's body moved with each breath: an examination never done in any of the previous medical offices. No stethoscope, oximeter, or sphygmomanometer was in between the patient's body and the observer's eyes. In our past journey, we were accustomed to seeing machines, measuring devices, and numbers. Now, we were witnessing solely a human, their observation, attention, and discernment.

It only took Sarkis a few minutes to come up with a diagnosis and a treatment plan. Calmly and confidently, he stated that my father's breathing rhythm had been altered, possibly due to an episode of pneumonia.

The new rhythm led to a persistent tension in the airway passage muscles, causing labored breathing and a shallow and fast breathing rhythm.

The body truly remembers tensions from a past disease, even when it serves it better to forget. Sarkis prescribed a breathing technique that would decompress the muscle tension and eventually relax the airways. Gone was a plethora of invasive medical tests and diagnostics, and in its place came listening, observing, encouraging, and increased awareness. We left the office enlightened by hope and wisdom. A week later, my father said he was feeling slightly better, and his throat was starting to open up.

Three months have passed since the day we started the treatment. My father was completely healed.

My father's situation is not uncommon. Focusing on details or body parts instead of observing the body as a whole has become a conventional practice in medicine. In many cases, a part-only view leads to a diminished rate of mortality and increased life expectancy when that way of approach is appropriate to the disease and when the disease is localized enough to be contained in a focused view of medical care. However, this may occasionally lead to other effective diagnoses or treatments being missed.

The human body consists of small, interconnected structures, yet it is also an "integrated whole."

Through the "The Tale of Elephant in the Dark," Rumi, the renowned mystic Persian poet of the 13th century, warns us of this same common error when man's way of thinking about problems of life is too narrowed. The story is about a group of people gathered to see an elephant for the first time in their life, as they had never seen one before.

They are brought to an enclosure where the elephant is held, but it is nighttime with no sources of light to see the animal. Overly impatient to wait for daybreak, the group decides to use their hands in the dark to figure out the shape of the animal. One person touches the leg and thinks that an elephant is a pole-like creature. Someone else touches the ear, thinking it is a fan hanging in the air. Another member touches the trunk and claims the strange animal surely resembles a gutter. No one can agree with another about what an elephant is by only touching a part, and the group leaves before daylight with widely different opinions on an elephant's features, none accurate to the real thing.

Diagnostics, tools, focused approach, and heavy reliance on pharmaceuticals overshadow the art of listening and observing sick bodies as the whole beings as they are with their unique, individual complexities.

An industrialized medical system wants to design one-size-fits-all solutions in pills, measures, and tools to address medical issues. But we are not industrially-produced homogenous creatures, so the common top-down approach of medicine, despite its strengths in decreasing mortality, has inherent flaws. A complete view of the body, combining different schemas of approach, scanning through the parts as well as observing the body as a unity may save medicine from falling into common loopholes.

My father's story is a great example of how the combination of these two powerful schools of practice could prevent excessive suffering. We should welcome a new era where our conventional medicine, along with our clever holistic observations and wisdom, can help correctly diagnose and give effective treatment, which would lessen the suffering in our communities, yet save the health care system immensely.

We all go through trials and tribulations of medical hardship in our lives, some greater in difficulty and some less, some early and some late — and that is when we will need to be acknowledged as one whole existence: a human existence. The elephant of our body deserves a shining source of human wisdom that decodes its mysterious existence and eventually depicts our beautiful body parts in unity and harmony.

Fery Pashang is a pharmacist and medical artist. She can be reached on Instagram [@artidotedesign](#).

His Father's Hands

By Scott Barthelmass

Show this one to the kids.....

A young man went to seek an important position at a large Landscaping company. He passed the initial interview and was going to meet the director for the final interview. The director saw his resume, it was excellent. And asked,

"Have you received a scholarship for school?" The boy replied, "No".

'It was your father who paid for your studies? " Yes.' He replied.

'Where does your father work? ' 'My father is a Farmer' and landscapes for fun.

The Director asked the young man to show him his hands.
The young man showed a pair of hands soft and perfect.

'Have you ever helped your parents at their job? '

'Never, my parents always wanted me to study and read more books. Besides, he can do the job better than me.

The director said:

'I have got a request: When you go home today, go and wash the hands of your father and then come see me tomorrow morning.'

The young man felt his chance to get the job was high.

When he returned to his house he asked his father if he would allow him to wash his hands.

His father felt strange, happy, but with mixed feelings and showed his hands to his son. The young man washed his hands, little by little. It was the first time that he noticed his father's hands were wrinkled and they had so many scars. Some bruises were so painful that his skin shuddered when he touched them.

This was the first time that the young man recognized what it meant for this pair of hands to work every day to be able to pay for his studies. The bruises on the hands were the price that his father paid for his education, his school activities and his future.



After cleaning his father's hands the young man stood in silence and began to tidy and clean up the workshop. That night, father and son talked for a long time.

The next morning, the young man went to the office of the director.
The Director noticed the tears in the eyes of the young man when He asked him,
'Can you tell me what you did and what you learned yesterday at your house?'

The boy replied: 'I washed my father's hands and when I finished I stayed and cleaned his workshop.'
'Now I know what it is to appreciate and recognize that without my parents, I would not be who I am today. By helping my father I now realize how difficult and hard it is to do something on my own. I have come to appreciate the importance and the value in helping my family.'

The director said, "This is what I look for in my people. I want to hire someone who can appreciate the help of others, a person who knows the hardship others go through to accomplish things, and a person who realizes that money is not his only goal in life".
'You are hired'.

A child that has been coddled, protected and given everything he or she wants, develops a mentality of "I have the right" and will always put himself or herself first, ignoring the efforts of parents, family and friends. If we are this type of protective parent are we really showing love or are we helping to destroy our children?

You can give your child their own room in a big house, good food, a computer, tablet, cell phone, and a big screen TV, but when you're washing the floor or painting a wall, children need to experience that too.

After eating, have them wash the dishes with their brothers and sisters, let them fold laundry or cook with you, pull weeds or mow the lawn. You are not doing this because you are poor and can't afford help. You are doing this because you love them and want them to understand certain things about life.

Children need to learn to appreciate the amount of effort it takes to do a job right. They need to experience the difficulties in life that people must overcome to be successful and they must learn about failure to be able to succeed.

Children must also learn how to work and play with others and that they will not always win, but they can always work harder to reach their goals. If they've done their best, then they can take pride in all the effort they put forth.

Life is about giving and serving and these qualities are taught in most homes.



DIGITAL TWINS AND THE PROMISE OF PERSONALIZED MEDICINE

Medicalfuturists.com

Can you guess the percentage of patients with Alzheimer's on whom medication is ineffective? What about those with arthritis? Or cardiac arrhythmia? In fact, you don't have to guess as the US Food and Drug Administration (FDA) already has the answers: 70%, 50% and 40% respectively. The percentage of patients for whom medications are ineffective ranges from 38-75% for varying conditions from depression to osteoporosis. This is an area where we can expect digital twins to bring a revolution.

The main cause why many of our drugs are ineffective is the very specific genetic makeup of every individual. The latter is so different and their interaction so unique that therapies for the "average patient" might very well not be adapted to the "actual patient" – not to mention how drug testing is not representative at all. Ultimately, patients with the same diagnosis will react differently to the same therapy.

The natural question that follows is: isn't there a method to turn around the treatment process to focus on the actual patient? Forging this principle ahead is the concept of digital twins. It originated from the engineering industry but has found a new home in medicine.

Know thy-(digital)-self

In simple terms, a digital twin is a virtual copy of a tangible entity (such as vehicle engines or people) or an intangible system (like manufacturing processes or marketing systems) that can be analysed independently of its real-world counterpart in order to make informed decisions. NASA employed a similar concept. It had physical replicas of its spacecrafts on Earth while the actual ones were in outer space. This proved crucial in the Apollo 13 mission, where engineers on Earth could determine the issue and find a solution with the same assets as the astronauts. Such undertakings eventually gave way to fully digital simulations applied in various sectors.

Now imagine applying this concept to medicine: a virtual representation of the human body and its organs where the effects of drugs can be studied. This sounds like what in silico trials and organs-on-a-chip aim to achieve.

In a medical setting, we can have

- * the digital twin of a hospital or other healthcare facility
- * the digital twin of a human (or other living entity)
- * and digital twins of medical devices and drugs

Imagine a virtual representation of *individual* people on whom every known drug for that person's condition can be tried. This will allow the deduction of the optimal treatment. It can even monitor that virtual "being" and alert **before** a medical condition arises. Thus, the real person can undergo preventive measures. This is what the digital twin model in healthcare, which delves into the realm of personalized medicine, promises.



From evolution to revolution

Several companies have developed digital twin models of human organs. Partnering with Ecole Polytechnique Fédérale de Lausannes (EPFL) on its Blue Brain Project, Hewlett Packard Enterprise deployed its supercomputer to create digital models of the brain for research purposes. Siemens Healthineers has a Digital

Twin model and Philips has its own version of a virtual heart. At a glance, these models might seem like the natural evolution of radiological imaging and diagnosis – detailed depictions of patients organs – but in fact **they snowballed a revolution.**

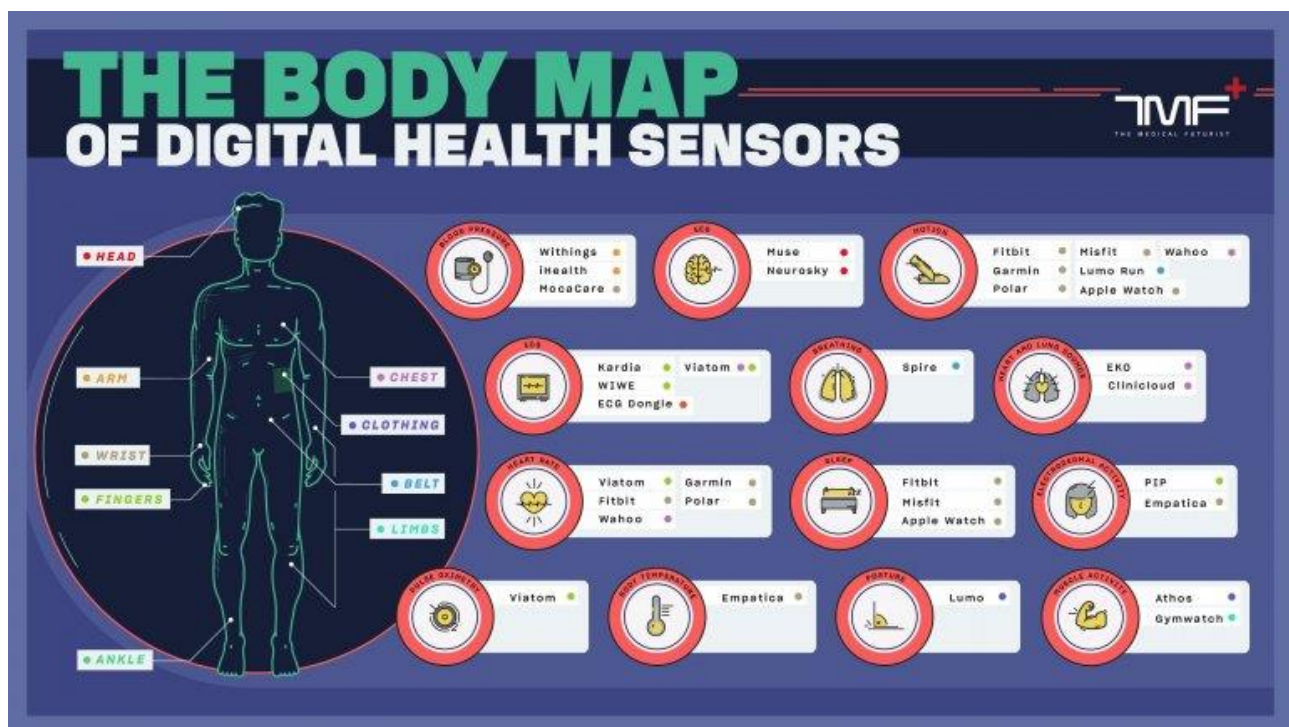
A.I. helps in the design of digital twins to weave together physiological data of organs to output a 3D image. The latter can then be modeled to a specific patient from their specific parameters. Siemens Healthineers trains its algorithms on a huge database with over 250 million annotated images, reports and operational data. This enables them to design digital heart models based on patients' data with the same parameters of the given patient (size, ejection fraction, muscle contraction). In this way, the operator is able to test therapies on the model and look at the outcome. Eventually, one can select the best therapy for this specific patient. Dorin Comaniciu, Vice President of Artificial Intelligence at Siemens Healthineers, said that they've used this method in projects with hospitals Europe to assess cardiovascular risks. The company is also developing models for other organs such as the lungs and liver.

However, it is clear that the concept is still evolving, with only organ twins demonstrated. While organizations like the Swedish Digital Twin Consortium push for the idea, **we are still far from a completely digitized version of ourselves.** However, we might already digital versions of our organs that could serve as templates for the future of personalized care.

Peeping into the future of the digital twins

The way digital twins work in the manufacturing industry is as follows. The physical object in need of a digital twin, like an engine, is equipped with sensors which relay real-time status information. The data and parameters from those sensors then feed the software mapping the digital twin. It is thus able to get insights about its performance and predict when the object (the engine) needs maintenance. As such, operators don't need regular checkups of this particular engine but only when indicated by the digital twin.

Now, are there any sensors for the human body? Well, there's plenty thanks to the advent of digital health. Health trackers now allow us to measure a gazillion of data.



Where do we go from here?

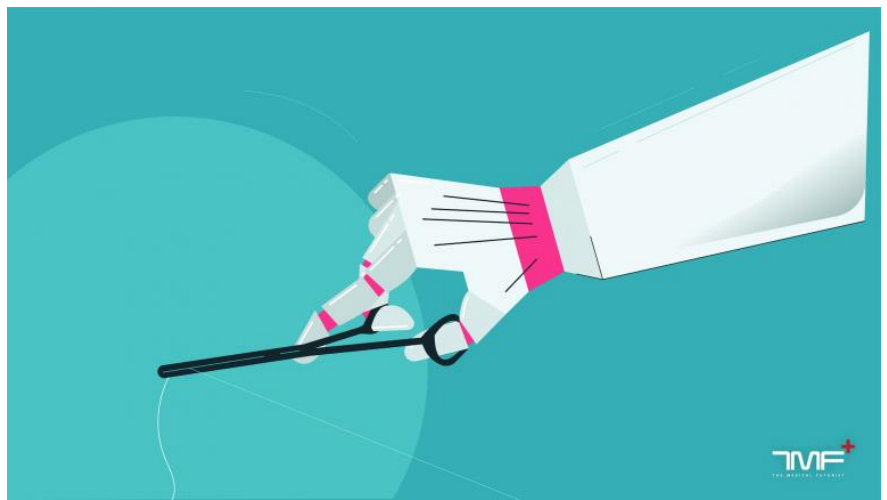
I know this all sounds pretty science fiction. But we can actually use the digital twin technology today, in real life, to improve existing processes. Let's see how!

With a **digital twin of a hospital** you have the option to test out scenarios regarding how you allocate staff, how you schedule the maintenance of devices, you can test processes and new workflow ideas, detect bed shortages and so on. And real life decisions will be data-backed, and only implemented if they are safe and efficient.

With a **digital twin of a human** you can model a single cell, an organ or the full genetic setup, including personality and lifestyle-based variables, and theoretically, you can run personalized simulations to track the individual's reaction to different treatments, but for that there is no actual solution yet – except for mice.

With a **digital twin of a device or a drug** developers can test the properties and operation of a device, modify the design or the used materials, and test all modifications virtually before manufacturing starts. Digital twins of drugs allow scientists to modify or redesign drugs to improve efficiency.

The next step in personalized medicine will be to link those insights to 3D-models of your organs. Wearable sensors, as tiny as the BioSticker, will feed real-time data to a remote server maintaining your digital twin. Both you and your GP will receive regular notifications regarding specific tests/procedures that need to be done as preventive measures.



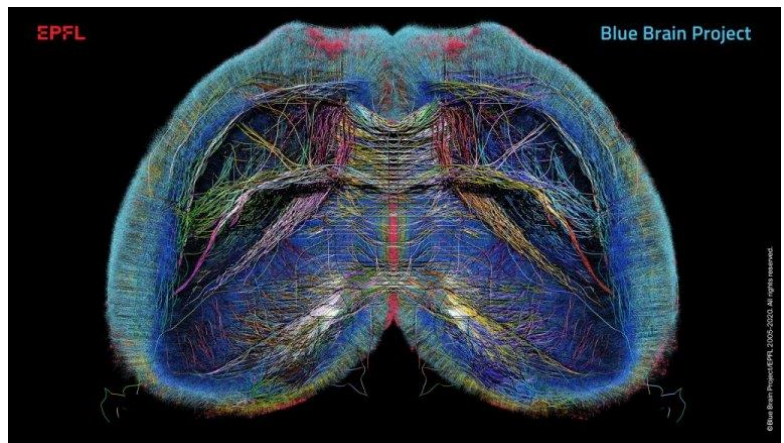
“Imagine that in the future, we have a patient with all their organ functions, all their cellular functions, and we are able to simulate this complexity,” explained Benjamin Meder, a cardiologist at Heidelberg University Hospital in Germany who is testing Siemens Healthineers’ digital heart software. **“We would be able to predict weeks or months in advance which patients will get ill, how a particular patient will react to a certain therapy, which patients will benefit the most.** That could revolutionize medicine.”

Challenges on a slippery slope

Obviously, for such a concept to materialize many factors will come into play. These range from financial resources determining which healthcare center or even which patient will be able to afford the technology, to the very technological advances required to make sensors that people can wear without disrupting their daily routine.

The sheer computing power required to run simulations of the human body or even organs can also be intimidating. For the Blue Brain Project, modelling of an individual neuron leads to some 20,000 ordinary differential equations. For entire brain regions, we're looking at 100 billion equations that have to be solved concurrently.

You might have noted that many big med tech companies like Siemens Healthineers and GE are working on digital twins. In order to reach their goal, these companies will need the vital assets which are patients' data. "In particular, models will have to be trained on rare cases as they get closer to perfection," said Vivek Bhatt, chief technology officer at GE Healthcare's clinical care solutions division, according to Reuters. "It's going to be extremely critical to have an ongoing process for getting more data, getting the right kind of data and getting data with those unique cases."



This will become an issue when such companies make millions of profit out of patients' data. The patients themselves likely won't receive any cut and will have to pay to have access to this service. This could lead to a major backlash from patients and other stakeholders. In the worst-case scenario, it will lead to a stall in the progress of digital twins in healthcare.

It's still very much a grey zone that needs delicate attention. Ideally, the concept will materialize in favor of patients and make them the point-of-care.

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Then I top them with a refreshing, sweet pineapple salsa. It's a delicious and healthy meal that the whole family will love. And the best part is that all of that deliciousness comes together in a flash!

How to Make Fish Tacos

You can use any firm white fish in these tacos like cod, halibut or grouper (I'm using cod in these photos). I toss the fish with a mixture of dried spices including thyme, paprika and cayenne pepper. I love using spice rubs because they're a great way to add a ton of flavor to your food without adding calories.

Then I cook the fish on a grill or stovetop [grill pan](#). The fish only needs a couple of minutes on each side- it's so quick! How good does that look?

How to Make Grilled Pineapple Salsa

To top the spiced fish, I make a delicious Grilled Pineapple Salsa. The sweet fruit is the perfect counterpart to the smoky, spiced fish.

First, I cut fresh pineapple into planks and brush them with oil. Then I toss them on the grill and let the magic begin! Grilling the pineapple caramelizes the natural sugars in the fruit and brings out its sweetness.

Then I chop up the grilled pineapple and mix it together with red onion, jalapeño pepper, cilantro, and lime juice. It's an explosion of colors and flavors!



For a fun presentation, you can serve the salsa in a pineapple boat. Do this by cutting a pineapple in half and hollowing out the inside with a knife. You'll definitely impress your guests with this!

Assembling the Tacos

To serve the tacos, I like to mash up some avocado with a little lime juice. Then I spread the mashed avocado on warm corn tortillas. You can use flour tortillas if you like.

Then I place a few pieces of fish on each tortilla and top it all with a couple of spoonfuls of colorful pineapple salsa.

I like to serve the tacos with sour cream or Greek yogurt, cilantro sprigs, and lime wedges on the side and let everyone add their desired toppings.

Taco perfection! I'm ready to dig in. Are you?



What to Serve with Fish Tacos

I like to serve these tacos with simple side dishes like rice and beans or a salad. You can also try my Game Day Guacamole, Mexican Street Corn Fritters or Beyond Meat Jalapeño Poppers. Wash them down with a glass of my refreshing Watermelon Agua Fresca.

RECIPE

Ingredients

Salsa:

- * One small pineapple, peeled, cored and sliced into planks or rings
- * One tablespoon olive oil
- * One-half cup chopped red onion
- * One-half cup cilantro leaves, chopped
- * Two tablespoons chopped jalapeño
- * Two tablespoons lime juice Two tablespoons lime juice
- * Salt and pepper



Fish:

- * Four pieces (about 5 ounces each) cod, halibut or other firm, white fish
- * One teaspoon dried thyme
- * One teaspoon paprika
- * One teaspoon onion powder
- * One-half teaspoon garlic powder
- * One-fourth teaspoon cayenne pepper
- * One-half teaspoon kosher salt
- * One-fourth teaspoon black pepper

Other:

- * One avocado, peeled and pitted
- * Two teaspoons lime juice
- * Eight small soft corn or flour tortillas, warmed
- * Optional toppings: cilantro leaves, lime wedges for garnish, sour cream or Greek yogurt

**Instructions**

1. Heat a grill or grill pan over medium high heat.
2. Brush the pineapple with oil and place on the grill. Cook until grill marks form, 3-4 minutes. Flip and cook another 3-4 minutes on the second side. Remove from grill. Chop the pineapple and place it in a bowl along with the red onion, cilantro, jalapeño and lime juice. Mix to combine. Season the salsa with salt and pepper to taste.
3. Cut the fish into 1-inch wide strips and place them in a bowl along with the thyme, paprika, onion powder, garlic powder, cayenne pepper, $\frac{1}{2}$ teaspoon salt and $\frac{1}{4}$ teaspoon black pepper. Toss to coat all of the pieces of fish evenly.
4. Brush the grill with oil and add the fish. Cook 3 minutes then turn the fish over and cook another 2-3 minutes until opaque. Remove the fish from the grill.
5. Mash the avocado and lime juice together in a bowl.
6. To assemble the tacos, spread some mashed avocado on the warmed tortilla. Top with a few pieces of fish and grilled pineapple salsa. Serve with additional toppings such as cilantro leaves, lime wedges and sour cream or Greek yogurt.

Dr. Sonali Ruder DO is a board-certified Emergency Medicine physician, trained chef, mom, and cookbook author. She is a graduate of Brown University, Northwestern University- Chicago College of Osteopathic Medicine, and the Institute of Culinary Education. Dr. Ruder is a contributing writer, recipe developer, spokesperson, and health and wellness expert for several national magazines, cookbooks, websites, and companies.

A Physician Family's Adoption Journey

ANNE JACOBSON, MD

A few years ago, a Chicago-area fertility clinic ran a series of radio ads at the same early hour each morning. For weeks, I woke to a woman's energetic voice cutting through the fog of my semiconsciousness, announcing her gratitude to the center's reproductive specialists. "Without them," she proclaimed brightly, "my baby wouldn't have my blue eyes and my husband's wide smile."

Ten years earlier, I myself had driven 20 miles to the same clinic, several times a week, usually in a predawn stupor and infused with hormonal angst. After having my blood drawn, ovaries ultrasounded and medications adjusted, I'd race back to the busy clinic where I worked as a family physician.



My patients included many pregnant women, new mothers, babies whom I'd delivered and elderly matriarchs, so, during visits, I was often asked whether I was a mother myself. I learned to be honest ("Not yet!") without giving too much away.

But my professional facade broke down when I looked in the mirror; especially at the end of a long day in clinic, or after delivering a teenager's baby at 2:00 in the morning, or when receiving the phone call at the end of yet another failed cycle, assuring me that a few small changes in the regimen would improve our chance of success.

After four years of treatment, I'd collected an embarrassing number of speeding tickets—plus twenty pounds, bruises from daily injections, scores of negative pregnancy tests, and four miscarriages. I had not, however, achieved the center's radio-announced prize: the baby who looked like my husband and me and shared our genetic makeup. Nor would my husband (who is also a physician) and I be counted in the "success" column for assisted reproductive technology.

Since ancient times, infertility has been portrayed as a curse, a sin, or a failing. Modern science has medicalized it, but our collective psyche has been slow to catch up. For many, infertility remains as much an existential crisis as a physiological one.

The drive to pass on our genes through procreation has powerful roots in biology, family, and society. We now know that human beings everywhere share in common all but a tiny fraction of our DNA. But that fraction fascinates us: It has the potential to bind us together or to differentiate us from one another; to unite us or to fracture us. Tens of millions of people worldwide have taken DNA tests hoping to learn more about their family connections, ethnic origins, or heritable risk factors.

Clearly, our genes forcefully influence who we are and how we see ourselves.

As I've learned from personal experience, though, genetics is not the only factor in our identity—nor does it write the most consequential chapter of our story.

When it became clear that our path to a family was taking some unexpected turns, my husband and I sat down with the fertility specialist. He offered us a bewildering array of new options that promised an excellent chance of success: various combinations of donated eggs, sperm, and reproductive organs.

When you're privileged to have such options, you reach a crossroads: the choice whether to take the next step on a particular path, or to change direction altogether.

No answer is right for everyone; there is no moral certitude or foolproof guide. And there are no guarantees, only a comfort level with the risks of any given choice.

After much questioning, learning, and introspection, my husband and I decided to forego further infertility treatments in favor of adoption—specifically, international adoption.

In some ways, adoption resembles a human pregnancy: It has a gestation period (almost always much longer than pregnancy's 40 or so weeks) filled with dreams, preparation, worry, and doubt. Birthing a family through adoption lacks the physical pain of labor and delivery, but it is nonetheless accompanied by waves of exhaustion, panic, and exhilaration.

We didn't meet our children until they were seven months old—two bald and beautiful babies living in an orphanage thousands of miles away. We knew very little about the biological parents' health and genetics, about the babies' gestation and birth or about the quality of their nutrition, housing or social interactions. We faced a reality entirely different from the one we'd envisioned when first planning a family.

And yet, having relinquished control, when we gazed into the faces of our children for the first time, their eyes seemed to ask what had taken us so long—and we two scientifically trained physician-parents fell immediately and completely in love with them.

That was 15 years ago. Our children and we share not one bit more DNA than the 99.9 percent that's shared by all seven billion humans on the planet.

And yet, our family is no less real than one formed by the joining of DNA.

Still, that word—real—slips easily from the lips of curious acquaintances and well-meaning loved ones: "Do they ever ask about their real parents?" or "Are they real siblings?" and "Did you ever want real children of your own?"

The unspoken implication, of course, is that genes, or perhaps gestation and childbirth, are the hallmarks of an authentic family. With all due reverence for those things, I assert that it is a daily commitment to muscular love that defines and unites a family. In the midst of calming my children's sickness or sadness, sharing meals and a home and heartfelt laughter or overflowing with a parent's joy and pride, I wonder at the notion that our life as a family could somehow be unreal.

I have learned what is real for me by creating a space for the curious mixture of joy, imperfection, complexity, and awe that is family — that is life itself. Our family's story began with experiences of loss on two sides of the globe. I do not know my children's birth parents' story, but I honor it and will always be grateful to them.

For myself, I can only say that I have found my greatest joy on the other side of loss. I feel thankful for a great deal in my life — including the science that is the basis for my profession and that holds so much potential for improving the health and well-being of humanity and the planet we inhabit. But I am most grateful for the forces that supersede science and biology, reminding us that love is still the most powerful force in the universe.

I hope that my children will always know this — and that they'll know that their story, and their family, is imperfect and beautiful and evolving and alive.

Because it is, in fact, real.

Anne Jacobson is a family physician. This piece was originally published in *Pulse — voices from the heart of medicine*.

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Advice for Physicians: Should You Prioritize Investing or Paying Off Debt

By Chris J. Roe, CPA, PFS

It's not uncommon for physicians to carry loads of debt. From student loans to business startup costs, it's expensive to become a doctor and run your own practice. Realizing the full return on your investment often takes time. So if you are struggling to decide whether to focus on paying debt down aggressively or investing more money for the future, you're not alone.

You can choose one of two divergent paths, both of which have their merits. Prioritizing debt payments over investing allows you to become debt-free quicker. On the other hand, making minimum debt payments frees funds to invest in a market where opportunities are volatile, but earnings may exceed the cost of your debt. Alternatively, there is an approach that takes the middle ground: pay down some of the debt quicker and have some money left over for investing.

The below illustrates three alternatives with hypothetical examples. First, let's explore strategies for prioritizing debt payment.

Strategies for Paying off Debt for Physicians

Most people are happier being debt-free. It provides both emotional relief and a sense of security. Research shows a direct relationship between debt and psychological well-being. (1) However, it's important to note a person's attitude toward debt also depends on the nature of indebtedness. For example, individuals have more debt tolerance for a \$500,000 home mortgage than for \$20,000 in credit card debt. The mortgage is on an asset that should be growing in value and is held at a lower interest rate, while the credit card debt is generally held at a relatively high interest rate and the funds are less likely to be leveraged.

While various strategies for prioritizing debt payments exist, Trent Hamm writing for The Simple Dollar describes three approaches to consider in becoming debt-free. (2)

1. Pay off loans by lowest to highest balance.

Author and radio show host Dave Ramsey calls this the "debt snowball" strategy. The idea is to get a quick psychological win by paying off the lower debt amounts. Ramsey points out that these wins can create motivation that becomes life-changing start to becoming debt-free.

2. Pay off loans by highest to lowest interest rate

For this strategy, you make the minimum payment on all debts, but make a higher payment on the highest interest debt. This can be a better approach mathematically in terms of saving interest rate costs. The drawback is that your highest interest debt could be the largest debt amount. It could take a longer time to pay that debt down and you will have to delay the aforementioned psychological win.

3. Pay off credit cards first

This approach recognizes that lower credit card balances improve your credit score. It's about credit utilization—or the percentage of what you owe against the credit limit of the card—the lower the percentage, the more positive impact on the credit score.

When Physicians Should Prioritize Investment Over Debt Payment

An anesthesiologist and blogger at Another Second Opinion offer an interesting perspective on investing by describing three strategies specifically for physicians, using examples of three hypothetical young doctors. The author made some assumptions (and did the math accordingly): (3)

- Each doctor carried \$100,000 student loan debt with a 4 percent interest rate (with a monthly payment of nearly \$2,000)
- Their incomes were too high to deduct the loan interest from their income taxes
- Each had a stable income and could stick to their plan
- Market gains continued at an average rate of 8 percent
- Inflation and dividend taxes were negligible because of tax sheltering, etc
- Investments were not tax-deferred (Note: factoring in tax benefits when investing pre-tax dollars could skew the outcome in favor of investing vs. debt pay down)

Doctor #1 prioritized paying off debts. She paid off the student loan in three years and began investing \$3,000 every month thereafter. After 10 years, Doctor #1 is debt-free and accrues an investment amount of \$334,976.84.

Doctor #2 paid only the minimum toward his debt and invested the remainder. After 10 years, Doctor #2 is likewise debt-free and has an investment account worth \$360,209.42.

Doctor #3 employed a combination of tactics. She paid a little more than the minimum on her student loans and invested at the same time. Her student loan was paid up in 4.5 years. After 10 years, her investment net worth is \$345,529.58.

So, our anesthesiologist blogger did the math and showed how risk-taker Doctor #2 came out ahead. Doctor #3 hedged her bets and saved some interest payments on her student loan, but earned slightly less. Doctor #1 settled for the lower return, but went for the positive psychological payoff of being debt-free quicker.

Because physicians are high earners, you can avoid falling into the trap of ballooning student debt, which lower earners find themselves in when they choose income-based reduced payment plans. When you hear stories about student loan borrowers owing more than they started with a decade after graduation, this is why. Your investment in education is paying off at a better pace.

There is no single answer to solve the riddle of investing versus paying off debt. Each physician's personal situation is unique, and the right approach for one physician may not be right for another.

Should you want to discuss your particular situation and what approach is right for you, we are here to help.

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In the Corridor of Conscience: A Doctor's Story

By Dr. Stephen O'Neil

The first day of my obstetrics rotation as a third-year med student in 1989 started like any other first day. I arrived at the hospital and got lost. After the requisite amount of time searching I ultimately met the other students at the operating rooms for orientation. We all changed into scrubs and then gathered in the core area where there was a big whiteboard with the scheduled surgeries for the day. In a couple of rooms there were several scheduled C-sections; across the hall in another room there were several "D and E's." "D and E", I learned that day, stands for "dilation and extraction", a second trimester or later abortion where the baby is dismembered in the uterus and removed in pieces.



Those lucky enough to be on one side of the hall went home in car seats. Those across the hall left in red biohazard bags.

I was horrified and all of a sudden fully aware of what abortion is. In the '70's my parents would take us to an abortion clinic in the adjacent town to protest peacefully. We would walk back and forth and pray in front of the drab, one-story building with no windows in front and a long driveway down the side. Intermittently a car would turn in and speed to the back; a young woman would always get out, accompanied by a young man or another woman. No one seemed happy. Back then I knew why we were there but didn't grasp the reality of what was happening inside.

All that changed abruptly years later in the hospital that morning. What had been happening behind the walls of that clinic was now the reality in front of me. I was frozen with dread and the sense of powerlessness that still haunts me today. I couldn't do anything. The deliberate ending of life was a scheduled "procedure." I felt indirectly complicit just for being there and was ashamed of my chosen profession.

Weren't we supposed to help save lives?

Back then there was no overt pressure on students or healthcare providers to participate in abortions and physician-assisted suicide had yet to take hold. Pharmacies didn't prescribe drugs for abortion and nuns weren't sued by the government.

That has all changed.

For example, a nurse at the University of Vermont Medical Center was forced to participate in an abortion despite her objection and her clear communication that she believes abortion to be murder. The Biden administration recently dropped a lawsuit against the hospital regarding this case.

To see just how far conscience protections can be diminished in health care you don't have to look much further than to Canada. From abortion to "medical aid in dying", practitioners are being forced or coerced on myriad fronts. Laws mandating various levels of participation in abortion, physician-assisted suicide and

euthanasia are being passed across that country. Funding and certification is being withheld from those individuals or institutions that refuse to perform actions contrary to their consciences. Pro-life individuals are even being blackballed from entering healthcare in some cases or being removed for publicly professing their views.

Unlike Canada, we have the First Amendment and its religious protections so we are not as far down the path as they; but its enforcement is on shaky ground and variable depending upon the administration in office, as noted above, and we are trending in that direction.

Conscience protections have been eroded or challenged in the United States for years as the culture wars have escalated. Well known are the familiar cases that have been decided in the courts regarding bakers and florists. Some rulings have upheld conscience rights, others have not.

This potentially affects everyone regardless of their place in life as we all may be in a position to need to act as our conscience dictates in situations that are contrary to popular opinion.

But what happens when conscience rights in healthcare are diminished? This has a more potentially life-threatening or life-altering effect on the broader society, even if indirectly.

Both institutions and individuals can be the affected.

Catholic hospitals that provide a significant percentage of health care and indigent care will close their doors if forced to perform abortions or participate in physician-assisted suicide or euthanasia. Many patients will have nowhere to turn and the strain on the system will be overwhelming.

Hospices built on the premise of caring for the dying rather than hastening their deaths will close or rapidly change their culture and lose the essence of their care of those at the end of life—forced to kill rather than comfort.

Pharmacies that refuse to provide abortifacients can and have gone out of business for not doing so, despite no shortage of pharmacies willing and able to provide such compounds.

Nuns caring for the elderly poor can be sued by the federal government and threatened with closure for following their religious beliefs and not providing contraception and abortifacients to their employees that could easily be purchased for minimal cost.

Individuals currently practicing or seeking positions in healthcare may find themselves leaving or never even entering the arena if they know they will not be allowed to follow their consciences. Many good people trying to preserve and protect lives will no longer dedicate their own lives to doing so.

Without conscience protections of caregivers it is the most vulnerable within society who inevitably are harmed the most.

As those who provide a much-needed check on the progression of radical individualism and its selfish ideology are put out of business or forced to leave their profession, the erosion of a culture of life accelerates. Who is there to stop it?

The unborn, newly born, disabled, weak, elderly and infirm, those who cannot advocate for or protect themselves, will be the unwitting victims of a culture built on convenience and utilitarianism rather than conscience.

They will be the ones who suffer as abortion on demand and fetal tissue harvesting and sales become routine and failed abortion victims born alive are “just made comfortable.”

They will be the ones discarded as physician-assisted suicide, which was initially promoted as “compassion for the terminally ill”, morphs into euthanasia of those on the margins of health, age, utility or mental health.

They will be the ones who cannot find the care that they need because the only ones who would care for them have been run out of business because of what they believe.

Over 30 years ago I was horrified to face the reality of abortion.
Now I am afraid that by losing our conscience we may lose our nation’s soul.

Dr. Stephen O’Neil is a board-certified general surgeon in Indianapolis, Indiana. He completed his general surgery residency at Loyola University in Maywood, IL and Hepatopancreaticobiliary fellowship in Toronto, Ontario. He has completed several surgical mission trips to Central America and the Caribbean and speaks on culture of life issues in Central Indiana.



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Fiction Beach Reads 2022

Remarkably Bright Creatures by Shelby Van Pelt

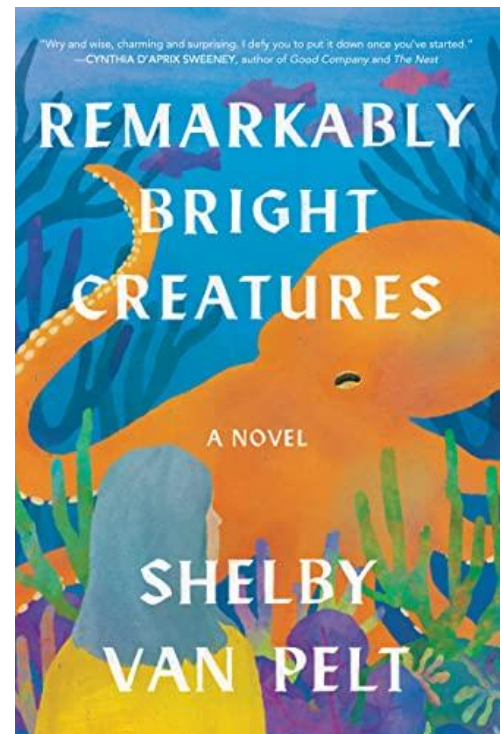
I haven't read a novel with as much heart as this one in quite some time.

Elderly, recently widowed Tova loves her job cleaning the aquarium in town in the quiet of the night, especially because of her fondness for Marcellus, the octopus. She finds solace in the aquarium as it makes her feel closer to her son, Erik – a marine life lover – who disappeared on a boat when he was 18.

But when she hurts herself and is unable to return to work at full capacity, she grows close with her replacement, Cameron, a young man newly arrived in town looking for his birth mother.

Meanwhile, Marcellus knows what really happened to Erik and he wants to help Tova find the closure she needs. His narration is interspersed with Tova and Cameron's for a story that is compelling, heartwarming, and utterly unique.

I will be shoving this book into the hands of everyone who asks for a book recommendation. I'm not exaggerating when I say it's my favorite book of the year so far.



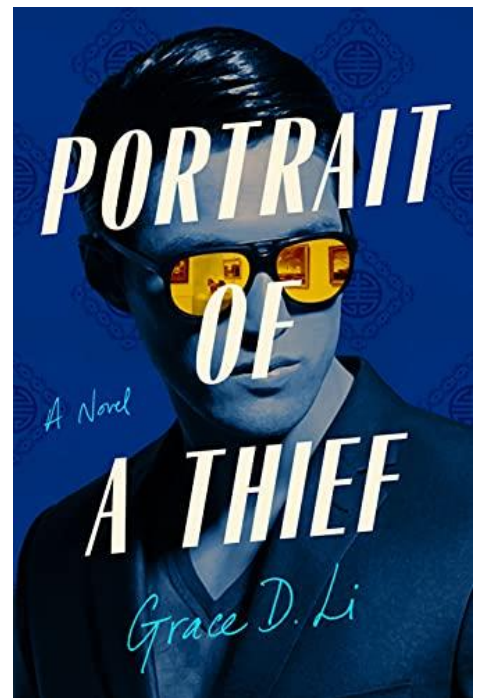
Portrait of a Thief by Grace D. Li

Billed as Ocean's 11 meets The Farewell, I found myself most closely comparing it to The Italian Job and I LOVED IT.

5 college students are hired by a Beijing art company to steal back relics stolen from the Old Summer Palace by colonists and now on display in famous museums the world over.

Each person brings their own talents (getaway driver, hacker, art historian, etc.) and their own dreams of what the life-changing sum they've been offered can mean for themselves and their immigrant families.

While it might sound frivolous, it's actually a novel with a more emotional vein running beneath. One of longing to fit in, the struggle of straddling two worlds, and the quest for individual and collective identity as Chinese-Americans.

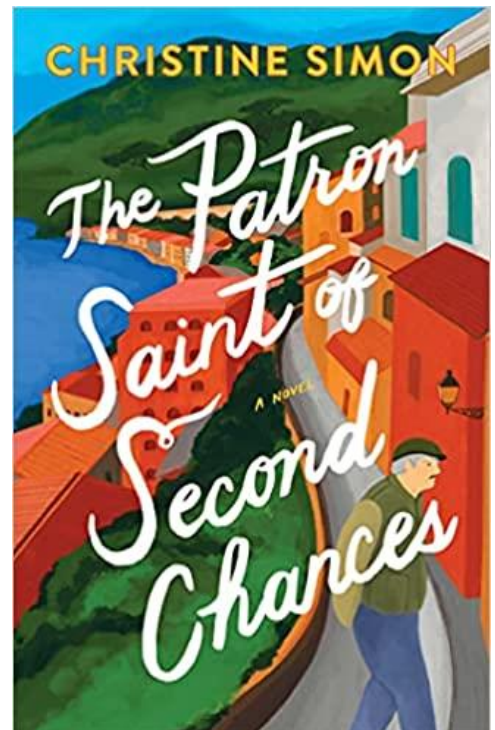


Patron Saint of Second Chances by Christine Simon

The mayor of the Italian town needs money to repair the town's pipes, so he hatches a plot to drum up business in town by saying a famous movie star is coming to make a movie.

The next thing he knows, he's having to make an actual movie starring the locals with no experience and the craziest script while keeping up the ruse that the celebrity is coming.

I laughed so hard at scenes in this comedic feel-good read that I woke up my sleeping husband. It was a charming tale and the perfect vacation read.



2022 Historical Fiction Beach Reads

Bloomsbury Girls by Natalie Jenner

I loved this book set in a bookstore! Taking place just after WWII, the women of Bloomsbury Books are struggling to make their own way in the changing world.

We get to see alternating narrators, one of which was in Jenner's first book, *The Jane Austen Society*. Each of the 3 females in the story are striving for their dreams and interacting with some of the most famous literary figures of their day!

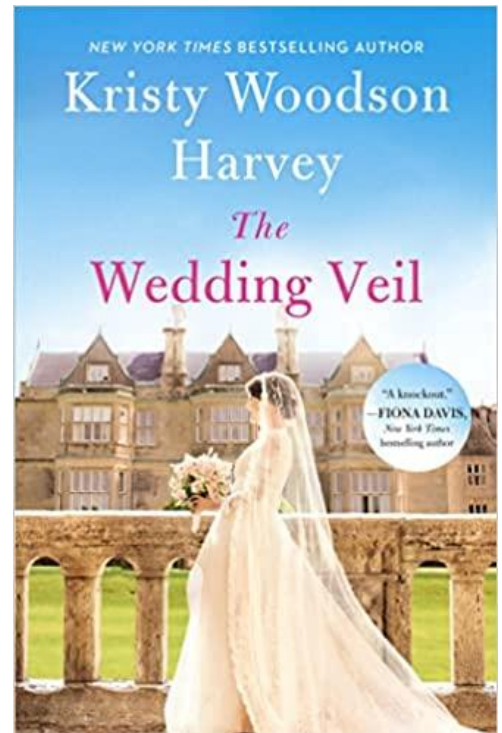
I squealed with delight when Daphne Du Maurier appeared on the page, but you'll see Peggy Guggenheim, Ellen Doubleday, and more scattered throughout this charming tale.

The Wedding Veil by Kirsty Woodson Harvey

Kirsty Woodson Harvey has done it again with this novel about 4 women and the wedding veil that has shaped their lives. I loved this book, the witty characters and their growth, as well as the mystery behind the wedding veil.

In Present day, Julia Baxter is engaged and feeling the pressure of wearing the wedding veil gifted by a stranger on a train in the 1930's that has brought good luck to her family for three generations. She panics and with the help of her grandmother, she runs away from her wedding.

in 1914 Edith Vanderbilt is at a loss after her beloved husband died and is struggling to manage the massive Biltmore estate. She is torn between honoring the life and dreams of her husband and the huge financial burden of running the estate.

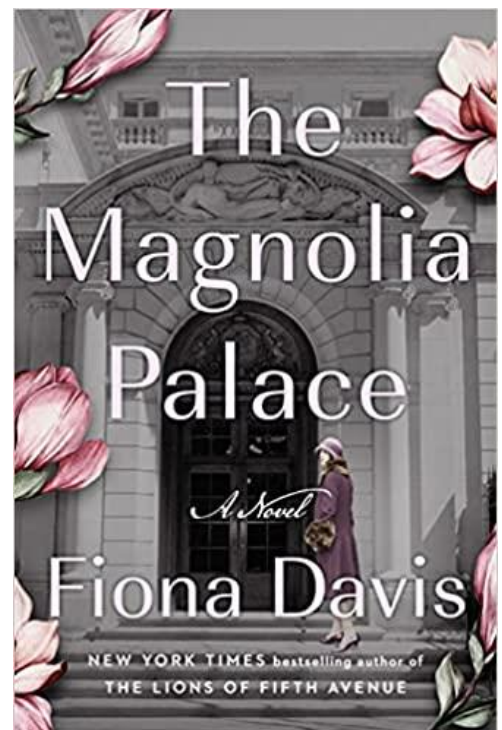


The Magnolia Palace by Fiona Davis

I've been big on Gilded Age era books recently, so I knew I would love reading about the Frick family and their gorgeous mansion built in that time frame. The bonus was that this dual-timeline story also featured a missing pink diamond!

The story of Helen Frick and her assistant at a formative time in Helen's life that coincides with Magnolia Diamond's disappearance is riveting. As is the later timeline, told 50 years later, when a model and a Frick Museum intern are locked in the mansion overnight and on the hunt for the missing diamond.

I couldn't put this story down. It might be my first Fiona Davis, but it won't be my last!

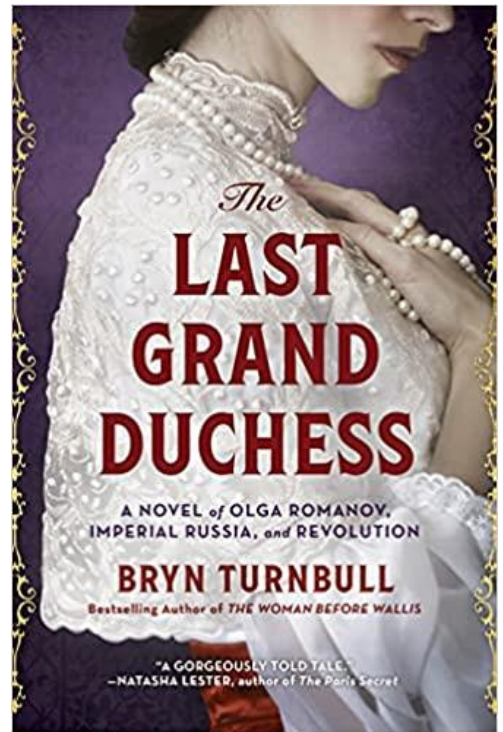


The Last Grand Duchess by Bryn Turnbull

I love stories about the Romanov Dynasty. Ever since I saw a collection of Faberge eggs when I was a child, the story of the last members of the Russian Imperial family have always fascinated me.

This historical fiction story revolves around eldest daughter, Olga. It's dual timeline switches between the family's life after the revolution and Olga's childhood and the events that lead to the revolution in the first place.

We all know how this tragic story ends, so this book is all about the journey. I love that Turnbull focused on a sister other than Anastasia. It was quite well done and a great one for historical fiction fans!

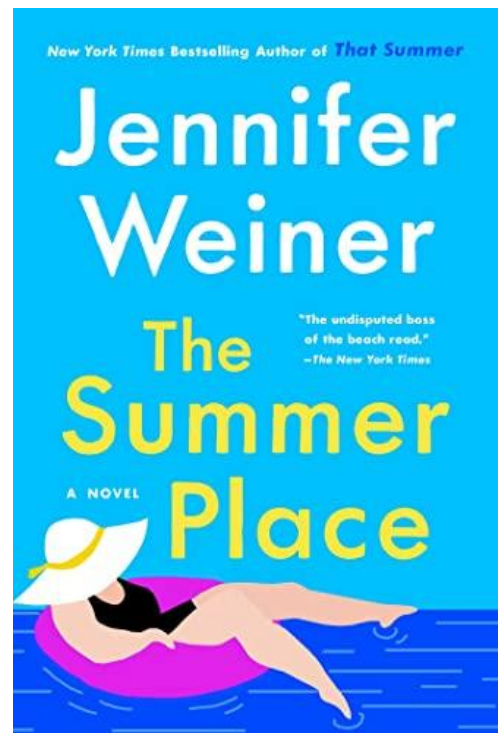


Women's Fiction Beach Reads 2022

The Summer Place by Jennifer Weiner

What can I say about this book other than the fact that it is non-stop fun. It is a book equivalent of a soap opera. Every character has secrets that will be exposed.

When Ruby decides that she is going to marry her boyfriend Gabe after living together in her parents house throughout the pandemic, secrets from the past will emerge and every single relationship is threatened. This book is perfect for the beach and is the perfect summer read.



Lessons in Chemistry by Bonnie Garmus

April 2022 GMA Book Club Pick

I don't even know where to begin with this unique story. Elizabeth Zott is a chemist in the 50s when women were expected to know their place in society — their place being the kitchen and the home.

Elizabeth struggles to be taken seriously in her field and as a single mother, that just won't due. So when an offer to host a cooking show for women is put in her path she reluctantly takes it.

She uses her no-nonsense attitude and chemistry principles to teach the women in America to not only cook but to follow their dreams outside of the home.

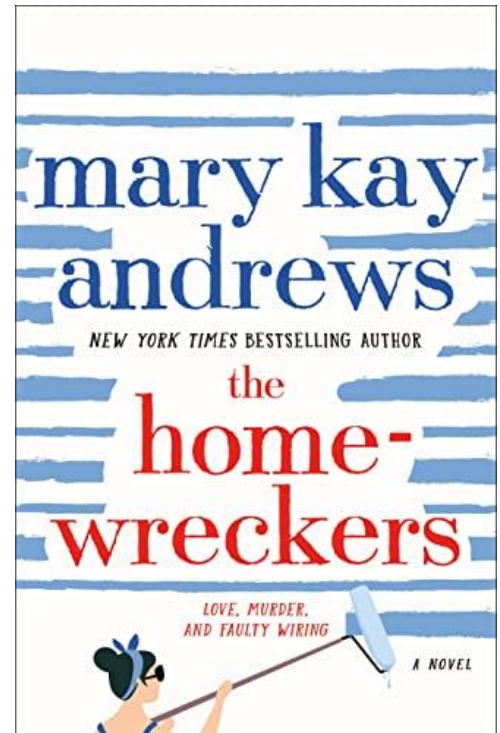
Zott is a quirky character like Eleanor Oliphant with a charming daughter and a dog whose inner monologue is as quirky as hers. An absolutely wonderful read!

The Homewreckers by Mary Kay Andrews

The Homewreckers is basically HGTV with a dash of murder and I AM HERE FOR IT!!!

I adored this story about a fixer-upper reality TV series and its female lead contractor. From the dead body and subsequent murder mystery to the detailed home renovation discussions – this book has it all.

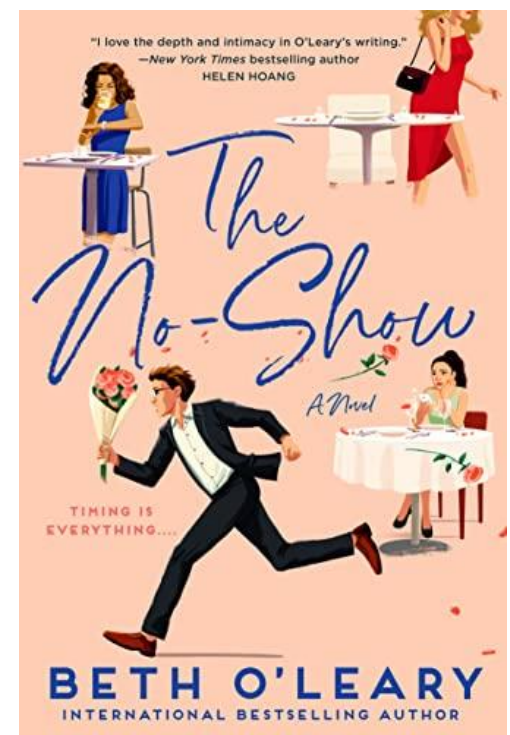
Throw in a beach setting and a romance or two and it's basically beach read heaven. All hail Mary Kay Andrews and her amazing summer reads.



The No-Show by Beth O'Leary

Beth O'Leary has done it again with the No-show. The premise is simple. Three women are stood up on Valentine's Day. As they try to overcome the embarrassment and stay in the relationship with their respective dates, secrets are told, love is tested, and not all is what it seems.

This may seem like a typical romance, but it's really about each of the women finding themselves and what they need in a relationship. There is also a tragedy woven into the story that had me in tears at the end. The ways their lives interconnect is special and wrapped up beautifully at the end.



2022 Romance Beach Reads

The Wedding Season by Katy Birchall

When Freya is left at the altar by her fiancé, she's not sure how she's going to get through the wedding season ahead of her. Soon her friends have a plan – Freya must perform a series of challenges at each of the 7 weddings she's going to attend.

In the process, she tries to put her relationship behind her and get over the heartbreak while celebrating her friends and loved ones. This charming tale had me smiling and cheering for Freya and her heart.

The Suite Spot by Trish Dollar

This charming story was an absolute delight. I fell in love with Rachel and Mason and their friends-to-lovers story.

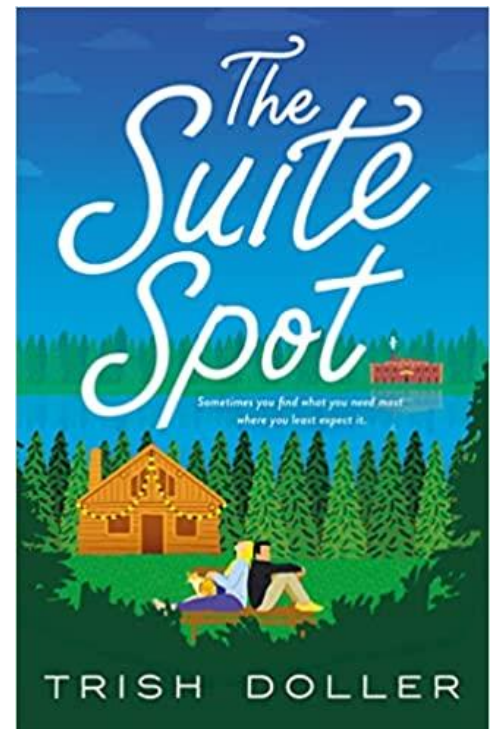
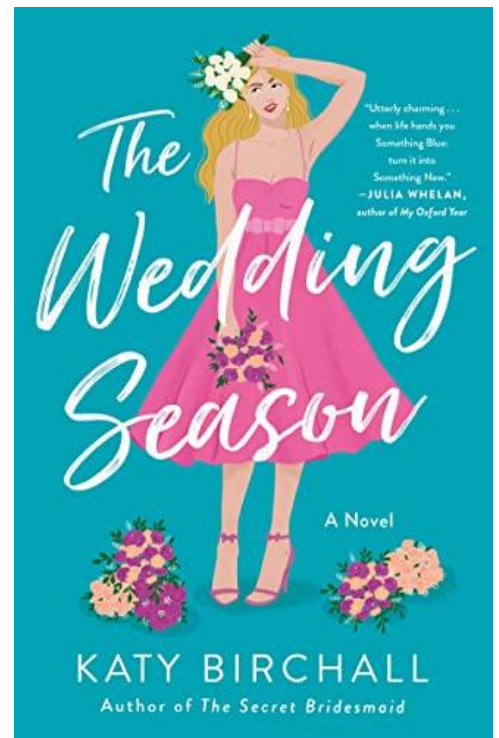
Rachel's little girl is a delight too and I like that the conflict in the romance wasn't about Mason and Rachel's relationship so much as something that had to do with Rachel as a single mom.

This sweet story is perfect for a quiet moment of reading; preferably rocking on a swing in the backyard at dusk with twinkle lights overhead.

Hook, Line and Sinker by Tessa Bailey

This is such a cute romance. Fox Thorton is a player who has never had a relationship. The last thing he needs is to fall for his best friend, Hannah, while trying to help her get her crush. And to make matters worse, she has moved into his spare room for the next few weeks while she is filming a movie.

I wish there was a soundtrack to go with this book. It was such a cute and quick read.

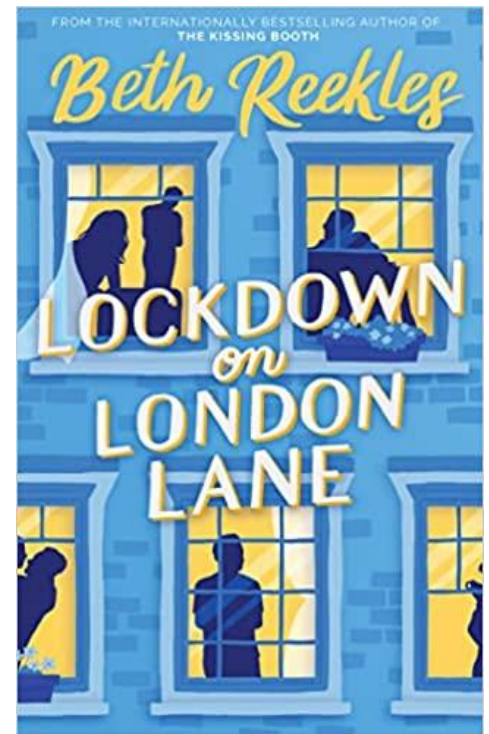


Lockdown on London Lane by Beth Reekles

This story is so adorable! It's Love Actually, Quarantine edition. It's not a scary pandemic read AT ALL. Instead it's an interwoven tale of various couples stuck together for a week long lock down.

There is a group of bachelorettes, a new couple who have only shown their good sides to each other, an established couple struggling, a man separated from his girlfriend, and my personal favorite – a one-night stand turned week long visit.

Charming and hysterical, this book lifted my spirits and had me laughing out loud.



Thriller Beach Reads 2022

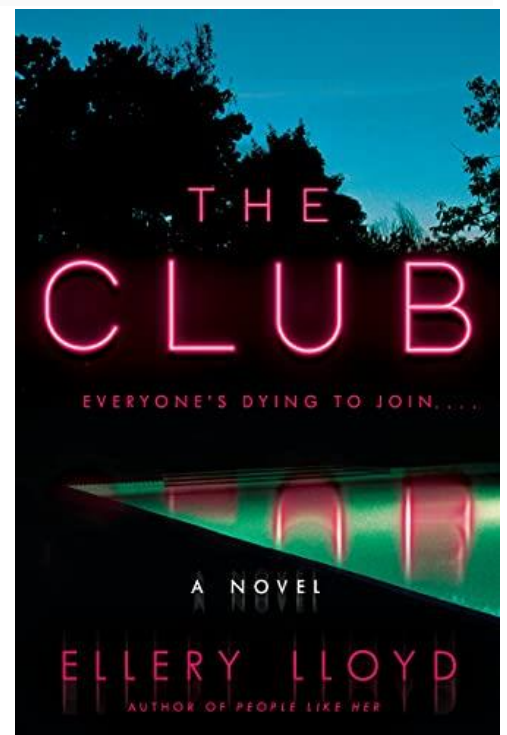
The Club by Ellery Lloyd

March 2022 Reese Witherspoon Book Club Pick

This book was a WILD ride and I loved every exhilarating twist and turn! The Home Club is clearly based on members-only celebrity clubs like SoHo House but the newest Home Club is opening on a private island and features an opening weekend to die for.

Literally, because it's a murder mystery. Except we the readers don't know who is murdered, how, or why at the beginning...but instead we are treated to various narrators telling the points of view of the weekend as it unfolds.

The layered approach to telling the story of the celebrity shenanigans and the murder of a key figure in the Home Group family had me flipping through the pages of this book. A truly enjoyable beach read!



Reckless Girls by Rachel Hawkins

This is the Ultimate Beach Read Thriller! It's all about 2 girls who hire a couple to charter them a boat to a deserted island.

But the island isn't so deserted after all. As there relaxing trip turns deadly, we learn about the back story that brought each person to their destination.

It's a wonderfully addicting read that is great in audiobook format and a perfect read for beach reads 2022 .

The Ballerinas by Rachel Kapelke-Dale

This incredible story about a trio of ballerinas in Paris is a thriller and a feminist commentary all in one. I could not put it down!!!

It's all about the tolls dancing takes on the physical and mental well-being of Paris's premiere ballerinas. With some #metoo moments in here as well, this is a great one for book clubs!

I loved it so much when I listened to it that I tried to steal Jackie's copy in this funny instagram reel.

The Golden Couple by Greer Hendricks and Sarah Pekkanen

My favorite thriller writing duo did it AGAIN. LOVED this book about a couple in therapy for infidelity. But their therapist isn't any therapist, she's got an extreme method gauranteed to fix issues in 10 sessions.

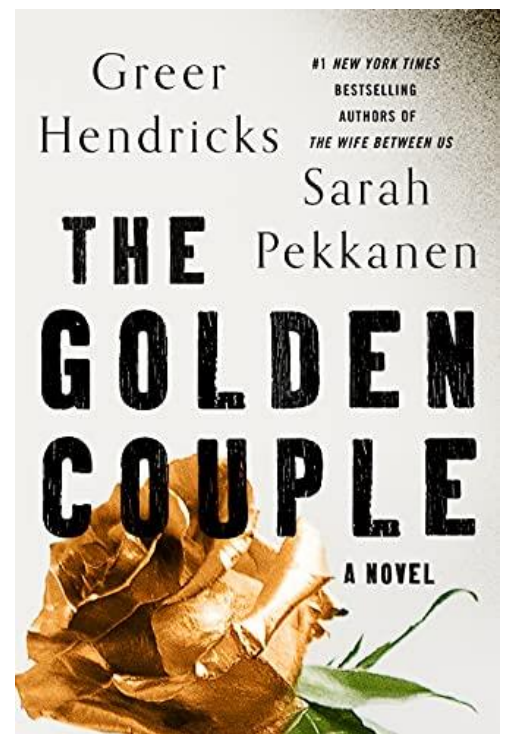
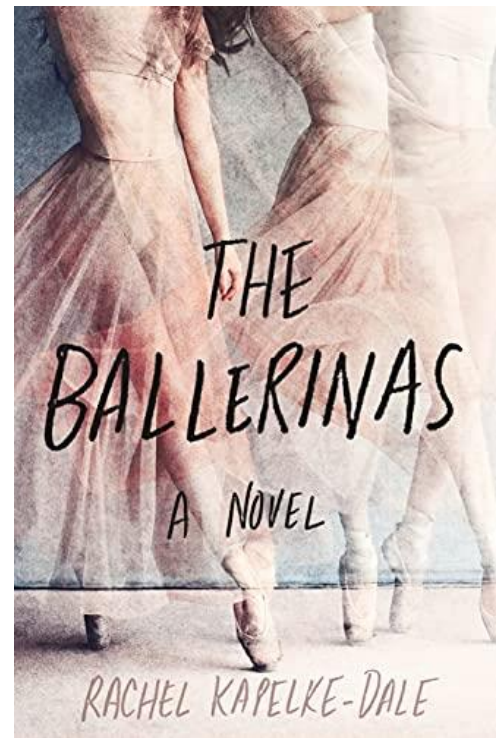
The twists and turns of this story kept me on my toes, but the writing kept me HOOKED. I think I finished it in sitting.

2022 Mystery Beach Reads

The Appeal by Janice Hallett

I was utterly charmed by this unique murder mystery! The premise is great – a detective duo has been given a stack of correspondence (text and emails) and asked to read through and determine who was murdered, why, and who was was wrongly accused.

Of course we readers get to come along for the ride – reading their post-it notes or texts to each other as they try to solve the mystery. I was desperately trying to solve it along with them but I was stumped!



The ending was truly shocking and the many twists and turns had me flying through the story. I read part of it and listened to part. Both formats make for a wonderful experience! This is one I'll be recommending for years to come!

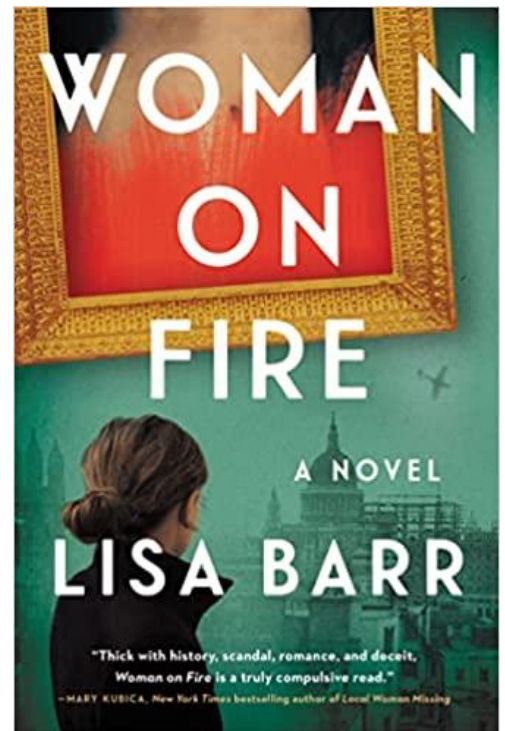
Woman on Fire by Lisa Barr

Buckle up for a stunning story in Lisa Barr's newest book, *Woman on Fire*. Jules, an ambitious investigative journalist, is working on a story about a piece of art that was stolen by the Nazi's during WWII.

But she's not the only one looking to track down *Woman on Fire*. Margaux, a gallerist and art thief, also wants to get her hands on the painting.

As we learn the origins of the painting and the many hands it switched to over the years, we also discover the dark underbelly of the art world.

I was ENTHRALLED. I'll be putting this on every must-read list we do this year. It was thrilling and informative. Buy it now, thank my later.

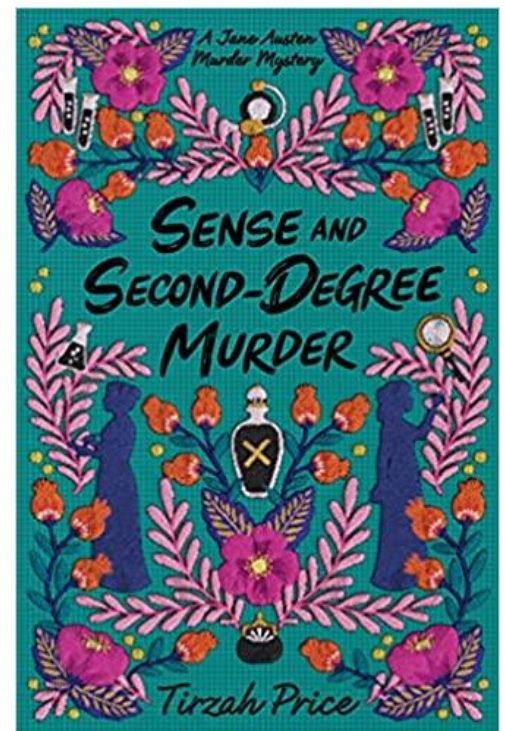


Sense and Second-Degree Murder by Tirzah Price

I read the first book in Price's mystery retelling of the Austen classics last month for our Austen retellings post.

As you can tell from the title, this particular book is a retelling of *Sense and Sensibility* – with the Dashwood sisters out to figure out who murdered their father!

I loved seeing how the well known characters would play a role in this clever retelling. I can't wait to read the rest of the books in the series. While a mystery is not always great for the beach, this retelling was a perfect pick for our list of beach reads for 2022.



Fantasy Beach Reads 2022

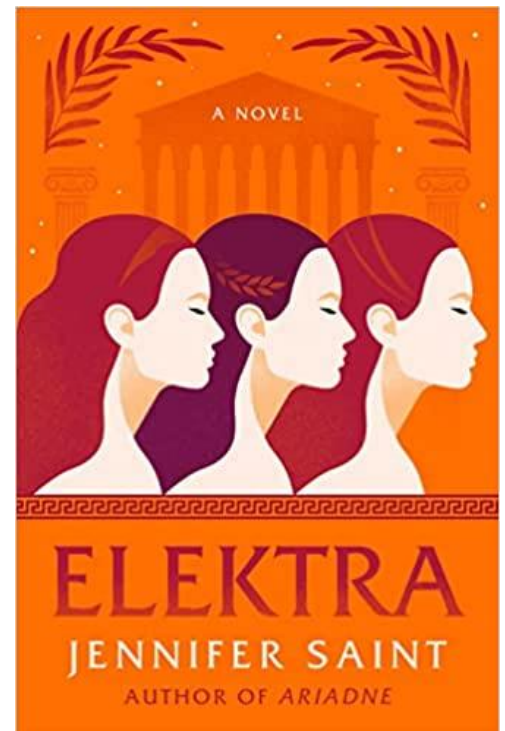
Elektra by Jennifer Saint

It's official. I will read anything that Jennifer Saint writes because she nails it every time!

Elektra is told from the perspective of three women linked to famed ruler Agamemnon. His wife, Clytemnestra, his daughter, Elektra, and the Troy princess, Cassandra.

Starting with the Agamemnon sacrificing one of his daughters to the gods of war, we see how these three women's lives are impacted by his involvement in the Trojan War and how trauma can have a profound impact on those that experience it.

In Elektra, Saint once again weaves a masterful tale of greek mythology. She's the modern-day Homer and I can't wait to read whatever she writes next!



Kaikeyi by Vaishnavi Patel

I love a good mythology retelling, but usually, I read Greek mythology. Kaikeyi is a retelling of a story well-known in the Hindu religion.

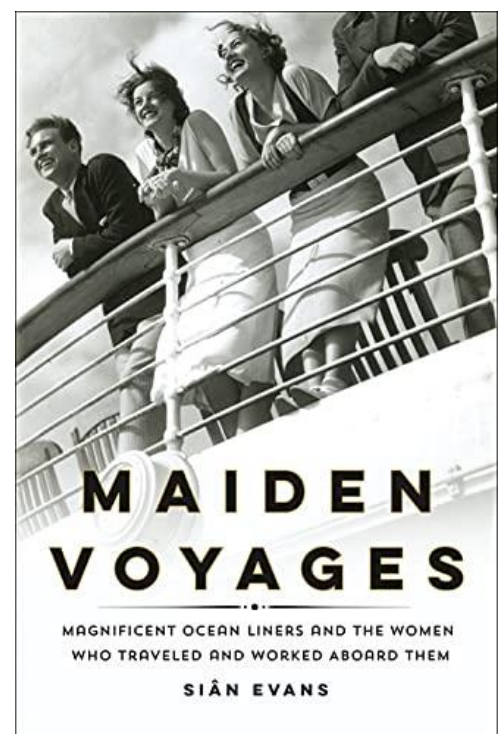
While I can't attest to the accuracy of the tale, I can say that I was utterly captivated by the story of Kaikeyi's life. I learned that she is a villain in Hindu but I found Patel's narrative so compelling that I felt for Kaikeyi and supported all of her decisions.

If you are a fan of Ariadne, Circe, or other mythological retellings, you must pick up this book. It's wonderful.

2022 Non-Fiction Beach Reads

Maiden Voyages by Sian Evans

Maiden Voyages looks at the ladies who worked Ocean Liners like the Titanic and the unbelievable challenges they faced. I was in awe as I listened to this story of ships being sunk by icebergs and wartime submarines.



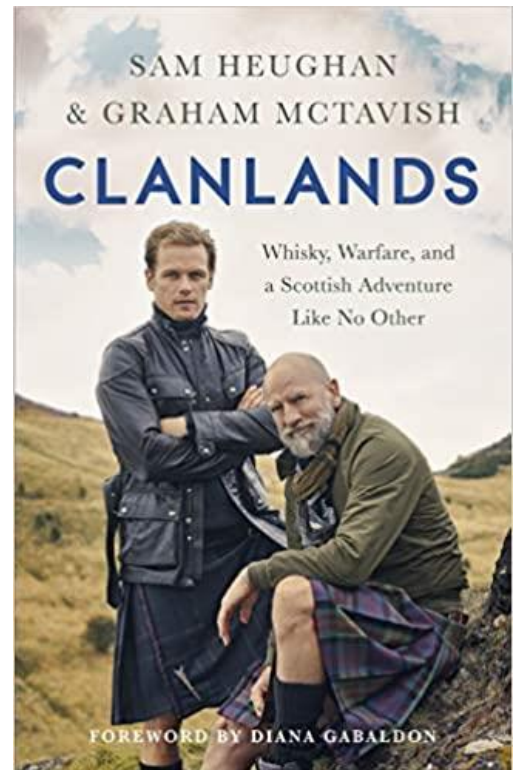
The stories of unruly passengers, hurricanes, and the sacrifices of leaving their families to help others were unbelievable. I was so engrossed that I kept forgetting the book was non-fiction.

If you love women's history, the history of travel, or stories about the Titanic, this is the book for you!

Clanlands by Sam Heughan and Graham McTavish (forward by Diana Gabaldon)

This hysterical book is part history and part comedy. Stars of the Outlander TV series, Sam Heughan (who plays Jamie Fraser) and Graham McTavish (AKA Dougal MacKenzie) go on a road trip with each other.

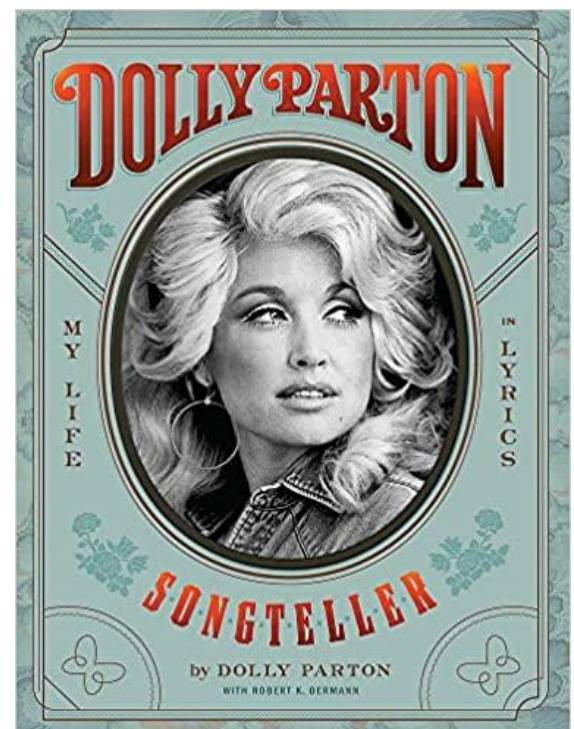
Along the way, they tell funny stories and experience Scotland's rich heritage. I laughed out loud multiple times at their antics, and then promptly watched their show *Men in Kilts* on Starz. This is a hilarious choice for a beach read for summer 2022 and be sure to check out our other books for Outlander fans.



Dolly Parton, Songteller: My Life in Lyrics by Dolly Parton

This audiobook is performed by Dolly Parton as she weaves the story of her life with her music. She tells the stories behind her most famous songs and also gives insight into her history.

<https://amzn.to/3NJGtAS>Dolly Parton is an amazing woman who is a huge advocate for literacy. She talks a little bit about her Imagination Library which is a book gifting program that mails free books to children from birth through age 5. To date, this library, which started in 1995, has mailed more than one million books!





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FLORIDA KEYS IN 2 DAYS

someshome.com

It's tempting to get away to a great destination, like the Florida Keys in 2 days, in South Florida after a long work week. We wondered if we could make it there and back on a Saturday to Sunday from Fort Lauderdale, passing Miami on the way.

Was it worth the drive? It most definitely was – and we visited Key Largo and drove to some other fun spots further along the Keys. We're sharing all we were able to do and see (while still relaxing) in our two-day itinerary.



Florida Keys in 2 Days: Key Largo Itinerary

We chose to go to Key Largo because it's the closest Key to US-1, just past Miami, and we only had Saturday and Sunday to explore. It took us about an hour and a half to get there from Fort Lauderdale, where we were living at the time.

There's not a direct way to drive from the Gulf Coast side of Florida to the Keys. If you were in Naples, Florida, you'd have to cross over the state through Everglades National Park via "Alligator Alley" as I-75 is playfully known, to get to I-95, to connect to US-1. (Maybe it's worth a stop for an Everglades airboat ride if you want to extend your trip!)

It's also fun to note that US-1 begins in Key West. So a big thing in the Keys is that places proudly boast the mile marker they are located.

For instance, Robbie's of Islamorada mentioned below on the second day of our two days in the Florida keys, is at mile marker 77.5, which is noted on the fish mural we included in this post.

How Do You Get to the Florida Keys? (and Where Are They?)

The Florida Keys comprise the southern-most part of the United States. You can get there either by plane or car.

The airport is small and flights are sometimes very expensive and are rarely direct (unless you're coming from Miami or Fort Lauderdale). But flying to the Keys is a good option if you're tight on time. Key West International Airport's code is EYW. If you fly there, however, you'll be at the Florida Key furthest south. And in that case, then, Key Largo would be a two-hour drive north from Key West on US-1.

Or, you can drive to the Keys from points north of there. Simply take I-95 south along the east coast of Florida, past Fort Lauderdale, then past Miami.

After Miami, you continue along US-1, on a bridge over water connecting you to the islands, to your destination. For us, it was Key Largo.

(Tip: if you need to use the restroom or get gas before you leave mainland Florida do so before the bridge. The trip from the end of Miami to the first island isn't too long but you could hit traffic and be in a one-lane highway for longer than you bargained for. Better safe than sorry!)

There is *one main road* leading in and out of the Florida Keys if you drive from mainland Florida. (It's US-1.) Thus, be patient if you're going during peak travel times (like a holiday weekend) because it's not unlikely you'll sit in traffic for a little while.

Florida Packing List

The Florida sun is HOT and STRONG! Don't forget to pack outdoor essentials like [reef-safe sunscreen](#) and a [reusable water bottle](#) to protect yourself from the Florida sun! It's also a good idea to pack an umbrella or poncho (you never know when it's going to rain) and also a cooling towel – because even if it rains it can still be well over 90 degrees!

The Bug Bite Thing
Sun Bum Travel Pack
Sweatblock Wipes
Collapsible BPA-free Water bottle
Washable Cooling Towels
Travel Rain Poncho
Travel Umbrella
Sunglasses
SPF Sunscreen Up Balm
Rechargeable Portable Hand Held Fan
Reusable Flat Water Bottle
Reef Safe Round Water Bottle

Where to Stay in Key Largo for Two Days

We used some of our Marriott Bonvoy points to stay at a [Key Largo Marriott resort](#). It was in a great location, had access to the beach, we had a beautiful room with a king-size bed overlooking the pool, and we loved that we had the option of the pool, the hot tub, or the shore with sand beneath of feet there.

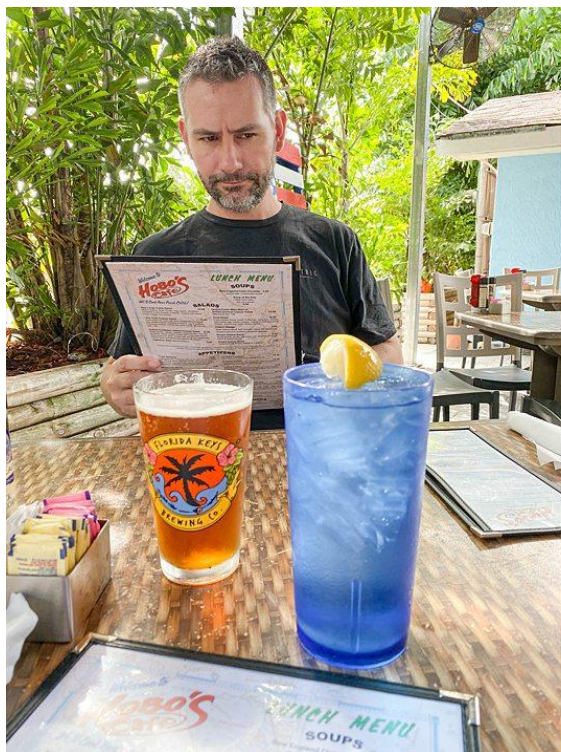
Florida Keys Two Day Itinerary in Key Largo

Lunch at Hobo Cafe

We drove to Key Largo from Fort Lauderdale around 10:00am to arrive in time for lunch. It was ahead of our hotel check-in time but we wanted to maximize our two days in Key Largo.

We arrived at [Hobo Cafe](#) for a casual meal. It wasn't necessary to make a reservation for the third Saturday in December we visited. We were immediately seated at a table on the outdoor patio. Lunch was delicious and of course, Dan got a local Florida beer to go with his sandwich.

Afterward, we headed to the hotel. Key Largo is a small part of the Florida Keys so nothing's too far away and US-1 is always your main artery to get from Point A to Point B in the car.



Check-in at your Key Largo Marriott Hotel

We checked into our [Key Largo Marriott Hotel](#) about two hours before the usual check-in time.

Two things to note:

- Marriott Bonvoy members get perks! Sometimes, those perks include early checkin. In fact, if you have the Marriott Bonvoy app you'll get notified of your upcoming stay in advance of your reservation and you can opt to checkin on the app. Then the app will notify you when your room's ready. You can even use your phone to unlock the door at many Marriott hotels now via Bluetooth. What's more, is that we get free hotel stays with our [Marriott Bonvoy American Express](#) credit card (which we use for *everything!*).
- Even if you can't check into your Air BnB or hotel early you can enjoy Key West! There's plenty of [things to do in Key Largo](#), from [boating excursions](#), to exploring state parks. If you're staying at a hotel you can always arrive early and ask if they can store your luggage while you enjoy the amenities like the pool or beachfront lounge chairs. Or, if you're staying at an Air BnB, simply message your host and ask if you can checkin early. The worst they can say is no.

Book an Excursion in the Florida Keys

Top sellers

Key Largo Snorkeling Tour - rental mask, fins and vest INCLUDED

From USD\$68.00



- **Duration:** 2 hours 30 minutes
- **Departs:** Key Largo, United States
- Snorkeling is fun, safe, and easy aboard the Sundiver III. Join us for ... [More info ›](#)

Half Day Snorkel Trip on Reefs in the Florida Keys

From USD\$65.00



- **Duration:** 3 hours 30 minutes
- **Departs:** Key Largo, United States
- Come join us snorkeling some of the most beautiful reefs within the Florida ... [More info ›](#)

Mangroves and Manatees - Guided Kayak Eco Tour

From USD\$65.00



- **Duration:** 2 hours
- **Departs:** Tavernier, United States
- Our tours are geared towards first time and new paddlers. We go at your ... [More info ›](#)

Sunset Eco Cruise on the Florida Bay

From USD\$60.00



- **Duration:** 1 hour 30 minutes
- **Departs:** Key Largo, United States
- Tour the Florida Bay looking for dolphins and manatees while listening ... [More info ›](#)

Happy Hour Sunset Drinks and Appetizers at Snooks Bayside Restaurant and Grand Tiki

A great way to enjoy your time in the Florida Keys in 2 days to its fullest extent was to have happy hour drinks and appetizers at one location in Key Largo, then dinner at another restaurant.

This allowed us to get a better feel for Key Largo, during our weekend itinerary.

We headed to [Snooks](#) before sunset to get a great seat overlooking the bay. Their daily happy hour from 4:00pm to 6:00pm has appetizer specials and drink specials too; we took advantage of both. (We had Pork Dumplings and Buffalo Cauliflower apps for \$10 each during happy hour and some beers.)



They also have live music every night. Note happy hour is only available at their bars and waterfront ledge.

Having dinner there was an option but we decided to proceed with our reservation at The Lazy Lobster for a change of scenery.

Dinner at The Lazy Lobster

After we enjoyed the hotel pool for an hour we headed to our room to shower and change for dinner.

The dress code in the Keys is *very casual*. Shorts and a t-shirt or jeans are absolutely fine for dinner. That's part of the joy of the Florida Keys!

We were very happy we made a reservation in advance because it was pretty busy on a Saturday evening. It's a popular spot!

We were pleased to learn that there was live music on the patio that evening (something we love). We knew we definitely wanted to try Moscow Oysters we had heard about. They seem to be a Florida Keys special (or perhaps unique to Key Largo – we're not sure as we've only been to the Keys this one time).

They're amazing! They're a twist on raw oysters on the half-shell. They're made with two types of fish eggs (or caviar) and a horseradish cream that gives it a great flavor.

We shared an entree for dinner (we had had two appetizers at Snooks, after all) and then a piece of Key Lime Pie for dessert. Because if you go to the Florida Keys and don't have Key Lime Pie, were you even there?

We went back to the hotel after to take a walk around the property and get a drink at the bar there, and to enjoy the beautiful evening that December night. We went to bed shortly after to rest up for the next day.

Rise and Shine in Key Largo: Breakfast on Day 2

We decided to go out for breakfast to [Keys Bites](#), about a 5-minute drive from our hotel. (Though nothing in Key Largo is too far, anyway.)

There was a very cute outdoor patio with a thatched roof that we opted to eat under. We



had eggs and a breakfast burrito with great service and a fun atmosphere.

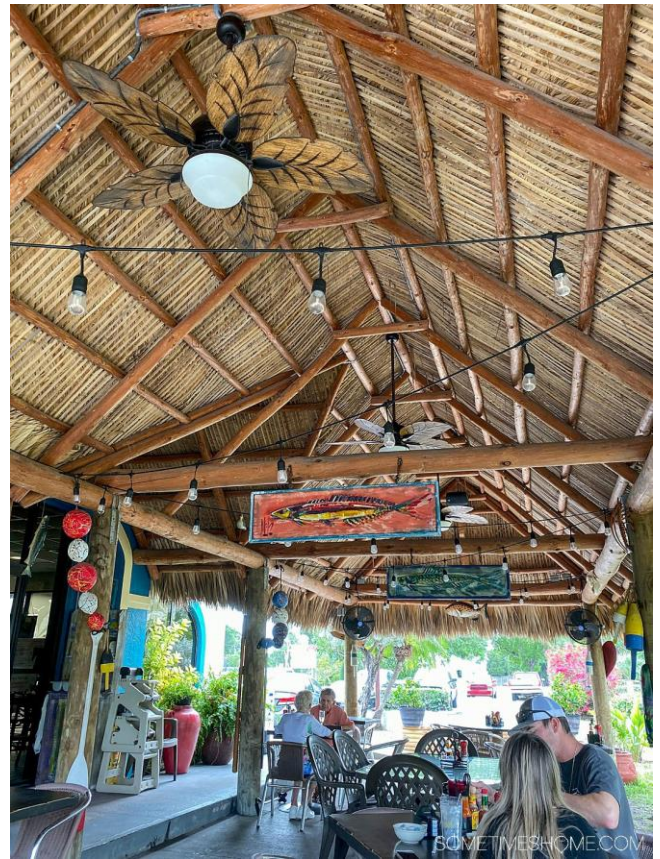
If we stayed for more nights, which would have meant more breakfasts, we would have loved to try:

- [Mrs. Mac's Kitchen](#)
- [Made 2 Order](#)

Enjoy your Hotel until Checkout

We went back to the hotel afterward to change into swimsuits and promptly headed to the beach to relax. We hopped over to the hot tub and pool before going to our room to prepare for check out. The good thing about an overnight in Key Largo is we only packed enough for a night so there wasn't much to repack before checkout.

Our Florida Keys in 2 Days itinerary had plenty more in store.



Drive to Islamorada and Get Oysters on the Way

We decided to drive a bit of US-1 to see more of the Keys islands before we went back home to Fort Lauderdale.

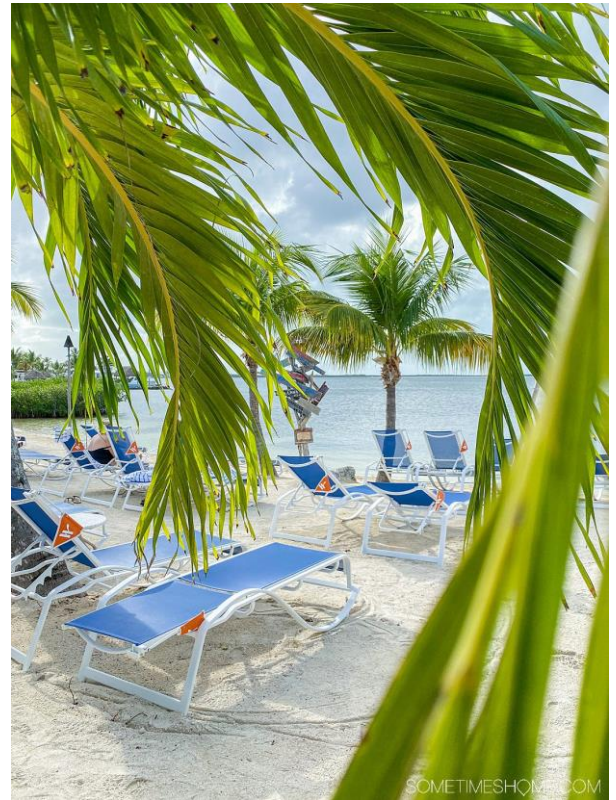
But we didn't want to go too far because sunset wasn't on our site in December. (It's early during winter. If you go during summer sunset will surely be on your side!)

We decided to make our destination a spot in Islamorada, the next major island over but stop on the way there. Though our *destination* Robbie's we detoured halfway between Key Largo and Islamorada for oysters.

We believe the place we stopped at has since closed, however, we recommend looking a place up along the way or simply waiting for the next destination: Robbie's.

Stop at Robbie's at Islamorada for a Snack (or Lunch) and Entertainment

It was great to drive US-1 and spot the different shops and restaurants along the way. Our destination was a unique place in Islamorada, further south towards Key West. We arrived after about 35 minutes total driving from our hotel to Islamorada (if we had driven, straight).



[Robbie's of Islamorada](#) did not disappoint. There's nowhere like it to compare it to and it's a must for a Florida Keys in 2 Days trip if you want to diversity your activities.

(Maybe the best way to describe Robbie's novelty is if you've ever stopped at South of the Border in South Carolina off I-95.)



It's a restaurant, an artist hub, a place to feed fish, see Pelicans and just walk around and people watch. Their restaurant had plenty of outdoor open seating and covered seating as well. (We're not sure if they had true indoor seating and also want to note their restrooms were not the greatest!)

I had a monster Bloody Mary and Dan enjoyed Florida beer. We shared chips that honestly weren't the greatest so we passed on having a full lunch there. However, you don't go to Robbie's for the food. You go for the experience and spectacle of it all. We definitely recommend stopping there.

Robbie's of Islamorada is open daily from 9:00am to 8:00pm.



Fish House to Go

If you have time to have dinner before you leave your Florida Keys in 2 days getaway, we recommend an afternoon excursion after Robbie's, another excursion or activity, and dinner.

But if you were like us, and wanted to get back home at a "normal" hour to relax before work the next day you'll want to hit the road around 5:00pm.

Since we lived just an hour and a half away at the time, however, (in Fort Lauderdale) we had a genius idea! We stopped at The Fish House on our drive north to get some seafood to go. They were nice enough to provide a bag of ice to put our local Florida scallops on ice for our drive. It took everything in me not to also buy some shrimp.

Shrimp from the Florida Keys is *yummmmy*. (But Dan cooks scallops wonderfully so it won the internal mental struggle between the two options.)

[The Fish House](#) has two sections inside: an area to get raw seafood to go, like a market, and a dining area for meals.

What Islands are in the Florida Keys?

The Florida Keys are an archipelago, or chain of islands, surrounded by the sea. They extend southwest from Miami, or the tip of Florida, towards the Gulf of Mexico.

There are technically *thousands* of islands that are part of the Florida keys but you can't get to most of them unless you have a boat. And many of them are simply filled with foliage and wildlife so there isn't much to see.

Here are the most popular inhabited keys, however, from north to south:

- Key Largo
- Plantation Key
- Islamorada
- Duck Key
- Marathon
- The Lower Keys
- Key West (arguably the most popular, especially as a United States cruise ship port)

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