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“Oculus” by Elise Gordon
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INTRODUCTION

That the practice of medicine is both science and art was suggested by William Osler, who said, “It is much more important to know what sort of a patient has a disease than what sort of a disease a patient has.” The science of medicine allows an understanding of disease; the art of medicine engenders an understanding of patients. Much of the art of medicine is learned through direct experience – from the daily care of patients and from one’s own struggles with illness. But direct experience is necessarily limited and benefits from augmentation through vicarious experience. Literature and the visual arts are an extraordinary repository of vicarious experience. To confront the human condition through the works of writers and artists – and to contribute to the canon in one’s own way – is the purpose of Blood and Thunder, a journal published annually by the University of Oklahoma College of Medicine. This marvelous 18th edition, for which we are indebted to countless students, residents, faculty, and patients, and to the co-editors, Ashten Duncan and Linzi Jiang, brings together poetry, prose, and images evoking sympathy, resilience, and compassion. To the extent that these make us more humane, the effort is commendable.

Steve Blevins, M.D.
Associate Dean for Medical Education Interim
Director for the Office of Medical Education
University of Oklahoma College of Medicine
FOREWORD

Dear Reader,

After a year of immense change, we are pleased to present the 18th edition of *Blood and Thunder: Musings on the Art of Medicine.*

What you hold in your hands represents the diversity and depth of human experience within the scope of medicine, healing and life. Since the inaugural edition nearly two decades ago, our goal has been to carve out a space for the human element that is inseparable from medicine. The most humbling aspect of that endeavor has been the enthusiasm to find a home within our journal that so many have demonstrated over the years. Within this volume lie perspectives from patients, nurses, medical students, residents, attending physicians, and a host of other providers that shed some light on how individuals struggle with their own health, the health of loved ones, and the complexity of the healthcare system.

While we strive to meet the ambitious goal, the authors listed in these pages are the ones who make this possible. It is no secret that publishing this latest edition has been a challenge, but the support we have received from contributors—past and present—has renewed our faith that we are not alone in the reverence we maintain for medical humanities.

For that reason, this edition stands as a celebration of poets, artists and authors that make the creation of this journal a blessing. I will never be able to thank them appropriately.

Take this time to immerse yourself within this writing as we celebrate these dedicated patrons of the humanities. I have no doubt they will illuminate for you the unbreakable connection between how we heal and what makes us human.

Sincerely,

Jake Morgan, MD
Editor-in-Chief Emeritus
blood and thunder

Musings on the Art of Medicine

POETRY
MARC ABOUD

Solitary Confinement

Multiple facial fractures, self-inflicted;
A cry for attention, a plea for escape.
Solitary confinement gives
No reference point of hope
No feedback, no support.

Isolation coerces
A tumbling of the mental faculties,
A spiritual awakening of nonsense.

Monday morning, barely awake,
I am assigned to you.
A jolt of adrenaline hits my brain
As I read your story.
The unforgivable acts you’ve committed
Against ones you’ve once loved;
And now against yourself.

The episode of your admittance
Playing out in my head:
- Held down by three physicians,
- Eyes glazed over,
- Tears and sweat mixed with blood,
- Entire body reaching for the heavens,
- Detached jaw aberrantly moving
- As biblical scriptures rang out.

Now the morning after,
I am told you are stable.

I nervously approach your room,
Questioning whether it is wise for me
To meet you in close quarters.
Your door is open.
One officer seated at the doorway,
Two more inside.
I throw on a veil of confidence
As I nod to the guards and enter.
I find you calmly lying in bed.
Eyes closed but awake.
I interview you, noting your face
Swollen with edema, nose flattened,
But your voice has a subtle, cheerful tone,
And to my surprise,
You are an exceptionally pleasant patient.

Free of your hot, lonely cell
With only rare, cold visitors.
You are relieved to feel the touch
Of your frequent visitors,
Knowing they care for
Your well-being.

After your surgery, you look
Harmless, with a bandage wrapped
Around your head like a bonnet.
Hidden behind your inflated lips,
Hard metal holds your mouth together
Causing pain when you move it
The wrong way.

You are doing well.
We will keep you at a nearby hospital
To let your face recover before
You return to prison.
You will see our counselors regularly
To help you resist your demons,
And keep you from returning
To that lonely abyss that led you here.

Marc Abboud is a medical student at the University of Oklahoma College of Medicine, Class of 2019. He received a BS in Neurobiology from the University of California, Irvine. In his free time he enjoys playing chess, training calisthenics, and reading.
HERBERT ABELSON

Must Not Be Named

after a certain age
family history a factor (when)
trying to fathom subtle
changes recognized but
rejected or ignored as
important other than
what happens to everyone

and why not given the
horror and heartbreak of
naming the name—the
implication, certainty, stigmata—

enough to ignite a chain of action
food, vitamins, exercise, crosswords,
complex games—quietly checking out

with a tree populated by
effected circles and squares
what is a body to do
without control, worrying becomes
a hollow game

as in everything
  kick it
do your best
HERBERT ABELSON

Vestibular Stones [BPPV]

Rarely give it a toss
  Balance
Mess with it your loss
  Reeling
From a solid base
  Dizzy
Depends on position of face
  Falling
Prevent crumbles
  Whirling
While the gut tumbles
  Vertigo
Not true turning
  Loss of equilibrium
An unexpected churning
  Giddiness
If successful Epley is made
  Wooziness
The feeling will begin to fade

Herbert T. Abelson is a retired academic pediatrician, husband, father and grandfather now living in Western Massachusetts. His interests include writing, pinhole photography, cooking, exercise, gardening and teaching.
C.R. ANDERSON

Discharge Summary

’Tis time for my patient to finally discharge.
So this is my last note, transcribed at large.
He was a good patient, really, overall,
Except for a problem and an early fall.

The patient was admitted with lots of chest pain.
With positive tests, the results he can’t feign.
EKG abnormal; troponin off, too.
EP and heart failure arrived right on cue.

At the beginning, his blood pressure was high.
Controlled with meds, mmHg doesn’t lie.
Other than that, his vitals were fine.
However, there was not a normal sinus line.

His heart rate was low, even for a racer,
So he was prescribed a ventricular pacer.
The procedure went fine—the staff sure’ll gloat.
That’s not the point here—please see their note.

On the next day, pacer wasn’t working right,
So pacewatch came up to shed a little light.
They came with their case for they’d check the threshold.
An EKG’s pacer spikes: a sight to behold.

I didn’t discharge him till two days after,
To see if anything else was the matter.
During that time he worked with the rehab team.
Did quite well from the notes I could glean.
I wrote prescriptions for five medications.
Pharmacy stated their patient relations.
Now, there isn’t any way to sugarcoat it.
I didn’t pen this; my NP wrote it.
Reviewed and signed,
Dr. Kind
(not a real doctor)
C.R. ANDERSON

The Doctor’s Note

Thank you for the request to see your patient
sorry that my visit was quite latent
your patient is an 85-year-old male
whose complexion I’d say was quite pale

He was admitted to us after an MVA
The details of which are just hearsay
I was requested for med management
an approximation of the damage went

He had a bruised eye and his lip had a quiver
Provide a warm blanket for he has a shiver
His neck had a fracture of the cervical spine
The airway and cord though were thankfully fine

His head’s range of motion, a limited space
I will recommend weeks in a neck brace
From the chest x-rays that were given to me
Three fractured ribs, two fixed, and one free

A broken femur, we will have to pin it
Respirations are at 30 per minute
Left lung sounds fine, right slightly diminished
As for pulmonary status, this note is finished.

Cardiac, he coded for a full minutes three
Two shocks is what started his recovery
Now in A-fib at an average 136
This is a problem we have yet to fix
The liver was damaged, send another MD
Hepatology please, visit hopefully
Skin is battered, cuts and a bruise
Stitches, a bandage, blood to transfuse
The patient’s belly was slightly distend
Recommend a scope up the rear end.
For that issue, I ask to consult GI
And ophthalmology please for that poor eye

Find below the patient’s med list
changes I’ve made, so please call for assist
I’ve entered some orders, nursing please follow
I’ll come and see the patient on the morrow
C.R. ANDERSON

The Tele Tech

Once upon a shift so dreary, I sat and watched so long but leary
Over many a patient rhythm until my eyes were sore
While I pondered, always peeping, suddenly there came a beeping
It felt like a noise of pounding—a pounding I could not ignore.
“It’s an alarm,” I said. A sound I simply cannot ignore
I must click the mouse to find out more

I was forlorn, in the early hours of the morn
Each minute passed so slowly, speed up I did implore
Wanted indeed for time moved fast, I knew that wish could never last
peered at minutes as they passed, slower than they did before
But my wants were naught, for time be ever slower than before
I had then surrendered to the chore

It was the waves of each line, the colors that were so sublime
made me shiver, made me quiver at what they meant at their core
I must relieve my body shaking, of which, I tell you, I’m not faking
because of an alarm ringing that I simply cannot ignore
An alarm, I say, a sound I simply should not ignore
I must click the mouse to find out more

I need to find out about this ring, why the tele does now sing
I moved the mouse, pressed the button, thinking what it’s for
The lines they looked so sinus, but one lead we were minus
Truly now, simply, what of that sound I could not ignore
Silent now, but it was there, the sound I can’t ignore
I must see where I can find out more

I need now face the probability, there is so much possibility
Fib to tach, brady and back, the limitations are so poor
It is quite, so surreal, as the problems away I peel
I clicked around, scrolled on down as I did explore
I quickly thought of the many times I’d done this before
There is a place to find out more
What it was, quite a mystery, until I found it in the history
Found it where I should’ve looked before
To myself I smiled a little, then a pen I started to fiddle
The ring, the beep, the sound I simply could not ignore
telemetry rings, a noise that any tech cannot ignore
It was false and nothing more

Chris Anderson is a certified Health Unit coordinator working At Aurora Health Care. Although writing poetry on a number of subjects, medical poetry seems one of the most rewarding. Making light of the stressful but important jobs in the industry is challenging, but also produces the most humorous.
RAHEEL ANWAR

Hero In Me

When he awakens the thought crosses his mind
Life used to seem beautiful but now he's blind
The grip, stronger than everything
The fix, forces him to do anything
During a fit, No one is spared
For a moment, people wonder if he cared
The destruction of himself and relationships
Stings the soul worse than a horses whip
Many chances provided to get better
But it always comes back to the same letter

F.

For he has no self-image or esteem
Outer shell hard as rock, inside only steam
Feels like he'll never again be part of the team
Caving under pressure like a broken beam
The fix is the only choice, it may seem
Foaming out the mouth white as cream

Life wasn't always this way
Hardships made him go astray
Family members don't know what to say
All they want is for everything to be okay

You used to be my best friend
Helped me from diving off the deep end
So now my hand to you I extend
All the broken pieces, we shall mend

It's time to hold your head up high, no shame
We all have ups and down, there's no blame
We have to get over this addiction, make it tame
After all, life is but a sick, twisted game

We'll all get through this, together
The weight on your shoulders, soon less than feathers
We have to stay positive and strong
Because I don't want to keep listening to the same song

I have hope that from now on you'll stay clean
Your beautiful, lively face, has started to gleam
Your eyes, no longer surrounded by dark clouds
Today you are a better you, you should be proud
I'm so happy, for you I'll always scream out loud,

"I love you, big brother."

Raheel Anwar is a husband, father of two, and currently a third-year medical student. He enjoys spending time outdoors with his wife and kids, and playing video games or watching movies with his kids. His wife, Sarah Anwar, who is also a third-year medical student, inspired him to start creative writing.
Faster and faster,
Heart racing.
Shouldn’t be here,
But we had difficulty placing.
Lower and lower,
Vessels giving way.
Little time left,
Shouldn’t be alone this day.
Slower and slower,
Pulse is weak, frail.
Yet another reminder of consequence,
When the system breaks down,
Fails.
Weaker and weaker,
Each breath shallower than the last.
Daughter won’t make it in time,
Sepsis closing in too fast.
Deeper and deeper,
Life quickly fading.
Impossible to fix.
You got sicker here,
Waiting.
Bryce Baird

Breathe

One subdural of several bleeds
She prays to God, she begs and pleads

I watched close by as she reconciled
Him slipping away, her son, her child

She would do whatever was asked
If it meant her boy ever be de-masked

Days went by, I had only four
To witness the love his mother bore

Much like my own I saw through my eyes
To see her not sleep was not a surprise

She cleaned, she talked, she gave her support
As day two passed I built my rapport

There was not much that I could do
As I rounded I observed his flow, O-Two

Day three passed I understood more
The next was my last, it was now day four

I entered the room and gave her a hug
She clung to me tightly, some might say snug

We talked about the previous night
And with my final visit I had the insight

There is no power on earth like that of love
As doctors, we cannot place anything above.

Bryce Baird is a third-year medical student. He enjoys spending time outdoors hiking, hunting, and fishing. He currently wants to pursue a career in urology.
NINA BANNETT

Power Failures

Trapped in the blackout of 1965. On her way to a wedding dress fitting.  
She watched the lights go off across each swath of the city.  
A marriage that would eventually fail.  
Graduated Phi Beta Kappa. Skipped seventh grade. Graduated high school at sixteen.  
Graduated college at twenty. Hardly a failure.  
Didn’t think she was good enough to be an English major.  
Six years of infertility. Played pyramid constantly waiting to go into labor.  
Pyramid, the hardest solitaire game to win.  
I never won a game. But you were born.  
Blocked out her episodes. Conscientious but a bad loser.  
Calculus. The study of change, too complicated. Gymnastics.  
I abandoned it. Walked around with tangled hair.  
She refused to be untangled. Too complicated for her small family.  
For professionals whose jobs it was to help. For lithium and Depakote.  
For any anti-depressant. Her kidneys failed at fifty-eight.  
She learned the calculus of peritoneal dialysis.  
Used her brains. Conquered the gymnastics of color-coded solution bags.  
Impressed the nurse who trained her.  
The origin of the peritonitis. Of the cancer. Complications.  
Impressed those whose jobs it was to heal her. Taught them about failure.

Nina Bannett’s poetry has appeared in Bellevue Literary Review, Open Minds Quarterly, and Incandescent Minds, and online in Medical Literary Messenger and Amygdala. Her books, Lithium Witness and These Acts of Water, focus on mental illness. She is Professor of English and department chairperson at New York City College of Technology, CUNY.
DANNY BARBARE

Colors

I wish too, I could spread the news.
But I’m coughing and coughing and a
regular day can be quite
shrewd
mental illness, I dare to say
If I was well, I know I could turn
The poinsettia red, the orchid purple
in the den
And outside, the cedar green and
And the sky blue, as I look through
the window in my bedroom.
When a little bluebird makes well
Of my view. He twitters and sings.
No more pity. Remember me, my little
eye
And cheerful wing, and flies away as
fast as he came.
Such change he made inside of me.
My art and craft and love of poetry.
There’s too much to do he tweeted, be
Busily Happy.

Danny Barbare is a janitor. He enjoys traveling locally to the Blue Ridge Mountains and the lowlands of Charleston, SC. He has been writing poetry most of his adult life.
LINDA BARRETT

Misogynistic Mammogram

I follow all the rules:
No perfume, no antiperspirant,
No jewelry above the waist
Bring the doctor’s script
for the annual abuse
I receive from you.
In the Blair Mill Ultrasound
Dressing room,
I unhitch my bra
and my flabby breasts
flop down
like sagging bags
The nurse leads me
into your torture chamber.
Undoing my robe,
I hoist my bags
onto the hard, cold surface
of your machine
The operator tells me
not to breathe
before she presses
Your hard Lucite grip
over my wasted mammarys.
She’s a co-conspirator
in your sadism.
You squeeze my tits
flat to get a picture
of what’s inside of them.
I think you have an issue
with women’s breasts
because you see what’s in them
every single day.
Linda Barrett came into this world with a pen in her hand. Her prolific works have been seen in many publications including *Blood and Thunder*. She received awards in her short stories which won prizes at Montgomery County Community College for several years in a row. She has submitted poems to the *New Directions* magazine the *Compass* as well as other places including a few horror online magazines. She lives in Abington, PA. a suburb of Philadelphia, PA.
ERICH BERG

In the Passing of a Day

Two taps on the door.
Then, “Your margins came back clean.”
Merriment and bliss.

The cold handle turns.
“It has spread to your lymph nodes.”
They leave and foam out.

Our Greatest Teachers

Outstretched before us and concealing naught
These patient teachers trust in their students.
Enclosed in last embrace with cotton soft,
Their gifts of knowledge yielded with prudence.
What drove these tissues to comply, then fail?
Once bound by tight control, then mutiny.
Yet surely one day I will be as frail,
So, I confront innate mortality.
Now wondering about my own cotton,
As unavoidable as death itself,
I meet my teacher not soon forgotten;
And by his sacrifice, we have been helped.
This selflessness akin to common phrase
From John, “For God so loved the world, He gave.”

Erich Berg is a first-year osteopathic medical student at Midwestern University in Glendale, Arizona. With roots in Michigan, Minnesota, and Wisconsin, he is thankful to live in a state where one may golf on Christmas Eve.
ANNETTE BERKOVITS

Erythra Thalassa

One Israelite crossing
on a life and death journey
a sea of crimson, bubbling,
rushing through the great rifts
between the hemispheres
flooding the sulci and gyri.
In the myriad gray folds
no neuron, no synapse,
no astrocyte,
no oligodendrocyte,
no microglia left dry.
Epic flood.
Then all is silenced.
No cheering on the other shore.
How long the deafening
stillness? How long?

Annette Berkovits was born in Kyrgyzstan. She received her primary education in Poland and Tel Aviv, Israel. She earned her advanced degrees in New York. Annette is the author of two books: In the Unlikeliest of Places and Confessions of an Accidental Zoo Curator. She is currently working a poetry collection and a historical novel. For more about her, visit: annetteberkovits.com.
USMAN BHUTTA

She went quietly into the night

Another candle extinguished
Another life lost at 25 to the ravages of lupus and kidney disease
After all the steroid pulses and the cytotoxic drugs
The lectures about daily dialysis, and the placement of temporary dialysis catheters
She went quietly into the night
With a PD catheter in her abdomen, and a hemodialysis catheter in her neck
An endotracheal tube in her throat, four vasopressors failing to maintain her blood flow
Necrotic toes, ulcerations on her body
Calciphylaxis seemed to be too high a price to pay for noncompliance
She went quietly into the night
She was used to refusing most of what we had to offer
In the end she couldn’t even decide her own fate
Her family had to take the decision
As all hope was lost
All machines turned off
She went quietly into the night
I looked through her chart
I had written the first note on her a few years ago, when she wasn’t yet on dialysis
And I had to write the last note on her tonight
When she will be on dialysis no more
She went quietly into the night.

Usman Bhutta is a nephrologist by training. He is a writer by choice. He is a non-type A person by design. During his short stint as a clinician dealing with kidneys assaulted by all manner of toxins, he has tackled diseases head-on. He has attended funerals. He has attended weddings. He would have been happy if the weddings were four and the funeral was one. Such is not the case in the cruel world of non-steroidals and diabetes that we live in. He continues to struggle in his quest though. The bottom line being "save the patient, not just the kidneys.”
ROBERT COOPERMAN

A Year

The doctors gave my aunt a year, as if she’d be just fine, until that fatal 366th day, and then, without pain, a stopped watch.

Real life never works that way. She had two months of breaths growing short and sharp as if she’d lost a marathon every minute of the day, or at every instant she’d fought her way to the surface, some brute murderer holding her underwater: life impossible as it is on Mars.

Whenever my brother visited, she’d shake her head and beg him to let her go, but who can perform that hard kindness?

Not Jeff, nor me, nor Michelle, who sobbed and swore she’d be a better daughter, if only there was the tiny miracle: her mother springing from bed, healthy again, years and years still ahead of her.

Robert Cooperman’s latest poetry collection is DRAFT BOARD BLUES (FutureCycle Press). Forthcoming from Main Street Rag is THAT SUMMER. His work has appeared in THE SEWANEE REVIEW, SLANT, MISSISSIPPI REVIEW, and elsewhere. He lives in Denver with his wife Beth.
VIKI CRAIG

Defiance

Brush wedged
Between his gauze-wrapped
Fingers,
He saw her luminous shoulders
And lunged
At the canvas,
Daubing, stroking,
Retreating.
He shuddered against
The back of the chair
And looked again.

Renoir said to a friend,
“You do not have to have hands to paint.”
To his doctor he said,
“I can walk or I can paint.”
When he leapt at the canvas,

It was war;
His body had attacked him
For fifteen years.
He flung his counter-attack
Via beauty and joy
Into the maw
Of that great
Beast--
The disease which had
Taken almost everything
And would have taken his art.

He looked at the portrait
And heard a clock chime three.
The pain was
Too great to sleep.
So this night
He would paint.
He would lose himself  
In the colors and lines  
On his canvas  
Until dawn intervened.

Then the servants would  
Come to soak  
His throbbing, claw-like hands  
And wipe away his tears.
VIKI CRAIG

Heartsick

Looking backward in the ambulance
Seemed logical to me
On the way to the Oklahoma City hospital.
I reviewed what lay behind me—
Life to that point.
It is sobering to be told
That you cannot ride in a regular car
Because of the risk.
After the nitro,
Anti-coagulant, oxygen, heart enzyme tests, and EKGs,
My blood pressure was doing
Its own spiky, irregular dance
To the pulse’s syncopation.
The symptoms were classic
For males with heart attacks—
Ah, at last—equal opportunity!
I was lugged from the bus at the hospital doors,
Wheeled up a story to a lovely tree-top room,
And dressed in a fraying gown of tepid colors—
Sort of forest bottom shades—
Presented with lifelines
Such as t.v. controller, phone, nurse call button and
Room service menu.

The nurses swarmed me to set up their
Telemetry, my heart’s erratic activity
On all sorts of monitors.
One came to take more blood, a modern leech
In a white lab coat.
Nurses hawked around, watching me,
Noting every little change,
And starved for sleep, but much too wary to close my eyes,
For fear of not waking from that sleep,
I willed myself awake.
Given choices, I want to
Leave this place completely aware,
Not taken in the half-life of dreams.

Dr. Viki Pettijohn Craig is a retired professor who has written poetry for five decades. She has also taught poetry to thousands of her students. Poetry is a way to gain a measure of control over illness and pain and to help others heal. She also loses herself in painting, public speaking and performing as a Chautauqua scholar-actor.
Wishing fully to be a creature of grace,
I lived instead in sturdy independence,
little elegance of movement in place.

Stroke damage leaves life in swift about-face;
with unknowns of body incompetence,
wishing yet to be a creature of grace.

Autonomy I can’t easily replace
for a novice learning to walk and balance,
little elegance of movement in place.

Hands under my elbow on a staircase,
accepting help with grateful patience,
a new creature, unsteady, without grace.

Your smile, my smile shared in joint embrace,
two times joy in needful persistence,
little elegance of movement in place.

Between grace and elegance, there is space
for give and take, to receive acceptance.
Still, I wish to be a creature of grace
with elegance of heart firmly in place.

Victoria Crawford is a poet currently living in Thailand. She enjoys writing poetry about the ups and downs, giggles and jiggles of daily life and traveling the world. In the past a history teacher, Victoria especially enjoys medical history and learning about the medical practices of different cultures. Her poetry has appeared in journals such as *Hektoen International*, *Wraith Infirmities Muses*, *Hawaii Pacific Review*, and many more.
ORMAN DAY

Teetering, Tottering Blues

Grasp the rail shuffling up and down stairs,
Enter a room, stagger to an easy chair,
Your laces may be tight, but you wear loose shoes
When you’ve got the teetering, tottering blues.

Waddling like a duckling across the squeaky floor
In diapers and booties toward the creaky door,
Eager to hug Daddy’s leg, smell his shiny shoes,
I toddled to the tune of the teetering, tottering blues.

We twisted our toes to mash those potatoes,
Spun through strobed light during acid rock shows,
Couldn’t imagine we’d wear wobbly shoes,
Dance sitting down to the teetering, tottering blues.

Doddering, pottering, seventy-two, no sympathy
Cuz gluttony weakened my feet with neuropathy
That makes me afraid of getting blue bruises
When I arise unsteadily after afternoon snoozes.

When you lose agility, grow long in yellow tooth,
You recognize the arrogance of swaggering youth
Who don’t know Nature has a cruel agenda:
Cane, walker, wheelchair until the very end of ya.

But if I could lose memories of hopping trains,
Arcing passes for TDs, sambas in pattering rain
In trade for limber muscles, a faster pace, I’d choose
To cherish my past, below the teetering, tottering blues.

Orman Day directed public relations for several Southern California hospitals. During that time, he and his assistant were honored by the National Marrow Donor Program for being recruiters of the year. His prose and poetry have been published by such journals as Blood and Thunder, Creative Nonfiction, The Examined Life, Portland Review, Los Angeles Review, and Potomac Review. To watch a short parody he made with his elderly aunt, go to YouTube and type "Ormie and Aunt Lucille's Shark Tank."
DAKOTA DEDON

anticipation

Lamictal. Lithium. Seroquel. Trazodone. The other patients are sleeping, I cannot. Mania refuses to allow my mind to rest. The showers are cold, the nurses are colder. The food is gross, but I can smoke after.

Lamictal. Lithium. Seroquel. Trazodone. Every minute of my day carefully planned. Regulated by the wardens, I mean babysitters, I mean nurses. I feel like a caged animal waiting to be free. The days feel like weeks, the minutes lie. hours.

Lamictal. Lithium. Seroquel. Trazodone. I never feel like I get enough sleep. Eating seems next to impossible. I don’t want to socialize, but I learn quickly that progress is measured in points. Points for getting out of bed, points for showering, points for participating in group, Points for eating and points for sleeping. I better catch up or I'll never escape.

Lamictal. Lithium. Seroquel. Trazodone. I just want to go home. I changed my mind, I don’t need to be here. Can I sign myself out now? I’m better, I’m fine! I’m not a danger to myself anymore. I come back to reality, to the realization that I am here for a reason and that I need help I remind myself why I am here, that I desire health and wholeness. I am not healthy. I am not whole. Not like this I’m not.
DAKOTA DEDON

Peace that Surpasses All Understanding

The catch 22 that I currently find myself in,
Is that the lithium is effective for managing my mood
But it gives me an uncontrollable shake in my hands
And a stutter that is not as noticeable to others as it is to me.
I have really had to reevaluate my self-confidence and worth as a result of this.
And realign my worth from my ability to perform to my ability to relate.

I have actually cried a couple of times thinking about not working where I do anymore.
But I made the decision that best suited my priorities and self-care.
It always really sucks when you have to experience loss and grief
Because you are trying to choose health over comfort, stability over easy.
But I know that the decision that I made was one that was right for me,
So I do my very best to get past the disappointment and ease into peace.
The kind of peace that surpasses all understanding.
Third Time's a Charm

This time around I didn't really give a shit about the rules
Or what was required of me, or the point system.
The first 4 days I spent just sleeping, taking pills, and crying.
Now the reality of my depression was hitting me in the face.
I had the time and the space to feel what I so desperately needed to feel.

I was there 9 days, less than any other time, also less than I needed.
A lot happened in 9 days and sometimes,
while laying in bed, or driving, or with friends
A new detail of this visit resurfaces and I remember all over again,
The time in my life where my mental illness became tangible to me!

You see, before, I detached from it and treated it as a passion
External to who I am. A ministry where I was unaffected.
Not until this time did I realize, that the way that I reach people
Is by being both relatable and relational, real and teachable.
By managing my mental illness and making health my main goal.

I want to be the kind of person who other people can talk to,
Because of the things that I have been through and the struggles I have.
And I want to be able to take my struggle and always point people back
to Jesus.
Relating to the people who may not feel like like anyone does and
showing them
The love that I have experienced and desire to show to hurting people.

Dakota Dedon is a college student and poet. When she isn't writing poetry or speaking out about mental health, she enjoys reading and doing anything in nature. A running theme in her poems is the struggle of living life with mental illness and what it's like to overcome and be victorious. She hopes to empower others and help break the stigma that is attached to mental illness.
RUTH DEMING

Sciatica

Everything is shut down,
A purple curtain has been drawn across
the place I lie.
Books stacked on the floor
cannot be opened or even
acknowledged as friends.

The ring of the phone goes unanswered
The thump of the mailbox
is merely a sound,
a call to which I cannot reply.

For I am lying on the couch,
my new home,
The covers are pulled up to my eyes, as
if peace and softness
can vanquish the misery inside.

One day the leg is mine,
bending, obeying,
the next day it's a freak,
not leg so much as
folded-up ironing board,
hot with pain,
begging to be carried
or laid down to rest,
its sizzling miles of track
crackling at unexpected moments.

Just the two of us,
Pain and I,
lying side by side
under the covers,
an indecent pair,
A tireless lover
who won't leave my side.
Ruth Z. Deming writes from her home in Willow Grove, PA, a suburb of Philadelphia. She's a member of The Beehive, an every-Saturday writing group, that helps members meet their writing goals and gives gentle feedback. Her work has been published in literature magazines including *Blood and Thunder, Literary Yard, Page* and *Spine and Bella Mused Online*. 
RICHARD DIXON

The Heart (I, II, III)

A cynical organ, it remains divided
into three parts: the love, the hate
and the in-between.
-R.D. Stanley, Jr.

I

The heart is a muscle
efficiently pumps the blood to all
the vital organs of the body
then to all the extremities –
ka-thumpa, ka-thumpa, ka-thumpa

The heart invented the phrase take
me for granted, and sometimes
complains about this, softly
and quietly, with a measured tone

and its own specific accent – to listen
you have to be as quiet as the dead
and deep of the forest, where no human
has ever heard the tree fall

The heart is a love muscle, and as such
speaks quietly and serenely but sometimes
it yells and screams like a boiling banshee –
ka-thumpa! ka-thumpa! ka-thumpa!

The heart invented the phrase I’ll do my
own thing and sometimes, sometimes
you’re under that damn tree – it falls
and no one else ever hears

II

The heart is a rambler, comes
and goes with the nonchalance
of a coyote as he casually picks over bleached bones, or a high-flying hawk with belly full, content to glide and be borne on winds with changing direction

The heart is a traveling salesman with its own suitcase always packed and ready to go, cross state lines and boundaries of countries with the ease of an immunized diplomat — ambassador of amorous adventures

The heart is a survival-prone scrambler midnight gambler with no curfew and plenty of currency to spend, and spend freely, takes no small tokens of pleasure in its pursuits, takes it time, takes whatever it can with relish and gives back…. nothing

III

The heart is an open book — look at the pages Read them and weep Let them seep off the text and slide, silently but with an eyes-wide-open purpose, back to when time began

The heart was written many centuries ago, much earlier than that — there is no copyright date, no date at all All the words in this book move back and forth between the beginning and now so many times faster than the speed of light, nearly simultaneous

What was true of Adam, or Romeo
or any of those wanna-be lovers
is also true of you

The heart is everything that is written
that ever needs to be written –
everything ever said has already been
said, yet no one listens, has ever
listened, so it all has to be said again
over and over in different versions
and languages, variations
so people have the opportunity
not to listen again. This will continue
with small interruptions, until
the end of time
Richard Dixon is a retired high school special education teacher and tennis coach. He has had his poems published in Dragon Poet Review, Crosstimbers, Westview, Red River Review, Walt’s Corner of the Lo HARD CRACKERS, 3 Woody Guthrie anthologies in 2011, 2013 and 2017 as well as Clash By Night poems related to the breakthrough 1979 album by the Clash, London Calling. He has been a featured reader at Circle Bookstore, the Depot in Norman, OK, the Benedict St. Marketplace in Shawnee, OK, Scissorta Festival in Ada, OK and the Chikaskia Literary Festival in Tonkawa, OK.
A Drop of Nectar on a Parched Tongue

Red
Are
My eyes
As I stare
At the computer,
Wishing for the throbbing headache
To subside, to leave.
The charge nurse
Inspects
Me,
Me:
A man
With a deep,
Inscrutable pain,
Devoid of all understanding.
I can’t speak its name;
They would not
Permit
Me,
Me—
Doctor,
Provider,
Father and Husband—
To continue seeing patients,
Fulfill my purpose.
They would see
My life
Gone,
Gone
Like an
Ancient curse,
Wanton assailant,
Undesirable reprobate.
Please leave me alone!
It’s only
A drop
On,
On
My tongue,
A parched earth,
Like sweet, pure nectar.
I will keep my secret within,
Away from judgment.
It's only
One more
Drop,
Drop…

Ashten Duncan is a MD/MPH student at the OU-TU School of Community Medicine. A 2018-2019 Albert Schweitzer Fellow, he is currently in the public health stage of his training. He is a graduate of the University of Oklahoma, where he completed a B.S. in Microbiology and minors in Chemistry and French. An aspiring family physician, Ashten is currently on a National Health Service Corps scholarship. His research interests include hope theory, burnout in medical education, and positive psychology in vulnerable populations. Passionate about creative writing, he has published various pieces on KevinMD.com and in-Training.org and in Blood and Thunder and The Practical Playbook.
ROBERT FERRIER

Chemo Jesus

Lord I feel the needle before it seeks my vein
I feel my gut churning even hearing chemo’s name
That needle’s filled with fire to kill the deadly cells
Yet when it hits my stomach, my insides burn in hell.

Chemo Jesus I’m beggin’, deliver me from pain
Let me eat, let me drink without throwin’ up all night
Let me sleep without nightmares, heaves and belly cramps
Let me wake without night sweats, and stand out in the rain.

Chemo Jesus deliver me; stay my doubts and fear
Shrink hours of this night, angels at my side
Let me touch their wings, imagine I’m in Heaven.
Let them fly me somewhere, anywhere but here.

Chemo Jesus I’m beggin’, deliver me from pain
Let me eat, let me drink without throwin’ up all night
Let me sleep without nightmares, heaves and belly cramps
Let me wake without night sweats, and stand out in the rain.

Chemo Jesus I feel you, I feel you in my heart
No pain, no fear will stay me
You’ll guide me through this night
Chemo Jesus I love you, tomorrow’s a new start!
ROBERT FERRIER

Eczema

Ants crawling beneath skin at 3 a.m.
 testify ing to sins: peppery smoked
turkey leg at the fair, dairy, chocolate
and nuts, red welts streaked skin, brief
calm from cortisone creams, promises
broken, dreading night...scratching.

Wear only cotton and damn the cost,
cursing God with insomnia's chorus
bargains made, broken...chaos.
NICHOLAS FROUMIS

A Stroll

As she supported mother’s frail arm,
the bone beneath the thin skin
threatened to crack.
Their eyes met for a moment
as they sauntered down the hall.
A blank stare, like so many since the stroke.
She wished she could ask what she was thinking.

Those small toddler fingers, like miniature sausages,
tightly gripping her hands while stout little legs
wobbled and almost collapsed with each new step.
She wished she could tell her.

Nicholas Froumis practices optometry in the Bay Area. His writing has been nominated for the Pushcart Prize and has appeared in Gravel, Right Hand Pointing, The Penwood Review, WestWard Quarterly, and Ground Fresh Thursday. He lives in San Jose, CA with his wife, novelist Stacy Froumis, and their daughter.
Call was slow that evening.
The pager was not beeping.
After a long day of healing,
The slow night was relieving.

Suddenly, a call came in.
A 49-year-old woman,
She had yellow-colored skin.
And rated her pain 10 out of 10.

Her eyes were much the same,
I thought it was a shame.
Long-term alcohol use to blame,
Was her husband's claim.

Her liver was cirrhotic.
Her brain was psychotic.
Her kidneys were nephrotic.
Her portal vein thrombotic.

I entered the emergency department.
And noticed her stomach enlargement.
As I performed the physical exam,
I could feel the fluid in her abdomen.

Shifting dullness and a fluid wave.
A patient I wanted to save.
Her condition looked grave.
However, she was brave.

Her hands had a flapping tremor
She vomited up her dinner
She was in acute distress
I told her we would try our best.
Katelin Harrell is a third-year medical student. She enjoys writing, traveling, and spending time outdoors.
Ann Howells

Denial

Skin blanches ashen
sweat beads pore
he shivers in the heated room
round-shouldered on bed's edge

wearing only boxers
and black dress socks
fingers tingle
blood seems effervescent

a lump in his chest
shoots rays to bony shoulders
his arms turn leaden
and all he touches

seems covered by a thick duvet
his wife still presses
nine-one-one as he protests
... just the pizza

nausea churns
head swirls cumulous
vision kaleidoscopes
black closes in as though

someone tugs the cord
on a drawstring bag
his voice collapses
words are unintelligible

still he shakes a stubborn head
denies all possibility
this cannot be -- cannot possibly be --
his indomitable heart
Ann Howells, back in the days when she was working, was a cryomycologist. Now she spends time with her two dogs, and enjoys reading, writing poetry, and traveling to anywhere she has never been.
With the death
came silence.
The calm after a storm.
It felt familiar.
His daughter wept,
hot tears fading
into threadbare sheets
like raindrops on
a summer’s sidewalk,
as I choked
back the words,
which danced like pop rocks
on my tongue,
reminding myself
that this was her silence;
mine had come
and gone.
So instead
I said
what I thought
I should:
I can’t fathom
how this feels
for you.
But the truth was that
I could.
The marvel of the stars
lies not in their abundance,
but in their willingness to exist
at all.
To burn,
burn with such
magnificent fury
until there is nothing left,
no more than the muscle memory
of a million, million molecules
dispersed across the heavens
like ashes cast out into the breeze.

*The Japanese phrase mono no aware translates literally as “the pathos of things”. It describes the wistful and bittersweet awareness of the impermanence of all things.

Zachary G. Jacobs is an academic hospitalist and a storyteller who believes that compassionate care and patient-centered medicine are enhanced by a familiarity with narrative. He is driven by his passion for stories, and aspires to capture and recount their beauty through poetry, prose, photography, and visual arts. He has published pieces in the Journal of General Internal Medicine, Annals of Global Health, and Hektoen International, among others.
I told you about Alfred Adler’s idea
that a person’s first memory,
provides a guiding myth
for the rest of their life.
You told me your first memory
was of being a young girl.
It was night and your head was
on your mother’s shoulder as
a fast train flew recklessly
into the darkness.
You were sure there were
ferocious animals hiding outside,
waiting to tear you to pieces,
You worried that if you moved your head
some hungry predator would break through the glass
and rip out your throat.
We watched a goldfinch
peck away at a bird feeder.
“That’s one hell of a guiding myth,” I said.
You responded with a question:
“Did I ever tell you I tried to kill myself three times
after my daughter died?”
I nodded.
As we sat in the
nursing home’s garden area,
a staff member walked by
arm in arm with a woman who had dementia.
“We’d all be better off
if our memories were washed away
when we got old,” you said.
I watched the goldfinch fly away, and
asked if you really believed that.
“No,” you said.
It was the only time I ever saw you smile.
SCOTT JANSSEN

Oatmeal Cookies

The nurses call it “the cart”
and when they park it outside your door
you might as well start singing
your death song.
It’s always stocked the same stuff –
a bowl of ice filled with
boxes of juice, cans of soda
and packets of cream.
Beside the bowl,
a thermos with coffee,
scattered energy bars and
individually-wrapped oatmeal cookies
with vanilla frosting sandwiched inside.
The nursing assistant looks at me gravely
as I head for the room. She whispers,
She’s almost gone. Her daughter’s not handling it too good.
Inside the lights are off, curtains closed.
The only sounds are the rumble of an
oxygen concentrator, the sobs of a daughter
and gurgling in her mother’s throat.
A horizontal shaft of sunlight crosses
the wall, breaking through a small crack
between the top of the curtain
and window frame.
I spend about an hour
talking with the daughter, listening.
We go over the little blue book which
charts out the signs of approaching death.
She asks me to pray and I ask
what she wants me pray for.
“Pray that she isn’t alone
when she reaches the other side,”
she says.
I stumble through a prayer
the way I’ve learned to do
over the years whenever someone
asks me to pray at the bedside.

As I leave,
I grab an oatmeal cookies and
drop it into my pocket.
Later, as I sit in my car doing documentation,
I pull it out and take a bite,
remembering coming home from school
when I was a kid,
rifling through kitchen cabinets
looking for these same cookies,
my life and all the deaths still ahead of me.
SCOTT JANSSEN

The Death of Mister Jack: a poem play in five acts

Characters: Mister Jack & Social Worker

Setting: Assisted Living Facility porch,
Mister Jack in wheelchair,
Social Worker in rocking chair

Act I

Mister Jack: They spat on us
when we came home from Vietnam.
My buddies were called baby-killers.
I just wanted my life back but my life
was gone.

Act II

Mister Jack: I didn’t want to
kill anyone. (begins crying)
They gave me an M-16 and
threw me at the Viet Cong who
wanted to shoot me.
I was a sergeant.
My men counted on me.
(whispers) I never
wanted to kill anyone.

Act III

Mister Jack: There was a trash heap
outside base where women and kids
would come to scavenge.
Every two or three days
someone – an American – would
shoot a kid or a woman.
Kill them in cold blood. (cries)
But they kept coming.
They had to, since we had killed their animals and destroyed their crops.

Act IV

Mister Jack: Can I tell you something?
(Social Worker nods)
Mister Jack: I mean can I tell you something I never told before?

(Social Worker nods. Mister Jack looks offstage.
Son’s voice: “Hey old man. You ready for the eye doctor appointment?”
Social Worker and Mister Jack look at each other)

Social Worker: I can ask him to stand down. We can go somewhere private and talk.
Mister Jack: (looks sad, then looks toward voice)
Hey boy!
You best be buying lunch
While we’re out.

Act V

(Mister Jack’s kidneys begin shutting down.
The next weekend he goes into a coma, and dies)
Scott Janssen has been a hospice social worker for over twenty-five years. He has published in various professional and literary magazines as well as the occasional academic journal. He has special interests in using poetry, and storytelling with his patients. His book, *Standing at Lemhi Pass - Archetypal Stories for the End of Life and Other Challenging Times*, explores the use of historical storytelling with terminally ill patients. He works for Hospice and Palliative Care Center of Alamance-Caswell in Burlington, North Carolina.
The Specter

Through the looking glass, in retrospect, and the myriad other ways our mind’s eye distorts blinds us and casts shadows. We look outside ourselves, into other bodies, for answers. We do not turn blind eyes. We look, feel, sniff out our worst fears.

Sniff sniff. Dead colon? Snip snip. Malignant spread? The specter looms. Darkly, deeply it resides, housed outside of ourselves, in the cavity into which I peer. I approach the altar table, the patient laid supine. Each time I approach I send prayers out into the ether, anything I can do to shift my sight away from the Pandora’s box of looking at myself. I fight something, its full prowl is outside my line of sight. I stay two steps behind: the oily slickness and metallic smell linger, only teasing, flaunting that I inhabit its aftermath. The specter looms. The fight is against cast shadows, my idea of things pitted against how it really was.
The way I wash and wash
my hands is Sisyphean
The only way out
I know
is in.

Zoe Jones is a fourth-year general surgery resident at the University of New Mexico. She has a background in the humanities, focusing on poetry analysis. She enjoys reading, documentaries, shoes, and her cat.
ADEEL KHAN

Ticking, tocking, and talking

Doctor, can you explain this process once again?

I know you’re busy, but… what is all of this?
I’m lost about that word you said is my diagnosis.

Just weeks ago, I ran, I swam, I fished,
I took in the sun and soaked by the lake as I wished.
I even just taught my grandson how to throw a cast.
And now I have problems with – my myeloblast?

I kept myself active with the dogs,
ate all my vegetables with no extra sauce.
So I’m sorry but I don’t understand
how could I be so ill with the wave of a hand.

You daggered into my back digging deep into my hip bone,
sent it promptly for “marrow analysis” then left me all alone.
Yet this same back carried bricks and stood strong in crisis.
and now I am overtaken by – myelofib-r-o-s-i-s?

Weeping, I wondered what plague has taken over my life?
I raised two boys and a girl and I was surely good to my wife.
I recycled, avoided smoke, and took my baby aspirin.
My only health problem was this nagging pain in my left shin.
I couldn’t possibly have caused this, right?

These terms and body parts are all new to me…
And I’m sorry for so many questions, I know your time isn’t free.
This is just overwhelming – feels like I’m stuck in shock,
I just can’t thank you enough for never looking up at the clock.

Adeel Khan, MD, MPH is a physician at Massachusetts General Hospital and instructor at Harvard Medical School. Originally from Oklahoma, he worked at OU HSC Department of Physiology during his college days at OU.
RACHEL MALLALIEU

Death Visits a Village in Nicaragua

One eye rolls upward
too tired of seeing
  only clouds
the other, with its
gossamer film,
hangs helplessly bright, like
the sunlit spiderweb
which blankets a corner
of the earthen room

A daughter hides
behind her straight
  black hair
The wife grips his
tired hands and keens her
dead song early

His spiderweb eye
roams wildly
while his brittle body
remembers why to breathe

A daughter parts her
hair like a curtain
and watches the web in the corner
  as it darkens
The wife drips tears on his
parchment skin to remind him
  how to live

His filmy eye
finally stills
and the spiderweb
  in the corner
no longer catches
  the sun
Here’s the thing
I know what goes on in this room
he’s probably already dead, and you’re letting me wait
while you finish the chart,
that’s ok, I’ll relish these seconds
where I don’t yet know
my life is devastated

In this room, I once told a woman that her only
son, the one who was going to be the first one in the family
to go to college, was in fact dead, that he drowned in a creek
on a youth group trip after he struck his head on a rock

And here I told a young man that his fiancee, the mother of
his three young children, was unresponsive and dying,
that when she woke him up and screamed about her headache,
her brain was actually filling with blood

And in this very chair, a middle aged woman sat, and I told her
that although she kissed her husband an hour ago
as he entered the ambulance with just a little chest pain,
that as he spoke to me, his teeth clenched
and his heart stopped beating,
and I tried and tried, but just like that
she didn’t have a husband anymore

And the young girl who bravely called 911
when her mother couldn’t breathe,
she waited in this room alone for almost an hour
before an uncle came to wrap arms around her,
because she no longer had a father
(he walked out six months ago)
and then I told this little girl that
now she didn’t have a mother either
I was just in here the other night, watching a teen age boy
wail and pound the wall when I told him the news
so really, you can’t pull one over on me
when I see you walking toward me, arranging your face
into a gentle mask of compassion and concern,
I’ll leap to my feet and run outside
I’ll gulp the starlit air and cover my ears
I will not hear what you have to say

I cannot know what I will not know

Dr. Rachel Mallalieu is an Emergency physician who has been working nights for over 12 years. She is married to her college sweetheart, has five children, and writes a little poetry in her spare time.
Elegy for a Neurologist

When I was young, I nestled on your couch
Shaped like a baseball mitt
Always between the ring and little fingers
Years passed
And so too did the spells
Of interrupted consciousness
So bewildering to those
Who witnessed a child’s flailing limbs
Dancing to aberrant rhythms
As you lie in state
Silent yet ever-wise
I think of thousands
Strangers to me
But not to your healing hands
And earnest heart
They attend your wake
In spirit if not body
All living witness to your service
That healed the planet
Synapse by synapse

Mukund Gnanadesikan is a child and adolescent psychiatrist in Napa, CA who also writes in a variety of mediums. His poems have been published in "Sheets: For Men Only" (2004, Dancing Ink Press) and he is currently at work on a collection tentatively entitled "Scrawl"
Gratitude

Fumbling my right arm
I slowly, gently, try to make it right.
Sweating, I can imagine
the zipper sliding up.
Fumbling, trembling, slowly:
I will try.
On the day of my stroke
I envisioned a dream
Only, I could not get up.
I couldn’t,
I just couldn’t.
From my dream I awoke:
No, dreams are a reality.
I couldn’t walk
I fumbled my words,
A whirl of wind
Logomachy, aphasia
One letter, one time
Hamlet, graceful, but aphoristic had
Words for me:
Words, word, words
A little more kin and less than kind,
Heart
Of hearts, aye, there’s the rub,
But, no Hamlet
I labored with everyone
Moil with hard
And I was, what does one say,
Improving?
Now, there is still the zipper.
It is a large, fluorescent North Face
Frustrating my lead.
Stubbornly pulling with my left arm,
I have patience:
Patience is a virtue
I swear and sweat, moving the small zipper, I work.
Slip goes my left arm, but, I am okay.

I tug and push, I tug and pull again:
Slowly, calmly, I move my left arm.
Lightly impressing, I can do it:
Zip, zip, zip: thank you.
Now, I will tie my shoes: the rest is silence.

Michael Obel-Omia is a speaker, writer, and educator who suffered a stroke in May of 2016, resulting in aphasia. As a part of his recovery, he writes every day. Poetry allows him to express himself in a way that conversation cannot.
WILLIAM PALMER

Halo

—for Monica

She hopped up
to reach the chair beside my desk

then scooted back,
orange knit hat

pulled down
over round scars

from the halo brace that aligned
her spine years before.

Her red scooter zipped across the mall,
her smile a headlight.

Senior year: homecoming queen,
king kneeling beside her—all the cheers.

Hoping to ease her frame once more
she wrote “Ode to My Breast Reduction.”

But as she counted backward
the unexpected seized the air.

The elevator still holds
the white stick she used

to push black buttons
that circle with light.
WILLIAM PALMER

Her Secret

In phys ed, he noticed her
outside the court, singing
from *My Fair Lady* and swaying.
A theater major, he thought.

After a dance at the Union,
they walked through campus.
They sat on a bench.
Old maples shadowed reds and yellows.

She reached for his hand
and told him: a port-wine stain
colored the left side of her face.
She covered it with thick cream.

He had noticed
the purple edge of her lip.
He remembered a story he had read
in *Winesburg, Ohio* for class:

how pickers rejected twisted apples,
though their bumps held
the most sweetness.
He held and kissed her.

Later in the dorm
he saw his mouth smudged.
He scrubbed it with hot water.
He had to scrub it again.

When he saw her,
he asked her to show him
her naked face.
But she wouldn’t.

After that, he let her go.
WILLIAM PALMER

The Offspring

She tries
to think of it

as a mother might
her own child

-growing inside her,
she says.

She sends it love,
though it turns

her skin yellow.
Her husband prays

for the wild cells
to go back

-till they no longer
call her name.

After forty years of teaching English, William Palmer recently retired from Alma College in central Michigan. His poetry has appeared recently in Bluestem, J Journal, and Poetry East. He has published two chapbooks: A String of Blue Lights and Humble.
When something needs to be healed
It is my instinct to place my hand there.
A softening balm to all pain,
A pink padded eraser rubbing away
All grief and tears,
Reading the wrongs and righting them.

Sometimes I think, there is no righting them,
These wrongs that wait to be healed,
But stain our skin with grief and tears.
Sometimes I think, to place my hand there
Is to do nothing, rubbing away
Only causes more pain. All pain

Ends when it is time. When all pain
Ends it is because it is ready. Righting them,
These wrongs, takes time. Rubbing away
Only irritates the sore spot of grief. To be healed
Takes time. To place my hand there
Provides solace, but grief and tears

Need their place beneath the hand. Grief and tears
Have their place, as does all pain,
Even as it spills out, and to place my hand there
Does not stop it, and these wrongs, righting them
Is not as simple as righting a tipping cup. To be healed
I must place my hand and wait, without rubbing away,

Without automatic movement. Without rubbing away,
But with feeling and compassion for grief and tears.
Feeling and compassion can be automatic. To be healed,
Placing a hand on all pain
Can be automatic, more feeling than movement. Righting them,
These wrongs, I wait, place my hand there,

But hope, secretly and silently, with my hand there,
Some healing will come to all pain, without rubbing away,
Without movement. Taking wrongs and righting them
With love, feeling, and compassion for grief and tears.
To give shelter to all pain
Beneath my hand, and time to be healed.

Karen Poppy has work published or forthcoming in The Wallace Stevens Journal, Parody Poetry Journal, Young Ravens Literary Review, and Voices de la Luna. She has recently written her first novel. Karen Poppy is a writer, and attorney licensed in California and Texas. She lives in the San Francisco Bay Area, and has roots in Oklahoma through her mother.
Captive in
an inky room,
the walls—padded
like a lunatic's cell—scale
to infinity, ceiling
indiscernible.

The nightmare is always
the same.

She is curled
in a corner;
the door inches
open.

A stygian shadow bars
the only exit—faceless
terror looming over
her shrinking
torso.

Her lungs
tighten.

The specter
creeps
closer.

She can’t
breathe…
can’t…

wake up

wake
up
wake

(...!)
ANDREA POTYONDY-SMITH

Subcutaneous

We name muscles
by size and shape,
origin and insertion,
depth, location, action,
number of heads, direction
of fibers. We designate placement:
major and minor,
lateral and medial, superior and
inferior, anterior and posterior.
They flow beneath the skin:
oceans weaving the continents
of our appendages together,
making ports of call
at condyles, processes, tubercles;
tendons are channels—
Panama Canals of living tissue—all this
an achievement greater
than a world water circle
and the engineering dream of de Lesseps.
We give them a geography,
separating, compartmentalizing
to make sense of the body’s maze. Yet
we need no lock-and-dam system,
no adjustment of sea levels
to move through our days.
The body remembers
the age of Pangea, remembers
warm, even waters of the primordial soup,
the sheltered womb,
where all things,
like an ancient labyrinth,
lead to center.

Andrea Potyondy-Smith earned an MFA from Minnesota State University, Mankato. She currently teaches English full time in the Minneapolis Metro area, where she lives. She is also a certified massage therapist. In her free time, she enjoys bicycling, traveling, and being out in nature.
GAZI RASHID

Extubation

Like a new moon waxing full,
They shuffle around his bed,
Minding the architecture converging on his head.
Tearful son, resentful daughter, dazed wife,
Granddaughter peeking past her clutching mother
Journey to usher him on his own.
Acceptance – choking and wordless -
Broken only by
Shrill machines who couldn’t let go
When the Silent had.

Gazi Rashid is a 3rd-year medical student at Emory University. He enjoys good stories, Thai food, and laughter
SECRETLY THE SECOND-YEAR RESIDENT rubs the smooth Lake Winnebago stone on the still wet infant. She starts with the soles of his feet, before inking them for footprints, blesses him with speed if needed, steadfastness of step in future surreal circumstances.

She waits for three minutes to fill the baby with the minerals of his mother, the sweetness of farm soil the necessary iron, before fitting the teeth of the standard plastic clamp around the cord’s braid--two arteries, one vein--then cuts through their connection of gristle.

She strokes the striped stone on each palm, though she does not believe in life lines--love lines or fate, she grants him purpose--a gift for forming clay, chiseling marble, turning wood on a lathe.

The resident is fully vested in science, board certified, tested and observed. She is no shamanist no sorcerer of good or evil, yet she knows enough to hide her stone in her
white coat pocket, behind her badge,
her face photographed, smiling, slightly
blurred by exhaustion, soft, not yet hardened
by the unhappy outcomes, the stillbirths
she will have to pronounce.

Jenna Rindo worked for years as a pediatric intensive care nurse. She now teaches
English to non-native speakers. Her poems and essays have been published in
*Shenandoah, AJN, Calyx, Tampa Review, Ars Medica* and *Chest.*
GERARD SARNAT

Heartfelt Midwest Values

Comfy schmoozing moi’s hifalutin
college roomie just blew in
from Philly’s Mainline

my slightly older lookalike 1st cousin
-- closest to being that brother
did not ever have --

who with his wife, our dear friend,
happened to visit us exactly
after Mother passed

prominent yet modest cardiologist,
he’s born plus raised same city
block where we

played ‘n played, now septuagenarian
still practicing medicine
in upstate Indiana

“Never moved the family to join yours
in California ‘cause didn’t
think I could fit in.”
Gerard Sarnat has won the Poetry in the Arts First Place Award plus the Dorfman Prize and been nominated for Pushcarts. Gerry’s authored four collections: *HOMELESS CHRONICLES from Abraham to Burning Man* (2010), *Disputes* (2012), *17s* (2014) and *Melting The Ice King* (2016) which included work published in magazines and anthologies including *Gargoyle, American Journal of Poetry (Margie), Main Street Rag, New Delta Review, OCHO, Brooklyn Review, Lowestoft, Tishman Review, Suisun Valley Review, Tiferet, Fiction Southeast, Junto, Burningwood Review* plus was featured in *New Verse News, Edify, Poetica, Songs of Eretz, Avocet, LEVELER, tNY, StepAway, Bywords and Floor Plan*. Among other publications, *Deronda Review, San Francisco Magazine, Radius, Foliage Oak, Dark Run, Scarlet Leaf, Good Men Project, Veterans Writing Project, Anti-Heroin Chic, Aois, Poetry Circle, Tipton Review, Creative Truth, Harbor Village, Indian Ruminations, KYSO, Flagler Review, Poets and War, and Ordinary Madness*’ debuted feature sets of new poems. Mount Analogue selected Sarnat’s sequence, *KADDISH FOR THE COUNTRY*, for distribution as a pamphlet in Seattle on Inauguration Day 2017 as well as the next morning as part of the Washington DC and nationwide Women’s Marches. In May “Amber Of Memory” was the single poem chosen for Gerry’s 50th college reunion symposium on Bob Dylan; the Harvard Advocate accepted a second plus Oberlin, Brown, Columbia, Johns Hopkins accepted concurrent pieces. In August Failed Haiku presented his work first among over a hundred contributors. In January 2018, among other acceptances, six Sarnat poems were featured in *True Living Documented Relentlessly [TL;DR]*, his work was front page in *International Journal Of Modern Poetry*, and pieces were accepted by Australian, Israeli, Canadian and Indian publications. In February, two Dadaist publications accepted some of Gerry’s new-styled work: *Maintenant*, plus a ten-poem sequence is being featured in *Outsider Poetry*. The UK’s *Ink Pantry* accepted a spread and interviewed Sarnat for a featured run. *Beautiful Loser*’s main spread was Sarnat’s poetry accompanied by an interview. *The Editor’s Note for Rumblefish’s* Winter 2018 issue describes Sarnat as “previous reader-favorite.” A set was featured in March’s *Surreal Mannequin Haus*. The UK’s *Winamop* will repeat-feature a sequence of Gerry’s work this summer, this time incorporating photos as well as newer concrete poetry. Ditto Ginosko. For *Huffington Post* other reviews, readings, publications, interviews; visit GerardSarnat.com. Harvard/Stanford educated, Gerry’s worked in jails, built/staffed clinics for the marginalized, been a CEO of healthcare organizations and Stanford Medical School professor. Married since 1969, he has three children, four grandkids.
JOEL SAVISHINSKY

Bar Code

You don’t measure a life
by its length. You don’t
measure lives.
You live them.

If forced to choose,
choose love. Even better,
choose not to choose.

In the market, recently retired,
a nurse told her doctor how she now
stacked cans, moved the old milk
to the front of the shelves,
struggled with the scanner.
Unlike the old days,
everything was dated.

Me too, she said. A looseness
in the valves, a tightening
in the joints.

She could feel
the loss of fluids:
dry-eyed, tongue-tied,
other outlets leaking.

She said she was:
Perspiration.
Respiration.
Expiration.
Date unclear.

Where is my label?,
she had asked herself.
My chip? What
is my bar code?
They must lie deep in
the amino acids’ four names,
my parents’ love letters.

Dance

The nurses circled the room, taking measures,
reading screens like ancient priests watching
birds for signs. When they moved the man’s bed
to clean, the space became a ballroom
and his grandchildren danced for him.

Epilepsy

He did dishes in
the kitchen, safe from
the residents, or they
from him. A job,
a favor to his family.

When a seizure sent
its warning wave,
it was at first all
dark sound, much like
the cranking, rolling wheels
of the cart the busboy used
when clearing tables.

Three times in
two years he had
fallen deep into
himself, but he had
never once broken
a dish.
Joel Savishinsky is a retired professor of anthropology and gerontology. He has studied human adaptations to diverse ecosystems, health care institutions, and the aging process, in the Canadian Arctic, Turkey, the Caribbean, the United States, England, and India. His books include The Trail of the Hare: Environment and Stress in a Sub-Arctic Community, as well as The Ends of Time: Life and Work in A Nursing Home, and Breaking the Watch; The Meanings of Retirement in America, both of which won the Gerontological Society of Americas Kalish Award for Innovative Publishing. His poetry has appeared in Crosscurrents, The Berkshire Review, Xanadu, Third Eye, Starfish, The American Journal of Gastroenterology, The Avocet, Windfall, and The New York Times. He lives in Seattle, Washington, helping to raise his five grandchildren and political awareness about issues of injustice, health care, and social equity.
JO SCHNEIDER

Live the Questions

“Be patient toward all that is unsolved in your heart and try to love the questions themselves, like locked rooms and like books that are now written in a very foreign tongue.” - Rilke

Who pulled whom into the bathroom?
Who locked the door?
Who suggested taking clothes off?
Who made the first move?

“Do you know how sex works?”
Why didn’t she scream?
“Do you know where this goes?”
Where was the teacher?

What did you see when he pulled down his pants?
What was that white stuff in his hand?
Why wouldn’t he let her leave?
Has anyone seen Lisa and Ben?

When is Lisa’s mom arriving?
Does mom know he has a history of sexual assault?
Sweetie, are you okay?
Mom, are you mad at me?

Are they going to sue to school?
Are they going to press charges?
Is school a safe place for special needs children?
Is school a safe place for anyone?

Lisa, can I ask you some questions?
Lisa, may I examine you now?
Lisa, will you stop me if at any point you feel uncomfortable?
Lisa, can you help me examine your private parts?
What is her developmental age?
Doctor, does everything look okay?
Given her developmental delays, do you think she'll even remember all this?
Why do we examine children after sexual assault?

What is his developmental age?
Detective, will he be arrested?
Given his developmental delays, do you think he understands what he's done?
Should he be tried as an adult?

What will mom say when she finds out that the school knew his history?
What will Lisa say when she finds out her classmate may go to jail?
What will Ben say when the court asks him if he thinks what he did was wrong?
What will the judge say when asked to decide?

How do you talk to a child in a 16-year-old's body about intercourse?
How do you teach an autistic boy right and wrong?
How do you teach an autistic girl what consent is?
Mom, why wasn’t Ben at school this week?

Joanna Schneider is a 4th-year medical student at the University of North Carolina School of Medicine. She plans to pursue an internal medicine residency, but is also passionate about the ethics and humanism side of healthcare. She is from North Carolina, went to college at Dartmouth College in New Hampshire, and then worked in health care consulting in Washington, D.C. before entering medical school. She is an avid rock climber and spends her time outside the hospital on trails and cliffs.
WENDY SCOTT

Last Swim

4 AM and I don’t know if we’re awake.
Your face floats above my cot. You lean over

the bed rails: in your oxygen mask, tubes, gown.
Stay here, you say. I’m swimming over there.

I see golden ocean, daub of distant mountain.
Too far. Three days your right arm swings up,

forward. With each exhale you climb
a breaker’s edge. For decades you swam

a mile a day. Each mile holds you here now.
Your surging heart not done, not done, not done.

Bilge water rises, fills legs, abdomen.
Your lungs; sluices swamp and fail.

If this were not you, if we were visiting,
you’d explain as we left pulmonary

edema / pleural effusion. I’d pretend
to understand—look them up later.

The nurse suctions cups of phlegm from your lungs.
I mark your crossing from the corner chair
its vinyl chipped under my hands.
Rose’s heart wasn’t made right.
Your father understood it all,
pictured her heart a machine
like the ones in his factory.

*Her heart wasn’t plumbed well,* he said,
opened where it should close. It leaked.

I’d raised babies before, four of them
and I was good at it. Followed the experts’
advice: *Don’t pick them up when they cry.*
*Let them cry it out. Everything on a schedule.*

Rose just lay there. She did not cry,
did not smile, was not awake, did not sleep.

Rose breathed.

Every effort of her body. Every hour.
Every minute. She pulled, gulped air.

Her unwalled chambers
mixed bad blood with good,
sent spent blood back,
made her blue. Tetralogy of Fallot:

blue lips, blue hands, blue skin.
I told them her lungs weren’t right.

She worked too hard to breathe.
I didn’t like watching, turned my head
from her chest, pulling like there
wasn’t enough air, not enough air

anywhere to reach her blood, to redden her lips.
Your dad heard about the surgery, that new

procedure, the Blalock-something shunt,
drove Rose to Johns Hopkins.

Dr. Blalock said the operation was a success.

Rose came home. Six months
until she died.

There was no air in our house.
There was no air anywhere.
WENDY SCOTT

On Call

If she threatened to poison her in-laws—
how long has she been cooking for them?
If she threatened to kill her husband,
he probably deserved it. Nothing I saw
made me sure she needed a psych ward.
But, if she walked around with rat poison,
a knife, in front of the neighbor,

she needed help. Unless they lied.
Then a psych hospital’s an improvement.
Best case, she was as depressed as she looked.
They were Indian. He was scared.
He said what he had to,
brought a white neighbor
in case these white people wouldn’t listen.

The ER nurses didn’t acknowledge me.
One said there was no computer I could use.
It was someone’s birthday:
cake at the nurse’s station.
All that harsh light,
even the paper gowns reflect it.

Psych patients go to Western Psych,
if there’s a bed, once I assess,
get the commitment. Two hours
to learn her insurance was expired.
I could sell a voluntary commitment,

said what I had to, focused on the signature,
not the tears that followed.
The husband asks, Why can’t I drive her there?
No Indian doctors. I don’t want
Indian doctors. The patient says,
I want to go home.
The system they’d tried to wade
washed over them, flooding the room.
I ordered the ambulance, snuck out the back
so the patient’s husband wouldn’t see me leave
drove through rain hammering on my hood.

Wendy Scott’s first book of poems, *Soon I Will Build an Ark*, was published by Main Street Rag in 2014. Her poems have appeared in *Painted Bride Quarterly*, *Harpur Palate*, *Fourth River*, *Cobalt*, and *The Meadow*, among others. She has an MFA in poetry from the University of Pittsburgh, and has taught writing in a variety of settings, from universities to halfway houses. She is on the editorial board of the *Pittsburgh Poetry Review*. 
DAVID SHESKIN

Autopsy of a Time Traveler

The contents of his stomach
The texture of his skin
The peculiar aromas that emanate from the steel table
On which his body lies
Rigid and Horizontal
Everything about this Man suggests
He is one who has traveled
Far and wide
Backwards
And perhaps even Forwards
The evidence argues he has
Rode the back of a Wooly mammoth
Been gored by a Saber Toothed Tiger
Tasted Triceratops
Tangled with a Pterodactyl or two
Both the Coroner and Attending Physician agree
In all likelihood this man
Viewed the parting of the Red Sea
The agony of Christ
Crossed the Rubicon with Caesar
Broke bread with Henry the Eighth
Indeed given the peculiar discoloration in and around his eyes
One of the many who now stand over his now
Lifeless body
Declares it would not be too far-fetched to surmise
That that this man
Witnessed The Big Bang
DAVID SHESKIN

Biopsy

The doctor is an elderly man
With a wrinkled face
Creases going this way and that
Just like on a roadmap.

Using a magnifying glass
He studies the thing on my cheek.
Like a stamp collector
Examining a rare specimen.

He shakes his head and mutters to himself
Then coughs and scratches the back of his neck
Looks me in the eye
And apologetically says

It appears to be asymmetrical
Resembles the shape of Corsica
Where I still have some relatives
Where if you didn’t know the Emperor Napoleon was born in 1769.

In any event, it’s not smudge of ash
Or a patch of engine oil
Or a stain of mascara.
But it is very black and irregular.

So I’ll take a biopsy
And send it to the lab.
And sometimes next week we’ll
Find out whether or not it’s a melanoma.

David Sheskin is a writer and artist whose work has been published extensively over the years.
MATTHEW J. SPIRENG

Cancer Surgery (for Kelly)

It was after the surgery and the lump was removed
and lymph nodes that showed the cancer hadn’t spread,
but there was nausea from the anesthesia and then
vomiting and, though the surgery was a success,
that was the past and the future, while

the nausea was now, and only time or a dose
of an anti-nausea drug changed the nature
of now. Outside the hospital the sky
grew darker and it rained and brightened
again, now following now, as it will

Hearing

The phone solicitor
for the audiologist
on staff at two
local hospitals wants me
to have my hearing tested,
tells me when I tell him
my hearing is perfect
that it is recommended
one have their hearing tested
every year. So when I
tell him again I have
no problems hearing
and he tries to convince me
my hearing needs testing,
I hang up, wishing immediately
I’d said something about how
he seemed hearing impaired.
He’d had warning, but hadn’t heeded
and so as he lay in the white room, shade—
or was it blinds?—open or drawn, recovering,

if one recovers, from resection and colostomy,
drugged a little, a little out of this world, a little
unsure, a little certain of something he could not

quite grasp, he heard music, though he’d have sworn
there was none, or, rather, no way it could
be music because there was no one and nothing

that could be playing—strings, horns, reeds
and the drum—though it was music
he heard, and he listened, eyes closed,

soft light on his eyelids easing the dark,
listened, borne by the sound as if floating,
light as an open tone, hopeful again.
MATTHEW J. SPIRENG

Reminder

Six years after my mother’s death
at ninety a reminder arrived in the mail
from her former doctor that it was time

for her annual physical. And, given that
since well before she’d died we’d figured out
this doctor was an incompetent pill-pusher

and she’d switched to another doctor
who after her death did not send reminders
for checkups, I had half a mind to make an appointment

and deliver her, exhumed and exhibiting the ravages
of years in the grave, to see what pills her former doctor
would prescribe to correct her current condition.

Matthew J. Spireng of Kingston, N.Y., is an eight-time Pushcart Prize nominee. His book What Focus Is was published by WordTech Communications. His book Out of Body won the 2004 Bluestem Poetry Award and was published by Bluestem Press.
KATHERINE STAIRS

Coffee Conversations

Sitting in a coffee shop
I watch as a pregnant lady
She was tall and lean
Except for the small bump
Of life that would flourish
From her abdomen.
I sigh softly to myself
Chest aching for
Something more than the pain
Nesting in my heart.
Contorted like a robot
In movements less frantic
And careless as a babe.
Maybe I am not real
A figment in taking life
As I watch it pass me by
Stuck in a hole of bad people
I can’t even call bad.
I don’t hate them
I’ll stay angry with the words
But never hate
Just sink into my own feelings
And cry each word as my heart
Gets caught in my throat
Tears will fall and I won’t care
Because they are salty
And dried out like a puddle
After a rainstorm.
The rainbow will come out
Just give it time
I repeat this to myself
Goodbye world…
Hello new life.
Katherine Stairs is a Liberal Arts major at Flagler College. Writing throughout high school, she has won several honorable mentions in *Scholastic Art & Writing* for her poetry and prose, third place in the Hillsborough County Teachers of English contest, and published three times in Blake High School’s Creative Writing Program’s *Synapse* magazine. Just recently, she published her own *Chapbook* which was sold at the Creative Writing Program’s Senior Reading.
CRAIG STEELE

Letting Go

“There’s something scary you must know—
the time has come for letting go,”
my grandpa whispered from his bed.
“I’d spin a longer thread, instead,

I doubt I’ll see tomorrow’s light
and you must learn that it’s alright
to bid farewell with joyous heart—
death’s not the end, it’s just a part

that marks the close of every script
that reads from cradle to the crypt,
and every soul that fills a chest
must someday leave that beating nest.”

“So even as I lose the day,
grim Ephialtes* won’t hold sway….”
And after time I realize
he’s fixed me with his vacant eyes,

this shade from whom my branches stem,
still watching me as I watch him
still watching me as I let go.
That’s something scary I now know.

*NOTE: Ephialtes (Éph-i-ál-tēs) is the demon in ancient Greek mythology that causes nightmares; it’s also the name of the traitor who betrayed the Spartans at Thermopylae.

When not writing poetry, Craig W. Steele is a professor of biology and health sciences at Edinboro University in northwestern Pennsylvania. In his continuing quest to become a widely-read unknown poet, his poems most recently appear or are forthcoming in The Lyric, Stoneboat Literary Journal, The Literary Nest, The Fib Review and Journal of Humanistic Mathematics. He continues to write poetry as “The Writer’s Poet” for Extra Innings online.
HOWARD STEIN

Cardiac Care

Your doctors said you were a walking time bomb – congestive heart failure and cardiac arrhythmia that half a dozen medicines could not tame.

You gave the past two years to your husband who was dying of Alzheimer’s and emphysema – we didn’t know whether his brain or his lungs would take him first.

After he died, your relatives drove a long way to pay you a visit. Little did you know it had been in their plan to whisk you away for a few weeks.

Today is your first day back home. You say you’re glad to be in your own home, and you’re very glad you went. You have all sorts of plans now.

Not thinking of cardiac function, you say that the trip “Did my heart good.” We think we know how the human heart works. Maybe you have something to teach us.
HOWARD STEIN

Long Hall

I walk down one arm
of a shopping mall
my feet now know by heart.
Through my nose
I pry open my chest:
“Inhale! Exhale!”
as master sergeant
issues marching orders
to war-weary troops.

The gasp for breath
makes its way to my eyes,
now watery from breathing’s effort:
this corridor did not seem
so long before
asthma settled in
to occupy my lungs
and constrict my life.

Odd, that I should
think of death
as I make my way
toward a cup of coffee
and a chair
in the food court
not far at all
down the mall.
Robin redbreasts are back, 
no cliché this time 
after so frightful a winter. 
Early November, routine knee-replacement surgery, 
in five months’ retrospect, 
not so uneventful at all. 
A cascade of “complications,” 
medical folk call it, 
one of which consisted of 
a large, open infected wound 
they feared medicine might not 
be able to cure. 
Other visitations followed suit 
like coupled cars of a long freight train – 
grueling neck and shoulder pain 
from hoisting myself too often from sitting, 
when my legs could not heft my weight. 
I couldn’t sleep; I couldn’t think. 
For over two months I was 
not much good for anything. 
Winter dragged on at the tempo of Largo, 
bare branches’ drab greyness, 
mine as well. 
Then a neurologist entered the picture, 
followed by a pain specialist, 
and with them, hope reawakened 
from doubt’s sleep. 
Then appeared onto the grass 
robin redbreasts, heralds of spring, 
no cure for my complications, 
but comfort still that 
spring was yet possible.
HOWARD STEIN

Toward Thanksgiving

Routine partial right knee replacement surgery,
November 10th, less than two weeks until Thanksgiving,
Anticipation of turkey, stuffing, and cranberries.
Unanticipated skin sensitivity to surgical prep,
Raw blister,* like a vast burn in the shape
Of Manhattan Island, about
Eight centimeters by four centimeters.

No wonder the pain felt like
A spill of hot grease down the leg.
Remembered I never tolerated pain well,
Though the wound care nurse corrected me.
“On a pain scale from 1 to 10,
With 10 being the worst imaginable,”
She asked me to rank my wince,
Gritted teeth, and tight squint.
I don’t remember replying a number.

Day followed day, a wound care nurse
Showed up daily at my home,
Prepared an improvised surgical field on my bed,
Applied Silvadene™ cream ** on the open wound,
Placed large pads on the cream,
Wound generous ribbons of gauze around my swollen leg.
With the help of narcotic pain medicine,
The siege began to subside over the next days.
I could begin to imagine taking a shower,
Though still some weeks down the road.

I could even begin to imagine Thanksgiving again –
And to offer it as well.

*Blister Fracture

**silver sulfadiazine 1% cream 50 gm
Howard F. Stein, PhD, an applied, medical, psychoanalytic, and organizational anthropologist, psychohistorian, organizational consultant, and poet is professor emeritus in the Department of Family and Preventive Medicine, University of Oklahoma Health Sciences Center, Oklahoma City, where he taught for nearly 35 years (1978-2012). He was group facilitator of the American Indian Diabetes Prevention Center in Oklahoma City from 2012-2017. He is poet laureate of the High Plains Society for Applied Anthropology.

He is author, co-author, or editor of 32 books, of which 10 are books or chapbooks of his poetry. His most recent poetry books are *Centre and Circumference* (2018) and *Light and Shadow* (2nd edition, 2018). He has also published a book of clinical poetry, *In the Shadow of Asclepius: Poems from American Medicine* (2011). They are available at Amazon.com. He can be reached at howard-stein@ouhsc.edu.
GREG STIDHAM

Holding a Baby

Sometimes things seem
so simple, so certain,
like the still-warm body
of the infant girl
born with the fallible heart
held by her young aunt
when her parents couldn’t.
When the aunt asked
“would you like to hold her?”
—so simple, so certain,
so obvious a choice:
take that body, hold it
like a living infant,
like my own perhaps,
and not like the child whose heart
I couldn’t coax to continue.

My First Seizure

The first thing
was the sound
of voices fading
till so distant
I couldn’t hear them
and then the glazing
of my vision
when everything
turned metallic gray
and I swayed
and knew I needed support
targeted a nearby chair—
the last thing I remember,
until those damned
defibrillator pads
were ripped from my hairy chest.
GREG STIDHAM

Osteo

Eight-year-old amputee attempting wheelchair wheelies, caroms off hallway litters and stops: wanna see me wiggle my little leg?

Darkness

In the blackest hour of a country night, a rural road’s median unseen a left turn—in one short second his family is halved, this man beside the bed of his surviving son skull half removed so his battered brain can swell, this man so separated from the world. What thoughts lie behind the glazed glances returned for a touch on the shoulder?

Greg Stidham is a retired pediatric intensivist and Professor of Pediatrics at the University of Tennessee and Queen's University. He currently lives in Kingston, Ontario with his wife, Pam, and two canine kids, enjoying his post-retirement passion for writing.
CATHERINE THRIVENI

Physical Exam and Other Findings

Head.
Normocephalic and atraumatic.

Pounding, aching, full, and heavy.
Could you drill a hole in my skull to relieve some of the pressure?
If memories were colors, you would be red.

Eyes.
Pupils equal, round, reactive to light.
Extraocular movements intact.

Gray-blue, icy cool, like your mother’s.
Dilated with tenderness as you’re fumbling with my nightgown.
Begging me not to leave.

Heart.
Regular rate and rhythm.
No murmurs, rubs, or gallops.

“What are you doing?”
“I’m feeling your pulse.”
Beating, thumping, vibrating, buzzing, humming.
Can you point with one finger to where the pain is?

Lungs.
Clear to auscultation bilaterally.
No rales, rhonchi, or wheezing.

Stabbing, jabbing, sharp or squeezing?
Is it worse when you take a deep breath?

Abdomen.
Soft, non-tender, non-distended.
No guarding or rebound.

Strawberry stains, lemon water, honey on your fingers, flutters in my stomach.
I imagined they were monarchs.

**Neurologic.**
Awake, alert, and oriented.
Cranial nerves II-XII intact.

Do you know who you are?
Do you know where you are?
Have you found what you’ve been looking for?

Catherine Thriveni is a third-year medical student at the Brody School of Medicine in Greenville, North Carolina. She enjoys any opportunity to infuse creativity into the field of medicine and has been writing poetry and short fiction since age 11. She is passionate about exploring the complexities of the human condition and using this understanding to better serve patients in the medical setting.
JENNIFER WOLKIN

Wernicke’s Dilemma

When you said, the jar was soaking the bus
I swore I’d never say another word in vain—

your mouth moved with the ease
of speech making but

the waves
of words: meaningless lexicon
linked together in
random refrain.

When you said, the milk was about to shatter
I stayed silent, but nodded I received your words—

mutterings of haphazard speech:
(did they even matter?)

When you looked me straight in the eyes
I saw the fear swell like a broken bone—

but no cast is big enough for three pounds
of flesh deserting you:

no
longer
home.
JENNIFER WOLKIN

Takotsubo Cardiomyopathy

There’s a chamber in my heart
behind a cage of bone
where I seal my
desires

lest the sound of shame
rings like a tinnitus
rising from my
sacrum-

Orange like Swadisthana
but without any fire
since I deluged it with a
monsoon.

*

Last night you wondered aloud
where my spark had gone.
You reassured me you
know

it’s not my fault I try to dim it
even in the protective dark
where only the two of us
lay.

*

I don’t know how to tell you I crave you
with every ounce of blood I have
except for those diseased drops
inside

a weakened left ventricle
ballooning like an octopus trap
still waiting for an antidote it will
never get.

Our union will never be blessed
but with every ounce of remedy I have
I'll cure this apical ballooning-
deflate it back
to balance.

Jennifer Wolkin, PhD is health and neuro psychologist, and mindfulness-meditation practitioner. She just started her MFA in creative writing and literary translation at Queens College, and couldn't be happier about pursuing this dream. She is an emerging writer. She is most passionate about writing at the intersection where the mind, body, brain and spirit meet - about the holistic human experience - through the eyes of both, her own experience, and through her professional lens. She is touched by the profound pain that is both individually and collectively felt, how this pain can displace someone from others and their own selves, and yet, the profound capacity for resilience, healing and growth.
CHRISTOPHER WOODS

The Beginning

this morning I learned from a friend
that she had fallen.
her fall was humorous in part
as she tripped over her sleeping dog.
the dog was uninjured, but my friend
pulled something in her leg.
lucky for her, nothing broken.

After hearing about what had happened,
I suddenly recalled other friends who fell
in the last year or so.
one of these falls were fatal, thankfully,
but they made me come to understand
that, at this time in life, things begin.
what kinds of things? Well, falling for one.

I know all about failing, we all do.
we fail remarkably well our entire lives.
but years pile up and failings,
while still a staple, a necessity
to being human, become less dramatic.
falls, though, are the lifeblood of drama.
they happen on intimate stage sets,
often at home, on hardwood and tile,
sometimes in the yard, or along a trail.
so many opportunities.

watch and wait, I think.
it could happen next week, or a year from now.
it could happen when I get up for coffee
after finishing this poem.
it could be the beginning
of something else
entirely.
CHRISTOPHER WOODS

Christopher Woods is a writer and photographer. He enjoys observing life and reporting on it. Christopher Woods is a writer, teacher and photographer who lives in Chappell Hill, Texas. He has published a novel, *THE DREAM PATCH*, a prose collection, *UNDER A RIVERBED SKY*, and a book of stage monologues for actors, *HEART SPEAK*. His work has appeared in *THE SOUTHERN REVIEW*, *NEW ENGLAND REVIEW*, *NEW ORLEANS REVIEW*, *COLUMBIA* and *GLIMMER TRAIN*, among others. His photographs can be seen in his gallery - http://christopherwoods.zenfolio.com/.
blood and thunder
Musings on the Art of Medicine

VISUAL ART
Mohammed Ahmed is a third-year medical student in Royal Oak, Michigan. He enjoys sketching and creative writing in his downtime from clinical training. He is considering an Internal Medicine residency and a Cardiology fellowship thereafter. Currently, he enjoys being an avid car enthusiast who hopes to one day drive his dream car, the Porsche Carrera GT.
Robert Ferrier is a retired university research administrator living in Norman. He has published novels, poetry and photography. His poems have appeared in Oklahoma Today, Blood and Thunder, Dragon Poet Review, Crosstimbers, Westview, Mid-America Poetry Review, The Exhibitionist, Walt’s Corner of the Long Islander, and Red River Review. He was nominated for Poet Laureate of Oklahoma in 2007 by the Norman Galaxy of Writers. His photograph, "Diagnosis In Stasis," was the cover for the 2012 edition of Blood and Thunder, which has published his poetry and photographs.
ELISE GORDON

Perception

Processing

Pulse

Heartthrob

Fading Memory
Series One: Perception
2015
Acrylic and Oil Paint on Canvas

Processing: 40” x 40”
Pulse: 36” x 36”
Heartthrob: “36” x 36”
Fading Memory: 30” x 40”

Artist Statement:

This series of paintings was created as an abstract composite of imagery from my life as a pre-medical student. As I learn more about the physiological processes and structures that make complex life and consciousness possible, I question the extent to which our physiology personalizes our reality. Everyone has the same biological origin, yet we are all unique in our opinions and perceptions of the world we live in. So much of that, it seems, comes from our environmental experiences, filtered through the structures that give us being in the first place.

I wanted to explore the balance and tension that exists between experience and anatomy, so I turned to my own world-view. These paintings fuse personal images from my life with isolated anatomical structures, such as neurons and the cardiovascular system. I selected somewhat universal images –those that speak to my experiences and hopefully to others’. In this way, I hope to communicate the intimate relationship between physiology and the human condition.
ELISE GORDON

Surgery

Open Heart Surgery  Lymph Nodes
Ganglion           Lobotomy
ELISE GORDON

Series Two: Surgery
2016
Acrylic and Oil Paint on Canvas

Open Heart Surgery: 24” x 36”
Lymph Nodes: 24” x 36”
Ganglion: 24” x 36”
Lobotomy: 24” x 36”

Artist Statement:

This series of paintings is, at its core, an exploration and celebration of human physiology. They are abstractions of the imagery in surgical photographs, a diversity of tissues and organs as they come into contact with the fearsome and life-savings technologies of modern medicine. My goals are to emphasize the organic beauty of these internal structures and to challenge the instinct of disgust for our own flesh.

I hope my paintings invite viewers in with their organic forms and warm, dynamic compositions. In this way, their graphic anatomical nature may be digested within a larger context of organic beauty and essential purpose. Perhaps the tissues and organs that usually repulse us, the blood and prodding surgical instruments that make us queasy, will become more approachable and engaging.
ELISE GORDON

Sensation

Audition

Oculus

Olfaction
ELISE GORDON

Series Three: Sensation
2016
Acrylic and Oil Paint on Raw Wood

*Audition*: 24” x 24”
*Olfaction*: 24” x 36”
*Oculus*: 24” x 36”

Artist Statement:

This series of paintings focuses on the mechanisms our bodies use to acquire sensory information from the world. Each sensory system, like those found in our ears, eyes, and noses has unique structures and signal pathways that fine-tune and relay information to neurons and later the brain for processing.

The primary subjects in these paintings are the signaling pathways themselves, illustrated by fine lines and arrows like those found in medical diagrams. My goal is to convey the fascinating mechanisms of our sensory organs through the visual language created for physiology in textbooks and other educational diagrams. I hope to express my wonder by elevating examples of this language into dynamic and stand-alone works of art.
ELISE GORDON

Series Four: Emotion
2017
Acrylic and Oil Paint on Canvas

*Fear and Anxiety*: 30” x 40”
*Hunger and Addiction*: 30” x 40”
*Love and Empathy*: 30” x 40”

Artist Statement:

This series explores the human condition by honing in on the processes of human thought. Universal feelings like anxiety and empathy can be mapped by the regions of the brain in which they occur. These paintings are, in essence, such maps. They depict the areas of the brain that are activated during specific emotional experiences. Though dispersive and chaotic, the line work in this series is formed within the confines of highly specific areas that represent regions of the brain such as the amygdala, hippocampus, thalamus, and outer cortices.

The act of experiencing requires information about the outside world, but the real work begins after its translation into electrical signals are relayed to the brain. Each activated neuron reacts by directing the signal down particular pathways, igniting extraordinarily complex networks within the mind. Only once these signals spread all the way from within the brain to its outer cortex can we consciously perceive a stimulus. This is when “thought” can finally occur, when experiences reach fruition and human intelligence comes into play. These paintings focus on this journey of electricity into consciousness—the pathways it takes to elicit specific experiences. In doing so, I hope to illustrate my personal experiences with fear, love, and addiction as the constructions they are, to relate them to the experiences shared by everyone else.

Elise Gordon received a Bachelor of Fine Arts from the University of Oklahoma in 2017. As both a painting major and pre-medical student, she spent her time in college exploring the complex and often overlooked connection between the sciences and visual arts. This intellectual curiosity surfaced increasingly in Elise’s paintings and sculptures, driving her to incorporate biological themes and imagery. She ultimately spent her last two years of art school researching the mind, body, and mind-body connection in order to share her love for physiology and the human condition through her paintings. These days, she is a wide-eyed freshman medical student at the University of Oklahoma Health Sciences Center.
ZACHARY JACOBS
Heartbreak at Alcatraz

Zachary G. Jacobs is an academic hospitalist and a storyteller who believes that compassionate care and patient-centered medicine are enhanced by a familiarity with narrative. He is driven by his passion for stories, and aspires to capture and recount their beauty through poetry, prose, photography, and visual arts. He has published pieces in the Journal of General Internal Medicine, Annals of Global Health, and Hektoen International, among others.
JENNIFER LI
Caring Hand

Jennifer is a graduate of OUCOM. She is currently a family medicine resident at OU.
KARL LORENZEN

Dementia
KARL LORENZEN

Karl Lorenzen is a professional artist who exhibits and teaches at cultural, educational, and holistic learning centers in New York City. He was a faculty member of the New York Open Center and Anthroposophy NYC, and a teaching Artist in Residence at the Omega Institute, NY. In 2016 and 2017, he received a SU - CASA Award / Residency, sponsored by the Queens Council on the Arts / New York City Department of Cultural Affairs.

Lorenzen’s artwork has been selected for publication in Columbia Journal / Columbia University, NY, The Penn Review / University of Pennsylvania, Paris Atlantic / American University of Paris, The Healing Muse / SUNY Upstate Medical University and Pulse / Montifore Medical Center - Albert Einstein College of Medicine, NY. His work has been selected for the Sharing Visions 2016- 2017 catalog’s Cover Art / Signature Artwork, Ketchum Health Building dedication, Marshall B. Ketchum University, CA.

Lorenzen’s art was included in exhibitions at the Tokyo Metropolitan Art Museum, Kyoto Municipal Museum of Art, Memorial Sloan-Kettering Cancer Center inFUSION Gallery, the annual meeting of the Canadian Botanical Association/ L’Association Botanique du Canada at Thompson Rivers University, Jamaica Bay Wildlife Refuge Gallery, and the United Nations Headquarters in New York City."
PROSE
How Do You Solve A Problem Like Vivian

When my co-fellow’s picture flashed across my phone that Sunday afternoon, my lip curled into an involuntary sneer. What could he want? For a second, I considered not answering. I wasn’t on call after all; I wasn’t obligated to be sitting by the phone. But good manners prevailed, and before I quite realized what was happening, Amos was telling me in his very composed and detached manner that his father had been in a car accident and was in intensive care. He needed to head to Spokane as soon as possible.

Would I mind covering the rest of his call for that weekend?

I couldn’t say no. So much for my plan to take a two-mile walk to a nearby park for some fresh air. Well at least he said nothing was pending. So maybe karma would be kind and my good deed would be repaid with an uneventful call.

I called the junior resident to let him know I’d be taking over as his senior and turned on my pager. Then I settled back onto my couch to finish the novel I was reading. It was a historical fiction set in the time just after the American Revolution. I wasn’t particularly fond of it, but it was the last book I had from my most recent used book sale haul. Plus, I was too far into it to give up without reaching the end.

And for the next few hours, all was quiet. I finished the novel no more impressed. Maybe even somewhat less at the end than I had been at the middle. The sneak peek in the last pages advertised that this book was only the first in a whole series. Having no plans to delve any further into this particular collection, I skipped the preview altogether. I flipped on the TV and caught the last episode and a half of the Golden Girls marathon that TV Land broadcasts every Sunday. Having all the episodes basically memorized, coming in halfway through was no problem.

My Trader Joe’s chicken spring rolls were just about halfway through their baking time when a text message came through my phone.
“Are you aware of Vivian Bradford? She’s a PRS patient scheduled for a trach tomorrow. She self-extubated. She needed to be intubated in the OR last time. The ICU team is going to try to intubate. I’m heading over to assess.”

Was I aware of Vivian? I was on call the night that Vivian was born. She had been diagnosed before birth with Pierre Robin Sequence, a condition that left her with a very short and underdeveloped jaw which in turn pushed her tongue back into her airway, causing obstruction. Although they could use a facemask to help her breathe, after multiple attempts the neonatology team was unable to place a breathing tube successfully. We ended up bringing her emergently to the operating room where my most senior attending struggled to intubate her even with the use of a bronchoscope for about half an hour before he was successful.

With her airway stabilized, we made a plan with the rest of the craniofacial team for how to best care for Vivian. The plastic surgeons recommended mandibular distraction, which would surgically advance her jaw forward to the normal position, but given the severity of her airway obstruction, they were unwilling to proceed with this surgery until her airway had been formally secured with a tracheostomy. We wanted to allow her to grow a little, and so we planned to proceed with the trach once she reached 2.5 kg.

Everything was going well until about 10 days prior when her breathing tube became dislodged at two o’clock in the morning. The ICU anesthesia team was again unable to intubate, but they could help her breathe again with the mask. I called my attending, Dr. McGuinn, who was initially very grumpy about being woken, and we brought her emergently to the OR where he used the bronchoscope to intubate her on the second attempt. Her airway still looked bad but much better than the time before. We brought her back to a relieved mom and a grateful ICU team who promised that they would watch her carefully so that the breathing tube wouldn’t be dislodged again.

How could this have happened? How could a patient with a critical airway manage to dislodge her breathing tube twice in less than two weeks? Maybe it wasn’t as bad as the resident thought. I explained step by step what Dr. McGuinn had done the week before and crossed my fingers that we wouldn’t need to go to the OR. Even though it wasn’t my
fault, the thought of calling Dr. McGuinn in again for the same patient for the same problem felt embarrassing. I hoped that the resident would be able to work it out on his own, but I knew in my gut that I would be going in.

The resident called me back about half an hour later to tell me that he had done everything I said but had not been able to place the breathing tube. I told him I was on my way. I snatched my still hot scrubs out of the dryer and drove the 0.8 miles to the hospital.

Walking over the bridge from the parking garage to the main hospital, I ran into the OR nurse who had been at Vivian's two prior intubations. When I told her where I was going, she could not believe that the patient had been allowed to self-extubate again. I told her that I was going to try to intubate on the floor myself but that, if I was unsuccessful, I would be seeing her in the OR shortly. She wished me luck, and I headed up to the ICU.

When I got to Vivian's bedside, the anesthesia team, a host of OR and ICU nurses, and the ICU attending were all huddled around. Anesthesia was debating whether they wanted to attempt intubation again. The ICU attending was generally melting down and being obstructionist. She wanted Vivian intubated but was afraid to let anyone try to intubate. She was willing to give sedation to help make the intubation easier but not enough to actually have any effect. I couldn't tell if she was panicking because she felt guilty that the accidental extubation had happened on her watch or if she was just bad in a crisis. Either way, she was a pain in my ass.

When the anesthesia team saw me, they asked if I wanted to try to intubate myself. I said I did and proceeded to try to insert the breathing tube over the bronchoscope just as I had seen Dr. McGuinn do not two weeks before. But Vivian wasn't having any of it. She flung her hands up in the air and wriggled her head from side to side. Worse yet, her throat was full of blood from the prior attempts at intubation. I asked for a rigid suction, but there was none to be had. After two attempts, one of which was closer but not good enough, I decided discretion was in fact the better part of valor. So, I sucked it up and called my attending to tell him I needed him to come take Vivian back to the OR.
Dr. McGuinn gave me no argument. He told me to move the patient to the OR, and he would be there in half an hour. The anesthesia and ICU teams were ready to roll out the door before I even hung up the phone. I headed down to the OR with them, but not before extracting an admission from the ICU attending that the accidental extubation never should have happened. Satisfied that she was sufficiently penitent, I was ready to give Vivian my full attention. Moments later we were in the OR all set up and ready for an attending who was probably still at least 20 minutes away.

I was updating Dr. McGuinn when the anesthesia attending told me to get off the phone.

In an uncharacteristically harried tone, he declared, "I'm worried I'm going to lose the airway. We can't wait. I need you to go again."

I was going have to get that tube in. Everyone in the room was looking to me. My attending backup wasn't going to get there in time. In a month, I would be an attending myself and I'd need to be able to handle emergencies like this all alone. I could do it. Everything was going to be alright.

I took a deep breath and positioned myself at Vivian's head. I passed the laryngoscope into her mouth with my left hand and positioned it as best I could near where her voice box should have been. Then with the bronchoscope rod in my right hand, I found her airway and slid the breathing tube off the rod into her windpipe. I exhaled and noticed my heart starting to beat again. I hadn't been aware that it had stopped beating, but I was suddenly very aware of its steady rhythm.

Anesthesia rushed in from all sides to check for breath sounds and tape the tube in place. Now that Vivian was stable, I faded into the corner of the room to tell Dr. McGuinn that I didn't need him and document in the electronic medical record. Dr. McGuinn told me that he was proud of me, which was unexpected but very nice to hear. The anesthesia team congratulated me on a job well done.

We wheeled the Vivian back to her room in the ICU and gave a thorough sign-out to the ICU team. Once she was settled, I found her parents in the waiting room. Her mom was in tears. I had overheard one
of the nurses say that one of the parents had been holding Vivian when the tube came out. Now I was pretty sure that I knew which parent it was. I told mom, who remembered me from the last emergent intubation, that things had gone smoothly in the OR and that the breathing tube was back in place.

I spent the next hour answering their questions about the plan going forward. They were nervous about the trach and the various other surgeries Vivian would need. They were reading everything they could about her condition, tracheostomies, and feeding tubes, and her dad confided that he still felt like he was entering into the unknown with no idea what to expect. I mapped out for them how the first week after the trach would go, what the site would look like, when they would start learning to care for the trach themselves. I dispelled a few rumors that dad had found scouring the online message boards and told them that I would have our airway nurse practitioner and our respiratory therapist specializing in trachs see them in the morning to address any lingering questions. Even though I could tell Vivian’s parents still felt like they were staring into an abyss, I hoped that my answers had made the chasm look a little less deep.

I headed home for the night after checking in with the resident who had managed to acquire another consult but not one that required urgent intervention. I found myself less tired and less cranky than I would have expected after having been called in to the hospital, especially on a day I shouldn’t even have been on call. Then I realized that the exhilaration I felt was from knowing that in an airway crisis situation I was able to manage a successful outcome all by myself. Although I had practiced many surgical techniques and knew what steps to take, I had not had the opportunity to test myself in an actual emergency. By pulling out her tube, Vivian had challenged both my judgement and my surgical skills, and I had proven myself worthy.

I slept soundly that night until the resident called me a 3:45 am with another non-urgent consult. The next day was a busy one with one of the residents on vacation and Amos still home in Washington. Vivian didn’t pull any more Houdini moves with her breathing tube and her tracheostomy surgery was uneventful. It occurred to me that, since I was leaving in less than a month to return to the East Coast, I would never see the outcomes of Vivian’s surgeries or how she would fare as she grew
bigger. I knew that I would have many similar patients over the course of my career who’s progress I would track over years and who would come to regard me as their doctor. Vivian will never know my name or what I did to help her, but I will always remember her as a tiny but fearsome infant who allowed me to go into practice with my self-confidence restored.
Residents aren’t supposed to like one patient more than another. But once I met Rhoda Benson, it was inevitable that she would become my favorite. When I first met her, she had already failed radiation therapy, undergone removal of her voice box, and breathed through a stoma in her neck. I never heard her voice or knew what her life was like prior to her diagnosis.

The first time I met Rhoda I was a second-year resident. I was responsible for rounding and writing her daily progress note that Saturday morning. Rhoda was in her early 70s with pearl-white hair that she kept cut short. She wore her own floral nightgown in place of the hospital johnny coat. Although her looks were not striking, there was something instantly captivating about her. Even though we were meeting for the first time, there was something familiar about her; I felt like I was in the presence of an old friend.

“Hi, ma’am! I’m Nicole, one of Dr. Yamamoto’s residents. How was your night?”

She had been taught how to use an electrolarynx, which worked by converting the vibration energy of her tongue and muscles into a mechanical sound. However, I never saw her use it. Somehow by moving her lips slowly and shunting air into her upper esophagus, she could produce some small amount of sound.

“I slept well. How are you?”

No patient had ever asked how I was at 4:30 am rounds. Rhoda wasn’t asking to be polite or to maintain a social construct; she genuinely wanted to know. We chatted for a few minutes, and I left for the next patient’s room, buoyed by such a pleasant interaction.

I was working nights several months later when Rhoda was readmitted with a pharyngocutaneous fistula, which meant there was a tract connecting her food pipe to her skin that allowed the leakage of food and saliva. Since saliva is constantly being produced and swallowed, it
continually leaks through the fistula and prevents it from healing. Dr. Yamamoto took Rhoda to the OR for placement of a salivary bypass tube to divert the saliva and a local flap of tissue to close over the leaking area. Rhoda stayed on the floor for several days and was fed through a tube in her nose while healing. The hope was that the fistula would close down and that she would then be able to eat.

Our intern, Steven, was charged with rounding on Rhoda each morning. Steven was my junior resident, ally, friend, and the man I thought was the great love of my life. Although it was not customary for the night float resident to round, I chose to round with Steven each morning because it was so nice spending time with him. Seeing Rhoda was a fringe benefit. I was there on the day it came time to test Rhoda’s swallowing. I sent Steven to the kitchen for some cranberry juice.

While he was gone, I asked Rhoda, “What do you think of our new intern?”

“I like him,” she replied.

“I like him too,” I agreed.

Nodding with insight and compassion, she affirmed, “Yes, dear, I know.”

I said without hesitation or embarrassment, “I’m going to marry him someday.”

She smiled benevolently, and no more was said as Steven reappeared with the cranberry juice. Unfortunately, the red liquid seeped out the hole in her stoma as she swallowed. So the decision was made to have a temporary gastric tube placed in her stomach through which she could be fed while giving the fistula more time to close. Always agreeable and even-tempered, Rhoda was on board with the plan. She was discharged to a rehab facility where she would be able to build up her strength while healing.

I next saw Rhoda was in Dr. Yamamoto’s office about three weeks after her release from the hospital. She was still staying at the rehab at that time, and the transport personnel insisted that she stay on a stretcher. The stretcher caused a commotion throughout clinic on account of the
fact that it was too big to fit in the exam room. Rhoda, who could easily walk on her own, thought all of the fuss was excessive.

While the rest of the staff worked out the logistics, I caught up with Rhoda who was beaming and feeling the best she had in months. Her fistula had contracted down, and Dr. Yamamoto decided it was time for a surgery to remove the salivary bypass tube and close the remaining hole. She agreed with the plan, and a date was set for the procedure.

Just as Rhoda was being wheeled out of clinic, her daughter, who had been a daily visitor during her mother's hospital stay, ran up to the door. She embraced me and apologized for being late. While the other resident kept clinic moving for Dr. Yamamoto, I updated Daisy on the plan for surgery.

She hugged me again and said, “I’m so glad you’re here helping to take care of her. You’re so kind. It really means something to have someone as kind as you.”

The surgery was a success. Once again, Steven and I rounded on her each morning, and I stopped in most afternoons to visit with Daisy as well. They would map out drives through the country, and we would design projects for Rhoda’s prized garden. When Daisy wasn't there, Rhoda would amuse the nurses with "dirty" jokes, which were not particularly dirty or funny, but she told them with such good humor that they always got a laugh. After only a few days, she was enmeshed in all the staff's ongoings. Maybe she had always been a good listener or maybe losing her voice had heightened her listening abilities, but either way, there was something about Rhoda that made everyone want to confide in her. A few days after the second surgery, she was advanced to clear liquids and discharged home. I read Dr. Yamamoto’s notes in the electronic medical record after each of her follow-up visits, and everything was going well.

And then several months later, she again started leaking around her stoma with eating. I was working at the other hospital when she was directly admitted to the floor from home. A CT scan showed a mass surrounding her stoma, the hole in her neck through which she breathed, and her carotid artery, the main artery of the neck. These findings were concerning for recurrence of her cancer, and Rhoda was brought to the
operating room once again for a biopsy. I did not know that she was in the hospital until another Saturday call day when I was back at the main hospital. When I walked into Rhoda’s room I found her smiling as always, a babushka covering her snow white hair. I logged into the computer and saw the pathology result, “invasive moderately differentiated squamous cell carcinoma.” Because her carotid artery was encased with tumor, there were no surgical options left, and she had already received all the radiation her body could handle; chemotherapy was her only option. My chief resident Brunhilda, who showed no sign of having a soul, went into Rhoda’s room at 5AM, informed her that the cancer was back, walked out the room without further discussion, and told me to consult medical oncology.

Daisy walked in for her daily visit just as the medical oncology fellow was discussing chemotherapeutic options and that was how she learned that her mother’s cancer was back. I spent a long time in the room calming them down and apologizing for Brunhilda’s insensitivity. We commiserated on the sadness of the news, and Rhoda kept telling Daisy it was going to be okay. Through her tears, Daisy smiled and said, “We may be crying now, but we’ll laugh and have good times again.” No matter how bad things got, the Bensons always managed to stay positive, to be grateful for the time they had left rather than resentful of what was being taken away.

The next morning, Rhoda went home with a plan for palliative chemotherapy, which although not a cure, would hopefully stall the tumor’s growth. She did well through the fall and winter, but when I came to work one January morning, I saw that she had been re-admitted overnight with bleeding from her the superior aspect of her stoma. Sitting alone in the call room, I began to cry. I was still quietly sobbing as Steven walked in. “What’s wrong?” he exclaimed. I told him that Rhoda was back and watched him turn ashen. “It’s so sad. They are such good people.” The CTA, a specialized study used to evaluate the major blood vessels, did not show any injury to the large vessels, and so the bleeding was likely from the tumor itself. This was not an unexpected development, but still was a signal that her disease was progressing. I dried my eyes and got back to business.

When I walked into her room, I was greeted by smiles from Rhoda and Daisy. My exuberant, “How are you?” was probably excessively cheerful,
but I was genuinely happy to see them. They were just as glad to see me, and the always optimistic Daisy said they were, “doing well, all things considered.” We talked about the country drives and afternoon excursions they had been enjoying together and pretended that the end was not looming near.

I had always planned to go back and visit Rhoda that night but one thing led to another and I never did make it back to her room. She was discharged home with a plan to follow up in clinic. I wanted to see her at her clinic appointment, but I was scheduled in another attending’s clinic in a separate section of the hospital. Steven had been in clinic with Dr. Yamamoto that day and had promised me an update. When he did not mention anything despite our constant communication by text, I sought him out in person. He got a sad look on his face and gazed past me without looking into my eyes. “She lost a lot of weight, and she’s been coughing up a lot of blood.” “I should’ve gone back to see her that night. It was a mistake. She’s going to die, and I’m never going to see her again.” “You don’t know that. You’ll see her.”

I asked Dr. Yamamoto himself how Rhoda was doing even though I knew he didn’t like to talk about his terminal patients. He said that she had lost weight but that her disease was stable. “Her spirit is good.” I assume Dr. Yamamoto must have known how much Rhoda meant to me because, a usually blunt man, he had sugar coated the truth. When I sent Philip, another one of my junior residents, to ask the same question, he told Philip that she was “failing.” When Philip told me I knew that I had missed my last opportunity to see her. Later that week, Steven, who was working nights, called me around midnight. When the phone rang, I was disoriented. “What’s up?” “I have bad news.” My heart started beating with such force that I thought it was going to pound right through the front of my chest. “Is it Rhoda?” “No. Mr. Gunn died.” I had liked Mr. Gunn and wished him no harm, but I was so relieved that Mrs. Benson was okay. I had known Mr. Gunn was actively failing; I still hoped that Rhoda would have more time.

No one did tell me exactly when Rhoda died. I found out months after the fact when one of our staff sent out a list of several of Dr. Yamamoto’s patients who had died over the proceeding period. In talking about her after her death I found out that she was a lot of people’s favorite patient. I read her obituary and learned things I had
never known: she had been a teacher, she liked to play bingo, she had lost a son.

Dear Ms. Benson,

I write to express my condolences on your mother’s passing. I’m sure that it is atypical for residents to write to the families of departed patients, but I feel that you will forgive me any faux pas. I apologize for not writing sooner, but I only recently learned this sad news. I suppose I stopped checking her chart so I could trick myself into thinking she was still here with us, knowing deep down that if I looked I would have to confront that she is not. Although I spent a lot of time with your mother in the hospital, I realize that I only knew her as a patient and that I knew very little about her life before her illness or who she was outside the hospital. Even so, I am very glad that I had the opportunity to know her. I will always admire her ceaseless optimism and her unaffected care for those around her. Even during her own suffering, she continued to take interest in others’ feelings and lives. I was glad to hear that she was at home when she passed rather than in the hospital, and I hope you were able to be with her to say goodbye. Having the opportunity to witness the love that the two of you shared was truly heartwarming. While I did not get to know your mother at her best, she was splendid at what was probably the lowest point in her life. I was inspired by her ability to find enjoyment in each day despite her disease and the prospect that was death was near, and I hope that I am able to live my life with the kind of courage and positivity that she lived hers. I hope that time will ease the pain of not having her with you, and I am sure that your many happy memories will help to fill the hole left by her absence. I am grateful that I had the opportunity to know your mother.

Sincerely,

Your mother’s resident physician
The surgical mask just covered the snarl of his upper lip as he stalked into OR #3. I pasted a smile on my face hoping that my eyes appeared friendly.

“I thought the fellow was coming for this case. Are you both going to be scrubbing?” I asked.

“The fellow decided he had something better to do, so he sent me here instead,” he grumbled permitting himself an eyeroll. He stood disinterestedly while I positioned the patient, so I attempted to engage him by asking him to mark out the surgical landmarks.

“You inject, and I’ll go scrub. That way, I can prep for you while you scrub,” I instructed.

I let the resident stand on the surgeon’s side, while I stood on the patient’s left taking the position of assistant and resident supervisor. I performed a timeout, and when anesthesia gave the okay, I asked the surgical tech to pass the knife to the resident. He made the incision without hesitation, and we removed a small amount of fat until we could see the patient’s neck muscles running up and down. The resident began to separate the muscles in the midline, and I placed a retractor on my side of the opening he had made. I offered him a retractor, but he declined. He tried to continue his dissection, but he could not see anything deeper in the field. "Maybe I will put in a retractor," he said offhandedly.

When the resident placed his retractor, I could see that he was using it to pull almost all of the neck structures off to his side rather than staying in the midline.

"Take a feel and see where you are," I advised.

The resident did as he was told. "I can feel the airway right below here," he asserted.
Without palpating, I could tell that he was in the wrong place.

"Let me take a feel too," I said careful to keep any concern out of my voice. When I placed my finger inside the surgical site, I confirmed my suspicion that the hard structure the resident was identifying as the windpipe was actually the patient's spine. I slid my finger laterally over towards the resident's side of the neck, and I felt myself pass over the windpipe itself which was superficial to the spine but had been pushed toward the right by the resident's retractor.

Having seen residents shut off to feedback when shamed by their attendings, I decided it was better to let him discover his own error. "Take another feel with the retractors out," I instructed.

As the resident repeated my movements sliding his finger from left to right inside the patient’s neck, I could see the dawning look of recognition.

“It’s easy to get off midline in these small babies. Why don’t I hold both retractors for a while? That way I can trap the trachea in the middle and make it easier for you” I phrased it as a suggestion, but it wasn’t really one since I was already placing the retractors on either side of the windpipe.

The surgical tech handed the dissecting hemostat back to the resident and he began to separate the muscles and soft tissue again. I was watching him carefully and could see that he was in a good position. Every couple of moments I would have him check his position by feeling for the rings of the trachea, and he seemed confident that he was in the right spot. I noticed that he seemed to be slowing down all of sudden, and I looked up at him to see little beads of sweat forming on his brow above his surgical loupes. “There’s just more and more soft tissue,” he mumbled. “I should be there by now.”

Sensing his frustration, I stepped in to help. “Hold this retractor, and let me take a look for a minute.”

I traded him the retractor for his hemostat and made two confident spreads in the spot where he had been half-heartedly dissecting. The pearly white of the trachea was revealed beneath.
“See you were almost there,” I enthused. “Now let’s just get things cleaned off a little better, and we’ll be ready to enter the airway.”

Turning the dissection back over the resident, I supervised him as he exposed the windpipe up to the level of the cricoid cartilage and cleaned off the overlying soft tissue.

“Do you know how to place stay sutures?” I asked. He confessed that he did not, and I realized that this was the resident’s first time helping with a pediatric tracheostomy. I demonstrated how to place the stay suture, which would be used to facilitate the first trach change, on one side, and then let him place the suture on the other side.

It was finally time to enter the airway. I had the resident mark out the vertical incision on the wall of the trachea and asked him to run through the next steps. Satisfied, I asked the anesthesiologist to deflate the balloon on the endotracheal tube and told the resident to make the incision. I could tell he was still nervous, because an incision that should have taken one pass of the scalpel took six passes instead. Once he had gone all the way through the tracheal wall, the resident used a clamp to spread the incision he had created. He asked anesthesiologist to pull back the breathing tube until it was just above the opening in the windpipe. I inserted the tracheostomy tube through the hole and connected the anesthesia circuit. When it was confirmed that the patient was being well ventilated, we checked the position of the tube and secured the trach.

As we were preparing to transport the patient back to the intensive care unit, I wanted to make sure that the resident took to heart what he had learned in the OR.

“So, the most important thing with these baby trachs is to just keep feeling and checking your position. Everything is so small, it’s easy get off track. There have been case reports of people accidently traching the esophagus or the spine. That’s why I always take out the nasogastric tube. I figure, why risk it when another feeding tube can always be placed.”

“That makes sense,” the resident nodded. I didn't press the issue farther; the resident seemed to understand my message.

We made our way to the ICU to sign out to the team there. “I had planned to be working on my research, but it was good to scrub on a
trach for a complicated patient like this,” the resident remarked. I nodded. Knowing a thank you when I heard one, I did not feel it was necessary to reply.

Nicole Leigh Aaronson is a native of Connecticut with a B.A. in political science from Yale University and an M.D. from New York University School of Medicine. She is a pediatric otolaryngologist who completed her otolaryngology residency at Yale New Haven Hospital and her pediatric otolaryngology fellowship at the Children's Hospital of Pittsburgh. Her interests outside of work include novels of all types, 1950s retro, and her corgi, Langley.
LINDA BARRETT

Lust Hurts

Tuesday:

I never knew his name. Yet when he kissed me, it ignited me. After the support group ended, he bent over to press his lips to my cheek.

“I hope you’re feeling better, Angelique,” he murmured to me.

The very tickle of his breath upon my ear canal’s cilia hairs jolted me into a maelstrom of erotic madness. My loins and heart pumped in unison to a passion within my empty soul. Lust took over my mind’s steering wheel. I found myself driving home from the support group’s church building, writhing with pleasure at my car’s motor vibrating under my driver’s seat.

My mind obsessed on him: his tall body, his broad shoulders, his deep, husky voice and his breath caressing my inner ear’s hairs. Was he blond or dark haired? Did he have a slight foreign accent? That’s what turned me on into a crescendo of passion.

I should have called Agnes, the group’s leader, to tell her of my mania’s warning signs.

Wednesday:

After a night of violent self-pleasure, my loins ached from the abuse. Even the mere act of relieving myself in the bathroom made me teary eyed with agony. I still sought to achieve pleasure from my pain. That’s what sex was like: pleasure out of the pain.

I needed to know his name! His very presence dominated my every thought. Did he wear glasses? Did he have that magnificent muscular body due to his way to handle his bipolar state?

My fingers jabbed at the landline telephone until my nail polish chipped away into mere traces of the mauve color were left. Even running my fingers down the New Directions’ telephone list sent waves of passion through their spear shaped tips.

Tossing the paper over my shoulder in my office, I decided to hit the area, searching for him. Maybe I’d come across him in Abington. I could have sworn that he said at last night’s meeting that he lived around Davidson Road, behind the Target and across from the Roman Catholic Church. Like Agnes, a former nun, I also hated the Mother Church with its rules and regulations about sex. I scowled at the Virgin Mary’s placid
white face as it smirked down at me from its stone niche next to the orange creamsicle colored building.

“Where the hell are you going, Ms. Carver?” My boss shouted as she stuck her head into my door. “You have to finish downloading that report for tomorrow’s meeting!”

I told her to do something physically impossible. Normally, I’d just go back to work but by that time, the mania overwhelmed me. My blunt speech and seething rage also warned me about my mental state. Something intense and desperate within me cried out for me to apologize and continue writing up that sales report. Bipolar Mania called the shots and told that little inner voice to do the same thing I told my boss to do.

The early Spring sunlight shone all around me. I drove in circles and circles all through the mysterious man’s neighborhood. My weary eyes throbbed because I longed to see him with his big, near godlike body, thick wire framed glasses, and blond crew cut hair. If only I knew Agnes’ phone number to call her and tell her about my mania’s symptoms.

Agnes knew what a hyper-sexual state of mind was like. Her mother conceived her from a mania. Agnes inherited her mother’s bipolar disorder. She even inherited her biological father’s bright red hair and tall, lanky body. He married the woman whom Agnes’ mother fought against all her life. Agnes’ mother put her in a wheelchair after pushing her down some stairs, fighting over the baby’s parentage. I needed to call her before my mania grew worse.

Then, I spotted him. He backed out his car from the driveway. The white Prius Hybrid slid out of a driveway in reverse and sailed down Davidson Road. Squinting to see the driver’s face, I realized that it was my lust object.

The silver haired, bespectacled man turned onto Marian Road, making a quick left. Gunning my engine, I followed. A pair of children crossing the street separated from each other as I charged down the road at three times the legal limit. If I just rammed him with my bumper, he’d get the message that I wanted him as a lover. Sex after an auto accident made me almost wet my pants. Instead, I crashed into a car.

The driver honked her horn at me over and over again. “You stupid bimbo!” the woman screamed. “You hit my fender!” I stuck my head out of the window and swore incoherent obscenities.

She reached for her phone and jabbed 9-1-1.
The two police officers gave each other sidelong glances as I rambled to them in the Atrium Mall parking lot about a man I was trying to pursue. The sun shining on their handcuffs and badges reminded me of some lewd fantasies of male strippers in police uniforms. They had such fine bodies, lean and muscular like my beloved.

The female driver, hideously ugly and fat, thrust her insurance and licence information into my hand. My shaking fingers produced my information. I fought an urge to scratch that nearsighted cat’s eyes out with my newly polished nails. The nail salon worker gave me a wide eyed look as I demanded scarlet red with gold tiger stripes on them.

“Are you taking your medicine?” the taller of the police officers asked me in a sarcastic tone of voice.

Thursday:

Agnes came down to see me. I sat in Abington Hospital, my mind and body winding down from my mania. She wore her “Don’t worry about it. It’s your illness but you have to hold yourself responsible for your actions,” look. Folding her arms across her chest she studied me through half-closed eyes.

“I need to see that guy who kissed me at the end of the meeting on Tuesday,” I panted.

“Vladimir was going down to pick up his partner and adopted son at the airport. He’s not interested in you. If you know what I mean.”

My shoulders sagged. I stared down at my scarlet and gold dragon toenails which glittered underneath the fluorescent hospital room’s lamps.

“I don’t know what came over me. All I wanted was sex with him. My boss called and she fired me over the phone. She wanted me to slave over that computer and....,”

“You can’t go around doing that. You have to take your medicine,” Agnes intoned in her no-nonsense ex-nun’s attitude.

I sighed.

“Thanks for telling me,” I muttered.

“That’s what New Directions is there for,” she laughed, patting my shoulder.

Linda Barrett came into this world with a pen in her hand. Her prolific works have been seen in many publications including Blood and Thunder. She received awards in her short stories which won prizes at Montgomery County Community College for several years in a row. She has submitted poems to the New Directions magazine the Compass as well as other places including a few horror online magazines. She lives in Abington, PA. a suburb of Philadelphia, PA.
ROBERT BELL

Short-Timers

Specialist 4th Class Peter Yarno smiled as he watched the corporal rubbing his reddened palms with a piece of ice. "Don't drip on my orders, you little cracker," he said as he picked up the stack of papers on the corporal's desk. As he perused the orders he reveled in the idea that in three short weeks he would be home in Chicago. But he was soon distracted by the corporal's broad Georgia drawl.

“Sign here--got to sign for the orders.”

As the corporal waved a pen in front of him Yarno came to attention, snapping a salute to his junior in rank with his middle finger. “Up yours, Corporal,” he said with contempt as he wheeled an about face. Then, walking out of the orderly room, he marched down the corridor: “Up yours, you little cracker--I got my orders!”

Running to the door with daybook in hand the corporal shouted after him, "Yarno, you son of a bitch! Get back in here; you never signed!"

But Yarno kept marching, his rhythm unbroken by the slightest dip he made as he passed by each door of the headquarters wing of the hospital, delicately stroking its handle with a soft white cloth.

*   *   *

It was one o'clock in the morning when Yarno stumbled out on the street in front of the Gasthaus Vogelsang. Turning toward the Kaserne on Starnberger Strasse he stretched out his arms and breathed in the warm autumn wind blowing down from the Alps. Walking along he could feel a deep glow inside, and he thought that he felt better than he had for months, or even years. But he knew that it had nothing to do with the German brandy, nor with his decision to avoid the Halloween party at the Enlisted Men's Club that evening. He was going home!

Spotting the approaching lights of a car, he stepped quickly into the doorway of a rowhouse and took out his bottle. Being alone on the streets after the 12 o'clock curfew was not especially unsafe for an American enlisted man in Munich in 1968, but one did have to keep watch for the occasional German taxi or MP patrol. He felt the rush from the brandy as he watched an MP limousine pass with a pair of singing revelers in the back seat. "The bastards," he thought. "Must
have called the MPs to take them home from the Officer's Club."
Stepping out of the dark he pulled at the bottle again, feeling the
resentment rise up in him that he felt so often of late. He disliked almost
everything around him: Germans, the army, the Viet Nam War; but most
of all he hated authority.

His knees began to weaken as he trudged along Starnberger Strasse
toward the Kaserne. Leaves were ripping off the plane trees and he
cursed as a gust of wind brought one stinging across his face. Pulling it
away he was suddenly seized by a cramp in his side. It left momentarily,
but a few minutes later another one came and he knew that he must have
relief.

Fearing that he might not be able to make it back to the barracks he
quickened his pace past the shuttered rowhouses. Then, spotting one
with a light in the window, he dashed down a side street and pounded
the door. He had almost given up when it slowly creaked open and an
elderly man in a black dressing gown peeked over his spectacles.
"Toilette bitte!" Yarno demanded. "Ich bin sehr krank!"

He thought that the old man was going to slam the door in his face
until he caught sight of his Frau peering out of a room down the hall.
She muttered something in thick dialect and the old man stepped back,
pointing up the landing. "Uber ...Toilette," Yarno heard him say as he
raced up the stairwell toward the open door. He felt halfway human
again as he sat gazing around the lavatory. His gut was still rumbling and
he didn't yet trust himself to leave. Taking another shot of brandy he
began to contemplate the objects around him and he concluded that he
detested everything in sight: the angular door handle, the high plastered
ceiling, the green felt hat with its feathers. When the pain and rumbling
finally subsided he stood up and pulled the chain over the toilet. "God
damn compulsive Krauts," he thought as he watched the water splash
over the flat toilet bowl. "Only race in the world that has to inspect its
own crap." And suddenly he became infuriated when the idea struck
him that he had contracted food poisoning from the whipped cream on
the strudel at the Gasthaus.

When he opened the door to the hallway the old man and his Frau
had disappeared. Descending the stairs, he walked past the cuckoo
clocks and antlers on the wall and noticed that the light was out under
the door of the apartment. "The old Nazi must have trouble sleeping at
night," he thought as he surveyed the foyer. "Probably fought on the
eastern front with the rest. Nobody ever fought the Americans." Then
he spied a birdcage in the corner that was covered with a black silk cloth.
Removing the cover, he exposed two sleeping love birds inside and in an instant his hand was in the cage pulling them out. Before they awoke he had pinched off their heads and stuffed one in each boot.

Back out on Starnberger Strasse he tried jogging in order to get back to the barracks before the pain in his side hit again. But his feet were heavy and his course erratic as he drifted off the sidewalk into the street. The cramps and the anger welled up again and he started to sprint. When he came to the cemetery he was still two blocks from the hole in the fence of the Kaserne that was used by the late returning enlisted men. Realizing that he had little chance of getting back before disaster struck, he scaled the iron grate which covered the heavy wooden door of the cemetery. In another second he had dropped into the cemetery and was relieving himself in the dark. The pressure was instantly off his side but his head felt as if it were going to explode as he gazed out at the sea of headstones in the moonlight. He finished the bottle and threw it out in the graveyard. There was a clash of glass against stone, and then he felt very ill, as if he might vomit. Knowing that he didn’t have the strength to mount the wall again, he began cursing and screaming in frustration as he ran down the path, kicking the headstones until he collapsed.

* * *

Having been passed over for promotion so many times, Lt. Col. Joseph Novak had become the senior ranking lieutenant colonel in the entire United States Army Medical Corps. Problems with his weight, his temper and efficiency reports had annoyed him throughout his military career, but he felt that he had finally been granted his sinecure when he was assigned as the commander of the US Army Hospital in Munich to complete his 30 years of service. Yet within a few days of his arrival he began to sense that the assignment might not be what he had hoped for, and by the time he had 3 months left before his retirement, he had become impatient.

At first it seemed a minor thing, a few scattered cases of dermatitis among the hospital enlisted personnel. He was sure it was some caustic or disinfectant and dispatched the public health officer to ferret out the offending substance. But in spite of a detailed official report with plans and actions, nothing improved. In fact, over the next few weeks the malady spread to involve nearly a third of the staff of the hospital, as well as a smattering of patients. By then Col. Novak had become convinced that the problem was some type of infectious epidemic. He charged the
staff dermatologist with solving the mystery but became annoyed when he kept performing allergy tests. Yet he became even more annoyed when his own fingers began itching, and then this terrible thing with Spc. 4 Yarno occurred.

The colonel had always pegged Yarno as a trouble-maker, an impulsive, draftee college boy who thought he was better than the rest of the enlisted men; and he had often toyed with the idea of having him included in the next levy of troops that came down for Viet Nam. Yet up until then, Yarno had always been clever enough to follow a course that kept him just inside the acceptable bounds of military convention; but now, the colonel knew that he had him.

A wry little smile formed around the cigar stub in his mouth as he took off his coat and hung it up. And he realized that he must have become distracted when he turned around and saw the captain, his executive officer, standing at attention.

"Relax, dammit." Col. Novak sat down at his desk and began rubbing his itchy fingers. "Makes me nervous when you sneak up like that."

The captain plopped down in a chair in front of the desk and began spouting: "We got a real problem here, sir. Just talked with the lawyers at JAG and they say the German prosecutor wants Yarno's head for desecrating graves. Last night the neighbors next to the graveyard heard a terrible ruckus with crashes and yelling and called the German police. I guess Maj. Means was lucky as hell to get him out of the deutscher jail."

"Lucky my ass--I wish he'd left him. A little German justice might do him some good."

The captain leaned on the edge of his chair and spoke with assurance: "Can't do that, Colonel. I was on the phone for an hour with the US Army Command in Heidelberg this morning and they want Yarno out of here quick." Col. Novak removed the cigar from his mouth and picked a piece of tobacco out of his teeth. "They said the Bürgermeister of Munich is madder than hops and has already requested that the general come over to the Rathaus to discuss the matter."

Becoming aware of the gravity of the situation Col. Novak felt his heart pounding in his chest. "And why wasn't I informed of this business with the general earlier?"

"It's all happened since I called you at home this morning, sir." The captain looked at the wall clock behind the colonel's head. "It's almost eleven. I think it might be a good idea to get Maj. Means in here and find out what happened last night before the general calls."

"Damned right," Col. Novak said, grinding the cigar butt slowly into
the brass ash tray. "That's all I need--interrogate that hostile shrink about his favorite sociopath. How in the hell did this army ever make Yarno a mental health specialist?" He closed his eyes and began rubbing his reddened, blistered fingers. After a minute the captain stood up and came to attention with a snappy salute. "Get out of here!" Col. Novak ejected. "And tell them to bring me lunch from the mess hall. I want Means here at 1300 sharp."

* * * *

Col. Novak pushed his lunch aside as the captain and Maj. Means entered his office. The captain came to attention as Maj. Means, displaying his accustomed respect for military protocol, slumped down into an overstuffed chair in front of the colonel's desk. Glaring at the major, Col. Novak pointed the captain into the other chair.

"OK, Major," the colonel said, removing the wrapper from a fresh cigar, "what is the meaning of this?"

Maj. Means stared at the wall for a moment and then, turning to the colonel, said, "Would you like to expand on that, Colonel?"

"Damned right I would!" Col. Novak stuffed the unlighted cigar in his mouth. "Where is that goddamned Yarno right now? and, secondly, I want to know every single detail of his whereabouts last night."

Feeling a little more in control as he continued to stare at the major, Col. Novak leaned back in his swivel chair and lighted the cigar.

"Yarno's upstairs on the Psychiatric Unit, sir," Maj. Means replied in soft, factual tones as the smoke rose up over the colonel's bald head. "Fortunately, the captain was the duty officer last night, and he had the presence of mind to call me at my residence when the matter came to his attention. I was able to get an ambulance over to the German police station and transfer Yarno back to the hospital as a patient--under the Status of Forces Agreement."

"How did you get so knowledgeable about rules and regulations, Major? You never seemed to give a hang before."

"We've got to act quickly, Colonel," the captain broke in. "The German prosecutor's office has been calling the hospital. They're making inquiries about Yarno's status and they want him back. The general is coming over here at 1600; his adjutant told me he wants Yarno out of here and on his way back to the States by then."

Col. Novak thought for a minute and then flicked the ashes off his cigar. He stood up and walked to the window and stared at the enlisted
men's quarters. "OK, Means, let's have it. What did he do?"

"The details are sketchy, sir. And Yarno says he doesn't remember much of it. He went to the Gasthaus Vogelsang early in the evening to celebrate his orders, drank too much brandy and got sick on the way home (he claims from the German pastry he ate), troubled an old German couple to use their facilities, got sick again and passed out when he took a short-cut through the German cemetery. Says he doesn't remember a thing after that until he woke up in a German cell."

"Cut the crap with me, Major," Col. Novak barked. "What really went on? I mean, who does that little Balkan bastard think he is?--running amuck through a German graveyard in the middle of the night screaming like a banshee, and right before All Souls' Day when any fool knows that the Germans will be out en masse to decorate their graves. And what do they find? Yarno's cesspool and broken headstones."

Col. Novak sat down and began rubbing his eyelids which were beginning to itch.

"Where's that damned dermatologist, anyway? Isn't his office next door to you, Major?"

"Yes sir. I believe he's on a three day pass in Salzburg, sir."

"Three day pass! Who authorized that?"

"It was in that batch that you signed last month, sir," the captain spoke up.

"Well, that's typical of all of 'em I've ever seen: they never cure, they never kill, they're never around. And there's a virtual epidemic of rashes around here."

"I know, sir," the captain said, examining his own reddened fingers.

"The dermatologist says he thinks it's an allergy."

Major Means studied the colonel moving back and forth in his chair, stroking his private parts under the desk. "Anyway, Yarno says he doesn't remember anything about the graveyard, sir," the major said quietly.

"And that's the enlisted man you hand picked to interview patients?--Specialist 4th Class Peter Yarno, your protégé."

"He was very good at it, sir. And I needed someone to screen patients."

"He was good at it, eh? Is that the reason the previous hospital commander ordered you not to let him interview any more wives of the junior officers?" Col. Novak picked up the personnel file of Spc. 4 Yarno and opened it. "And what about that weird compulsion of his? The sergeant major reports that he can't walk down a hallway without
polishing the door handles. Sounds like a 5 year old kid." The colonel got up from his chair and started pacing the room. "Maybe you'd like to recommend him for the Good Conduct Medal before his discharge," he suggested, pausing in front of the psychiatrist's face. "And another thing--what about those two birds the captain told me he killed?"

"I don't think that it means anything, sir--emotionally, that is." Col. Novak became interested when he thought that the major might tell him something about Yarno's fetishes and he sat down on the edge of his desk. "I interviewed Yarno extensively this morning and he claims that he doesn't remember a thing about the love birds. However, he apparently does have an intense dislike for birds--all kinds of birds; says he always has."

At 1400 hours the captain picked up the whiskey bottle on Col. Novak's desk and put it away in a filing cabinet. "Colonel, we've got to get cracking," he said as he walked around the desk and shook his arm to wake him. He carried two freshly cut sets of orders which he placed in front of him. "Sign here, sir; we'll get Yarno and Means in a limo and they'll be out of here by 1500. Maj. Means is taking him to Frankfurt, then tomorrow on a med-evac flight back to Walter Reed. They can keep him on the psych unit there until he's discharged. By the time the general gets over here it will be a done deal." The captain picked up the telephone as the colonel signed the orders. "I'll have them bring a fresh pot of coffee around from the mess."

* * *

The Monday morning after Thanksgiving the captain greeted Col. Novak as he passed by his desk to enter his office. He was pleased that the colonel seemed his old self again as he grunted "hello" around his cigar and headed for the large stack of mail piled next to the urn of steaming, hot coffee on his desk. But fourteen minutes later the captain bolted upright to a horrendous scream, followed by the sounds of things crashing down. Before he could rise up out of his chair a livid Col. Novak was standing in front of him, waving his arms in the air.

"Get Walter Reed on the phone immediately! I want that little punk court-martialed for insubordination."

"You mean Yarno, sir?" The captain thought for a moment. "I'm afraid that isn't possible, Colonel. He would have been discharged some time last week."

"What do you mean? I've got the evidence on him now. I want that
"little runt drawn and quartered!"

"He was a draftee, sir; his time was up."

"'His time was up?'" Col. Novak leaned over with clenched fists and screamed in the captain's face: "Is that all you can think of, my boy? 'His time was up?' Now, I want you to call the JAG office and talk to those smart lawyer friends of yours. I want that bastard cremated!" Then he turned and disappeared down the hallway.

The captain reflected all day on the futility of the situation. Fearing that Col. Novak might accuse him of snooping, it was late in the afternoon before he finally worked up the courage to enter his office. The smells of wet paper, stale coffee and cigar ashes filled the room as he blotted, read and discarded. Then suddenly, there it was: a coffee-streaked package addressed to Col. Novak from the Walter Reed Army Hospital. The package had been opened but he could find nothing inside. He frantically shuffled through papers until he spotted the contents. Then he sat down in the colonel's chair, puzzling over the items in front of him, and gradually it all came together. For there was Yarno's polishing cloth, and next to that was a large greeting card with a turkey gobbler on the cover. After pondering the "Happy Thanksgiving" that was scrawled inside, the captain's eyes moved down to the small feathered talisman attached below which was made from a yellowed glass vial with the label: "Poison Ivy Antigen--Hollister Stier Labs" and was decorated with the desiccated heads of two small birds.

Robert Bell is a retired physician (dermatologist) who is a graduate of the University of Oklahoma, and a 1961 graduate of OUHSC. He currently lives in Portland, Oregon where he practiced dermatology most of his career. His interests include music, travel, reading, fiction writing and family.
EIMILE BOWDEN

Female, Age Twenty, In Need of a Diagnosis

“Female, age twenty four, experiencing nausea, sweating, and excruciating pelvic pain.”

Sounds like a burst ovarian cyst.

“Let’s do an ultrasound to look at her ovaries.”

Called it.

“Male, age forty-five, suffering from migraines, nausea, sensitivity to light and sound, and says he feels like he’s ‘living in a movie.’”

Concussion. It’s a concussion.

“Sir, have you hit your head recently?”
“Well, I work in construction and I was-”

Thought so.

“Female, age sixty-five, discomfort while urinating, lower back pain, and-”

UTI turned bladder infection. Easy.

“Take a urine sample.”

Classic.

I love hospitals, especially a late night trip to the emergency room. This one is no different, it brings me the same amount of twisted joy as any other unexpected hospital visit. I run my fingers over the thin sheets that cover the lumpy mattress as I listen to the symphony of machines and voices that only a medical institution can provide. I hit the jackpot with this room; it’s near one of the nurses’ stations so I can eavesdrop on my fellow patients’ cases. There is a soft knock on the wall and my curtain opens. The nurse rambles off my symptoms and I nod
along with her, even though she isn’t looking for my approval.

“Female, age twenty, experiencing nausea, vomiting, migraines, and general body aches. Not pregnant, blood work looks fairly normal, but she is a little dehydrated and we should keep her on fluids.”

“It looks like a bad case of the stomach flu,” the doctor responds with a sigh.

I knew it.

“Sounds good!” I reply.

The nurse pushes her eyebrows together, but doesn’t ask. The doctor leaves the room quietly with a friendly but bored smile. He’d rather be examining someone who swallowed a screwdriver or a patient with a tapeworm from an exotic vacation.

I try an old joke of my father’s to lighten the mood.

“Well, at least you don’t have to amputate.”

The nurse glances at me and presses her lips into a long thin line. This nurse doesn’t think I’m funny. I bet she thinks I’m an asshole for trying to joke about something like amputation. Maybe she’s seen people lose limbs or is an amputee herself. It’d probably make it worse if I asked about her limbs or lack thereof.

She hands over papers that have the Answer, and marks where I need to sign. The Answer paper is always explicitly clear. I can depend on its thorough explanation of the visit and diagnosis, followed by neat bulleted lists of home remedies and treatment options. There is no room for vagueness or unclear messages. There is only permanent black ink on clean white paper and I am comforted by it’s clarity, it’s definiteness and assuredness. I tear off my copy and hand the signed portion to the nurse who does not think I’m funny.

“Have a nice day.”
“Thanks, you too.”
Once I’m alone in the room, I call my mother. The phone rings multiple times with no response, and she accepts the call.

“It’s the stomach bug.”

My mother lets out a mildly frustrated sigh.

“That’s what I thought.”

My mother is not an Answers person.

I text my father to let him know my diagnosis and he replies instantly. The screen reads: “Good to hear that’s all it is. Feel better :)”

My father is an Answers guy.

Eimile Bowden is a graduate of Emmanuel College, where she majored in English and Theatre. She is a lover of dogs, New England, and strives to help people laugh at their quirks through her writing.
WILLIAM BRODERICK

Ultrasoundings

The closest I’ve come to sex work was when I served as a model for ultrasound demonstrations. I lay on an exam table in my knit boxer briefs, an errant modesty drape close to hand, while strangers squeezed lubricant onto my naked torso and applied the probe.

I came to the ultrasound job as an offshoot of my work as a standardized patient. Ultrasound models – actually, we were all actors and were amused that anyone would refer to us as models who in our minds represent some kind of physical perfection – are not standardized and our physical variations are part of the exercise. My first encounter was also the first time out for this particular medical school.

The demonstration was held in an enormous conference room that had eight gurneys surrounding the massive table and stuffed leather chairs. There was only one large bottle of lubricant which was tossed back and forth between stations. (Eventually more bottles were brought in.) Only my neck, heart and abdomen were examined and it seemed like an easy gig.

(Before I continue, I must ask: why, regardless of the med school, is lunch is always pizza and Coca-Cola? I normally don’t turn down an excuse to eat pizza, but somehow eating it on a hospital job gives it the imprimatur of health food.)

My second experience in the ultrasound trade was a three-day workshop: a half day each for neck, heart, abdomen and femoral artery, a morning of review and an after-lunch test. Roving groups of students got to practice on different bodies guided by different doctors who had individual techniques. From my supine perspective it seemed to be a terrific opportunity to learn that there is no one way to achieve an image. I tried to stay awake in case I was asked to turn my head to the left or right or make some other adjustment, but really I was there only to provide a body. I have seen models fall asleep during demonstrations and others work their smartphones looking for their next job without compromising the instruction.
Over time I have learned certain things about my body. I have a good subcostal view. The probe barely touches the flesh beneath my sternum and a heart image appears on the screen – most of the time. Sometimes however producing an image proved elusive. In such cases, many doctors recommended patience and an exploratory approach. Among the others, there seemed to be two schools of thoughts on how to achieve success. One was to apply more lubricant; the other was to apply more pressure. I lay there silently as med student after med student tried to probe beneath my sternum, longing to shout “You don’t have to work so hard” but loath to contradict the instructor’s admonition to “get it under there.” After one such morning of excavation and after the students had dispersed, the presiding doctor discretely showed me an image that he had saved. “This is not my field,” he said, “but I noticed this spot on your liver. You might want to have it checked out.” There was a perfectly round shadow on what I took his word was my liver. By the time I had it checked out at an ultrasound center, the shadow was gone. Could it have been caused by the repeated pressing?

While my subcostal view is easily achieved, my parasternal view is not. It helps, I’ve learned, if I turn on my side. I try to give the supervising doctor a heads up about this so they don’t waste time seeking a view: more lubricant! more pressure! They tend not to believe me. Do they think I prefer to balance on my side instead of laying on my back? Or do they believe that they will succeed where others have failed? Of course, in real life patients won’t know how best to get their parasternal view and students will have to learn this by trial and error so why not start now.

I was not prepared for the search for my femoral artery. Heretofore, I had only had upper body demonstrations. Then a female doctor came to the table, pulled aside the leg band of my knit boxers and thrust the slick probe into my groin. “Have we met?” I thought. “My name is Bill. What’s yours?” But she was excitedly showing her student the Mickey Mouse sign.

Most of the students are respectful; many express gratitude to the point where I suspect they think I am volunteering to serve as their model. “You do know I get paid to do this?” I want to say to them. I try to imagine the kind of person who would do this for free. “There’s nothing on my calendar today: I think I’ll spend the day getting probed!” Some students are so considerate that they fetch damp paper towels to wipe...
the excessive lube off me themselves.

But some small percentage of the students treat us as though we were not models but mannequins. After having their turn with the probe, they find that their hands are covered with lubricant. They look around for something to wipe it off with, spy my modesty drape and use it as a hand towel. No, no, no! Another student went to the sink, washed his hands, pulled off a paper towel and returned to the table drying himself off. When he arrived, he looked for a place to toss the sullied paper towel and seeing no trash basket, tossed it on – me!

Again: no, no, no!

The doctors are not exempt from obliviousness either. One very enthusiastic instructor stood at the head of the exam table as he passionately imparted his knowledge to the students. It was a stirring display except that he not infrequently emphasized his points by slamming his hands on the table on either side of my head. What’s a model to do? I considered bouncing my head after every percussion. I considered saying, “You do know that’s my head you’re jarring when you do that?” but I didn’t want to embarrass him in front of his students. A worse problem was that in his enthusiasm, spittle would escape from his lips and land on my face. After the second or third time even he noticed this and apologized though he did not change his position.

I realize that the day is devoted to learning how to use ultrasound, but it’s never too late to work on your bedside manner.

William Broderick is a writer and actor whose work has appeared in "Off the Rocks" and the 2017 Blood and Thunder. He lives in Manhattan.
Whenever I read a medical book detailing the lives of physicians or their thoughts on medicine, I noticed they always seem to remember specific patients. It typically goes beyond just a name or a disease. They recall, with great detail, their patients’ medical courses and even aspects of their personal lives. I always found this attention to detail admirable, because there are so many patients in hospitals and their care is in a constant state of flux. Attendings, residents, interns, and medical students are constantly rotating on and off of services and dividing their time between, hospital, clinic, and academic work. I often have trouble remembering in which rooms my patients are staying, although in my defense, patients are shuffled around the hospital almost as often as healthcare providers are. Despite all of this chaos, along with the never-ending state of confusion that is synonymous with the third year of medical school, I surprised myself by remembering patients who have significantly impacted the way I interact with not only patients, but other human beings as well. These patients have taught me what it means to accept the responsibility to dedicate one’s life to caring for the health of other people. Although there are now several patients whose stories I’ll remember for a lifetime, one of my first ever patients helped me discover the joy that medicine can bring.

Her name is Ms. A. I would have disguised her identity more by not revealing her gender, but the reason why she was in the hospital would have given that away anyway. Ms. A came to the hospital for surgery to remove her ovaries. She had been experiencing increasing abdominal discomfort for a while, and when she went to the doctor, a simple physical exam and ultrasound revealed the problem. Both of her ovaries were enlarged, concerning for an underlying cancer. After a referral to Gynecologic Oncology surgeons, she was scheduled for surgery to remove her ovaries, with further testing to determine their malignant potential. This is when I had the privilege to meet Ms. A. I was only three weeks into my third year and was beginning one of the most difficult weeks on an already difficult service, Gynecologic Oncology. After learning of my assignment to Ms. A’s surgery that same morning and reading through some of her notes, I made my way down to the pre-operative area to introduce myself.
If you’ve ever been to a pre-operative holding area, then you know how exposed these already vulnerable patients are. Nurses, anesthesiologists, and surgeons are constantly opening and closing the curtains surrounding patients’ beds (the only means of separating one patient from the next) and asking personal questions at a not-so-personal volume. Seeing this, I did my best to maintain Ms. A’s privacy and earn her trust. I gently knocked on the wall outside her curtained “room” and walked inside. She was a small, thin woman, sitting up with a gentle, kind smile that was having trouble masking her underlying worries about the upcoming surgery. She was wrapped from the chest down in a hospital blanket, covering her hospital gown. We exchanged hellos, and I told her my name and that I was a medical student working with her surgeon that day. I asked if it was all right with her if I participated in her surgery, and she kindly replied, “Of course.” We spoke a little longer about any concerns she had and if she needed anything. She was beautifully stoic as she responded, “No, I’m doing well, and I know [the surgeon] is one of the best.” I told her that I would see her in the operating room later that day, and we briefly parted ways.

The next time I saw her she was lying on the operating room table, preparing for anesthesia. We spoke briefly about how well the surgery would go and how I would see her the following morning. Then, the anesthesia set in, and she fell asleep. We all prepared to operate and exposed her abdomen for the incision. Because she had been covered in her gown and blankets, I only ever saw the thin, kind woman in bed. Now, I saw exactly why she had experienced months of abdominal discomfort. Her abdomen was distended as if she was nine months pregnant. The remainder of the operation went well, and the surgeon allowed me to hand her recently removed ovaries, both of which resembled the shape and size of footballs, to the Pathology basin. We patiently waited, with Ms. A still asleep and abdomen open, for the Pathologist’s impression of the ovaries. I remember being absolutely terrified. I never wanted anything as badly as I wanted the Pathologist to call and say, “Benign.” Fortunately, that is exactly what happened. We exhaled with relief and finished closing Ms. A’s abdomen. I was even allowed to help suture the skin closed.

The following morning, I could barely wait to get to the hospital to check-in on Ms. A. It was a little before 6:00 am, and I gently knocked on her door (she had her own room now with a little more privacy). She was sitting in bed with that same gentle, kind smile, but there was no more worry or concern hidden underneath. We
spoke about the operation and how well it went. I asked if she had seen the pictures of her ovaries yet (she wanted pictures to see just how big they had grown), but she hadn’t had the chance yet. After checking her abdominal incision and talking a little more about what the next few days would be like, I told her our team would be back later in the morning to check-in and asked if she had any questions. She did have one question this time, and only I could answer it. She pointed to her incision and asked, “Did they let you help close me up?” I told her, “Yes ma’am they did. I hope that’s all right with you.” She said, “Oh good! I was hoping they would let you.” I thanked her and told her I would come check-in on her later that day as I left the room. When I closed her door, I nearly began to cry. I’m still not sure why, but I just felt overwhelmed by some combination of love, joy, pride, and fear. Providing healthcare for another person is a tremendous privilege, and performing surgery on another person adds another level responsibility to this care. I’ve never been so invested in the well-being of someone as I was with Ms. A, and I had only known her less than twenty-four hours. She taught me how wonderful medicine and surgery can be and how to take responsibility for the care of someone else. Even though it’s been several months since I saw Ms. A, I’ll never forget her, her story, or the lessons she taught me. It’s important, even as students, we remember interactions like these. Because even when we’re exhausted or have difficult patient interactions, we’ll have these stories to remind us all patients are human beings with rich, interesting lives worth preserving.

Michael is a fourth-year medical student at the University of Oklahoma and plans to pursue a neurology residency.
“Mr. Fredrickson?* knock knock knock*” a sweet voice from behind the wooden door fills the room.

I cough and clear my throat. “Yes, yes. Come on in dear.”

“Just here to check your tank and give you your medication.”

She hands me the ‘pain chart’ and asks me: “from one to ten how are you feeling this morning?”

I look at the pain level chart, like I do every morning and every night. The left side of the chart shows a green face, that’s smiling, and under it, it says “no pain”. I chuckle a bit and look all the way at the other end of the chart. A red face with tears. Under it, it says ‘worst pain possible’. I chuckle again. I handed back the chart to her and say “two”. She looks at me with squinty eyebrows. “Are you sure, Mr. Fredrickson?” Cammy knows me too well. “Alright, alright. five. Is that better?”

“Thank you for your honesty” Cammy says a bit sarcastically. “My wife said she’s coming at eleven today. Will you brew her some hot tea for when she comes please?”

“Of course.” Cammy hands me the remote that she moved to take my temperature.

I cough and say “thank you dear.” And she walks out the door. Now we wait. For Marilyn, I mean.

My bedroom is cold, and has a scent of vanilla mixed with the distinct smell of a hospital. There is a large sliding door that goes out into the patio. The owner, Ms. Myers, said Marilyn and I could go out there any time we wanted. We just had to let Cammy know so she could help bring my tank, and get me into my wheelchair. Marilyn and I go out there every once in awhile. I enjoy my water, and she enjoys her hot tea. She’s always loved tea- even when we were younger. I used to have a cup of coffee on our balcony that overlooked the pond, and of course, she would have her tea. In 1959 when we first got married we lived in a small townhome in Micanopy, Florida. We raised our beautiful children there, and learned how to have a successful marriage. We did everything in that townhome. And living in this hospice home, it sort of reminded me of that small townhouse. It was comforting. The only thing that was different, was that I was able to
move around, and do what I wanted to. When I wanted to. Oh, and of course. I could breathe a little better back then.

Everyday Marilyn comes in and greets me with a soft kiss on my forehead. Her lips are a light rose petal. But her hands as she rubs the top of my bald head, feel as though they’ve been holding cubes of ice for hours. Goosebumps run down my arms.

“Good afternoon sweetheart” she says as she gets comfortable again in her wheelchair.

“Hello dear” I respond with a wheezy voice. “How are you feeling today?”

“Oh, you know honey, good as always” she says with a slight sigh. My wife lives at home with our cat Marley. She found him lying outside our front door in the townhouse purring and rubbing his face on the cement. Marilyn has always found happiness in animals. One thing I love about her so much. She took him inside that night she found him and noticed he had a deep cut on the top of his head. She tried everything to fix it up, but eventually it healed on its own.

“I brought you some lasagna I made last night” she pulls the tin foil off and starts rolling towards the door. “Are you hungry? I’ll go heat this up for you.”

She left before I can even respond.

A few moments later she comes back in with a towel under the plate, and a plastic fork.

“I forgot to bring you a real fork so I just grabbed one from the drawer.”

“That’s okay.” She sets the plate on my lap and refills my water bottle from the sink in the bathroom.

The phone on my bedside table starts to ring. I look at the phone, because the year that I’ve been here, I’ve not once heard the phone ring. Marilyn wheels over to the side of the bed and answers the phone.

“Hello, Fredrickson’s room?” she waits a second, and then covers the bottom of the telephone with the top still against her head.

“It’s Kenny” she said with a relieved tone, and puts the bottom of the telephone near her mouth again.

“Hi honey, how are you doing?”

I look over at the TV and catch Steve Harvey laughing at a tall man with dark hair and glasses.

*name something people do that annoys a waitress*

Sending your food back.
I hear Marilyn hang up the phone.

“Everything alright dear?” I say after I clear my throat.

“Oh, yes. He was just asking how things are going over here” she looks frantic. “I’ll be right back” she says as she rolls toward the door. I go back to Family Feud and I wait. For Marilyn, I mean.

I’m woken by ice cubes resting on the top of my head. When I wake up, I realize it’s just Marilyn’s hand on my forehead, to possibly see if I have a fever.

“Well hello. I have some news” she pauses. “We are taking a trip to see Kenny, Kate and the kids! I already squared everything away with the nurses.” Kate works as a Registered Nurse at the hospital in their town, Ocean Springs, Mississippi. I stare at Marilyn.

“I’m leaving? How can I just leave and go to a whole different state?”

“Don’t you worry honey. Kate will be taking care of you. Kate works as a Registered Nurse at the hospital in their town, Ocean Springs, Mississippi, but she’s never had to take care of her dying father-in-law.

“They talked on the phone and they gave her your medication schedule, and they will be sending us there with them. I had to do some sweet talking. Don’t you miss your kids and grandkids?”

So, we pack up a rental van and head over to Mississippi. I don’t ask Marilyn any questions. I trust her. And as an eighty-two-year-old man living in a hospice home, I don’t have many surprises. I’m excited to see my oldest, Kenny, his wife, Kate, and our grandchildren Mavrick and Mabel. The only time we really see them is when they come down for Christmas, and whenever they feel like visiting. Which isn’t often. But I know how busy these kids are, I really don’t blame them. But it would be nice to see them more often.

On the ride, there I don’t comment much about Marilyn's driving, even though I want to. She drives way too fast and swerves around a lot. I chuckle a bit, and look at the newspaper from this morning.

“You’re going to get car sick if you keep looking down like that.” Really, she’s right. But I continue my reading anyway. About three hours left to go. If I read the map right.
We pull up to the house we park on the right-hand side of the driveway, and Marilyn helps me get out of the car, and helps Kenny comes out to help get my chair out of the trunk. Marilyn uses her chair most of the time but if she has something to hold onto while she’s walking she’s okay. Which I’m very thankful for. When we lived in Florida, Mabel would run up to me yelling “Papa! Papa!” with a big smile on her face. Most of the time she was wearing a light pink princess outfit and her tennis shoes. I would chuckle to myself when I would see her running up to me like that. I would pick her up and spin her around, and she would laugh and laugh until her face turned red. Today, she runs to me yelling “Papa!” and stops in her tracks and looks confused.

“Papa?” her eyebrows have a slight slant. And I could see in her eyes that she was upset she wasn’t going to get spun around.

“Hi honey!” I say to her with my arms out to her for a hug. She looks frightened and turns around to give her mother a big hug.

“I’m sorry Dad. I just think she’s confused” I bite my lip and Kenny helps push me and Marilyn inside.

“How ya feelin’, Pops?” Kenny says, and pats my back. I immediately start coughing and wheezing. I hack up some fluid and spit it on the driveway.

“I’m sorry, dad”

“That’s okay,” I clear my throat. “I’m better than ever. I missed you, son”

“I missed you, too.”

We get inside and get settled around the kitchen table. It’s already pulled away from the walls so Marilyn and I can both fit our chairs. Kenny starts pouring coffee and sets the steaming mug with “Shhh, there’s whiskey in here” on it. I chuckle to myself and slightly push it away.

“I don’t drink coffee anymore, son.”

“Come on dad, you can have one cup, can’t you?”

“Nope” I say. “Stunts your growth. Right dear?” I say looking over at Marilyn.

“That’s right” she says with a slight smile.

Impatiently I try to get to the point of the trip, other than just for a visit.

“So.” I place my hands on the table, and interlock them.

“What’s the news?” I hold my breath for a second. Kenny clears his throat.
“Well..” he pauses. “Kate and I have been saving up for a while, so she can work a lot less over at the hospital. And we were thinking that maybe you and mom would be more comfortable living here, with us. Kate will help you with your meds, and everything. And if you say yes, she will be able to do everything the hospice home has been able to do for you. But you'll be here with us, instead.”

I stare for a few seconds. I look over at Marilyn and she’s looking over at me.

“You don’t have to give us an answer right away” Kate says holding Mavrick on her hip. “We just thought maybe we could make you feel more comfortable.”

Marilyn and I go into the other room and talk about it. She says it would be great to live with me again, and not have to worry about if I’m getting taken care of or not.

“It will be nice for Mavrick and Mabel to spend time with us like that” Marilyn says, biting her bottom lip. I feel my face start to get warm.

“What if they come down to watch TV with me and realize I’m dead?” I wheel myself out of the living room.

“Coffee?” Kenny says to me while I roll myself into the kitchen. I wheeze and say “yeah. Sure.”

Marilyn walks in, holding Kate’s arm to help her to the table. Marilyn kisses the top of my head and Kate sits her down at the chair next to mine. He grabs Marilyn’s purse and takes it to the van.

“It was nice to have you guys stay for a bit” Kate tells Marilyn. I stare at the steaming cup of coffee sitting in front of me. Today, the mug says “Coffee: Because crack will get you FIRED” I continue to stare. I sigh, and I roll myself back to the bedroom to make sure we have everything. When we roll out to the car Kate helps me get into the van, and Kenny helps Marilyn.

“Drive safe, okay mom?” Kenny says. I see her smile out of the corner of my eye. We back out, and wave at the kids as we pull away.

~

When we roll back into the hospice home, Cammy and Ms. Meyers greet me at the front counter.

“How was your trip?” Ms. Meyers says to Marilyn, behind my chair.

“It was wonderful” she says. “I really missed them”
“Are you ready Mr. Fredrickson?” Cammy smiles, and Ms. Meyers grabs a chair for Marilyn, and they roll us back into my bedroom.

“Let’s go” I say.

“Wanna try using your legs today?” Cammy says. I take a deep breath. It’s been awhile since I’ve used my legs more than just to be transferred to the bed to my chair, or from my chair to the toilet. I agree. She gets another nurse to help out. They take off my socks so that I can have a little bit more grip on the wood floor.

“Ready Mr. Fredrickson?” Cammy asks.

“Ready” I say back. The two gals hoist me up and grab onto my belt. Their arms are wrapped around my waist and my arms are up around both shoulders. I groan- and yell once my knees feel the weight. The gals put me back in my chair. They check me out and ask me if I’m okay. I sigh and say yes.

“Maybe another day will be better. That’s okay” the other nurse says, and starts to walk away.

“Can we try one more time please?” I feel embarrassed. And weak. I didn’t realize how bad I’ve gotten.

“I dont think thats a great idea-“

“One more” I say with a little bit deeper tone.

“Okay” Cammy says. The other nurse looks uncomfortable and says “if you hurt, you let us know.” I nod my head.

“Ready” I tell them before they ask. They count down from three and hoist me up once again. I take one step from the sticky carpet to the cold wood floor- and immediately I’m twenty-three years old, in Manicopy, Florida. I close my eyes and see Marilyn with her beautiful, auburn, curly hair. Her dress, blue. With a large white bow in the back. Her favorite. She sings The Beatles in such a soft, high pitched tone.

“How was work my love?” She glides over from the kitchen, and kisses me on the cheek and takes my top hat off for me. I run my dirty, cut up fingers through her hair and kiss her delicate skin. She looks at me, with her angelic eyes, and smiles. She walks back towards the kitchen, where Kenny is playing with his G.I. Joes. She hounds him for leaving them all over the floor. The smell of Marilyns delish meatloaf fills the entire house. I walk over to the kitchen, and wash my hands. I grab the crocheted towel Marilyns made for us and dry my hands. I look out the sliding door, out to the balcony, I reach in my pocket and grab my Camels out of my shirt pocket. I light the end and breathe in that sweet, dry air. The dry heat makes my forehead
sweat instantly. I put out my cigarette and plop down on the couch and get comfortable before dinner.

“How are you feeling today?” Cammy asks me.

“Great” I say with a few coughs. “Will you—”

“Of course, I will brew Mrs. Fredrickson some tea. It would be my pleasure.”

Marilyn smiles at Cammy and thanks her. She kisses the top of my forehead with her velvety lips. I smile. She sits in her chair next to me and begins crocheting. I take my meds and turn to channel four. Family Feud. My favorite.

Kaylie Clark is a young girl with enormous dreams of becoming a fiction writer. She lives in a small-town in Illinois, and needs a little something to help her pursue her dreams.
The Tyranny of Clocks...and Some Surgeons

Seldom have I thought of a clock as an authoritarian tyrant—taskmaster, yes, a prod to my conscience when I would spend (waste?) another hour tucked into a cozy chaise lounge reading just two more chapters of a WWI mystery by a favorite writer, a glass of wine on the end table at my side, rather than folding three loads of clothes, emptying the dishwasher and hauling out the trash. But merciless beast controlling every facet of my life for these postoperative days dragging so slowly? When or if I eat, doze, relish a TV program, write a letter, even just stretch my limbs in the luxury of no pain for at least a fleeting moment.

The clock controls when I’m allowed to self-administer pain medications. The surgeon’s rules are firm—for the strongest medication, the only one that really numbs the searing pain, drug A, let’s call it, one pill every six hours. The other medication, drug B, much less effective, may be taken every four hours, either one or two pills, but the doctor seemed almost to sneer at the thought I might be weak enough to desire the second pill. Deciding I knew my body better than he, I happily took two every four hours. And I was comfortable enough to read a few pages, swallow a little soup, even doze a bit.

But sometimes the six hours between doses of drug A seemed to lengthen to twice that long and the clock became my enemy. I tried a ruse, turning my back to it and guessing when my interval would be up. Unfortunately when I’d waited and waited some more, the pain growing, I turned over, and, to my horror, discovered what I thought had been two hours, had instead been only 15 minutes.

So when I took my last dose of drug A (no refills), I feared I would not do well. The pain advanced quickly, not even giving me six hours, just a bare four. I took two of drug B, but their effect was minimal. Really in pain now, I called the surgeon’s office to ask for a drug A refill. Instead, he suggested I ice my knee more frequently. I cried after I hung up. Night approached, and once the effect of the ice pack wore off, pain returned in waves, cresting higher and higher. (Having read once that more deaths occur just before dawn than at any other time, now I wondered if some bodies are so worn out by suffering through the night that they will their own release.)

Dawn was miserable; I arranged and rearranged the pillows but could find no position that brought relief. I couldn’t concentrate enough.
to read or even watch TV. I remembered my younger sister who, suffering from a vast array of ailments, sometimes could only lie flat on her back without moving, her face covered in washcloths soaked in cold water. Shrouded in white sheets and blankets she would have been thought dead except for her occasional whimpers of pain. And God forgive me, I was not very sympathetic.

The next two days were a cycle through pain of every degree, some waves leaving me panting and sweating, almost blinded by lightning-like charges and sizzles, pain sometimes releasing its grip just enough to permit nodding off briefly before the scorching started again. And the clock seemed a broken-backed snake, dragging its weary length through the stragglng hours.

When I could endure it no longer, I called a doctor friend. Hearing my misery, he asked who my current surgeon was and said, “He has a reputation for under-prescribing pain medication; I don’t know how he expects his patients to heal.” He suggested adding an over the counter medication to drug B and alternating the two so I would have medication every two hours.

I started the new regime with hope which after two hours, was justified. Pain subsided; I could enjoy a few pleasures. The clock lost its tyrannical ways and became what it usually is, a mere measure of time. As for that surgeon... if I should ever, God forbid, need a similar surgery, he will not be my first choice—or even my fifth.
SuzAnne C. Cole, former college English instructor, enjoys traveling, hiking the world and writing from a studio in the Texas Hill Country. Her poetry and short fiction have been nominated for Pushcart Prizes. Recent poetry publications include *Peacock Journal, Linger Post, Halcyon Days, Ekphrastic Review, Poetry & Place 2015, Binnacle, Gloom Cupboard*, and *Vineleaves*. 
RUTH DEMING

Black Eye

My sister Ellen’s car is about ten years old and breaks down every few months. She takes it to a variety of auto repair shops to get it fixed, the latest being Neary Automotive, over in Bucks County, PA. I followed her there. She parked the car in the jam packed lot, ran inside to tell them it was waiting, and then joined me in my car. We headed back home where she lives with our ninety-five-year old mother.

After we bumped across some railroad tracks, Ellen pointed out a Dunkin’ Donuts and asked if I wanted to stop. “You bet!” I said, fastening my eyes on the glowing pink and brown sign. I ordered hot black coffee, and an egg and cheese croissant with no meat. My mouth watered as I looked at the doughnuts I used to order - glazed chocolate – Boston crème with powdered sugar on top – before I developed insulin-dependent diabetes.

Ellen ordered for Mom, who, despite her age, is a voracious eater. Mom was waiting at home, a lavishly furnished six-bedroom house, where she occupied two rooms – the kitchen and her bedroom. She pretended she would move into an assisted living facility but we all knew she was kidding herself.

Ellen and I waited for Mom – or “Ma” – in the kitchen as she slowly made her way downstairs. She tottered from her bedroom in her huge black orthopedic shoes that looked like webbed feet on a duck. She hugged the railing like a long-lost lover to get down the seven steps.

The world seemed to stand still as she lowered herself down. “I’ll make it,” she would say. “I know what I’m doing.”

Finally, we heard her shuffling into the kitchen. My mother! Who used to play tennis, scrub the kitchen floor on her hands and knees, and throw huge parties with yellow lanterns framed against the black sky.

At the kitchen table, I looked out the window at the greenery in the backyard. Eating used to be so easy. But now I had to inject insulin before every meal.

I arose from the table, pocket book in my hand, and went into the dining room. Pulling out my navy blue and pink insulin pen, I pulled down my slacks, set the dial to 12 units of insulin – click click click – and injected...
into my butt. If it hurt, I’d withdraw the needle and inject in another area where it didn’t hurt.
You become inured to the horrors of diabetes, which, if you’re not careful, can kill you from “complications,” rob you of your eyesight, your toes, the tips of your fingers and on and on.

“Yum! Fantastic!” I said as I scarfed down the croissant. Rarely did I allow myself to eat such a high-carb meal with my diabetes. I’d all but given up bread, bagels, and rolls.
“Really good,” said Mom, chewing away. “I love the bacon.”
We briefly discussed how our Jewish family had kept kosher from the old country – Hungary - when we entered Ellis Island, but became less and less religious as the years went on. Mom, though, continued to fast on Yom Kippur, the Day of Atonement.
The phone rang.
“Car’s ready,” said Ellen.

We got in the car and drove back to Neary’s.
“I’ll wait here,” is what I wanted to say to Ellen.
Those words did not come out.
“Shit!” I thought. “It’s happening again.”
I was speaking gibberish. This was my fifth TIA – transient ischemic attack. A leakage of blood in my brain.
Ellen and I communicated by my nodding Yes and No.
Yes, drive me home. I went inside and took two baby aspirins.
Yes, call the ambulance.
Ellen told me to lay down, so I lay on my red couch, that was sprinkled with crumbs from pretzel rods and peanuts. I looked up in the air and saw one of my mobiles swinging from the fake plastic rafters on the ceiling. Joyous and colorful, it was made from a huge Yuengling Beer carton, with decorated egg cartons poking out at odd angles from the sides.
It always swung slightly like wind chimes.
With great fanfare, the ambulance and three police cars pulled up the street. The officers walked inside. By now my speech had returned – perfectly - but I knew I must visit the hospital.
I was familiar with the drill that Officer Brown asked. “Smile, stick out your tongue, what’s your name, what’s today’s date, and what happened to you.”
They lifted me into a narrow gurney. I was wearing baggy pants and a black top with rhinestones on it.
Then they bumped me onto the ambulance. My brown, paint-spattered clogs pointed to the closed door. As a person with diabetes, I’ve been taught to always wear socks. This protects my feet and especially the toes from injuries, such as bumping into a chair leg. My socks were pink. A kidney-shaped bag dripped saline solution into my arm. Trapped. Utterly trapped. But not as trapped as I’d be in the hospital. Occasionally the ambulance used the siren. Look at me, the center of attention. Christ! The neighborhood passed me by. Such gorgeous houses. Where was I? Flowering trees passed swiftly by. Pink apple blossoms. Tall lilac trees. White dogwoods, with branches shimmering in the breeze. If only I could smell them instead of stale cigarette smoke in the back of the ambulance.

We pulled into the ER parking lot and I was immediately transferred to the emergency room. Here I would stay for an entire day. There were no available hospital rooms. A phalanx of nurses entered my tiny room and hooked me up so they could monitor my blood pressure and heart rate. More tests were scheduled, including a CT Scan and an MRI.

I was quite exhausted and blinked my eyes when a Doctor Paul Martin came in. I was trying to read his name tag. Partially balding, he moved toward the head of my bed and shook my hand. Such a small insignificant gesture as a hand shake gave me hope and made me feel like a real person.

“Things look very good, Mrs. Deming,” he said, looking down at my chart.

“Since your speech has returned, there’s probably no permanent damage, but we’ve gotta make sure.” He left and I was all alone, except for the quiet sounds of the automated machines. One place you don’t like to be alone is in the emergency room. My sister Ellen had followed the ambulance and entered my room. Her dark eyes were huge with fear.

“Ell, not to worry,” I said. “I’ll be fine. But stay as long as you can. It’s lonely in the ER.”

“Mommy’s waiting at home,” she said.

God forbid there was a fire at home, my mom might never make it out. We didn’t allow her to turn on the burners on the stove for fear she’d burn the house down. Sure would have solved the problem of going to an assisted living facility.
These were things we all constantly joked about. Mom has a terrific sense of humor.

My boyfriend Scott, who lives right next door to me, visited shortly after Ellen left. My heart flip-flopped when he walked in. How lucky I am, I thought, as I looked at him through new eyes. He radiated confidence and was a good-looking guy with a shaved head and graying goatee.

“Hey, kid,” he said. “I don’t want nothin’ happening to my Ruthie.”

He bent over and kissed me on my lips.

He pointed to “Escape Clause,” a John Sandford mystery I’d borrowed from him. I shook my head. “Can’t get into it,” I said.

“Try,” he said. “It’ll make the time go faster.”

When he left, I picked up the book, fanned the pages, and then put it back next to me.

AMA, means Against Medical Advice. So many times I was tempted to jump up and leave. How would I get home? I suppose I could walk. I’m a tough old bird at 72 years old.

“One!” the blood pressure cuff squeezed so tight I thought I’d pass out.

An escort wheeled me to the CT room. I felt like a kid being pushed in a stroller. A great feeling of mobility.

The CT Scan took only two minutes. What? Science had advanced and I knew nothing about it?

The same escort wheeled me into the MRI room.

I have claustrophobia but I promised myself I’d be brave. Never, during my twenty or so MRIs in my lifetime, had I rung the buzzer and begged to be removed.

Tom, in his blue scrubs, was very nice as he rolled me into the tomb.

My eyes were tightly shut.

The moment I feel myself rolling inside, I panic. “Dear God, help me,” I think, as the MRI begins its work.

The soothing voice of Tom began to speak.

“You’ll hear a series of beeps that will last… One minute, two minutes, five minutes… and so on.”

I’d requested to listen to WRTI-FM, the jazz music station. Nothing could be heard above the clangs. CLANG CLANG CLANG.

I was not to move and didn’t but clenched my jaw tightly.

Every time I’m in the machine I think about kidnappers who buried their victims in shallow graves waiting for the ransom money to arrive.

At one point, during my confinement, I opened my eyes and saw the plastic interior of the machine. Tom had told me, “There’s enough room in there for you and a few friends.”
My heart pounded.
“Now, that wasn’t so bad, was it?” he said as he rolled me out.
Twenty minutes of hell. But I said nothing.
“I’m just gonna sit here a second,” I told him, “before I get out.” I didn’t want to get dizzy.
Finally I got my own room. I was wheeled to the Toll Building, named after the Toll Brothers who build spectacular homes all over the country and sponsor the Metropolitan Opera on PBS.
The most spectacular feature of the room was the toilet.
My new room was huge. The unbreakable window prevented the occupant from killing himself. The view gave onto a chimney belching smoke. Such a sight always reminds me, as a Jew, of Auschwitz.
Under the windows, beige cabinets were set out from one side of the room to the other.
“Where’s the bathroom?” I asked Nurse Jennifer from my bed. I couldn’t wait to take a hot shower and shampoo my dyed auburn hair. Walking quickly, Jennifer went over to one of the beige cabinets, flung open the door, and revealed a small toilet.
“Are you kidding me?” I responded.
She bent down and swung out the toilet.
“You can pee here,” she said matter-of-factly. “Make sure the room curtain is drawn.”
The room had no door, just a huge curtain that spanned the entire room. I would lie in bed, reading, and, I admit, feeling terribly sorry for myself, when the urge to pee would hit me.
So I did. Several times. The saline solution made me pee. The fear from the MRI made me shit.
More professionals examined me. Two types of physical therapists tested my speech. I lost my temper with them and said, “You’re only doing this to get my money.”
I was furious, but, again, I was a prisoner.
The hours passed as slow as a dripping faucet.
A huge surprise awaited me.
Nurse Jennifer returned, wearing sneakers, a floral top and blue pants.
“You’re being discharged,” she said.
“Holy cow! I can’t believe it,” I said and smiled for the first time that day.
We sat on the bed together and went over the discharge plans. “No restrictions,” it said. Plus I was to take two new medications.
“Who should I call to pick you up?”
I gave her Scott’s phone number.
He arrived in an hour.
“Couldn’t find your room,” he said. “Someone walked me upstairs.”
“Am I glad to see you, babe!” I said, flinging myself in his arms.
“What’ll we watch tonight on Turner Classic Films?” I asked.
“Hopefully,” he said, “an exciting black and white film noir.”
“You’re Little Ruthie,” I said as I changed into my pants and warm
sweater, “lived in ‘noir city’ for two horrible days.”
As we drove away, I stared out the window of his white Honda Fit. Dusk
was falling.
The doctor had called in two prescriptions to the CVS.
We pulled up to the drive-through window.
Plavix and Slow-Release Baby Aspirin awaited us. These well-studied
medications, I was told, should prevent me from having another TIA.
There was one ridiculous side effect.
A black eye.
She stuck another Tic-Tac in her mouth as she clambered up the side of the hill. That husband of hers had been mean to her again, so she escaped by ministering to the drug addicts. If, by chance, she contracted a horrible disease, like hepatitis C or AIDS, she wouldn’t mind. She’d raised four grown kids and often lay in bed sobbing about Ray’s seeming inability to acknowledge her existence.

She was known in the drug conclave as “Nurse Bobbi.” They liked her, with her kind eyes and white curly hair. They lived on the side of the hill. Their permanent home. She wore thick rubber gloves as she handed out clean needles and watched each resident – never call them addicts – inject themselves.

Bobbi had taken a four-hour class to be eligible to be a companion. She sat in the classroom of a Philadelphia school that had closed for lack of funding. The desktop contained penciled drawings of dogs and cats, a see-saw from out in the playground, and other doodles that reminded her of her little ones when they grew up.

What she learned shocked her and the other students. Heroin and fentanyl were certainly popular but “designer drugs” – also known as synthetic drugs, research drugs or research chemicals – are manufactured to chemically resemble illicit drugs, but may be purchased legally since drug manufacturers constantly change the chemical structure to circumvent drugs laws.

And they’re more potent than their counterparts, she learned, and result in more dangerous highs and painful lows and deaths.

She was in her element, here among God’s most forgotten and vulnerable people.

Small fires burned on the side of the hill to keep the residents warm.

Was this really Philadelphia? Her own four-bedroom house contained a renovated kitchen with de rigueur marble countertops – black with tiny
gold starbursts – a matching black Fisher & Paykel dishwasher – Sam was only too happy to load it – I’m doing this, he would say, because you waste water by rinsing the dishes before you put them in.

Bobbi’s piece de resistance was a piano they’d gotten for their son, David, the only child who’d shown an interest in playing the piano.

A conversation piece, the “Shigeru Kawai” was rated one of the best pianos in the world. Founded in 1927 by Koichi Kawai, the company’s motto was “The passion, the honor, the soul.”

Why was the sound so magnificent? Ten-year aged wood was used from the rare Ezo Spruce found in the snow-shrouded mountains in northern Japan.

It made Bobbi think of Hemingway’s great short story, “The Snows of Kilimanjaro,” which she had read at least four times.

Nurse Bobbi was always in demand.

A pale and frightened-looking young woman, Brittany, came up to her and extended her right hand.

“Looks awful, Nurse Bobbi. Is it all right?”

“Oh, it’s all infected, Brit. You need to see a doctor. I think Dr. Gretchen is here. May I get her for you?”

Bobbi knew that young Brittany had two daughters. One lived with her grandmother. The other, three months old, lived right here on the hill.

Bobbi pulled out her phone from her pocket and called Gretchen.

“She’ll be here shortly, dear,” said Bobbi, patting the girl on the shoulder.

“Dig that!” called a young Hispanic teenager, pointing to the sunset.

A dozen heads turned, followed by silence. The sunset was a canvas of glowing purple and orange.
Who knew what went on in the minds of the residents? Drugs of all sorts addled their brains. They knew not who they were.

“How did I end up here?”

“Will I ever be free?”

“What would my family think if they knew where I was?”

As if on cue, a dozen residents sat in a circle, warmed by the fire, and began to talk softly.

“I only had half as much as yesterday. It didn’t feel too weird.”

“I thought I’d pass out when I injected fentanyl. What a terrible high.”

“I wish I was dead. I can’t stand it anymore.”

The little group cried together and comforted one another.

Each one knew that every few days someone would overdose. A terrible unforgettable sight.

Nurse Bobbi would never forget the day “Little Petey” died. Music was playing on a boombox. Jazz. A saxophone, mellow and melodious. Music whose notes soared to the innocent sky, as these far-from-innocients sat mesmerized in their drug hazes.

Little Petey sat among his friends when Karen injected him in the crook of his elbow, a favorite spot.

At first he began nodding with pleasure, his golden curls swaddling his young head. Suddenly his entire body was down in the dirt, writhing, then vomiting up green mucus, then crapping in his pants.

Bobbi ran over but what could she do? She rubbed her hands over his golden curls. Others moved closer, and held his hands, his legs, his sneakered feet.
An ambulance moved in to remove what was once Little Petey. Questions would be asked of everyone who knew him and his relatives would be located.

Bobbi was distraught as she left for home that evening. Driving along the interstate, she wondered if she was “burned out” – yes, that distressing word – if she’d given everything she had and was wrung out like an old mop.

She pressed the remote to let her gold Lexus into the garage. How she wished she could talk to Sam.

“Hon,” he called. “Like something to eat? I made some matzah ball soup.”

“You did!” she cried out in disbelief.

They sat at the table.

“Hard day?”

“Terrible,” she said. “Saw someone overdose.”

“Brrr!” he shivered.

“Maybe I’ll give notice,” she said, as she cut a matzah ball with her large spoon, and scooped up a cooked carrot and piece of soft celery.

Her sleep was filled with starts and stops, as she clutched her pillow tightly instead of her husband.

She was absolutely numb when she left for the hill the next day.

As she approached, she saw a young black man heading toward the hill. She was positive she had seen him before.

He had a purple backpack strapped to his shoulders and wore a green Philly’s cap.
“I’m gonna save him,” thought Bobbi. “He won’t have a chance.”

The words simply flowed without thinking.

Every day a volunteer breakfast truck delivered hot coffee and food from McDonald’s, Dunkin Donuts and Starbucks.

She got herself a cup of black coffee from Starbucks, sniffing the aroma as she found herself a place on the hill.

A young man in a black T-shirt that read “Storm King Sculpture Center” approached her.

“Hey, Tucker!” she said. “You been to Storm King up in New York State?”

“We went with the wife two years ago before I got into crystal meth.” His teeth were already showing signs of rotting.

“We need to say prayers for Little Petey,” he said. “Indeed we do!” said Bobbi. “Let’s gather everyone around. You wanna lead the prayer service?”

Little Petey was remembered as “one of our junkies, so good-natured, he was always giving away things he’d brought from home and stashed here – paperbacks, small art paintings on wooden squares he’d done when he was well.

“So loving. Goin’ around comforting the whole friggin gang of us.”

They ended up holding hands and singing “We Shall Overcome.”

The new young black man with the purple backpack joined them.

The group fussed over him. His name, they learned, was Garrett. He was a Coke addict for seven years. He was all of twenty-one.

“You wanna get clean?” asked Bobbi.
“Not really,” said Garrett, who had long black eyelashes that made him look as if he were wearing Mascara. His face had an aura of beauty about it.

“Tell us about your life before cocaine.”

“Was pretty boring,” he said. “You know those I. M. Pei Towers that overlook the entrance to Philadelphia?”

A few people nodded.

“I lived on the twentieth floor with my grandmother. My dad was a doctor at Hahnemann University. My mom, a school teacher at Mastbaum High School.”

He paused and cleared his throat. Someone offered him coffee, which he declined with a swish of his hand.

“Really sad,” he said, his voice choking. As the sun was coming up, his dad, wearing striped pajamas, and his mother, in her jeans’ outfit, both died of an overdose of crack cocaine. His parents had been smoking it all night long.

Tears poured down his face.

“God, how I loved them. Even though they were junkies.”

Nurse Bobbi went up to Garrett and whispered something in his ear.

“Really?” he asked. “You mean it?”

“It’s worth a try, don’t you think?”

That night, Bobbi and Garrett drove home to Bobbi’s house on Judson Road. They brought a stash of cocaine with them. Bobbi carried it in her purse in a cellophane wrapper.

Titration began the next day over oatmeal with brown sugar and raisins. Bobbi and Sam brewed a cup of hot chocolate for their new lodger.
“Whipped cream?” asked Sam.

“Why not?” said Garrett.

He slept in David’s bedroom. He looked out the window at the green grass in the backyard, a tire swing in the tree, and the blue sky twinkling with white clouds. He leafed through David’s books including Lady Chatterley’s Lover, Moby Dick, Poetry of Emily Dickinson, and The Letters of Thomas Wolfe.

They watched the wedding of Prince Harry and Meghan Markle on the large-screen television in the den. Garrett went over and sat at the piano.

“Shigeru Kawai?” he asked.

“Japanese. David used to play Bach and Mozart on it. Jazz too. He lives in Connecticut now with a family of his own.”

“Could I take piano lessons, Mom?” he said to Bobbi.

“You wanna trade your cocaine for piano lessons… son?”

“If I might,” he said, going over and giving her a hug.

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BILL DIAMOND

Collateral Trauma

Like the other victims, Galera was bruised and bleeding. Limping from the upended world into the chaos of the makeshift emergency room, she didn’t feel her pain because of her maternal agony. Overwhelmed nurses, doctors and medical techs triaged among the injured at a reckless pace. Galera surrendered her infant son, Charlie, to a disheveled young nurse. Placed on an improvised table, three people quickly crowded above him. Over the din of the ocean of raw desperation, she begged, “Please, please, save my baby!” They mumbled reassuring words, but their dark expressions tore her heart. When a rescue worker tried to move her to treat her own wounds, Galera refused to leave.
The best of modern medicine fought the wages of the worst of modern life. At every action the doctors took, and each new piece of equipment they applied to the tiny body, hopeful faith and hopeless impotency clashed in Galera.
Galera just wanted a life. Today, it was their turn to be casualties of a brutal world.
Charlie was at the cusp of walking. That happy stage when he was mobile and loud and alert and laughing. Now, he was none of that. He lay silent and almost inert on the table. A too large plastic tube was forced down his throat. Charlie’s eyelids fluttered when a pitiless metal needle was stabbed into his discolored flesh.
Galera labored to breathe as if the rubble of a collapsed building was crushing her. With eyes leaking and body rocking, she leaned forward and bit her finger until it bled. She wanted to hold and nurture Charlie as she had for the last year. The minutes dragged forever. Eventually, the motions of the doctors and nurses slowed.
She stood in hope and fear. They removed the alien needles and tubes. One of the health care providers gently wrapped Charlie in a pure white cloth. It was like the one used when Galera joyfully gave birth thirteen months ago and her world had expanded.

Charlie was lowered into her protective arms. He gurgled softly. The nurse helped her into a chair and whispered, “We’ve done everything we can.”

Galera sighed, her baby would be fine. Then, with forsaken eyes, she saw the doctors’ slumped shoulders and the sadness on the nurse’s face. “Noooo!” Her wail ricocheted off the unfeeling walls and added to the racket. The nurse hugged her tight as the doctors moved to the next patient. “Don’t leave! He’s still alive!”

Her tears anointed his head. Between sobs, Galera kissed Charlie and tried to absorb his suffering. His crushed chest struggled. Her head swiveled in aching desperation, then her eyes settled back on the little being that was her life.

Charlie shuddered and was gone.

END

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ASHTEN DUNCAN

Disquietude and the Sensation of Falling

The history of Oklahoma is a fascinating one, filled with numerous accounts of fortuity, persecution, and an ongoing search for cultural identity. Every important event from inception to modernity embodies certain struggles that we as a society have had in building our country. My high school history class had the infallible ability of holding my attention even when life was particularly distracting. It was always nice, always refreshing.

However, my experience during the in-class discussion about the Dust Bowl was different. I tried my best the entire time to keep my heavy eyelids open as words were exchanged at what seemed to be a blistering pace. Despite my best efforts, my mind kept returning to my night of unremitting tossing and turning. Then, as if to add insult to injury, it forced me to consider how that night was like the one before it, which was like the one before that, which was like the one before that…

“Do you have anything to add?” my teacher asked, likely noticing my vacant gaze into space.

I sluggishly shook my head, ensuring not to make eye contact for fear of being condemned for my inattention.

“Hmmmm… Does anybody else have something to add before the bell rings?”

You are a lazy idiot; you didn’t even read the chapter on the Dust Bowl for today! It was assigned weeks ago. How could you be so careless, so useless?

As the bell signaling the end of third period rang, I sighed, rose from my desk, and shuffled out of the classroom. I rubbed my neck as I scowled at the end of the hallway, thinking about how I was going to make it through the rest of my classes.

“Hey! How are you?” a familiar voice called out effervescently.
I slowly craned my neck to see an old friend with a blurry face waving at me. In a futile attempt to reciprocate the gesture, I smiled weakly and lifted my hand up with fingers outstretched. Then, I went on with my day, pestered by the feeling that my locus of control was shrinking by the minute.

*Just you wait until tomorrow...*

Her sympathetic stare was reassuring: it reminded me that I had an oasis within my self-created, self-perpetuated Mojave. Unfortunately, sanctuary was not enough for my mind to be clear and unencumbered. My thoughts from earlier were like a swarm of pestilential flies buzzing in my head, and I remained transfixed by them. The result: I felt like such an inarticulate buffoon as I fumbled over my words, trying so hard to answer such a simple question.

“*How are you feeling today?” What is wrong with you? Just say it; tell her you are feeling well.*

“Not very well,” I stated dejectedly yet determinedly. “In fact, worse than the last time we talked. I’m scared because I don’t understand what’s going on.”

My English teacher from freshman year remained respectfully quiet for a moment and evaluated the expression of disgust plastered on my face. “I am worried about you. You seem tired. No, more than that: you seem exhausted from what has been going on.”

My lower lip quivered. I cast my gaze toward the ground and rubbed my hands together as if waiting for Robin Williams to come out of an ancient lamp. The air around me was becoming heavy as if a miasma were rolling in from a burning building. And, there I sat pensively as if I were coming up with the answer to world’s most challenging problem.

“I thought about doing it last night,” I tearfully reported. “I’m afraid that I will at this rate. I can’t do it anymore. I need help.”

*What is it? Are you just too weak to do it yourself? I mean, you did get yourself into this mess...*
That evening, time seemed to move so quickly. There was a conversation with my mother, then a phone call, then a car ride to an office in a different city...

“What can you tell me about how you have been feeling?” she inquired, beginning to record some notes on a pristine piece of paper.

I hesitated as the mounting disquietude began to swell in my throat. Candor has always been in my nature, but I could not shake the feeling that candor may be my downfall at the moment.

“I feel numb,” I equivocated. “I don’t know how to describe it.”

“For how long have you been feeling ‘numb’?” she asked as she closely observed my face.

You are incompetent; she can sense your insincerity. You cannot even hide correctly!

“Several years. It has become more noticeable over the past two months. It’s… It’s just…”

“It’s hard, isn’t it?”

“Yeah. It is.”

She continued evaluating me, asking follow-up questions that built on answers to previous ones. After a while, the rapport that was being established put me slightly at ease, at least enough for me to be open with her.

“I have looked up ‘methods’ on several occasions,” I confessed sheepishly. “I think about them more and more each day.”

She stared at me intently and nodded, showing off her impeccable intuition.

“Can you promise me right now that, if you go home tonight, you will not do anything to harm yourself?”
“No,” I answered flatly.

Face it: you can't get rid of me. Rack up those medical bills, waste your parents’ money...

The weeks that followed that appointment with Dr. Miller remain hazy in my memory. I find it difficult sometimes to place myself in time and space, despite the fact that I had vivid nightmares of my experiences for months afterwards. Perhaps, it was repression coming into play to separate me from what really happened. Perhaps, I dwelt on everything for too long immediately after the dust had settled. Regardless, what never left my recollection was that I was admitted twice for inpatient treatment.

I recently learned about the host of pharmacotherapies available to treat different psychiatric disorders. Each time a lecturer would bring up a drug I was on over nine years ago, it would take me back to those times. In a weird way, it feels as if I am a visitor in my own memories when I think back now. I imagine myself as an observer in my white coat, standing inconspicuously in a corner. Although I can recall my emotional states and sometimes my exact thought processes for the most part, there is a part of me that evaluates the situations in a fundamentally different way now.

Sertraline and valproate. This combination will be a perennial reminder of my first period of inpatient treatment. There is not much to say about this period. First round of pharmacotherapy: sedating when I was there at the facility and sedating when I got home and returned to school. I felt like a zombie wandering around in a mist-laden forest. The familiar layout of my high school seemed so foreign as I trekked through a featureless world, and beloved television shows I would watch after school became jumbled messes of color and sound. But, you know what? No disquietude. Not an iota of distress. It was like I was living that Pink Floyd song being so comfortably numb. Or, was the numbness more uncomfortable than I realized? Eventually, the ideation reared its ugly head again...

You really thought that you could get rid of me so easily...
In many ways, the second time in inpatient treatment proceeded just as the first one did. Apart from the change of scenery, the environment of the second facility was remarkably similar, feeling just as sterile and just as empty. This period was marked by two drugs: fluoxetine and paliperidone. I think that the psychiatrists may have been on the trail of a psychosis spectrum disorder. I recall them being convinced that I was experiencing delusions of grandeur. Maybe I was. It was never clear, and I was never fully aware of what was happening to me.

Several days after beginning the new regimen, I started to feel strange. While we were outside one afternoon, I felt like I was walking through a fog: my vision was blurred, and sounds were all muffled to me. Conversations with the staff became almost impossible in that distorted reality. One concerned nurse took note of my reaction to the medications and requested an order to collect a stool sample. Once it was collected, I never heard anything else from her. I just assumed that no news was good news in that case. So, I shrugged it off and pressed on with the rest of the day.

That evening, I lay uncomfortably in bed, pestered by intrusive thoughts and a gut-clenching sensation of needing to move. The urge to stay in constant motion caused me to sweat considerably under my thin sheet. After several unavailing attempts at vocalizing my concerns to the staff, I resigned to my bed, where I stared at the ceiling for many long hours.

_Akathisia, I think from the corner. He's not responding well to the medication._

_Two times two equals four; four divided by two equals two_ , I thought repetitively in an effort to distract myself. _Two squared equals_—.

_Please, reevaluate him in the morning. He's scared…_

The sleepless night was unfortunately followed by a busy day. The sensation of needing to move did not ever fully subside; it just became more tolerable throughout the day. I reported nothing to the staff in the morning, choosing instead to write the side effects off as temporary inconveniences. If they were not concerned terribly about them, why should I let them bother me? Lunch came and went before anything new occurred.
As I was writing in my notebook, I felt my face flush and beads of sweat form on my brow. My body tensed up as I moved my pen across the page. Although three other patients spoke just inches away from me, my ears registered nothing—my senses were almost entirely compromised. I placed my pen down gingerly before resting my head in my hands.

“I do not feel well,” I mumbled. “Something isn’t right.”

Please look at him, I think as I look on from the corner of the room. Please notice what is happening.

I fidgeted apprehensively in my chair, trying futilely to alleviate the generalized tension. With progressively worsening intensity, my lumbar muscles contracted, disrupting my posture.

“What are you doing?” a staff member interrogated from afar. “Why are you sitting like that?”

“I can’t help it,” I replied inaudibly. “I don’t know what is happening. I’m sorry.”

Extrapyramidal side effects, I think now. He’s not faking it! Don’t write it off as misconduct.

As my muscles continued to tighten to an excruciating degree, I eventually could not support myself in the chair anymore and started to collapse to the floor. In that moment, I was overwhelmed by a powerful sensation of falling, which provoked a deep, primal fear within me. I looked at the floor as if it were miles beneath me. I began to hyperventilate as the usual disquietude swelled up in my throat. The combination of these sensations made for an indescribable feeling of fear.

In terse commands, the same staff member who sounded dubious moments ago instructed me to get up and assisted me in moving away from the dining area (and, thus, the other patients) so that I could sit in the nearby corridor. Within a couple of minutes, the towering waves of dystonia forced me to the floor. As several staff members dismissed my symptoms, I lay prone, writhing with each pulsing contraction. Each time the pain set in, my breathing became more labored.
This is real. Treat him! Don’t just leave him there!

I was relocated once again—this time to solitary confinement. Although the pain was unbearable at times, I was more permanently disturbed by the isolation I felt. Alone in a crowd. Alone in a putatively safe place. The fear was far more debilitating than any physical pain I experienced. I wanted to scream out for help, reach out to anybody who would listen. But, the contractions silenced my voice. And, there I lay struggling against my own body, speaking a silent form of English.

After far too long, two nurses were apprised of my condition. They rushed in and examined me speedily before rushing off to grab something from a different room. Within moments, I received an injection of a medication to address the dystonia. Perhaps benztropine or diphenhydramine. Who knows. Doesn’t matter. It worked.

After my symptoms resolved, the hospital’s chief of medicine made his way over to the ward in order to evaluate me. The whirring of the electrocardiograph etched itself into my memory as I rested my eyes, exhausted from what had just transpired. The chief physician reported that there were fortunately no drug-induced arrhythmias and that it was unlikely that there would be any major sequelae from the dystonia. He reassured my parents and me that the psychiatrist responsible for my care would be informed immediately of what had taken place moments ago.

Thank you, good doctor! Thank you for listening to him.

Only recently did I discover what happened that evening. Apart from the chief, nobody involved in my care ever offered up any explanations. In fact, the psychiatrist wanted to move right along into another experimental treatment. Although I am certain his intentions were good, the lack of appropriate communication dashed all beneficence against the stones. My parents’ adamant refusal to allow him to adjust the regimen prompted my release from inpatient care. I was discharged a couple of days after that evening on fluoxetine, which I stopped taking three months later.

Although traumatic, I attribute much of my personal growth to that experience. The way I perceive the world transformed nearly instantaneously. Conflicts no longer seemed so unconquerable. My flaws
no longer seemed so pronounced. Living no longer seemed so difficult and inharmonious. The complexity of the trial I endured made everything seem much simpler by comparison.

All of this has helped me decide what kind of person, husband, and physician I want to be. It showed me that I want to be there for those who have concealed pain and unresolved problems in their lives. It showed me that the only way to truly know someone is to listen to her. You do not know what you do not know, after all. It also showed me the importance of not allowing preconceptions and generalizations to interfere with the care of others. You never know: those under your care might have experienced disquietude and the sensation of falling. All you need to do is be present and listen carefully.

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MICHAEL FALLON

A Picnic in Purgatory:

On Chemotherapy, The Death of Hunger, and *The Divine Comedy*

I can now see my father’s face in mine, his mustache and his bald head, his cheekbones like mine, and in the eyes—though his were hazel and mine are blue—something of the same expression, and I hope—something of his patient endurance, his faith, his dignity. I look at myself in the bathroom mirror of the Chemotherapy Infusion Center, my IV pump on a six wheeled metal stand behind me, where several clear plastic bags hang down, attached to me by long plastic tubes. It is the fourth week of chemotherapy. I’ve lost 19 pounds. The nurses tell me I must make myself eat. I have no appetite. Eating is a chore, an effort. I no longer look forward to it. My guts are loose. I feel like a wet leaky garbage bag. The nausea in my stomach dominates my consciousness. How do you think of something else when you are nauseous?

Chemo is all about sitting in a recliner attached to an IV while a pump pushes anti-nausea drugs and Cisplatin into you; In my case, through a port implanted under my skin on the right side of my chest, just beneath my collarbone. I feel a little like a flat tire being slowly inflated. Mostly, I am just waiting for the IV bags to drain out and the final beeps to signal that they are empty, that it’s all over. I get used to the sound of the pump’s mechanical breathing and checking the liquid level in the bags. Sometimes I doze and sometimes I read, sometimes I write. Rarely, do I watch TV. Instead, I just observe and think to the steady sound of the pump.

I’ve just arrived at the chemo ward after my daily radiation session. On the ward around me—at about ten-thirty on this Thursday morning—some sleep alone in a slump of exhaustion and misery; several young people text away on their iPhones, silent beneath their blankets; a young black woman under a baseball hat, sleeps while her mother watches. Family members with children sit in half circles around some patients, talking and laughing as if it were a birthday party. One of the nurses has on a two-tone shimmery pink silk blouse and skirt, her hair up in a 50’s hairdo. She’s pretty and looks good, a flash of color and fun. Someone at the hospital is having a 50’s party after work. As the nurses minister to us, there is an alert competence and sense of compassion here. I am
treated as a human being and never like a sack of meat. I have great respect for these nurses.

As I observe and reflect in my recliner, I am being infused with Cisplatin and anti-nausea medicine. Cisplatin is a chemotherapy drug that kills the fastest growing cells in my body. This, of course, includes the cancer cells which grow up to ten times faster than normal cells, but it also may kill the cells that grow my hair and the cells that line my stomach and intestine, which my body must then slough off. This is why I am besieged by constant nausea and diarrhea. In fact, Cisplatin has gradually changed my relationship to food and the very act of eating because it has altered my sense of taste. What if you woke one day to find that your breakfast and everything you ate afterward tasted like mud? Or sawdust? Or a tasteless paste? Add to this constant diarrhea and nausea and you can see why many cancer patients lose weight dramatically. I lost over seventy pounds during the course of my radiation and chemotherapy. Weight loss can be extremely serious, it can weaken the body, and because chemo also kills white blood cells, the patient then becomes extremely vulnerable to infection. I was told to call one of my doctors or to go right to the emergency room if I had even slightest swell of puss in a wound or even a trace of fever.

Soon it is lunchtime on the ward, and it seems like a strange kind of picnic is in progress as the egg salad, tuna-salad, and chicken salad sandwiches, potato chips and pretzels are passed out to the patients and their visiting families and friends along with water, iced tea, soft drinks and cookies. In big gaily-colored recliner chairs, we cancer patients are all the center of attention. I imagine us all sitting in the shade beneath the huge, broad-leaved Catalpa tree outside the rows of windows as it bows and nods slowly in the wind. Sometimes, too, I think of a beach scene, where all the cancer patients and families are sitting in comfortable beach chairs, under umbrellas, and the children are playing in the surf. I suppose such scenes occur to me because it is July and I so long to be outside, beyond the chemo ward, beyond the reach of cancer, out under the sky. But of course, being a literary person, I know the Catalpa tree is a stand-in for the tree of life, and the sea as it breathes in and out, is the imaginary horizon where all our eyes are fixed in expectation and hope, though we cannot see out far nor in deep.

I take a ham sandwich from a plate piled with sandwiches, unwrap it, and try to get it past my taste buds. The ham has a faintly sour taste and the texture of the sandwich annoys my tongue, because besides the ham and barely discernible cheese, there are only clods of bread and
nothing else to taste. As my tongue searches for flavor, it finds little that is agreeable. I have already tried the tuna salad. Tuna has texture but no taste. The mayonnaise is pasty and sour. A few nearly neutral fragments of celery assert themselves in a crunch or two, while the bread is tasteless, crumbly foam. My taste buds no longer identify the tuna sandwich as food but as some kind of foreign matter that has been thrust into my mouth—Plaster of Paris, Elmer's glue. The awareness that floats above the mouth and behind the eyes has no desire to eat either offering-only to spit them out and wash the mouth clean of them as soon as possible.

What does it mean when your perception changes though the perceived object still has the same appearance and name? If a ham sandwich looks the same but does not taste like a ham sandwich, is it, in fact, a ham sandwich? For me, there is no objective ham sandwich anymore, no bedrock tang of mustard, no slightly sweet and salty meat with a touch of smoke in it. Have I pierced the veil? Are all the senses merely presenting us with chimeras? The glorious ham sandwich on rye with imported Swiss and Dijon mustard merely an illusion, an invention of my appetite, an ideal that does not, in fact, exist? What does a ham sandwich really taste like? The croque monsieur I had in Paris or the one I just spat into the sink? I suppose I must consider the entire spectrum of ham sandwiches and the span of their entire history, but this is impossible. There either is no answer or too many to count. I am mildly amused by this playful train of thought, but my world has changed much more radically than I suspect, starting with my tongue.

At this point in my treatment, I no longer have any appetite, eating is a chore like the exercises I must do to strengthen my tongue and neck. It is a slow, unpleasant daily struggle to get the tasteless paste of food down my throat. I used to totally enjoy cooking, eating, and drinking wine. I loved experimenting with tastes, textures, spices, herbs, sauces, and cooking methods and pairing wines with foods: a tart Sauvignon Blanc with shrimp broiled in olive oil, white wine, garlic, lemon juice, and hot sauce; or a spicy Garnacha with a lamb chop seared in olive oil, garlic, rosemary, oregano, and black pepper.

A few weeks after I began chemo, I remember steaming a pound of shrimp and roasting a pork tenderloin for my son and me. I cooked the shrimp in beer, old bay, garlic, onion, green and red pepper and slices of tomato. Then I shelled and tasted one shrimp. It was so strange and rubbery, I could not get another one down. And the pork I marinated and roasted in chipotle peppers, olive oil, garlic, lime juice, and brown
sugar tasted ugly-- bitter and bulky in my mouth. My son had the meal all to himself.

A big piece of my life has now gone missing-- the communion of sharing food with others around a table; that sacrament that connects us to the cycle of life and death and thus to each other; the sheer mutual enjoyment and intimacy of having a meal or a drink—even a cup of coffee with another; that sense throughout the day, that you will have your coffee and bagel in the morning, a little rest with your turkey sandwich and iced tea at lunch, and finally dinner at the end of the workday when you can relax and enjoy the salad or pasta and perhaps a bottle of soft red wine. It is sustenance, it is celebration, and it is joy, and when it is gone from your life, it leaves behind emptiness. It is not merely the colors and aromas and the wonderful flavors that are gone, it is the daily ritual. Food anchors us in the physical world as we eat of it; it binds us together face to face; without it, there can be no true celebration--where the spirit itself begins to dance. My appetite is gone with my sense of taste and so too, this communion. My days now feel anchorless, less joyful, and lonelier for the loss.

I imagine a feast, the most beautiful food--oysters, salmon, roasted wild boar-- and shining wine arrayed on silver trays by the trestleful in a grand medieval hall hung with golden tapestries, but when the guests fill their glasses and plates and begin to eat and drink-- the wine suddenly turns acid and bitter, the sauces like warm mud, the food sour and rubbery, or like a mouthful of wood chips. This must be the circle of Hell for foodies, gourmets, and chefs, one that Dante overlooked, or maybe he thought the third circle of Hell he had reserved forever for his gluttons was too severe for such venial offenders. One of the nurses sees me writing in my notebook and asks if I am a writer. I mention Dante and my food fantasy and she says, “You are not going to make this a circle of hell, are you?” “No, no,” I laugh. But then I think of Purgatory.

Now that the thought of Purgatory has occurred to me, I can’t help but wonder if I am not doing a kind of penance for all those cigarettes I so blithely smoked and all those shots of whiskey and snifters of cognac that so lit my brain and burned my throat. There is no doubt that, in a way, I have sinned against my own body. And Dante just might have approved; after all, it was he who envisioned Purgatory as a formidable mountain we must climb to do penance and so to save ourselves. In The Purgatorio, on the sixth terrace of Purgatory Mountain, he has the gluttonous suffer agonizing hunger and thirst.
They can see the figs on a giant fig tree, but they cannot reach them, and they can see the pool of sweet water beneath the tree, but they cannot drink of it. It seems as though Dante may have had more than his share of Catholic guilt and I perhaps, have some of my own, for who feels guiltier than an ex-Catholic? But even if this is a kind of penance, it will not last forever, and I must endure it.

And while I am in the process of being purged of my cancer if not of my sins, sometime after lunch, my two guardian angels arrive. They are Dorothy, the social worker on my case and Karen, the Head and Neck Nurse Specialist. They have a soothing presence. Always kind and good humored, often funny and invariably careful listeners, they often come to see me while I am a captive audience, hooked up to an IV in Chemo. I am always glad to see them. They ask how I am doing and they truly, seriously want to know. And I tell them that I am essentially starving. I have tried to force myself to eat mashed potatoes, eggs, yogurt, pasta noodles, fruit smoothies--just about every soft and neutral tasting thing my wife and I can imagine, but everything tastes terrible and feels foreign and unpleasant in my mouth. I just want to spit it out. No matter what it is, I can no longer get anything down, not even a glass of water.

I have struggled furiously with so many types of food because I am desperate to avoid the feeding tube. The feeding tube is a foot long hollow tube made of clear plastic, which is inserted by surgery directly into the stomach. It allows a patient to take liquid food and bypass the mouth and throat. No more worries about taste and texture! I was horrified at the thought of having one of those tubes inserted into me. It made the act of eating weirdly unnatural, like regressing back to the umbilical cord, and I had seen the scar left by the operation on another patient and it looked as if he had two navels. But I had to confess to Dorothy and Karen that the tube was finally my only option. It was either the tube or starvation and growing weakness. Dorothy and Karen arranged for me to have the operation and the tube was inserted in me in mid-July, halfway through my treatment.

So three times a day, I sit in my kitchen and through a plastic funnel, I pour several eight ounce cans of Osomite or Jevity, down through the tube and into my stomach. I always feel quite shy about it when others are around. It is the kind of thing you don’t want to do in public, where it might seem mildly grotesque to be fiddling with a foot long plastic tube sticking out of your midsection.
When I finish my chemotherapy every Thursday afternoon about two-thirty, I feel extremely tired and somewhat bloated. Once I get home, I usually sleep the entire afternoon. The day after chemo I’m fine, but on the second and third days, the nausea and the diarrhea are miserable. I lie awake most of the night, too nauseous to read, watching endless reruns of Law and Order between trips to the john as my body tries to rid itself both of cancer and the powerful poison invoked to destroy it. I struggle against nausea and diarrhea and lack of appetite with the knowledge that to stay strong I must feed myself through the tube. This is my earthly Purgatory, the difficult mountain I must daily climb to save my life or to somehow find a new one. Sometimes, suddenly surprised by the thought that I am still alive, I look up and try to glimpse the top of the mountain through the shifting clouds.

“I really do feel like I’m on the mend! I think we’re heading in the right direction.”
These were the last words that he said to me. He was sitting in his bed on floor 7.
However, “bed” almost seems like an incorrect term to use because that mattress had become his home for the last month. His frail body, bald head, and sunken-in face, complemented by thick glasses, made me wonder what this man looked like in his “former,” healthy life.
He was a young man, early 40s. At the time, he was admitted to our service for treatment of CNS lymphoma. While this seems serious enough in itself, the kind man had a multitude of other problems that had equally pained and plagued him—HIV, recurrent pneumonias, and a stomach perforation and subsequent laparotomy (only six days prior)—just to name a few.
I had come to enjoy my time rounding on him. He was a pleasantly gentle, familiar face.
After realizing that these patients have roughly fifty unsolicited visits a day (us, nurses, case managers, etc.), I no longer take offense to the fact that most patients do not reciprocate the smiles or warm greetings that we offer when walking into a room. But he was different; he always managed to muster the energy to converse with me, and maintain a positive attitude while doing so.
“I really do feel like I’m on the mend! I think we’re heading in the right direction.”
Just before concluding our encounter with these words, he also mentioned that he really hoped to be out of the hospital by Tuesday in order to vote in the presidential election. It was Saturday at the time. He really did seem to be on a path of improvement after
receiving his last chemotherapy treatment, and this request really did seem like a plausible one.

My, how quickly things can change. I returned to school on Monday morning, ready to start chart-checking my patients. It was at this time that my resident informed that Mr. K had passed away Saturday night, only hours after I had seen him last. Was it a complication of chemo? Was it the cancer? Was it an HIV-related infection? No, he had passed away just hours after experiencing a STEMI.

The incredibly rapid, unexpected, and heartbreaking sequence of events in this patient’s case is one that I will not forget. Mr. K had plans, simple tasks like voting, and even more indulgent journeys like a trip to Hawaii, that he looked forward to experiencing in the near future. All of this changed in the blink of an eye, due to something completely different than any of the more foreseeable tragedies he had spent the last sixteen months receiving various treatments in order to prevent from occurring. I searched for Mr. K on google after hearing of his passing, and it led me to his Facebook page. The photos here showed a handsome, vibrant, lively, young man whose life outside of the hospital appeared to be everything and more that I would’ve hoped for him. While I know that we, as physicians, must not become overly emotionally invested in our patients, I do feel that it is right and honorable to learn from our experiences with them. Mr. K will never really know what his kind demeanor meant to a young, often nervous and unsure, medical student, but I will remember. In addition, I believe that Mr. K would not want me to spend time anxious or worrying; instead, I think he would want me (and others) to spend time planning and dreaming. In the end, it is the unexpected events that you can
never plan for, so it’s imperative to avoid spending excessive time worrying about the ones you think you can.

Elizabeth Franklin is a fourth-year medical student at the University of Oklahoma College of Medicine.
I was walking through the streets of Mission Bay – a recently deindustrialized neighborhood just outside of downtown San Francisco – when I came across an unlikely scene: a plastic cup overturned on the sidewalk. Now, you might be asking yourself, how exactly is this unusual? You’re apt to find lots of peculiarity whilst roaming a city with nearly a million inhabitants. But some random trash on the sidewalk? Anything but.

And normally you’d be right. But in this case, the cup in question was immediately familiar, at once recognizable not for its uniqueness, but for its ubiquity, its perennial presence within medical facilities across the nation. If you've ever set foot in a hospital, as a healthcare worker or otherwise, I'm sure you can picture it: large, grey, handle like a teapot. They're everywhere – strewn across nightstands, stuffed into personal belongings, as commonplace on the wards as bedside urinals, slipper socks, and IV poles.

But here, just blocks from my home, capsized on the pavement and surrounded by a rapidly evaporating pool of liquid, it was a strange and jarring sight. Here was an object I typically associated with my work persona, which had now surreptitiously found its way into my home life. This was nothing new: medicine is a pervasive lifestyle, with the line between work and home frequently thin, and sometimes non-existent. Like, for example, how any time I call AAA for roadside assistance, I find myself thinking about Abdominal Aortic Aneurysms. This abrupt...
change in mindset can be unsettling, and in this case, it stopped me in my tracks.

“Where did this come from?” I wondered aloud. “How did it get here?”

There was no hospital in the immediate vicinity. Did someone take it with them accidentally upon discharge? Perhaps it was pilfered in desperation by a resourceful medical student, in lieu of using their loans to purchase socially acceptable tableware. Was there a patient somewhere without access to water, on a veritable 0cc per day fluid restriction? I looked to my wife for an answer, but she only rolled her eyes.

“It’s just a cup,” she said plainly, confused by my sudden obsession.

My mind raced. Without fully understanding why, I reached for my camera and snapped a picture of the lonely object. Meanwhile, my wife and various passerby stared at me like I had lost my mind, photographing garbage in broad daylight.

Upon returning home that evening, thoughts of the wayward cup having finally abated, I went about my business as usual. But over the next few days, my mind kept returning to that scene. I couldn’t get it out of my thoughts! It looked so hopeless, sitting there all alone, lost and out of place. It’s feels strange to anthropomorphize a piece of plastic drinkware, but the cup seemed to tell a story – one with which I was all too familiar. It spoke of loneliness and desperation.

I felt compelled to change its narrative.

As a hospitalist – a general practitioner who takes care of non-surgical patients in the hospital, many of whom are burdened with advanced or even terminal diseases – it is not uncommon for me to encounter individuals who have, frankly, lost hope. It’s a frequent consequence of the physiologic stress and emotional turmoil that so often accompany severe illness. But hopelessness is more than just an aftereffect; it has
significant, deleterious impacts on the patients who suffer it. There is evidence that loss of hope following critical illness not only reduces quality of life, but is also predictive of future mortality.

Perhaps William Shakespeare said it best: “the miserable have no other medicine, but only hope.”

The unfortunate truth is that once hope is lost, it is difficult to recover. As physicians, we strive to help our patients heal – both physically and emotionally – but so often we find ourselves helpless to delay the hopelessness that walks hand-in-hand with suffering. There is no medication for despair. I can’t prescribe 1mg of hope, prn, for feelings of disquiet or desperation. And this futility, this impotence to alleviate my patients’ suffering, leaves me feeling empty inside.

For example, let me tell you about Frank*. Here was a man who, just six months prior, had been running marathons. Now, his legs the size of Corinthian pillars and belly like a basketball, he suffered debilitating breathlessness from the fluid that bathed his lungs. His plastic cup had a line drawn midway up the side, a constant reminder of the oppressive limitation I had set on his daily intake of water. Frank had a failing heart which, like a broken pump, caused a backup of fluid in his system. But he didn’t care: his throat was parched and a deep desperation had overtaken him, so he drank to his heart’s discontent, the swelling of his body outpacing the medications pumped continually into his veins. This, unfortunately, was not an exceptional encounter. So much of my vocabulary these days consists of phrases like “there’s nothing else we can do”, or “I wish it were different.” For once, I wanted the opportunity to bring back hope. So I thought about what other story the image of the cup could tell.

I had recently visited a different neighborhood in San Francisco known as The Mission, a district famed for its vibrant murals, a veritable open-air gallery where literally hundreds of alleyways and fences are decorated with colorful works of art. Inspired by these beautiful creations, I
decided to make one of my own. To write a new story for the lonely plastic cup. A story of hope.

Emily Dickinson says that “hope is a thing with feathers”, but I’ve come to think of it as a garden. Cultivating hope, especially in the face of great tragedy, takes more than a handful of seeds. It takes hard work – the kind that’s bound to get your hands dirty – like tilling, watering, and nurturing. Sometimes, in the face of a harsh winter, the prospect of a spring bloom may seem lost.

Which brings me to Mary*, a patient I cared for during residency. She had been too weak to lift her own arms, let alone help herself to a drink of water; her grey cup sat neglected on the bedside table. I remember wetting her lips with a sponge – hardly recognizable as such, swollen and bloodied as they were – while her husband and I spoke about goals and expectations. And, to my surprise, about hope. After a prolonged and painful hospitalization, well aware of the grimness of her prognosis, it would have been easy for Mary and her husband to give in to desperation; in fact, I expected it. Yet somehow, miraculously, they maintained hope. They continued to tend that garden, to pray for the coming spring.

To hope is not to plant seeds knowing with certainty that the flowers will bloom; it is to acknowledge the inevitability of winter, and to plant a garden in spite of it.

So, with Frank and Mary in mind, among countless others, I turned back to the image of the plastic cup, and set out not only to change its narrative, but to tell a story which honored the struggle of my patients, the challenge of maintaining hope, and the success of those, like Mary, who managed to do so.

I don’t really consider myself an artist – I dabble in photography, like to play around in Photoshop, and sometimes doodle in the margins of my notebook during an especially lackluster grand rounds – but I do like to make art, to produce something that I can call my own. I use it to cope
with challenging situations, and to reflect upon the incredible stories of my patients. Elizabeth Broun, former director of the Smithsonian American Art Museum, says that “Art is not always about pretty things. It's about who we are, what happened to us, and how our lives are affected.” In my case, it's about recognizing and honoring the stories of illness, and the ways in which I have been moved by their tellers. It's about remembering the little successes, and the times that hope – whether perched and singing in the soul, or growing in a little garden – prevailed.

*Names and clinical details have been modified or generalized to protect patient privacy.

Zachary G. Jacobs is an academic hospitalist and a storyteller who believes that compassionate care and patient-centered medicine are enhanced by a familiarity with narrative. He is driven by his passion for stories, and aspires to capture and recount their beauty through poetry, prose, photography, and visual arts. He has published pieces in the Journal of General Internal Medicine, Annals of Global Health, and Hektoen International, among others.
J. DAVID LISS

Within Reach

She walked into the studio and turned on the light, as she had every morning since Oliver was in the accident. The unfinished painting was always the first place her eyes would go. Only a fraction of it was done, the first two layers of pink and yellow wash, the initial sketching in ink or a room’s interior, one stroke of red oil that indicated the color explosion that was about to take place. She felt as if she had entered the Garden of Eden on a foggy day and the fog was about to burn off and she would see paradise. But every morning the fog was still there.

He was coming home from the hospital today. The most famous artist in America returning to his studio after a horrendous car crash that had destroyed his hands. His left hand had been cut off completely; it would take him months to learn how to use the hook they had attached. His right hand was still there, but paralyzed. Specialists thought he might regain use of his right hand, or at least partial use. But it was useless for the foreseeable future.

What did it mean for Oliver Saracen to come home? He was never married, had no children, and was rarely in relationships. He lived in a world inside his own head, letting outside reality enter in increments, stopping it while he digested what he saw and transformed it into something that made sense to him. What made sense to him was built on a canvas out of color. None of his portraits were true to life. But all were true.

Oliver had an apartment on W. 68th Street. It’s where he slept and had take-out delivered. But the studio was his home. It’s where he spent the most time. It’s where he had his most intimate moments, his moments of discovery. Yes, Ollie had friends. They meant a lot to him. Mostly they were other artists. He also had special relationships with his assistants. He was very serious about teaching. When he accepted the faculty position at Columbia, he approached it with the same discipline with which he handled a paintbrush. He was there to teach. Granted, the only lesson he could teach was to look at the world in his own peculiar way. But if any of his assistants, and Julia was one of three, picked up an inkling of how Oliver looked at the world, they would have different eyes for the rest of their careers.

The two-year assistantships with Oliver Saracen were the most sought after positions in the world of art. Established artists, millionaire

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amateurs, every person who entered the Fine Arts program at Columbia, applied for one. Ollie alone made the choices. It was always based on portfolios, not interviews, not academics.

Julia remembered selecting the required three paintings, knowing in advance which would be her ticket in. She had painted it the year before applying to Columbia, after spending four hours at the Saracen retrospective at the Whitney.

It was dark when she left the museum. The first thing she saw as she stepped on the Highline was the full moon wedged between two buildings on 23rd Street. There it was, a coin being dropped into a bank, silver mercury falling in a thermometer, the note of a song suspended between two bars; the metaphors kept cycling through her head.

She began to see that moon and those buildings through the prism of the 90 Oliver Saracen paintings she had just devoured. She heard the music of that suspended note, felt the chill of that falling mercury, felt the greed and loneliness of that banked coin and knew how to paint it. *Moon Between Towers* was the work that would make her Saracen’s assistant; she knew it because it mirrored his vision. When that painting was done, she applied to Columbia, was accepted into the MFA program and eventually as Saracen’s assistant. Oliver never interviewed her, never saw that she had brown hair that was cut short, brown eyes, that she was 5’4” and 28 years old. All that he saw was potential. That was sufficient.

Man or woman, there had never been a harassment complaint filed against Saracen, as there had against every other artist who ever taught in the program. It’s not that he didn’t have a sense of privilege; it’s just that that sense of privilege didn’t extend to students. He felt he had first rights to attention and museum placement and critical reviews and buyers. But that was separate from teaching. His assistants were there to learn how to see and he would teach them.

Now he had no hands.

Six months ago, Ollie was in a cab returning from Brooklyn where he’d gone to see a show by one of his former assistants. Just his showing up was sufficient to bring media attention and guarantee sales. Buyers believed that if Saracen thought the work was good it would become sought after and valuable. That was one of the perks of being a Saracen alum—people paid attention when he paid attention.

It was about 10:00 pm when the cab moved to the right lane of the Brooklyn-Queens Expressway to get to the Brooklyn Bridge. A drunk, high, stupid, crazy man in an SUV decided he had to get on to the
bridge ahead of Ollie’s cab, slammed the gas and twisted his wheel. As usual, Ollie was sitting in the back on the driver’s side of the car, which he felt was the safest seat. His left hand was clutching the strap next to the window when the high SUV hit them and severed it. The cab driver was killed and Ollie was hospitalized.

Ollie was hospitalized. To her, that was the same as saying, *The house has burned down*, or, *You’re fired!* Something that she depended on was missing, gone for good. What was it like to be Ollie now? She had visited him in the hospital many times, but she didn’t know the answer to that question. Up until the minute of the accident, she knew exactly who Ollie was, what he was, what he meant to her. But he was transformed the same way witches in fairytales transformed their victims into dogs or apes. Ollie was transformed from a man into a seal, with useless flippers instead of hands that could hold a brush, point to a canvas, teach, create. What could it feel like to be morphed from a man into a seal? She couldn’t let her mind go there.

Today Ollie was coming home. And Julia was getting the studio ready for him.

In the past, she would have the work that he was concentrating on set up on the easel, his brushes and paints laid out on the worktable where he liked them, the right curtains drawn and the right ones closed depending on the time of day. He was so particular about light. First thing in the morning, he would stand by windows at each of the studio’s exposures and literally stick out his tongue to taste the sunlight. If he saw one of his assistants watching him he would smile and say something like, “Butterscotch,” or, “Lemon ice.” But the taste of the light told him something (not that light had a taste as far as she could tell). And he might change which painting he was working on based on the flavor of the light.

“Julia, you paint with your eyes, you paint with your hands, you paint with your tongue and your ears.” He didn’t only mean that you used your hands to put paint on the canvas. You felt the world with your hands. The greatest concentration of nerves in the human body was in the fingertips. Texture has a visual corollary. Feel the world. Put the paint on the canvas with your fingertips, push it with the palms of your hands. Use your left hand as well as your right.

She knew Oliver well, but Julia couldn’t imagine how he was responding to his double loss. That terrible dawn hadn’t happened yet—the one when he awoke and realized it’s not that he simply couldn’t brush his teeth, hold his dick to pee, wipe his ass after taking a shit: no,
rather the one where he awoke and realized that he had been trapped into the dungeon of his own torso, forever prevented from taking all that was inside him and sharing it with the world.

II

How should she set up the studio? Maybe she should just leave everything put away. He obviously wasn’t going to paint. It would be cruel to set up the studio as if he were going to be working.

It was a mistake for him to come here. In the studio, his body would remember on its own all the things it wanted to do. But he could no longer do them.

Maybe he could learn to pick up the brushes with his teeth. But he wouldn’t be able to see the canvas; his head would be too close. How would he know what to paint? Julia pictured him painting with a brush between his teeth and his head just a couple of inches from the easel. The TV cameras would love that, Oliver like some sort of freak bent over his canvases, like a seal at the aquarium, performing tricks by taking things in his mouth or on his nose while the media watched and he occasionally waved his flippers.

Worst of all, Ollie would still have the paintings in his head. Julia believed his head would explode from them, explode and take everyone with him.

But as she was debating with herself, she had followed the automatic movements of placing the paints by the easel and preparing the space for work. Should she put everything back? The red flashing light of an ambulance pulled up on the curb in front of the studio. Ollie had come directly to the studio from the hospital. He would be in the room before she could finish and she did not want to be caught putting things out of his line of sight. A couple of minutes later the studio door opened and Oliver walked in.

He was walking with great hesitation and with a crutch, but he was walking. That had taken a lot of surgery. The crutch was affixed to his right forearm by a bracket. His right hand hung loosely below the bracket. It was still swollen. His left hand was a hook.

Oliver looked around the studio. His expression was like a fellow who walked into a room expecting to see his best friends and found only strangers.
A man came in with Oliver that was clearly his nurse. He said, “Would you like to sit?” Oliver slowly made his way to the chair by the easel. Julia hurried to it and pulled it out so he could more easily sit.

“Ollie, I’m so glad you’re back. I’m so glad your recovering. Actually, I’m so glad you’re not dead.”

He didn’t respond. His right hand was immobile but he reached his left arm across to take a brush with the hook. He couldn’t get the hook to open wide enough and knocked a brush off the table. He said his first word since entering: “Fuck.”

He reached his left arm over again, trying to dip the hook into red paint. He smeared the red across the pallet but was unable to lift any to the canvas.

He paused, looked thoughtful. Then, using his hook, he picked up his right hand and dropped it onto the palette and moved it back and forth until it was covered by a thick muddy layer. Again using the hook on his left hand, he lifted his filthy right hand and smashed it against the canvas. The yellow and pink wash was covered; some of the ink lines were covered. The bright blob of red oil paint peeked through the muddy coating of mixed paint splattered on the canvas.

“Not bad,” Ollie said.

Julia stood in shock. “What did you do?”

Ollie looked excited. “Come here. Stick your thumb in the blob of mixed paint just above the red.”

She couldn’t move. “That was brilliant, that painting. Your studies for this canvas are masterpieces. What did you do?”

His temper began picking up. “Julia, come here and stick your thumb in the blob of mixed paint just above the red. That’s right. No, about a quarter of an inch higher. Good. In one rapid motion, streak the paint straight up… NO!

“I said a rapid motion. Look at the streak you made. It has no energy. It’s dead. Why couldn’t you do what I told you? You’ve ruined it.”

He took a step back and looked at the painting. “Or maybe not. Put my hand back in the paint all mixed up on the palette. Drop it hard. Don’t worry, I can’t feel anything; you won’t hurt me.”

The nurse interrupted. “Mr. Saracen, please don’t do that. Even though you can’t feel anything, you don’t want to traumatize the nerves any more. They will heal if you let them.”

“Okay. Julia, gently place my hand in the paint and roll it around. Thank you.” He used the hook to smack his hand against the canvas in
the same spot, but this time more gently. “Okay Julia, let’s try it again. Stick your thumb, your right thumb, in the same place and rapidly streak upward.”

She did. He smiled.

“You know, when you live in a hospital you come to realize that they never turn of the lights. You are never in the dark. When you’re never in the dark, you stop appreciating light. It blurs, becomes muddy, tastes like nothing. I may wind up calling this painting, Still Life with No Life, although that may be too cute. Do you see what I am doing?”

Julia didn’t. But she saw the difference it made to rapidly streak her thumb, saw the energy of a streak of light that somehow wandered in from the window and found itself trapped in a swamp of twilight, no light no dark. Every photon in that beam wanted to find the day. And it would fail. It was going to come undone, dissolve into the muddy darkness.

“Oh,” she said softly. She saw it, but didn’t know what came next.

“Alright. Dip your left thumb into the pure white.”

“There is no white. The palette is covered by that muddy mix.”

“Fuck. Get another palette. Get some white. Now, dip your left thumb into the white. No, your left thumb”

“I’m a righty.”

“YOUR LEFT THUMB,” he yelled. “ARE YOU FUCKING STUPID!”

She had never seen him like this. He was out of control. He stopped, looked at his hook, and said, “I’m sorry.” He breathed deeply for a few seconds and said, “The streak has to be straight but pull left. Your left thumb will naturally angle slightly to the left.”

“What streak?”

“Do you see the outline of a window frame through the splattered paint? It’s on the left side of the canvas. Use your left thumb to paint a white lining around the inside edge of that window frame.”

She was about to say, But that’s all wrong. The light on the inside of the window should be muddy. The light on the outside part of the sill should be bright. That’s where the daylight is. You’re putting the bright light on the wrong side of the window frame. She hesitated.

“DO IT! WHAT’S WRONG WITH YOU! I don’t have hands, but you don’t have eyes. Can’t you see!
She kept her mouth shut and used her thumb to push white paint along the window frame.

“Oh,” she said aloud again.
She got it. It wasn’t about a natural transition from dark to light. The brighter light was on the inside of the room because the painting was about the struggle, the fight to live.

“Get some red. Dip four fingers on your right hand into the red. Quickly streak them on a diagonal going down on the ceiling.”

The nurse spoke up. “Mr. Saracen, I told you I would bring you to the studio for a quick visit, not to resume work. My job is to get you to rest. We need to go to your apartment.”

“I’m not working at all. Julia’s doing the work. I’m just sitting here.”

“It sure looks like work. Sure sounds like it.”

Julia looked at Saracen. He was shaking and his breathing sounded raspy. “I’m quitting for the day, Ollie. We’ll do this again tomorrow.”

She saw the rage gathering in his face. It was the prelude to a storm. She braced for it.

“YOU’RE QUITTING FOR THE FUCKING D…” He stopped. When his mind was distracted from the painting, the pain came back to him.

“Okay,” he said weakly. “Just take a piece of paper and put it next to the canvas, vertically, yes like that. Now make those four red streaks across the top of the paper. Diagonally. Right to left. Okay. I just want to remember where we were when I come back tomorrow. Will you be here or Asher?”

“I’ll be here.”

“We’ll get this done tomorrow.”

“God, Ollie, everyone’s going to kill me because I let you go back to work. Maybe you should rest tomorrow.”

“I’ve been thinking about this picture for weeks. I’m starting to feel good about it. We’ll get it done tomorrow.”
J. DAVID LISS

In 1984 J. David Liss received an MFA from Brooklyn College. Trained in writing and inclined to politics, Liss became a speechwriter and then a lobbyist. He’s worked in corporate, academic, and healthcare centers and all his work has been touched by literature (he likes to think). His poetry has appeared in *The Naugatuck River Review*, *Poetry Quarterly*, *Fifth Wednesday Journal*, *Blood and Thunder*, *Euphony*, and a number of others. He has prose published or forthcoming in *The MacGuffin*, *Lake Effect*, *Inwood Indiana Press*, *Adelaide*, and has several stories in *Fairy Tales and Folklore Reimagined*, an anthology from Between the Lines Press.
Those of us who were alive in the sixties remember those
tightmarish black and white pictures of babies born with arms reduced
to small flippers. Some had normal legs, others had theirs equally
deformed. It took several years for doctors to realize what was causing
this tragic epidemic.

A drug given to pregnant women to control morning sickness,
called thalidomide, produced these birth defects on their babies. It was
considered so safe that it was even sold over the counter. Needless to say
it was banned immediately. By then more than 10,000 babies had been
born with such horrible condition. Most of them were born in Germany,
where thalidomide had been developed and was being produced.

Half of the thalidomide babies didn't live very long. Of the
surviving ones, some managed to live a somewhat normal life. Some got
married and raised children of their own. One became an opera singer,
another an athlete. One, Niko von Glasow, was a filmmaker. Among his
work, he produced an award winning, poignant documentary about the
ones who shared his plight.

The scientific community did not give up entirely on thalidomide.
If the drug prevented the normal growth of cells in the bones of fetuses,
could it also prevent the abnormal cell growth of some cancers?
Research on thalidomide continued for many years. Chemists, good at
tinkering with molecules and making small changes in them, came up
with several similar drugs or analogs. One of them was named
lenalidomide and it began to show promise in the treatment of some
cancers, including multiple myeloma, a cancer of the bone marrow.

About ten years ago the new drug was approved for treatment of
myeloma and also some types of leprosy. It may be useful for other types
of cancer and AIDS. Research continues on thalidomide analogs.

Three years ago I was diagnosed with multiple myeloma. Several
treatments worked well for only a few months and then became
ineffective. I didn't tolerate lenalidomide the first time the doctor
prescribed it. My face swelled to the point that my eyes were half closed. This side effect happens in one out of 10,000 patients. Lucky me! A few months ago, I was running out of choices. My doctor decided to try lenalidomide once again, this time combining it with benadryl and steroids to counteract the itching and swelling. Luckily, this combination worked like a charm and the new treatment is controlling the cancer better than any of the previous ones.

Tom Brokaw was diagnosed with multiple myeloma a year before me. He wrote a book about his experience. In his case, the treatment of choice from the beginning was lenalidomide alone or in combination with other treatments. It was effective enough that a year later he was free of symptoms and almost as strong as before his diagnosis. I have seen him on TV a couple of times doing what he does best even at his age.

This descendant of thalidomide has been keeping me alive for almost a year. I constantly ponder about the mystery of how I became the beneficiary of something that had been the source of so much human suffering years ago.
DEBORAH MORRIS
Speaking in Tongues

“Rick, are you OK? What’s wrong?” I was working as a physician assistant in an urgent care clinic. Rick, my supervising physician, was bent over his desk, face hidden, shoulders shaking. He looked up, held up a hand in a “wait” gesture and I could see that though his cheeks were wet, and tears were pooled under his lower lids, the shaking was from laughing, not crying. I handed him a tissue box and waited as he wiped his face and blew his nose, bursts of silent laughter breaking through.

Rick stutters. I didn’t rush him. I am a talker, an interrupter, and had to learn to hold back and be patient with his speech patterns. I often found myself wanting to finish his sentences, but this time he was having a hard time starting them.

Finally he took a deep breath and started speaking. “Last week I saw this t-t-twelve year old with swimmer’s ear, simple enough. I looked at the chart on the door and figured he was here for follow-up, but when I opened the door there were t-t-two women in the room, one his mom. I asked what I could do to help.” He started giggling, then hiccoughed and wiped his eyes again.

“The mom said, ‘Dr. Joslin, when I was here last week with my son, I couldn’t help but notice your affliction, and the Lord moved me to heal you.’ That floored me so I didn’t say anything and she went on, ’but I ignored the call. I was embarrassed and we left. But yesterday at church, the Lord’s will welled up inside me and I was moved to heal you.’ The other lady chimed in, ’Praise the Lord!’ And I just sat there.”

I noticed that as he narrated the story, his stutter was milder than usual, but that was not unusual, especially when he was relating what someone else had told him. “So she stands up and says, ‘I have been moved by the Lord to heal you,’ and she p-puts her hands on my head and starts p-p-praying while the other lady keeps saying, ‘Amen,’ and ‘P-praise the Lord,’ and “Hallelujah! And I just sat there trying not to laugh. I’m sorry, but it was all I could do.” He was laughing again now, out loud this time, and I laughed with him, not entirely sure why, caught up in his uncontrolled hilarity.
After some snorting and another nose blow he went on, “And she prayed until I couldn’t even understand the words, speaking in t-t-tongues, maybe and the other lady was g-g-getting more emotional and I wondered whether Petra would come see what was going on when they both stopped and looked at me, just stood there and looked at me.” He looked more somber now.

“And I realized they were waiting to see if I was healed, c-c-cured.” He was silent for a second. “You know what pressure does to my stutter.” Over the years we had talked about it, a lot, his childhood of speech and psychotherapies, doctor’s visits and medicines, all the theories and anxiety over his speech issue, his discovery in college that a double Scotch rendered him able to recite the Gettysburg Address perfectly. He was at peace with stuttering as an adult, but the scars were still there.

“And I knew that I had to get this right. I thought it through and very carefully said, ‘Thank you,’ and left the room. I just collapsed. You found me. Thank you.” He was serious now, sincere.

“What did I do?” I asked.

“You listened, you laughed with me,” he said. “They meant well. The last thing I want is to hurt their feelings.” Rick sighed, and blew his nose again. We sat together in silence as he collected himself.

Petra, the medical assistant, stuck her head in the office. “Hey, the rooms are full. Are y’all planning to see any patients? And what do you want me to do with those ladies in room two?” Rick looked at me and we both started laughing again. Petra shook her head and just stared at us while we tried to rearrange our faces into something dignified.

“Um, just tell them I said thanks and to have a good day. Sorry, Petra, I can’t go back in there. I just can’t. I’ll explain later.” He walked to room one, and pulled the chart from the door, knocked and went in. I bent over my chart to finish it. Another day in urgent care.
DEBORAH MORRIS

The Lump

Six thirty in the shower, conditioner soaking into my short curly hair, I remember that I haven't done a breast exam in months. I'm running late. Peter didn't come home again last night. Mad or worried? It's hard to know, getting hard to care much, either. Susan is supposed to be getting dressed, but I suspect she's still deciding what to wear, her orange animal print pants with the purple and green floral print shirt? She has eclectic tastes.

Dammit, I think as I soap my left breast and feel the lump under the scar. What the hell, I thought this was gone. Six months before, I'd found the lump and was sent by Student Heath to the surgery clinic, where a surgeon removed it under local anesthesia in her office. The pathology report showed fatty tissue, and, as the area healed, I was pretty sure the lump was still there. “No,” she said, “that is just scar tissue, normal healing, nothing to worry about.” So I didn't.

Hell, I don't have time to deal with this—school, Susan in kindergarten, cooking, cleaning, and maintaining some sort of normal life. It can't be cancer.

During my surgery rotation with Dick two months before, we saw a number of young women with breast cancer, some younger than I was. Shit, goddammit, I need to do something about it. I'll call Dick's office as soon as I get to the VA and make an appointment. Bernie is a decent surgeon, but Dick has the best hands, the best technique, and I trust him. He's become a friend and it might be awkward, but I want him to check this lump. I trust him.

My marriage has been getting harder to take. Peter is again seeing a woman he got pregnant a few years ago. He considers our marriage "open" and tells his women that I agree, though my “agreement” was based on a casual, probably stoned, answer to his question of whether it was possible to love more than one person. That was a decade ago, before we were married, me not quite nineteen and Peter just turned twenty. And now that answer outweighs the many times I've said that he needs to commit to me and to our marriage. I guess he considers the
marriage open because he tells me about the women he is screwing, at least some of them. I have quit expecting him to grow up.

Adding to the humiliation of his affairs, he remains completely unwilling to do anything around the house or to help with Susan. My life is crazy busy. How the hell do I fit in another breast biopsy? Shit, goddammit. Shit, I need to expand my vocabulary.

Dress, pack lunch, talk Susan into eating some yoghurt since her favorite cereal yesterday is disgusting today. Take her to the babysitter's where she'll catch the 7:30 bus, drive in morning traffic to the VA where I'm doing a cardiology rotation.

I pick up the phone in the nurse's station on 4 B and call Dick's office. The appointment clerk says she needs to check on the next available appointment. I'm on hold for a minute or two. When she comes back, she offers me an appointment late this afternoon. "The doctor said to add you on the schedule," she says. "Come at 5:30." That's perfect. I leave the VA at 5 today. I call the babysitter to make sure that I can pick Susan up a little late. I'll pick up something for dinner in New Haven before getting her. I wonder if Peter will need dinner.

I try to lose myself in work for the day, rounding on the cardiology patients, presenting to the fellow who supervises the medical and physician assistant students, attending stress tests and writing progress notes. Every once in a while, I find myself with my arms crossed, now unable not to feel the lump under my right hand.

At the end of the afternoon I'm scheduled to read EKGs with Dr. Fletcher, Al, the attending cardiologist. I sit in a chair next to his in his office, formulating an interpretation and then running it by him. He leans in towards me, pointing out the subtle findings I missed, directing my eye to squiggles and waves. Half an hour passes, and I start to gather my things to leave. "Hey," he says, as if he is having a brilliant idea, "Let's go get a beer together after work tonight."

Hmm. I don't know much about Al, but he wears a wedding ring, as do I. I'm usually oblivious to flirting, but even I know there is some sexual tension between us. I'm just surprised at the directness of his approach. A flash of heat in my cheeks and elsewhere. "Sorry Al, I have
an appointment at 5:00. Maybe another time. Gotta go now. See you tomorrow." I grab my purse and jacket and speed down the hallway and stairwells to the parking lot and my car.

Fleetwood Mac’s Go Your Own Way on the radio. Traffic's not too bad. I need to think about this, I am past tired of Peter's affairs. He’s my husband and my daughter's father, but I’m not going to put up with much more. Why not have an affair? Al's cute, I'm horny. There's definitely some chemistry. Sex with Peter is all about him, and frankly it’s getting scary now that I know more about infectious diseases. But Al's interest, though welcome as confirmation of my desirability, pisses me off. I can’t do to his wife and family what my husband and several women apparently are willing to do to me and mine.

I get to the surgical office right at 5:30. The waiting room is empty except for an elderly man checking out. Anne, the receptionist, looks up and motions me to come through the door to the back office. Once in, I greet Delores, Dick's nurse, who leads me to an exam room and, handing me a short blue cotton gown, says, "Take off everything above the waist and put this on, open to the front." She leaves the room. A minute later there’s a tap on the door and Delores and Dick come in.

"So what's going on?" Dick inquires. I tell him about the lump, the surgery, the scar tissue, the lump again. "Well, we certainly need to check that," he says, directing me to lie down and turning to the sink to wash his hands. Delores adjusts the exam table as I lie back.

Dick stands at my right side and first uncovers my right breast, systematically palpating the tissue under his warm fingers, lightly, then more deeply, covering the entire breast and reaching high up under my arm. I stare at the ceiling light. I can smell his clean soapy scent. Then he pulls the blue cloth back over my right breast and uncovers the left. Again his skilled fingers feel the breast tissue in a patterned grid, avoiding the still pink scar until the end. I look at Dick. He is looking into space, not at my face, or at my breast, as he carefully feels the area I’m concerned about. "You're right," he says, "That's not just scar tissue. We'll need to get that out. Just to be safe. It's probably nothing. You know that."
“Mm hmm,” I nod. His neck is reddening as he moves the edge of the gown back over my breast and says. "I'm stepping out. Go ahead and get dressed and then we'll talk." Dick and Delores leave the exam room which suddenly seems much larger.

I slip back into my practical bra and pullover and cross the hall to Dick's office, where he is writing in one of the many manila covered charts lying on his desk. "Really, don't worry," he says, forehead wrinkling. "Oh, I'm not worried," I lie.

"Let's get you booked for outpatient surgery and get this thing out. We'll both feel better."

"Can we do it at Student Health and under local? I usually don't have anyone to drive me home. Peter is traveling a lot." I trail off as his eyebrow lifts.

"I do some work with Student Health, so that's not a problem. They have a decent procedure room, but this might be a bit intense for local. Are you sure?"

"Oh, yes, really. General anesthesia makes me sick and I feel like shit afterwards. I can't afford to miss any time right now—cardiology, it's important, and it's hard to get absences approved. If we can do it some afternoon, I'll only need to take half a day off."

Dick tells me to expect a call from his scheduler. I leave his office, thinking about whether I should stop at Clare's cafe or just order pizza.

Three days later, Friday afternoon, I leave the VA, heart pounding and a lump in my throat, to go to my 2:00 appointment with Dick at Student Health. As expected, Peter said he couldn't afford the time from work to come from Bridgeport to New Haven for this. I sign in, the nurse checks my temperature and blood pressure, and I'm directed to a room to change, this time into a long gown that overlaps in front and ties at the top and side. I wait to be escorted to the procedure room, sort of a small operating room with a fancy electric table.

The walls are papered in a quiet pattern, and the room is brightly lit. There are frosted windows in addition to recessed fluorescents and
the shiny metal surgical lamp hanging over the table. The nurse helps me onto the table and arranges the gown and sheets, leaving my left breast out and then covering it with a small green cloth. I’m lying almost flat but with a pillow comfortably under my head. "Are you warm enough," she asks? "Mm hmm," I answer, thinking about how pleasant the space is compared to the sterile tiled hospital ORs.


"I'll get them to rush it. We should know something by Monday afternoon."

The nurse prepares instruments on a stainless steel Mayo stand and Dick takes the sterile surgical gloves out of their paper wrapping, carefully pulling them on, touching only the inner surfaces, first one hand and then the other. He steps over to the table as the nurse uncovers me and puts on her gloves. He begins the iodine scrub and then places a sterile blue paper fenestrated drape with the window centered on the area of concern, the outer lower part of the left breast.

He talks about fenestrations, windows, “Isn’t that a great word? You never see operating rooms with windows now. One of the hospitals where I trained had floor-to-ceiling windows in the OR. We looked out over cow pastures while we operated. It was very peaceful.”

I stare up at the surgical lamp hanging from the ceiling, with a large metal reflector, the light aimed directly at the breast. There’s a sterile paper cover on the handle so that the aim can be adjusted without breaking sterility. "This is going to sting," Dick says. And it hurts, a lot, more burning and pressure than stinging, I think, controlling my breathing as he injects the local anesthetic, first into the skin and then deeper, palpating to be sure he does not lose the position of the lump as the tissue around it is distorted by the injected fluid. "I’m using Marcaine along with Xylocaine," he explains so that I understand that the area will stay numb for a few hours after the surgery.

"Can you feel this?" I feel a slight sharp sensation. "A little," I say, and he injects some more. "This?"
"No, nothing."

There is something then, a little pressure, some pulling, but no pain. I hear the slight scraping sound of a scalpel opening skin. I close my eyes. I’ve seen this procedure a dozen times so I imagine the incision, the blood, the careful dissection. I think my mantra, try to meditate. When this doesn’t work I shift to consciously tensing and relaxing muscles, trying to get my neck and shoulders to relax. But the pulling sensations make me tense up again and again.

There’s a sudden and intense deep jagged stabbing. "Ouch, shit!" My eyes burst open and my head jerks up. "Sorry, sorry," I say, looking at Dick and then at the nurse who shakes her head, we understand, not to worry. Dick starts back a little, his eyes widening. "Oh dear, let's draw up some more anesthesia." He seems a little rattled. I’ve never seen him rattled. The injection this time is barely noticeable, just a faint suggestion of the earlier intense pain.

Consciously, I again relax my tense neck and shoulder muscles, staring at the light as Dick continues to work. There are patterns and colors and movement in the reflector, red, silver, tan, white, pink. The patterns are abstract at first, but then they condense into something recognizable, a scalpel, gloved fingers, blood, and gauze. I’m watching the distorted image as Dick slices more deeply into the breast and around the pink lobed mass, delivering it from the wound with toothed forceps.

I start sweating, feel sick, close my eyes, open them again, and see Dick look at my face, at the light. Close them, trying once again to untense. His hands are trembling slightly. "Almost done here, looks like a fibroadenoma, benign, I’m sure," he says, placing the pink and red lump in a plastic jar of formalin. Let’s get this closed up.

All business now, asking the nurse for sutures, for needle holder, closing the wound in layers, bottom up, ending with fine black stitches along the skin, covering the wound with a dressing, pulling off his gloves as the nurse helps me sit up. For a moment, I think I might faint, might vomit. No. By an effort of will, I raise my blood pressure, settle my stomach, smile.
Later, alone at home, I lie on my tan cloth living room couch, staring at the dark TV screen across the room. Susan is with her friend for the night. I don’t know where Peter is. I have taken two of the pain pills Dick gave me, as instructed. The TV is off and I’m not sure where Peter put the remote. A part of me wants to turn it on and watch M*A*S*H. The rest of me, the narcotized part, can’t find the energy or the interest to get up.

By the next morning I feel normal, and spend the day cleaning, doing laundry, and hanging out with Susan, my neighbor Marty, and her kids at the neighborhood park. Peter does not ask me about the biopsy. Apparently he has forgotten all about it, so I do not mention it.

Monday is another day at the VA and goes by quickly. Pre-round early, then walking rounds, notes, procedures, and clinic. I think about the lump on and off, but stay so busy that I can’t dwell on it.

Finally it is late enough in the afternoon. Again, I call Dick’s office from the 4B nurse’s station, sitting in the charting cubby, back turned to the activity of 3:00 shift change. I ask to speak to Delores, the nurse, rather than asking directly for Dick. “Hey Delores, this is Debbie. Do you know if Dick got my path report?” “Just a sec and I’ll check,” she says and puts me on hold.

A few seconds later, Dick picks up. “It’s a fibroadenoma, like we thought,” he says. “Are you having any pain?”

The relief is so great that it takes me a second to find my breath and answer. “No, it really hasn’t hurt at all.”

“Good, that’s good,” he says. “How’s the rotation going?” We chat for a minute and decide to meet for lunch on Wednesday. I hang up, and sit for a minute staring at the phone. Nearly time for ECGs with Al. That makes me a little edgy, but my mood has soared. Lunch with Dick will be lovely. The lump is gone.
DEBORAH MORRIS

To the Bone

I was terrified of Junior High School. Class changes. Locker. Especially scary, combination lock. I knew very few kids since I had only attended the last couple months of sixth grade in Allentown. Apparently my sixth grade teacher recognized that I needed a more challenging curriculum, so I was advanced into the class for gifted kids.

There were four of us starting seventh grade, added to a group that had been together since third grade. They had years of Spanish instruction so Holly, Emil, Debby, and I were given German lessons by Fräulein Zettel, a short, slight, but terrifying woman, with an expressionless face and abrupt speech. Germans have made me uneasy ever since.

We were outcasts, and all of us were teased, Debby because she was tiny, Emil because he was tall and gangly, me for my Midwestern accent and sometimes mom-sewn clothes, Holly for her braces and thick glasses. For the first time in my life, I hated school. Every morning I woke up dreading the bus ride and the teasing.

Math was pre-algebra, not the arithmetic that was so easy for me. There was homework that couldn’t be completed at school in spare moments. In English with Mrs. Kleintop, we were doing this thing called diagramming sentences. The other kids had done it before. Holly and Emil and Debby and I looked helplessly at each other when one of us was called to the board.

Social Studies, taught by Mr. Schwenk, was awful. We had to write papers based on research, with footnotes. I had no idea what I was doing and hated the red marks and comments and especially the letter C, which I had never seen before.

And German, with Fräulein Zettel, was just the worst. When she spoke I felt like she was yelling. And then those gargling sounds and the strange new verb sounds with umlauts that I simply couldn't figure out. And, of course, there were genders and tenses and endless endings to
memorize. At least I had Holly and Debby and Emil, but they weren’t enough to make me want to come to school.

When I was five I had rheumatic fever. I was lucky that it left me with no physical problems, but Mom was always a bit on edge about my health. If I told her I didn’t feel well, I could sometimes get her to let me stay home. After a few weeks, though, it was obvious that I needed more than not feeling well. I could get up, run to the bathroom, gag myself to noisy vomiting. That did it. Back under the covers with a book I went. I couldn’t be sick more than a day at a time though. For one thing, gagging oneself is not very pleasant and can only be done so often.

So I started having fevers. I washed my face with warm water, drank some hot tea, said my head hurt. Mom felt my forehead and got the thermometer. I was a child with a scientific bent. Friction causes heat. Rub a thermometer with, for instance, the corner of a bed sheet, and the mercury climbs. But one had to be careful to control the temperature. It took a few minutes for an old timey mercury thermometer to register, so Mom put it in my mouth and left to do something. I raised the mercury to something abnormal but not frightening, say 101. Clearly, I couldn’t go to school with a fever.

But after several episodes of vomiting and a few fevers, obviously I had to go to the doctor. Dr. Frick lived and had his office in an old Victorian house surrounded by an amazing cast iron grapevine fence near the junior high. Mom didn’t drive, so Dad had to stay home to take me. If I was lucky, the nurse would leave the room when taking my vital signs so that I could work some mercury magic. The doctor looked in my throat and felt my lymph nodes, listened to my chest, took a strep culture, and sent me home with his signature green “misery pills” in a small paper envelope.

Back to school until I couldn’t take it anymore and then I got sick again. It seemed to my twelve-year-old self that missing an average of a day a week wasn’t excessive. I varied the days. All Mondays, for instance, would raise suspicions. Sometimes I went to school for a whole week and then was sick for two days in a row and back we went to the doctor. One day the doctor spoke with me and my parents in his messy office,
desk piled high with manila folders full of papers with brief scribbles, about my medical history and the need for more tests.

I was sent to see a specialist, a cardiologist, who did an EKG and listened carefully for several minutes to my heart. He shook his head, said my heart was fine, and sent me back to Dr. Frick. The next visit I was sent to the waiting room while the doctor talked to my parents in his office. Mom came out with red eyes. The doctor wanted to admit me to the hospital on the following day. That night I eavesdropped and heard my parents use the words *anemia, fever of undetermined origin, leukemia.*

It sounded interesting. After all, I had always wanted to become a doctor, and my old friend Peggy’s dad used to let us follow him around sometimes when he made his Sunday rounds in the Jewish hospital. Hospitals were pretty cool. There were microscopes and other awesome science stuff. This meant that they believed me. Plus, being in the hospital meant no school.

So we put slippers, a robe, underwear, and books into a bag and went to Memorial Hospital. We went through admissions, and I was put in a double room. An old lady who never said a word to me lay in the next bed. People came to draw my blood, tubes and tubes of it. I had to pee into a basin over the toilet, and people measured everything I drank and everything I ate. When the nurses took my temperature they didn’t leave the room like my mom, but stood looking at their watches until the time was up. I was scheduled for some tests, they told me. Take these pills, they told me. I had terrible diarrhea, which was measured, but I was given lots of ginger ale to drink and Popsicles and sherbet. Not so bad.

The next morning an orderly came with a wheelchair and took me to radiology. “Drink this,” the technician said. “It’s like a milkshake.” It was white and chalky and sort of sweet and maybe a little minty and completely disgusting. I gagged, but they made me keep drinking it until it was gone. They took x-rays. Ugh. This is not fun, but interesting and maybe sort of worth it. The pictures were cool. Better than school anyway.

Then I was asked to take off my underwear, and to lie on my side with my backside exposed. Very embarrassing. The radiologist put a tube in my rectum and more chalky white stuff ran through an enema bag into
me. I had to roll this way and that as they took more x-rays. I begged to
go to the bathroom but was not allowed. Just hold for a little longer, they
said. Turn on your right side, they said. I had not signed up for torture.
Should I tell them I knew there was nothing wrong with me? I couldn’t.
It would be over soon, and I could go home. Maybe they would find
something. That gave me hope.

Back to the room. The quiet little old lady was gone. I was tired,
hungry, and wanted to go home. Just one more test, they said. Then you
can eat something, they said. In came the doctors and nurses with metal
trays covered with green cloths. I was put on my stomach with some
pillows and they uncovered my butt again. This was the second time that
day that people stood around me with my butt exposed. They washed it
with something cold. They covered it with some more green cloths. They
were wearing gloves and masks. You are going to feel a little prick, they
said.

Ouch! Owie owie! I wanted to say Hell or Dammit or even
Godammit! This was strong language in my family. Dad could get away
with it. Mom, once in a while, but us kids? No way. I hugged the pillow
and tried to act like I thought a twelve year old, a near adult, should act.
It hurt, way worse than the broken arm I had in second grade hurt. Of
course, I had exaggerated the pain of that injury. Really, no one was more
surprised than I was when the x-ray showed a slight fracture.

Now you’re going to feel some pressure, they said. I tried to look
over my back to see what was going on but the nurse held my shoulders
down and said, “Don’t move.” I felt pressure all right, and pain, a deep
pain in my rear end, my butt, my ass. Then I heard a crunch and groaned.
So much pain. Stay still, they said. We’ll be done in a moment, they said.

When it was over, the nurse brought me a tray with some grayish
brown meatloaf and grayish green peas that looked like frog vomit and,
hungry as I had been earlier, looking at it now made me nauseous. There
really is something wrong with me, I thought. I hope they can figure it
out.

The next morning a young doctor who had been among the
crowd the day before came in to tell me that I could go home. He sat in a
chair next to my bed and looked straight into my eyes as he talked, kindly
and quietly, leaning towards me. He said he’d heard I wanted to be a doctor, and that I needed to go to school and study hard if that was what I wanted. He paused after he spoke, then asked if I understood. He knew. I nodded.

Mom and Dad came in a bit, and we threw the slippers and robe and underwear and books back in a bag and went home. They seemed quiet, even maybe a little angry, with tensed backs and necks. That night when I eavesdropped, I heard the words *malingering, factitious, schoolitis*. I had to look up malingering and factitious in the dictionary, but I was pretty sure I knew what they meant.

The next morning Dad drove me to school. I was in the shotgun seat. He said that the doctors had found nothing wrong, though some of the tests from the bone marrow biopsy would take a while, and that I needed to stop upsetting my Mom and go to school and do my work. He glanced over at me as he spoke. I avoided his eyes and said that I understood. I knew he was angry, because his neck was bright red, but he didn't yell. There were definitely some sighs and some head shaking in the serious conversation. No Hells or Dammits or Goddammits though.

A week later we went to Dr. Frick for follow-up. Mom, Dad, and I sat in chairs across from his big, messy desk. He said that the tests showed I had something called Thallasemia minor, that it caused my anemia and came from my Dad's Greek heritage. Dad asked a question but I didn’t listen. I felt the same surprise and, truth be told, gratification that I felt when the second grade x-ray was positive. There IS something wrong with me. Quietly smiling I thought, *told you so*. 
DEBORAH MORRIS

Where There’s Smoke

As I turned into the clinic parking lot I groaned at the cluster of patients standing outside the locked front door. At ten minutes before our eight o’clock opening it was clear that this would be a busy day. The back door was propped open, cool air rushing out, a little strange given the quickly building heat of an August morning in North Carolina.

I walked in, hung my purse on one of the tall stools at the doctor’s desk, and headed to the front to say hello. There was a strong smoky smell, much worse than it had been the day before when roofers had tar heating on the leaky flat roof while they worked on it.

“Hi Grace, Dana”, I said. “Why is the door open in back?”

“It’s the strangest thing, Doc,” said Dana. “When I got here this morning there was fog in the building! I opened the door and let it out.”

I paused, “Fog? It smells like smoke.”

“It looked like fog.”

“Dana, fog is weather, and weather usually happens outside. That had to be smoke.”

“Yeah, but it smelled like smoke yesterday. The roofers said it was normal.”

“Maybe it was normal yesterday but smoke inside is never good.” I was concerned. “Have either of you called the fire department?” Grace and Dana just stared at me

I reached for the phone on the check-out desk, punching buttons. Grace, eyes wide, said, “You know the number to the fire department?”

“911, Grace!”
“What is the nature of your emergency,” asked the dispatcher.

“I think there’s a fire in the clinic. There’s smoke in the building.”

“Oh, I was just about to transfer you to EMS. Hold on, let me get the fire department.”

Grace and Dana continued to watch me and Theresa, the nurse, wandered down the hall from the back. “What’s going on? Smells like smoke in here.” she said. I hushed her and gave details to the dispatcher. I waved my hand towards the back of the building hoping that the staff would get a clue and get their stuff and go outside. They didn’t move.

I could still see people, more now, peering through the locked glass front doors, waving, trying to get my attention as I put up my hand and turned my back to finish answering the dispatcher’s questions. When I put down the phone I said, “Everyone out! We need to wait outside.” I could already hear the sirens. The nearest firehouse was about two blocks away, across the street from the hospital.

I grabbed my purse on the way to the back door, telling Dana to leave the cash box and computers. It felt like herding cats, everyone going in a different direction when there was only one way to go. I shook my head, wondering how these medical professionals, people I worked with every day, people who were actually good in a medical emergency, could be such dumbasses!

The first fire truck was turning into the parking lot as we exited the building. After kicking the door stop away and allowing the door to close I walked around to the front, where a cluster of fifteen or more people was waiting. “Folks, there’s smoke in the building and we can’t open.”

“But Dr. Morris. I just need a refill on my medicine. Can’t you get your prescription pad and do that for me?” asked an agitated looking woman with carefully arranged and sprayed thin blond hair. I explained that we needed vital signs, an exam, access to records, and that it was not a good idea to go into a burning building, while several other people agreed with her and pushed for me to run clinic in the parking lot.
The firemen were getting out of the truck and I went to talk to them, calling over my shoulder, “Go home. You can call later to see if we’re open.” They moved back from the white stucco one story building, but only a couple went to their cars, the rest dispersing into conversational clusters in the parking lot.

I explained that the roofers had been there the day before and that the smoky smell from yesterday had turned into frank smoke today. At their request I unlocked the front door, trying to ignore the patients who kept calling out questions and requests.

Dr. Meltzer had apparently arrived while this was going on. I saw him talking with Dana and Grace by his car, while Theresa was walking towards the back door. “Theresa,” I called as I ran towards her, catching up just as she got to the door. “Where are you going?”

“Dr. Meltzer asked me to go get his banana and apple out of the fridge,” she said.

I sighed. “You can’t go in there.”

“But, he said....”

A firefighter in full gear was walking by us pulling the door open. “Ladies, you need to get away from the building,” he said, exasperation in his voice.

I pulled Theresa towards Dr. M’s old red Ford Taurus. “Mort, you can’t send someone into a burning building to rescue your fruit,” I scolded.

“Why not?” he blustered. “I don’t see any smoke, much less flames. And Dana said you just came out and I didn’t have breakfast yet.” I felt the faint pop in my head that means I have lost my temper and my restraint.

“Dammit Mort, what’s the matter with you, putting Theresa in danger for a friggin’ half-rotten banana? Go buy a goddamn apple at Food Lion if you’re that hungry.” I stalked towards the Fire Chief’s big white Yukon that had just pulled into a parking spot. I didn’t look behind me, didn’t want to see the expressions on their faces. I don’t blow often.
Chief Montrose, white-haired with a chubby pink face, climbed out of the SUV and walked towards me. He was a good guy, a patient, and a long-time member of the fire department that used our Urgent Care for firefighter lung testing and care of on the job injuries. “Doc! What’s happening?”

“I don’t know, Chief. Have they found anything yet?”

“Well,” he stretched the word out, that slow Southern speech that I’ve gotten used to, even come to appreciate, but that still takes my Yankee patience to the limit when I am tense. “See those guys on the roof?” The two young men in fire gear were pointing a black plastic device around the roof, returning to the same spot, near the low parapet in the front of the building. “They think they’ve got a hot spot, seems like it’s under the roof. We’re gonna need to peel it up and get some water in there.”

I groaned. “It’s a brand new roof and that’s right over the record room!” I was imagining water pouring down over the thousands of paper records, turning them into inky pulp.

“Don’t you worry,” he said. “My records are in there, too. We’ll be as careful as we can.” He turned to direct some of his crew to go inside and cover the records with tarps. I leaned against the Yukon, noticing that my back was wet with sweat and that my hair, twisted into a bun, was coming down.

A silver Toyota stopped by me, a window rolled down, and a woman who looked familiar said, “Oh, Dr. Morris, why are you out here? Josh needs his sports physical today! When should we come back?”

Um. I left my crystal ball inside. Can’t tell ya, I thought. “I’m not sure. There’s a fire?” I waved at the three fire trucks, Chief’s car, and the fire hose being unwound and carried up a ladder.

“Can you call me when you’re open,” she asked, looking at her watch, lips pursed and forehead wrinkled in frustration.
“Why don’t you call this afternoon? I’m not sure we’ll be opening today, but if not the service should be able to tell you what to expect.” I have no idea who you are, lady, and, even if I did….

I wandered back over to Mort and the staff and told them about the hot spot and what was happening. “I can’t imagine we’ll be opening today, but I bet there’ll be a mess to clean up once these folks are done. Mort, why don’t you go home? I’ll let you know about tomorrow as soon as I can.”

Neither of us apologized, but we were fine with each other. He was lucky, and he knew it, only a doctor. Somehow I’d ended up as the business person, in charge of all the details, along with seeing patients. Medical school didn’t prepare me for this.

Cleaners. Insurance company. Hmmm. Too soon to tell if we’ll need restoration. Damn, the roofers. I need them back ASAP. And they set the roof they were fixing on fire!

The sound of water pouring from the fire hose pulled my attention back to the firemen on the roof. OK, we’ll need wet vacs and fans. Mort’s car headed out the back entrance of the parking lot and one of the fire engines began rolling towards the front. I stuck a pencil through my disintegrating bun and began scribbling a list on the back of a paper receipt I’d retrieved from my purse.

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“Smile, People are Dying”

“I can’t believe you’ve never seen it,” Rachel said casually, checking her email on her phone from the chair next to my hospital bed. “It’s the freakiest shit I’ve ever seen.”

“We’ll have to look next time we’re down there.”

“Trust me, you’ll see it. It looks like Voldemort!”

I laughed, thinking she was joking. My sister always had a flair for the dramatic, and she knew a good Harry Potter reference would always make me laugh, even after weeks in the hospital with no end in sight.

A few more days later, when I was sent for more X-Rays, my mother reminded me to look at the tiles along the wall.

My eyes travelled along as the nurses wheeled my bed toward Imaging. The framed panels of tiles looked pretty much like all the other ones hanging throughout the hospital. Each tile was a small white square that, years ago, had served as projects for young patients. Kids were allowed to carve whatever they wanted into them, so now the walls of the emergency room, ward halls, and miscellaneous waiting rooms were decorated with cute pictures and messages. There were endless flowers, ‘Get Well Soon’ messages, and tiny handprints. Some signed their names, others thanked their nurses, but most of them looked to be done by very young children. It was a pediatric hospital, after all.

I had almost given up when I saw it. Just like Rachel had described it: a disturbingly realistic face screaming in horror, and the caption above and below it, “Smile, People are Dying.”

“Oh, that is freaky,” my mom said.

“Yeah,” I laughed without taking my eyes off it. “You should take a picture and send it to her.”
The X-Rays passed by, and so did the next round and the next round. The image stayed with me. Confined to a bed, awake long past midnight on a floor mainly filled with children under ten, I had a lot of time to think--who would’ve made something like that?

“I don’t understand why she can’t stay on the fifth floor!” I heard my mother saying over the quiet hum of the BiPAP machine covering my face.

“She has to be in the ICU as long as she needs respiration assistance.” Of course it was Dr. Daniels--just my luck.

“She hasn’t needed any until today!”

Dr. Daniels just shook her head. “When her oxygen can stay above 90 on its own, she can go back up to Hematology.” As usual, she didn’t look at me. She was the kind of doctor who thought pediatrics was a great excuse to never talk to patients; parents were much easier to manipulate. It was hard to talk through the mask, so I didn’t bother.

My mother sat down with a scowl, clearly frustrated about being sent back to the ICU; I was too tired to care. They were all hospital beds to me.

We passed that tile again as we moved, but this time it made me angry.

What the hell was the artist’s problem? Didn’t the kids who were being wheeled down for X-Rays or sedation have enough problems? Did that person get a kick out of hanging something so disturbing where sick children and worried parents would have to look at it? Did they care about how those people were suffering at all? What kind of asshole could be so selfish?

“See anything interesting?” I asked my mother, who was looking out of the window of the outpatient clinic.
“The ER--you can see the waiting room from here.”

I didn’t bother dragging the IV pole I was attached to over to look; I knew what the ER looked like, even if it had been a few years since I’d been there.

She must’ve been looking at the wall with all the tiles, because she suddenly asked if I remembered the “Smile, People are Dying” one.

It had been a while since I’d thought of it. I wonder how many more kids have noticed it since I had, and how many more would. Maybe some of those kids in the ER would see it soon.

I looked away from the window, wondering why they’d put one there, anyway, and stared at the curtain in front of me instead. Across the hall, a little boy was crying as the nurses woke him up after his chemo infusion. I could hear a family trying to schedule their next visit for only two days later and remembered when my life was like that--clinic Monday, Wednesday, Friday and Physical Therapy Tuesdays and Thursdays. Being sick could be a full-time job.

Maybe “Smile, People Are Dying” wasn’t meant to sound so sinister, I thought. There was a message of hope in there somewhere. Theoretically, not being a person who was dying was reason enough to ‘smile.’ It gave perspective, at least, even if it was a little cold. Maybe the artist had a particularly dramatic roommate and wanted to dish out a little passive-aggressive tough love. Maybe he was just trying to reassure himself.

I tapped my foot nervously; even just for an ear infection, I wasn’t used to being anywhere other than my usual hospital.

The nurse came back with a sheet of paper. “This is the med list you gave us last time you were here. Is it still the same?”
It had been a while, so I knew there would be a few extra prescriptions, but I was surprised when I saw how long the list was. Some of these I had forgotten about entirely—amlodipine, clonidine… names I hadn’t seen in what felt like lifetimes. I circled the ones I was still on and handed the paper back.

“Good. I think you should be fine with amoxicillin, then. I’ll write you a prescription and you can go.”

I thanked her and left. I was in a remarkably good mood considering how early I’d been woken up by the pain in my left ear that morning. Things moved so quickly when your complaints were mundane.

It was strange to always get so sad thinking of how sick I was a few years ago, I told myself. That was over, and there was no way of knowing how long it would be before my health sunk that low again. Could be tomorrow, could be twenty years. Might as well have a sense of humor about it.

The “Smile, People Are Dying” person must have known that, I thought, looking at the bricks of the buildings I passed on my walk to CVS as if one of them might be hiding that same screaming face and cryptic message. That person understood that when something dark and mysterious is looming over you, the only way to get any light at all is by laughing at it. It was like dealing with a dangerous animal: make yourself big and don’t let it sense your fear.

I tore my eyes away from the long list of classes and requirements to ask my friend what she was taking next semester.

She shrugged. “I’m as lost as you. Honestly, I’m just trying to make things work around my study abroad.”

I perked up. “Oh yeah? Where are you going?”

“France! It’s so exciting!”

“Yeah it is! I’m jealous!”
“You should try to study abroad, too, you know. Everyone says it’s one of the best experiences!”

I nodded absently. We hadn’t been friends for that long. How do you casually say ‘I can’t leave home for more than two weeks because my rare illness means that I need regular infusions of a drug that’s not legal in many countries yet to live?’

You don’t.

So I didn’t say anything. Instead, I got lost in thought and found myself thinking of that one tile again. As if I wasn’t sad enough.

If I could know anything about the person who made it, I would want to know why they were in the hospital in the first place. Maybe it was some jerk with a broken leg and a sick sense of humor, but then again, maybe it wasn’t. Maybe it was someone at the beginning of a long stint in the sixth-floor psych ward, lost in the world and feeling so misunderstood. Maybe it was someone like me, who was just in for so long, surrounded by the bright, cartoonish scenery of pediatrics that something in them just snapped.

I tried to push it out of my head. There was, after all, no way to ever know for sure.

Catherine Pasquine is a student at Emmanuel College. She was diagnosed with a rare blood disease when she was seventeen, and frequently writes both fiction and personal essays inspired by her experience as a patient.
I once had a conversation with a patient about how a hospital is a place of waiting. Waiting for results. Waiting for a plan. Waiting for explanations. Waiting for discharge. Waiting for the inevitable. These minutes, and hours, and days, strung together on a clothesline and viewed from afar, must appear so featureless – distant and anonymous, data on a medical record. Stepping in closer, letting the details pixelate into their own image, shows the real story. The real story is what is remembered and retold. The real story is made of moments, seemingly small and transient, of intimacy and comfort.

This last year of my medical school training has been a process in learning how to step in closer – bring that string of guidelines, lab tests, pharmacology consults, operative reports into focus, and tease out the intimate stories from within them. I don’t know that I have many stories to tell – yet. My “welcome into the profession of medicine” (as they told me when they placed the white coat on my shoulders three years ago, before I really understood what any of this meant) has felt somewhat short-sighted and, at times, selfish. The constant stress of rotating teams, new attendings, new residents, new expectations week-to-week coupled with the exhausting burden of desperately clinging to whatever understanding I can grasp from the fast-paced world of medicine so as to appear competent to a room of people who are evaluating me, has been a limitation to how much of myself and my energy makes it to the patient themselves. But a few months ago, I had a realization that caused me to reorganize how I consider my role as a student of medicine. After a few months of focusing on all the things I couldn’t do, I realized all the things that I could do. Maybe I don’t understand all the data yet, or know the best antibiotic for this skin infection or that pneumonia, but I suddenly saw how much power that leaves me to advocate for patients on a personal level. I gave myself the task of making small efforts to make my patients feel welcome and cared for in the hospital – of ultimately giving more of that energy that I had fixed on my own clerkship survival to my
patients. And the funny thing is that the more giving I felt towards the people I checked in on every morning and reported on during rounds, the more I fell in love with medicine itself.

February –

It’s a cold month in Oklahoma. Every morning I get here before the sun rises, grasping my coffee in one hand, swinging my arm through the sleeve of my white coat with the other. My morning walk to the hospital has become noticeably more confident in the last months. The dread that cinched itself tight in my stomach every morning when I arrived at the beginning of the school year is loosening its hold. “Don’t be so afraid of the unknown, just jump into it when it comes,” I repeat to myself. An introvert’s mantra to prepare for the day.

I slip into the team room and begin the daily to-do list. Call telemetry. Chart check. Print the new team list. Don’t forget to open your notes on the EMR. It’s becoming more routine.

Folding a pile of papers and stuffing them in my pocket, I prepare to go meet my new patient. Standing outside the door of room 308, I double-check my notes, double-check the patient’s name, and double-check why she’s here. I take a customary deep breath before knocking three times on the door. Someday it will get easier, but for now the anxiety of not knowing what’s on the other side of the door still gets to me a bit.

I hear a soft “come in” in response to my knocking. Walking into the room, I’m somewhat surprised to see my patient, Ms. Martin (47-year-old right-handed woman with past medical history of…) sitting up in bed with her feet swung around on the side, a breakfast tray half-eaten in front her. It’s still very early and I’ve become accustomed to waking my patients begrudgingly from sleep in the morning, but here is Ms. Martin, not only awake and dressed for the day, but also smiling up at me.

“My name is Gabriella, I’m a medical student on the team taking care of you. I just wanted to come by and introduce myself as you’ll be seeing me around. I also wanted to check and see how you felt overnight.” Holding my breath, and with a fixed, wide smile on my face, I wait for her response, giving me permission to proceed.

“Oh, wonderful!” she says. “I’m feeling pretty well actually!” Not a typical answer on the acute stroke unit.

Ms. Martin is a tall, brunette woman with a cheerful smile that has left happy crinkles around her eyes over time. Her body looks worn –
her shoulders are slumped forward in fatigue, bruises decorate her arms from past IVs – but her face reflects none of that. Her eyes are warm and her smile is comforting. My mind runs through what I learned about her from her chart. She’s had a long battle with metastatic bladder cancer that has given her many DVTs, PEs, and now a left MCA stroke. She takes fluoxetine for anxiety, no doubt brought on by her numerous hospital stays. She has a pericardial effusion, too small to take the risk on intervention but large enough to make her uncomfortable; likely another unwanted gift of her cancer. She’s failed a few chemotherapy regimens, and now she’s on another drug trial, which has been discontinued in light of her recent stroke. The picture is bleak.

But she’s still smiling at me. I begin to run through my usual questions, enumerating a list of possible symptoms she could be having, to which she replies sweetly, “I feel well, just sitting here waiting for them to tell me I can go home.”

I begin the neurological exam. Muscle strength, tone, reflexes, eye movements – all normal. Luckily, the stroke was minor and won’t leave her with any lasting deficits. As I run through all the motions that I’ve been taught, Ms. Martin begins to giggle and says, “Now let me guess, I should do this next.” She holds up her arms in front of her with her palms facing the ceiling and closes her eyes.

“Ah! I see you’re an expert at this already!” I tease.
“Yeah, I’ve done it a few times before,” she jokes back.

I continue the exam, but now it’s a game between us. I’m trying to find a “new move” she doesn’t know already.

“Oh, this one is new!” she says, laughing while tapping her index and thumb fingers together, mimicking my movements. I finish my exam and ask Ms. Martin if there’s anything else she needs before the team comes by for rounds. As agreeable as ever, she says no, she’s fine.

Walking down the hall, I smile to myself. From the first day in medical school, you are told about moments like this - when medicine fades from a routine set of rules and practices and becomes a special interaction between two people, the care-provider and the patient. Something struck me as incredible about Ms. Martin that morning. Her smile was unassailable, even though she had every excuse to be fatigued, distant, and unhappy. Her eager willingness to let me, as a student, be part of her care was something I didn’t take lightly.

Later that day during rounds, my team stops in front of door 308. I take my place next to the attending and begin my presentation of Ms.
Martin. After a few minutes of discussion, we agree that she needs further observation and a few more tests before we’re comfortable letting her go home. We knock on the door and enter her room.

Still sitting on her bed, Ms. Martin turns and looks backwards toward the door as we file in. Her smile is still present, but it looks different than this morning – it’s strained, afraid. I squeeze myself in the crowded room so as to be next to her bed. I look around at us all and try to imagine how we look from her perspective. A troupe of white-coat clad, serious-looking people, scribbling notes, toying with stethoscopes, answering pagers. Every eye turned on her, looking down from above. I imagine how small she must feel in this setting. I imagine the intimidation and the fear - of this situation, of these strangers. It’s easy to understand why her smile is now paper-thin and shallow compared to this morning.

Looking up, I notice something I didn’t see this morning. A stunning arrangement of flowers in a honey-colored wicker basket sits in the small square window next to her bed. Tumbling over the edges of the basket are lilies, foxgloves, and dahlias. Pure white mixed with regal, deep purple, interspersed with feathery leaves of green. It’s easy, natural beauty juxtaposed with the sterile and cold hospital atmosphere highlights the disconnect between the world in here versus the world outside the window.

My attention is drawn back to the scene around me. The team is beginning to file back out the door. Ms. Martin is graciously thanking us, assuring us that she thinks she is in the place she is meant to be and is being taken care of by the best. But she still has the paper-thin, scared smile on her face. She is anxiously looking down at her fingertips in her lap as she speaks to us. Watching the backs of my classmates and residents continue out the door, I pause. Ms. Martin’s withering smile in the face of our team unsettles me.

“Those flowers are so beautiful! They are so bright, it’s hard to believe they’re real!” I say.

Her head snaps up to me, her real smile is back. “Thank you so much! I love them! Aren’t they breathtaking?” I delay a few more moments, making small talk, making the moment last. Her smile is restored, my job is done.

Jogging to catch up to the team, I think about the basket of flowers. Imaging who brought it to her. Someone she loves, someone who loves her. Someone who knows Ms. Martin outside these walls. Someone who knows what she looks like in her own clothes, not a
hospital gown. Perhaps that person has never seen her like we have—shrunken, vulnerable, afraid, intimidated.

March—

Several weeks later, a new morning, a new rotation. Similar routine. Rounding with the team, we stand outside the door of our next patient. I look down at the team list and check the name of the person we are about to see. It looks familiar. “Is it her?” I think to myself. It’s a common name, so maybe it isn’t. She was discharged weeks ago, why would she be back here? The resident gives a rundown of Ms. Martin’s acute issues—she was readmitted for respiratory distress, and now she has acute kidney failure. “She’s such a nice woman, it’s a sad situation,” the resident says.

The door opens and I march in with the rest of the team. There she is—Ms. Martin. A flash of recognition comes across her face as she sees me. She smiles broadly and waves at me. The attending updates her on the situation. “Urology is comfortable with you going home today and doesn’t think you need dialysis. But you will need close follow up.”

Ms. Martin looks relieved and excited to be going home again. She looks around at the team, the gratefulness plain on her face. “I just want to thank you all for being so wonderful. You all have done such a great job caring for me and I am so thankful to God that I am here with you all. Thank you so much. I really am exactly where I was supposed to be.” Again, her confidence and charm astounds me. How in the face of so much difficulty and pain she remains gracious and cheerful is amazing to me. I can sense that she has captured the hearts of the entire team in the time she has been here, and they are sad to see her go, especially knowing her future is so uncertain.

Again, I hang back as the rest of the team leaves, bringing myself next to her bed. I smile, extending my hand, and say, “Ms. Martin, I took care of you last month after your stroke. I’m so sorry to see you back here, but it’s also nice to get to see you again!”

“Yes, I remember you!” she replies, grasping my outstretched hand between hers. “It’s so good to see you too! It’s hard to believe it was only a month ago, it feels like so much longer!”

Looking into her face, I feel mixed emotions swirling in my heart. My fondness for her is certain. I admire her attitude and her gentleness greatly. Something about her spirit gives me so much energy and reminds my why I love what I am training to do. But at the same
time my heart breaks to see her here again. I don’t want this for her. She
deserves to live beautifully and peacefully. She deserves to set her flower
basket on the windowsill of a kitchen, overlooking a garden with a
wrought-iron bench and a brick pathway – not on the dusty ledge of a
hospital window with a hazy view of the parking lot.

“I truly wish you all the best.” I desperately want her to know
how sincere I am when I say this.

Closing the door slowly behind me, still feeling the lasting
sensations of her hands wrapped around mine, I take a few steps down
the hall. “Nothing’s gonna change my world,” I sing under my breath.
“Nothing’s gonna change my world.”

Gabriella Pierce is an MD candidate at the University of Oklahoma College of Medicine
and plans to pursue a career in Pediatrics with a special interest in Global Health. She
was born in Naples, Italy and grew up in Tulsa, Oklahoma. Gabriella graduated from
the University of Tulsa in 2015 with a Bachelor’s of Science in Psychology and a minor
in English. In her free time she enjoys playing the cello, horseback riding, reading, and
cooking.
RON RIEKKI

Extrication

My father eats at the table, a speck of blood on his arm. My mother sees it as soon as she sits. “Wash,” is all she says, the anger showing more on her face than in her voice.

Their biggest argument I ever heard was over blood. Dad came home one day after a twenty-four hour shift, just in time for scrambled eggs with cheese, Trenary hard toast, and burned-black bacon. He sat down with blood on the top part of his sleeve near his shoulder. My mother put her unfinished plate in the sink and went to their bedroom, closed the door, and shut the curtains. This was a very bad sign. She never closed the bedroom door during the day. If it was ever closed during the day, she was either sick or furious. To relieve the tension, my Dad proceeded to do mime work, of him eating. Incredible. There was no spoon in his hand, but you’d swear there was. No soup on the table, but he made it seem to be there. All through the art of pretend. He choked on the soup, fell unconscious, did CPR on himself, revived, and stood triumphant and hungry, bowing before us. We mimed applause. And then the three of us ate our real food as silently as we could.

The argument happened the next day. Their voices became the cosmos. Their memories astounding. Able to recall the most painful of sentences.

In his youth, Dad had gone to clown college. Was a failed actor. After the argument, my mother returned to the lasting darkness of her bedroom and our Dad mimed magic tricks for us, pulling rabbits out of hats, rabbits out of ears, rabbits out of mouths. He did card tricks with no cards in his hands. He’d shuffle the invisible cards and make the sounds of the deck with his mouth. We had to fight, to struggle against our wish to laugh. One outburst and she might come out and the argument would ensue. If I found something particularly funny, I tried not to look. At one point, I closed my eyes, but when they reopened, my Dad was an inch from my face. He said he learned that from Sean Penn, had went drinking with him in Malibu, my Dad with Dracula makeup on his face from starring in some small L.A. theater’s production of the Bram Stoker novel. Penn was doing impersonations and my Dad laughed so hard his eyes closed and, when he opened them, the star of Dead Man Walking, the star of Mystic River had his nose touching my Dad’s. My Dad told us that Penn taught him...
everything about theater in that moment, that you need to surprise the
viewer, to catch the audience off-guard. He said that was also at the heart
of trauma, that what paramedics did was clean up the surprises, that you
never have the traumatic without the unexpected.

I wish my Dad had succeeded as an actor. I prefer drama to
trauma, fake blood to real.

My mother was convinced our Dad would kill the family. She
would not let him own a gun, even though he wanted one. I remember
that argument, her quoting statistics that men love their guns so much
and women don’t because the statistics show that they are used to kill the
woman of the house. She said, “What’s the number one call for the
police? It’s not robbery. It’s not theft. It’s domestic disturbance!” Even
in my bed, under the covers, under my pillow, with my ears shut, I could
hear every word. I am sure the words “domestic disturbance” echoed
into the ears of our neighbors.

My Dad had triggered her paranoia. She thought having a
paramedic for a husband would ensure the safety of her children, but
then at the dinner table, at the breakfast table, relaxing in the living room,
had told her about flesh-eating diseases, how two-million patients
become infected every year by going to the hospital, that if they
had stayed out of the ambulance with its viruses and bacteria layered into
every square inch, well, then they might have lived. Ninety thousand
people are killed from infections they got from being in the hospital. He
tells her all of this, then keeps going, saying that you can get diseases
from toilet seats, that a virus can last up to two hours on your skin,
listing viruses that do this, saying hepatitis can last two weeks on a floor.
And the speeches work. They turn my mother into a dedicated
germaphobe, an avid housecleaner. In response, she gives him an
ultimatum—he is to take off all of his clothing after every shift and put
them into a garbage bag out in the garage. He is to wash those clothes at
the local Laundromat. She will not touch those clothes.

My Dad cheated every opportunity he could. He would peek in
the house, see if she wasn’t home and if so, he’d go straight to the bed
and lie on it in his work clothes before showering. He told me we have
the strongest immune systems of any of the children at the school, that
the bacteria he brings home only makes our leukocytes like weightlifting
oxen, that if tuberculosis ever tried to step foot in our house we would
wrestle it to the ground and choke it out until it yelled “uncle.” He acted
this out, miming the whole chaotic struggle with the massive disease, it
coming at him from everywhere until, exhausted, he picked the disease
up by its shirt collar and tossed it out the door. He bowed. My sister Nikki and I clapped.

My Dad told the best bedtime stories ever. They were full-scale improvisational theatrical productions. For him, Cinderella invented the cure for cancer. It was actually Prince Charming’s face you see in the Shroud of Turin. A story, I learned, could go in any direction. You were not tied to history. No mention of glass slippers ever occurred. No ball. No evil stepsisters. Instead it was space exploration and skydiving with Pope Ronald Reagan XVI.

I can see how my mother fell in love with him. Back when he was an actor.

His thespian stories of Sean Penn and The Theatre of Whittier and flirting with Debra Winger became replaced by paramedic stories our mother has insisted he not tell us. So he took delight in doing so. One night before bed he told us about an MCI, a mass casualty accident on a highway, icy, the roads not closed down. Bodies on the ground, people bleeding who had gotten out of their cars, collapsing from hypovolemic shock. Not far from where my Dad is putting an occlusive dressing on a femoral bleed, a man gets run over by a car, just his head. The head flattened. But the body still alive, still kicking, reaching up for the sky, quivering, then stopping, then quivering again. He asked us what we thought was making the body move. I was eleven-years-old when he told me this. I wonder sometimes if it was medical improv, him riffing off stories he’s heard from ambulance buddies. But the joyful sorrow in his voice made it feel so real.

Christmas, he showed us photos of corpses on his cell phone. A yearly tradition. After grandpa had gone to sleep. With the Christmas tree lights haunting us with rainbow colors. In the dead of the night. My mother in another room. He shows us the recap of the year, all the suicides and homicides, the head-on collisions. The bodies like sad people asleep. A severed arm so alone in a ditch. “Drugs,” he tells us, “So much of this is because of drugs and alcohol.”

My Dad has the strongest Just Say No campaign known to man.

The problem is my Dad drinks. He has a very fancy cabinet where he keeps bottles that look so pretty, bottles that should be in art galleries.

As far as the drugs, my Dad is a pharmacy on wheels. He gives people oxygen and analgesics and aspirin and nitroglycerin and morphine and everything. Every drug you can imagine. Well, not every, but he likes to call himself “an apothecary.” And the patients, later they’re billed
$30.00 per aspirin. Or, as it says on the billing statement—acetylsalicylic acid. You’re not going to pay that much for Bayer. You need at least five syllables for a thirty-dollar price tag.

He likes the doubletalk of medicine, its whole entire snake oil salesman mentality. Says if he was smart he would have gone to med school, that doctors are the greatest con artists in the world, revered for their trickery.

My mother won’t take us to the hospital now.
He treats us.
My Dad has done all but surgery for us at the house.

The funny part is that on the very rare occasion that they do take us in at Marquette General, we immediately move to first in the line. You could have a gunshot victim in the E.R. and the moment they see it’s the Richards, we get instant room 1 access to the best treatment possible. Out the door in under ten minutes. When people are on their fourth hour of waiting. But the few times when my mother has caught the slightest remnants of the dangers of his job in the house, that’s when it all shifts. A cough and he has to sleep out in the garage. Not an exaggeration. A couch is pressed up against the wall, blankets on it, and a space heater nearby. This, of course, did not apply to my sister or me. Just him. Mom said that her simple mathematical formula is cough = couch. That he’s not spreading some rare disease from a quarantined patient onto us. And my Dad treats quarantined patients. He treats every patient. It’s a global world. Individuals from Bangladesh, Uzbekistan, Mozambique. Every corner of a globe that, when you think about it, actually lacks corners.

Rocky Mountain spotted fever, West Nile virus, Kawasaki disease, Clostridium perfringens, Rickettsialpox. Dad said there’s nothing more beautiful than the names of infectious diseases. He teased Mom that if they had another child, he wanted the name to be Parotitis for a boy, Influenza for a girl.

My father goes to my mother’s closed bedroom door, whispers that Mumps and the Flu miss her.
We’ve become those diseases now. Our nicknames.
There is no sound on the other side of the door, its darkened side.

The next day, my mother doesn’t come out of the room. We’ve only heard a toilet flush. Ghostly. No sight of her throughout the day.
My father has been on the phone in the basement. His laughter creeping up the stairs. His voice ducking into whispers and then exploding into happy insults. He talks like the other paramedics who have come over to our house—authoritative, childish, vulgar, hyper-intelligent.

My father comes upstairs and asks if we’d like to go to the movies, says that Mom needs time alone. Her need for seclusion, from past experiences like this, can be anywhere from a day to a month.

He puts his seatbelt tight and low on his hips, not the incorrect way of putting it against your stomach that 99% of drivers do. He explains that if you put it across your belly you’ll end up damaging vital abdominal organs if you’re involved in a head-on collision. He makes us wear our seatbelts like him. He puts his hands on the wheel at three o’clock and nine o’clock, his grip firm, yet gentle.

“Epistaxis,” he says and starts up the car.

“Blood nose,” Nikki yells before I can.

It’s our game. Before we ever leave the house, he gives us a vocabulary word. Whenever we arrive back home, he gives another. He tells us that the world is about communication. He buys us brand new dictionaries every August, right before classes start. I’ve told him that we have the books from last year, but he said that the English language always changes. Just like diseases. He says we’ve had thirty new diseases in the last twenty years. And just imagine how many new words we have.

The horizon is frozen lake. The amazing thing about living by Lake Superior is that it drowns you. It surrounds your life. You smell it in the air. You feel it on your skin. Spring, summer, fall, winter.

We drive by the Jailhouse Inn. A motel that looks like a prison. Fake bars on the windows. We drive by the triangular church.

The woods, woods, and more woods that can feel so black-and-white in the wintertime. Even the evergreens, so white and black.

The radio says something about the last election and my father starts talking about the President’s medical history, things he’s looked up online, says you can tell everything about a person by their diseases, by their deformities.

We drive, the railroad tracks and telephone lines following us. One winter, entire telephone lines were completely covered by snow. I wondered why they didn’t electrocute the entire town.

We drive.

We have never been to Fort Mackinac. We have never been to the Grand Hotel. Never seen the Tahquamenon Falls. Isle Royale.
Pictured Rocks. These are places for tourists who vomit on my father, who “go into v-fib,” who call the E.R. because of a hangover.

My sister sings “Ring Around the Rosie” to herself.

For my sister, her significant medical history is acne vulgaris. Acne. She used to look like she’d been in a horrible fight, her face scraped. It’s getting better, but she has remnants of shyness from it. When mom asked her favorite color, she said, “Not red.” My father told her blood’s red, that it’s a good color, that it means there’s hemoglobin, that arterial red and venous purple are beautiful. But my sister just repeated, “Not red.”

I find myself angered at her singing. I should feel happy that she’s coming out of her shell, but she has a horrible voice, like something you’d hear trapped inside a broken birdcage.

I talk over her, saying, “What does it mean, the words?”

My father has already told us this, but I want to hear it again. Nikki will have to stop if my father is speaking.

“The plague,” he says, “The Black Plague. Yersinia pestis. Which still exists. In Colorado, Arizona. You can get it from prairie dogs that’re infected. We treat it with CPAP. Get ‘em to the hospital. And make sure we don’t get it from the patient. The Black Plague’ll make you look like—” He puffs his face out like a frog, puffy-cheeked, “Cept in your neck.”

“But it’s not here though, right?”

“No, you can’t get the Black Plague here.”

My sister switches songs, starts singing “The Itsy Bitsy Spider,” knowing my father will join in. He does. I hate this. Something too carefree about it. Exclusive. Every time she does this, knowing I will never join in.

“What does it mean?” I say to my father so he’ll talk, not sing.

“The lyrics?”

I nod. When I’m upset, I don’t like to talk.

And then we see a car off of the highway. It’s hit a tree. Accidents in the U.P. are common. They’re a major portion of my father’s job. Working with the fire department. Doing vehicle extrication. Unwrapping people from metal, as he calls it.

Cars slow down to look at the wreckage, then keep driving. My father slows too, pulls over, onto the shoulder, looks back at the wreck. He opens the glove compartment, perfectly named because it’s where he keeps his gloves, spare PPE, his personal protective equipment.

The person in the car isn’t moving.
I look at my sister. We’re wondering if he’s going to force us to help him.

My father reaches onto the backseat floor where his first aid kit normally is. It’s not there.

He puts the gloves back in the compartment, closes it.

We hear sirens getting closer.

“Where’d I put that first aid?” he says.

We see the ambulance in the distance.

“Aren’t you going to help?” I say.

“The one thing you don’t want on scene is people getting in the way,” my father says, starting up the car. He drives away and the ambulance passes us. “It’s good that it’s so cold.”

“Why?”

“If I had to guess, that’s a heart attack.”

“But he crashed his car,” I say.

“Because of a heart attack. Index of suspicion. There’s no ice on the road. No snow on the road. There’s not a turn there. There isn’t a lot of traffic. I’d put money on acute myocardial infarction that caused him to go off the road and hit that tree. And if it is, the best thing in the world is for these freezing temperatures. It’s called therapeutic hypothermia.”

We drive to the theater with him talking about extreme cold weather accidents until Nikki starts talking about ice cream and then asks us to name our favorite meals, and we do (my father—grandma’s turkey soup; me—anything with shrimp; Nikki—Big Boy cheeseburgers), and she pulls out a pad from her toy purse and says that she calculated an estimate of how many meals I’ve eaten and she asks me to guess how many. I say I don’t have a clue and she says to guess and I don’t, so she gives in and says I have eaten 19,650 meals in my life. She says she’s eaten 14,892 meals, and then she asks my father how many he thinks he’s eaten.

“Thirty thousand.”

“More.”

“Forty thousand.”

“More.”

“Tell me.”

“More.”

“Fifty.”

“More.”

“You’re making this up.”
“Sixty-four thousand, two hundred and forty-four meals,” she says, putting the pad back in her pocket, “Because you eat midnight snacks.” My sister is giggly with the statistics and with seeing the movie theater close by. “We hear you.”

“You do?”

And then we drive by the theater.

“Dad?” Nikki says.

And he keeps driving, smiling.

“Is it a different theater?” I ask.

“It’s a different theater,” my father says.

We drive through the city.

The road bends so that the lake is permanently at our left. We head outside of the city. The only thing I know that’s over here is a rehab center where we visited my uncle one time. But we drive by that.

“The prison,” my father says, “Is back there.”

We strain to look at it.

“You can’t see it,” my father says.

My sister turns, looking backwards, into the woods so thick where somewhere a massive building stands.

The lake looks cracked and blemished, alternating with moments of deep ice. It’s a hypothermic lake, perfect for heart attack victims.

My father turns away from the lake, onto a side road. There are so many of these hidden roads in northern Michigan, so many roads that seem not to exist, roads that tourists would easily miss.

The bottom of the car scrapes.

My sister seems thrilled at how deep into Michigan we’re going, the adventure of a new place even though so much of it looks like forest I’d seen throughout my life. The trees all iced white. I suppose it would be stunningly beautiful the first time you see it. Even your hundredth time. But not once you get in the thousands.

Then we come to a massive building, the trees cleared.

“The prison,” Nikki says, the words like she’s entered into the world of Disney, as if prisons are magical places.

We park. A hundred empty spaces to choose from. No other cars. Just a solitary black-and-blue snowmobile stranded near the building’s side. A three-wheeler next to it.

“There’s no fence,” my sister says, “They trust them not to leave?”

My father reaches into the glove compartment and hands gloves to my sister, a pair for me.
“They’re too big.”
“Make a fist,” my father says.
She does and the gloves stay on.
“When we go inside, I don’t want you touching anything without those gloves on. OK?”
“OK.”
Nikki nods.
“Also, don’t say anything in there. Bill doesn’t like when people talk. I should say, Bill doesn’t like when children talk.”
“Bill,” I say out loud to remember the name. I nod.
My father looks to Nikki and she looks scared.
We get out of the car.
The cold seems colder. The day duller. Perhaps a ten-, twenty-degree drop. It does that here. Wind chill. The difference between midday and afternoon temperatures. The sheer unpredictability of Upper Michigan weather.

My father walks to the building, my sister at his side with her hands in fists. I look at the bricks, the feel like the walls have skin cancer. The hovering height. The few broken windows near the roof. “This isn’t a prison,” I say, “At least it’s not anymore.”
“Correcto,” my father says.
“What is it?”
“It’s a field trip,” my father says.
“But what is it?” Nikki asks.
My father walks, silent.
The front door is open.
Actually the front door lies on the ground. My father bends over and knocks on it, knocking on floor. No lights are on, but there are plenty of windows.
“Bill!” he yells.

The inside has white floors, white lower walls, and then black upper walls and a black ceiling, so black that I wonder if there’s no roof, if it’s suddenly turned night and we’re looking at sky. The floor shines. Pulleys hang from the ceiling.
“Is this a car wash?” Nikki says.

My father puts his finger to his mouth, takes an invisible key and turns it, his mouth locking shut. He takes the invisible key and puts it to her mouth, turning it. Then he puts the key into a pocket that doesn’t exist.
A voice says, “You’re late.” Footsteps approach until a man in black boots and coveralls appears.

“Come,” he says. We follow him back in the direction he came from.

It gets blacker the further we go. I see Nikki take my father’s arm.

In the soft dark, I get a sense of something that reminds me of hospital. Something scientific and medical in the air. A mix of urine, feces, water, garbage, and disinfectant. My sister pulls her shirt up so her nose is covered. My father pulls her shirt back down.

We come to a winding stairwell.

“Lean forward,” Bill says, “Or you’ll hit skull.”

We walk up, circling, heads crouched.

And then the sound happens. Like a semi-truck slamming on its breaks. And then on top of that, a disposal being started and stopped.

“They know where they’s at now,” Bill says from the dark.

“No,” says my father, “I haven’t told them.”

The stairs keep circling. We go by the second, up to the third floor.

“You know where we are, Flu?”

Nikki doesn’t respond.

“I put away some stuff that would make it too obvious,” says Bill.

We get to the third floor, stepping onto creaking wood.

“Don’t worry, there’s holes, but you won’t fall through,” Bill says.

We step out onto the planks together. I’m at my father’s side now too.

“Ready to see where you’re at?”

“No,” Nikki says.

“Go up to the glass,” Bill says.

Before us is a room, seen through thick glass, strongly lit, the only light coming from that room.

We move closer and the sound is like garbage disposals churning and semi-trucks braking and horses being strangled. I look through the glass and see far below twenty or so obese pigs in a small hallway.

“You ready?” Bill says.

“Well, let me ask them first,” my father says. He turns to Nikki, says, “Do you want to see this?”

“What is it?” Nikki says.
My father picks up Nikki in his arms and then looks to Bill. With the lighting from the pig's room, I see Bill's face clearly for the first time. He's shaved-head bald. The most notable feature is one of his eyes is permanently shut in the way you sometimes see with ex-boxers, the look of being damaged, forever being reminded of a singular fight from his life. I want to keep staring at it.

Bill says, “You see that wall over there, the one on the left.”

Nikki nods.

“That wall moves. And you see the wall on the right?”

Nikki nods.

“That wall doesn’t move.”

“And there’s pigs in the middle,” Nikki says.

“And there’s pigs in the middle,” Bill says.

“Just do it,” my father says.

Bill raises his hand high, waving it, saying to us, “Cover your ears.” Bill puts his hand down. He raises it again and yells loud enough to hopefully be heard through glass, “I’m waving my hand!”

He beats on the glass and the wall slams all of the pigs together. Pigs press against pigs press against wall. The suddenness and speed of it. It seems like one of the pigs actually explodes.

Crushing syndrome, my father had told me before. Except he had given us a bedtime story of a truck falling on a farmer in Gwinn, crushing half his torso, that it took him an hour to die with the truck covering everything from his bellybutton to his knees. But this is crushing syndrome with the animals' entire bodies. Heads and torsos and legs. With the strong lighting, it feels cinematographic; it feels false. As if it’s all staged. I wonder if the pigs were ever alive.

I look at Nikki, whose stare hasn’t shifted.

There’s the sound of mechanics, of the wall shifting back into place, and then a silence that keeps increasing. A distinct, hollow silence. Bill turns and walks down the stairwell. “I have to get back,” he says, “See ya, Rich.”

“See ya, Bill.”

“Friday,” Bill yells.

“Friday,” my father says back.

I look at the hanging pulleys, at the disappearing body of Bill and at the mounds of pig corpses blended together on the floor below. It seems like they are trying to all stay warm, staying as close to each other as they can. I get caught up on the red smear on the moveable wall, its pattern, the jagged splashes the same color as roses. It makes me think of...
something my father had said one time on the phone to me. I had told him I loved him, casually, after a nothing conversation and he said to me, “Don’t do that.” He said, “Don’t say you love me. You’ve been saying it too often. It starts to lose meaning.” And a very strange thing happened, I felt that I stopped loving him in that moment. I also felt like I wasn’t a boy anymore. That I wasn’t a man either. That I was just this thing. This thing waiting.

I look at the jagged markings on the wall, a high point where the blood splatter reached. Impressively high. Or perhaps an old stain. But still, so very high.

We turn and walk down the steps.
We walk our way through the dark.
We walk outside and get in the car and drive down the unpaved road.
My father leaves the radio off.
My sister looks out the window. I look out the other window.
At the center of the drive along the lake, my father stops the car.
“Look,” he says, “The sun’s setting.”
The lake is this great massive white floor, spreading straight to the horizon. The entire white world turning to night’s purple.
The sun already has set. It was a grey day, wouldn’t have been much of a sunset if we had made it in time. It’s like my father wants to have a sunset with us, even if there isn’t one, even if he has to pretend we haven’t missed it.
RON RIEKKI

The Waiting Room in the V.A. is a Halloween Poem, the Unemployment Office

is just horror, the blood of jobs on the Caucasian walls, and I wait in the magazine-addicted V.A. with the chairs in a square all focused on the nothingness of the center and someone down some hallway is arguing into a phone so that the words are lost to the gore of poverty of our legless legs and then, later, I’m back in the guts of the unemployment office where they teach us unemployment with the corpses stacked in the corners posed as clocks

ANTHONY SCHLAFF

Dying Anyway

Every visit she was charming, vivacious, and glowed with what looked like good health. He knew, however, far better than he could explain to her, just how fragile she was.

She had AIDS. She had never been sick a day in her life from it, but her CD-4 count, the number of helper T cells so vital to her immune system, was close to zero, and this lab measure alone gave her the diagnosis of AIDS. For some reason, none of the infections she had no protection from had reached her yet. He knew it could not last for long.

She was 28. She lived with her fiancé, and worked at a flower shop. She’d been addicted to heroin years ago, but both she and her fiancé had been sober for 6 years. She’d re-established relationships with her family. Her life had never been better.

She’d become his patient two years ago, when he moved to New York after completing his training. He saw her every few months to check her weight, her lab tests, and to give preventive care.

And one day the inevitable happened. She became ill. She developed diarrhea – sudden, profuse and watery – and within days he had to hospitalize her just to give her intravenous fluids. The AIDS-related infection causing the diarrhea could not be cured, but it could be managed. Over several days she improved.

But before she could be discharged, she got suddenly even sicker. She developed high fevers. She couldn’t eat, and early in the evening, when the fever was at its highest, she became lethargic. Her weight plummeted and her healthy glow vanished. She had a new infection – but where? The routine tests showed nothing. Finally, a CT of the abdomen revealed the only clue. She had enlarged lymph nodes deep in the back of her abdomen, near her kidneys. The next step was clear. She needed a surgical procedure, a biopsy, to take one of those nodes in order to look at it under a microscope and do cultures for a variety of infections. Whatever was giving her fevers was almost certainly in those lymph nodes.
All routine so far…..

The year was 1993, and she lived in the South Bronx. HAART, the drug regimen that would later prove so effective and turn HIV, the AIDS virus, from a killer to a chronic disease, was not yet available. Although there was much that could be done to treat many of the AIDS-associated infections, HIV was still an inevitable killer. New York was still the center of the epidemic, and aside from the relatively small number of heroic health care professionals who devoted themselves to fighting AIDS and caring for its victims, most of the people in health care were exhausted and dispirited by the disease. In the South Bronx, too many of them turned their backs on the mostly poor, mostly people of color, who suffered from it.

Although she was very sick and the long term outlook was bleak, there were still much to do, and none of it was difficult. At least some of the infections that might be causing her illness were treatable. The hospital she was admitted to and where he worked was a large teaching hospital with an international reputation, and so all the expertise to diagnose and treat her was readily available. He requested a surgical consult to schedule the biopsy.

The surgical consult note on the chart two day later surprised him. “This patient has end-stage AIDS. Whatever is in the lymph nodes is almost certainly untreatable. Biopsy not indicated.” Incredulous, he called the surgeon who wrote the note. “You can’t mean that,” he said. The surgeon stuck by what he had written. He said something else, too. “We don’t like to do surgery on AIDS patients here.” he said, speaking for all his colleagues. “The risk to us is too great.”

The surgeon was right about one thing - his colleagues. This patient had Medicaid, which did not pay particularly well, but a few of the private surgeons still accepted it and saw Medicaid patients. He called each one who did so, and each one said the same thing. No.

He filed a complaint with the chief medical officer. Sorry, he was told. The hospital does not tell its doctors what to do. No, he was told, there is nothing ethically wrong with a doctor refusing to agree to do a biopsy in this situation.
Day by day she got sicker. She was in pain now, and lethargic all the time. Gradually she slipped away, becoming unresponsive though still groaning from a distress she was too impaired to name. The fevers climbed higher and higher. Without knowing what was doing this to her, he could do nothing.

Two weeks went by. Something subtle changed in her lung exam, and he ordered a chest x-ray. Her mediastinum – the center of the chest between the lungs, - had widened! This was new. A CT showed that she now had enlarged lymph nodes in her chest. Whatever was infecting her was expanding rapidly. Equally important – he now had a new set of surgeons to consult – perhaps there was a chest surgeon who would biopsy a lymph node.

He called them all, and the results were the same. Not a single one of them would touch, let alone care for, his patient. “Whatever it is, it’s not treatable,” they said. A few added, “She’s going to die anyway.”

She was wasting away. She’d been in the hospital a month, but at this point he thought she had only days left. Temperatures every day to 106. Weight at 75 pound, down from 106 at her last clinic visit. She lay unconscious in a pool of sweat, groaning softly.

There was nothing to do, but the habits of his training were strong, and every few days he did a brief physical exam. And one day he felt something new under his fingers! Just above her right collar bone, he felt a rubbery lump that had not been there before. A lymph node - an easily reachable lymph node! This infection, with no functioning immune system to stop it, was exploding throughout her body. He called one of the surgeons who had been more sympathetic than most, and the surgeon agreed to do a superficial lymph node biopsy on this new node – a much smaller and easier procedure than the others.

The agreement with the surgeon was made on a Thursday afternoon, and the biopsy was done the next morning. By mid-afternoon Friday he had the “wet reading” from pathology (the cultures would take much longer). “Caseating granulomas,” it read. He knew right away – this meant that what was killing her was almost certainly tuberculosis, a disease that can show itself in unusual and very aggressive forms in the presence of
AIDS, but one that is readily treatable! Before leaving for the weekend, he wrote orders for her to be given 4 antibiotics effective against tuberculosis.

When he walked into her room Monday morning, he found her sitting up in bed, eating breakfast. She smiled at him. “Hello,” she said brightly. She was starving, she told him. He smiled back. She was beautiful, he wanted to tell her.

From death’s door to ready for discharge in 5 days: he was able to get her home for the following weekend. He saw her outpatient a few times after that, but he soon moved out of New York and returned to Boston, in part because when he worked there, nobody refused to care for his patients. He kept in touch with his New York colleagues though, and learned that she had improbably survived long enough to get HAART – highly active anti-retroviral therapy – in 1996.

No, AIDS did not kill her. It was people entrusted with her care who nearly did that.

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Prior to assuming his current position at Tufts, he worked as a medical director and director of quality improvement in several community health center networks and has directed several community health initiatives in Boston and New York. He is a past president of the Association for Prevention Teaching and Research and winner of the 2017 Duncan Clark Award. His current work focuses on teaching about structural racism as a social determinant of health to both public health and health care professional students.
JOSHUA SIVIE

General Hospital - Nov. 7, 1918

“… How are we on Cadavers…”

“… 2, we got 2 left…”

“… There’s no way we can teach the rest of this week’s classes with only…”

“… I know, I know…”

There were two doctors, or (more specifically) two people dressed as doctors—white lab coats, gloves, smoothly slicked back hair, nice-ish leather shoes; all the hallmarks of a doctor. They were in a tunnel that looked subterranean, fairly damp and dimly lit. The floors were dusty and the walls made of brick, there were no immediate exits in sight, and, at a distance, any tunnels that could be seen resembled the essence of a grid. It felt like a dungeon—an organized, civilized dungeon.

They were standing over the dead bodies of a man and a woman, both older, but not too old and both of African descent. The cadavers sat on their own shiny metal carts, extended to the size of what ‘an average human’ may grow to be—the man was slightly taller than the woman, and his feet (up to his calves) dangled off the cart.

“… Why does it always come to this…”

“… You know no one cares…”

“… I care…”

“… About a nigger? Since when have you…”

“… It’s not—okay, okay I get…”

“… No you don’t get it. You don’t get shit, Jim…”

“… Wha…”
“… No one gives a fuck about a nigger disappearing here n’ there…”

“… I know, I know…”

“… Plus they’re a pretty damn good imitation of the white man, all things considered…”

“… You mean in terms of their physiology…”

“… Yeah, yeah—that’s what I meant…”

With no more to say, Jim—the doctor who seemed a tad squeamish at first—threw sheets over each of the cadavers, then headed towards his colleague who was already on the move. He accidentally bumped into one of the bodies while squeezing around the carts, causing a hand to fall limply to the ground. It was the woman’s, the softness of her skin and it’s mulatto complexion juxtaposing rather intensely against the dirt floor—a congruent juxtaposition, that is.

Jim didn’t pay as much attention to this disturbance, though, and hurried down the passageway. There was a dampness; an almost mold-like odor in the air that he could smell and even taste as the breeze, brought-on by his quick pace, flew past his face. But he was used to it nowadays, having worked in the bowels of General Hospital for well over five years.

By the time Jim reached the second doctor, they were approaching a large, metal double door. Painted black with ‘EXIT’ in white letters centered, eye-level on each side. Beyond this was another hall, about half the width and twice as dim as the previous tunnel their cadavers were stowed. Wooden doors, with frosted windows & black nameplates, lined both walls of the smaller corridor and the muted conversations of occupied rooms could be heard as they passed:

“—the physiology of the human esophagus looks—”

“—now this is the gall bladder, it’s function is to—”

“—the cranium of a negro is understood to be—”
It was too late for actual classes to be in progress, but (in all likelihood) the younger doctors who typically end up in these underground offices were practicing for their lectures the following day.

“… Where’d you put those bats…”

“… The what…”

“… The bats, Jim…”

“… Left’em where we came back in last time…”

“… Over past the south wing…”

“… Yeah…”

Jim sneezed, loudly, and for a moment, all the background dialogues that were bouncing around the halls paused—then continued as if uninterrupted.

“… I heard they almost burnt down the south wing last week…”

“… Heard the same thing…”

“… You hear why…”

“… Influenza, they’ve been using the south wing for all the influenza patients coming in during the outbreak…”

“… Must of lost control of it spreading through the wards…”

As Jim finished this thought, they opened a second set of metal doors without breaking stride. It led to a long, narrow stairwell—practically pitch black due to a lack of any modern lighting at all.

20 paces up, left.

20 paces up, left.
And so they spiraled towards the surface, their footsteps and idle chat cascading down behind and up ahead until they reached what appeared to be a cellar door—visible only by a faint amount of light sneaking through the crack where the doors met.

“… Where’s the stuff…”

“… It’s in the corner, here…”

Jim reached in his pocket and removed a box of matches, then lit one to reveal a pair of wooden baseball bats and a small, black duffle bag. The other doctor leaned forward and picked up one of the bats along with the bag. Tucking the bat beneath his arm, he rummaged through the bag and pulled out an old, metal syringe, its needle appearing to be rusted.

“… You’re gonna use a rusty needle…”

“… That’s not rust…”

“… Oh…”

“… But why would it matter—Jim, why do you…”

“… Just give me the damn bat and let’s go…”

Jim took the bat and swung irritably at the latch holding the cellar doors shut, causing it to fly open with a loud clank. His swing, and the bat’s connection against the latch were actually very smooth—like a scrupulously rehearsed act in a play. And together, they pushed the cellar doors out and into an alley a few blocks from the hospital. It was dingy, if described in a word. Littered with the by-products of city living, wet from a recent storm and generally cold with a breeze that cuts.

“… Should of brought my coat…”

“… Probably a hat too, to be honest…”

The men, dawning lab coats and shivering hands, surveyed the alley objectively as a pair of thieves or convicts would if on the run.
“… We heading to the same place as last time…”

“… Yeah, right by that saloon around Vine…”

“… Didn’t Peters & the Mayor close all the saloons…”

“… No! Can you believe that shit? Crazy bastards will close every place in the city because of all the influenza goin’ around, but’ll let the saloons sell liquor…”

“… They don’t sell to niggers though…”

“… Yeah they do, they just make’em leave after getting their booze…”

“… Huh…”

“… You know, they’ll sell to’em, but make’em leave right away—and they can only come and go through the back door to prevent any contaminations…”

“… So that’s where we’re headed…”

“… Correct…”

After confirming this, both doctors started down the alley towards Vine Street. The saloon they were referring to was one of the only ones in the downtown area that would sell to black folks.

“… I don’t think we gotta worry about people seeing us either…”

“… Nah, everyone will be shuttered-in tryin’ not to get sick…”

For a while, they walked—choosing to stick to the alleyways for cover more than anything. Along the way they managed to bump noisily into two garbage cans and a lone vagabond (who was also Caucasian) huddled in a pile of trash to stay warm.

“… Makes me sad to see that, especially towards Thanksgiving…”

“… I know…”
“… To bad it wasn’t a nigger though…”

“… Could’a been over and done with this already…”

Hearing the sounds of festivities and a generally in-tune piano—muffled by the door, but clearly present—they crouched against the building to watch for passerby’s. Jim got his box of matches out again and tossed it casually to the other doctor.

“… You got cigarettes…”

“… Yeah, yeah…”

He pulled out a pack of camel filters, a collector’s pack—and handed his lips, then Jim one cigarette each. Both lit theirs respectively, and began what was really nothing more then a waiting game.

The time went fast; something about holding a bat and a syringe while smoking cigs seemed to impart a sense of purpose into the duo. It was a resolve, a clarity of intent that cut into the cold just as the cold cut through their lab coats.

“… How long you think we’re gonna have to wait…”

“… Not to long…”

Jim looked down at his watch and saw it was a quarter till 2.

“… My wife is going to kill me…”

“… Why…”

“… Out this late, again—I don’t know how she puts up with me…”

“… Ahh—This isn’t to bad. You know how it is these days…”

“…Yeah, these days—epidemics, the fuckin’ war; you’d think the goddamn world was ending…”
“… Speaking of the war, you hear about them changing all the street names in the city that were German…”

“… Can you blame’em? It’s there fault we’re…”

“… Hey…”

They looked down the alley and, sure enough, heading to the door was a young man—no older than 25—staggering and wobbling to the saloon’s segregated entrance. The moonlight, from a half filled moon, reflected off his dark skin like ethereal puddles on his cheeks, nose, and arms. To the trained eye, it was a beautiful sight (the man, the moon, and his skin that is—not his drunkenness).

Without any warning he fell, gradually, due to his head dragging against the brick wall. Not a pleasant experience by any stretch of the imagination, but perhaps his head—now scraped and bleeding down his neck—acted as a brake to slow his fall and allow his knees enough time to catch up with the rest of his body. So instead of falling flat on his face, he sagged awkwardly into a kneeling position and remained still.

The pair dressed as doctors lied in wait to ensure the man, appearing to be in a drunken stupor, really was in a drunken stupor.

“… Is he praying…”

They laughed sarcastically.

“… Better be…”

“… You ain’t kidding…”

As they walked toward the man kneeling in the alley, Jim’s bat-hand began to shake. The other doctor must have noticed this, because Jim felt a supportive tap on his elbow, implying—to him at least—they probably wouldn’t need it. Jim responded not in word, but in action and rested the bat on his shoulder like Babe Ruth would as he walked to home-plate.

“… Hey…”
The black man, crumpled on the ground just a few steps away, didn’t move.

“… Aye, nigger we’re talking to you…”

He looked up, the moonlight shining brilliantly off the blacks of his eyes.

“… You’re out past curfew; don’t you know niggers have to be off the streets by sun down…”

He didn’t move or nod or appear to register what was said at all—but the statement sounded so factual and iron-clad it was hard not to believe. The doctors turned to each other and exchanged a series of whispers, all of which were inaudible. They seemed excited. Nervous, but excited.

“… Aye—what the fuck are you doin’ out so late…”

Again, no response. But the black man’s cheek twitched and his previously blank expression erupted into a sneer—he spit blood and spittle alike at their feet, getting a single drop on Jim’s shoe.

“… Wha…”

The drunk, or man thought to be drunk, jumped from the ground and tackled Jim’s cohort. He started swinging violently, punching, screaming—every ounce of energy he could pull into his punches was getting sucked from the winter air and could be heard through the rasp of an inhale, the growl of an exhale.

Jim, not expecting even the slightest bit of resistance, stood paralyzed, watching the one sided fight unfold.

“… Jim—get this—fuck—this fuckin’ nigger—off me…”

Jim didn’t move.

“… Jim…”
Jim panicked when he realized he had been staring at the bloodied fists of (the once preyed upon) black man rotating back and forth like an old oil derrick. And with haste, he grabbed the bat off his shoulder, wound up, and made to knock the aggressor’s head square off his body. He swung—but was too close to the alley wall and (hearing the clap of the bat against the wall) the black man turned instinctively to defend himself, leaving the beaten doctor lying on the ground motionless.

With one arm, he tried to wrestle the bat from Jim, who was struggling to take it back with both arms and all his weight to throw around. The black man’s second hand palmed the doctor’s face beneath him, using it as a pivot point to keep his balance.

He yanked the bat towards the ground, causing Jim to lose his footing for a split-second and the black man saw this as an opportunity to seize the bat. He launched himself towards Jim and reached, with both hands, for the bat. It was over if he could just take that bat, the rest would be as simple as beating these pseudo-doctors to death before anyone saw him.

But Jim caught himself in the nick of time and ripped right, feigned left then ripped right again causing the black man’s bloodied hands to slip off the bat completely. Jim shuffled to the center of the alley (assuring himself ample space for a proper swing) and swung so hard the bat nearly slipped from his finger. Crack—he hit something and a loud scream echoed through the alley. Jim closed his eyes before swinging, and was honestly expecting, hoping to open his to an unconscious black man on the ground.

The black man, fighting for his life and thought to be dead, managed to deflect the bat with his forearm. The bat broke his arm clean through, but the sacrifice bought him enough time to lunge at Jim before he had a chance to react, overtaking him with ease. He wanted to kill Jim, to murder him.

They crashed to the ground, the black man on top and Jim struggling beneath. He was pinned by the shadow of a figure above him, helpless under the weight pressing down on his shoulders. Jim watched a faint smirk grow on his face, seen only due to the contrast between the man’s dark skin, and the white’s of his teeth.
“... No—NO...”

The black man grunted, ignoring his pleads and raised his right fist in the air—*Jim had never witnessed a rage like this in the flesh*. His fist raced toward Jim’s face, and all he could do was watch; it all seemed to happen so slow in the moment. But instead of hitting Jim, the black man’s fist dropped, weightless, to the ground next to his head with a soft clap. The alley went silent.

“... What...”

Jim had no clue what was going on, or why he wasn’t getting pummeled.

“... Jim—*Jim*, you okay...”

The black man rolled lifelessly off him after receiving a hearty kick from Jim’s accomplice, who was now standing above both of them. His face bloody, but his bearings in tact, he held in his hands a syringe that was now empty.

“... *Fuck*—I mean, *Jesus fuckin’ Christ*. That was the closest call we’ve ever had...”

Pocketing the syringe, he extended a hand towards Jim to help him up—*Jim accepted the assistance gratefully.*

“...Yeah, you’re not kidding...”

“... *Jesus*, that nigger was a cock strong piece of shit, wasn’t he...”

“... Yeah, yeah...”

They paused to catch their breath.

“... You still wanna take him back...”

“... Hell yeah, we didn’t go through all that just to come back with nothing, did we...”
“... Nah, I don’t think so. Are you okay? Your face got messed up pretty bad...”

“... Looks worse than it is, Jim—I’m bleeding like crazy though...”

“... Yeah, I’ll get a nurse to take a look at you when we get back...”

Jim turned and looked down at the fully unconscious black man lying beside him. Blood covered his face, covered his fists—*grotesque*, the scene was absolutely grotesque. But the alley wall kind of looked like a painting by Jackson Pollack—not that Jim would have any recollection who Pollack was (he was still a child, after all).

The wall was their canvas—specks and brushstrokes of blood in various shapes were flung across it; a large, clearly defined line of blood (and possibly scalp) ran down the wall in a semi-circle; the moon’s light cast a luminous white against it; shadows, between the grooves in the bricks, pretended to be bars as would be on a prison window.

These were the elements adding to this painting’s complexity. The events it witnessed on Nov. 7th, 1918—*the emotion it conveyed*. 

Joshua Sivie is 26 years young and in the middle of quite a bit of change. For food, he’s a chemist. For peace of mind, he writes. And he enjoys smoking one, single American Spirit at the end of the day more when he drinks.
BILLIE HOLLADAY SKELLEY

Fruitless Communication

Jan Phillips, the clinic’s nurse, escorted new patient, Aria LeMasters, into exam room 4.

“Please put on this gown and have a seat on the exam table. Dr. Evans will be with you shortly,” Jan said. Her tone was a little too automatic. She realized it sounded like she was reading the words off a card, so she tried to be a little friendlier. “I really like your boots. They’re cool.”

“Thanks,” said Aria. “I just got them.”

Smiling, Jan nodded, and left the room, closing the door behind her.

So far, so good, thought Aria. It was pretty easy to get by the receptionist, she just glanced at my ID, and bimbo nurse Jan is on automatic pilot. Now if I can just get this Dr. Evans to play, the game will soon be over.

Taking off her jacket and blouse, Aria carefully placed them on a hook on the wall. She put on the gown, but then paused.

I’m not taking off my jeans and boots. Screw that! I’m here for my back, and the crazy doctor doesn’t need to see my rear and legs. Besides, bimbo Jan is right, my new boots look cool.

Sitting on the exam table, with the gown on, Aria took her phone out of the back pocket of her jeans and began checking her messages. Absentmindedly, she dangled her legs against the exam table—tapping her boots in time with the background music playing in the medical office.

What terrible music, she thought. How can they listen to this canned, piped-in stuff all day?

Punching a few buttons on her phone, she quickly had P!nk playing in the exam room.

After ten minutes, she grew restless.

“What is taking so long?” she said to the walls. “I’ve got things to do.”

Aria began to wonder if they were checking her chart. Were they questioning the address and information she had provided to the receptionist? Were they trying to determine if her picture ID was real?

Suddenly the door opened, and Dr. Evans entered.

Aria quickly shut the music and her phone off.
“Good afternoon, Miss LeMasters. I’m Dr. Evans. What brings you to the office today?”

Oh my god, he’s ancient, thought Aria. Look at those thick glasses. I wonder if he can even see me. I could have left the music on because I doubt he can hear either. Dr. Methuselah is more like it. You’re so old, I bet you don’t even know what day it is. This should be a piece of cake.

“My back keeps bothering me,” she answered. “It hurts, and I came to get my pain medicine renewed.”

“Show me where it hurts,” instructed Dr. Evans. Aria pointed to her lumbar area. Dr. Evans applied gentle pressure to where she had pointed and watched for signs of discomfort.

“Does that hurt?” he asked, as he pressed a little harder.

“Not too bad. It’s worse at night when I try to sleep.”

“How long has it bothered you?”

“About a year. Since I was in a car accident.”

“Your records don’t mention a car accident. Were you treated here or somewhere else? What was your diagnosis after the accident? What was done for your pain then?”

So, you want particulars, Dr. Methuselah. I’ll give you particulars.

“Oh, it was in Chicago. Nothing was broken—just strained and pulled. My doctor there said car accidents can cause a lot of pain and sometimes it takes a long time to get back to normal.”

“I see. It would be helpful to have your records, but since they’re not here, maybe we should get an X-ray, or perhaps a scan, to see what exactly is still bothering you. I might be able to get a better handle on your discomfort with more information.”

I know your game, crazy old man. Two can play it.

“I’ve already had tons of X-rays and scans,” Aria responded. “They haven’t shown anything in particular, but the pain is still there.”

“Perhaps, some physical therapy treatments would help.”

“No. I tried physical therapy, and it didn’t do anything. I couldn’t see that it made much difference.”

Dr. Evans looked through Aria’s medical chart again.

“Have you tried heat therapy or acupuncture?”

“Yes, I’ve tried those, too. I’ve tried everything. The only thing that helps is my pain medication.”

Dr. Evans continued to flip through the pages of the chart. He seemed to be studying her records intensely.

“It says here that you are twenty-two years old?” Dr. Evans questioned.
“Yes. That’s right. Twenty-two last April,” answered Aria.

What are you thinking, old man? Are you questioning my age? Do you think I look younger than twenty-two? I am only seventeen—but my ID says twenty-two, so just go with it.

Dr. Evans continued to look through the chart. Aria watched him closely.

What are you looking at now, Dr. Methuselah? Are you checking out my story? Questioning my complaint? Perhaps, you’re wondering about my name. Aria LeMasters sure sounds a lot fancier than my real name, Sarah Jones. I like the sound of Aria LeMasters—and you can’t prove any different. My ID says I’m Aria LeMasters, 22 years old, and you know it.

“Perhaps,” Dr. Evans continued, “we should check your blood and get a urine analysis, just some general tests, to better determine your overall state of health.”

Screw that, old man. I’m not falling for that one, Dr. Methuselah! You’ll just “happen” to do a drug screen or some kind of “tox” screen to check for levels of drugs. Do I look like I was born yesterday?

“I just had all that done at my previous doctor’s office… in Chicago,” Aria responded with a smile. “I told them to send you the results. I don’t know why they haven’t got here yet, but I don’t want to do all those tests again. My insurance won’t pay for them again so soon.”

“I see,” said Dr. Evans. He sat down and continued to look at the chart.

You see nothing, old man, Aria thought. No blood, no urine, no tests. Nothing. Don’t you get it? I was never here. What is it the Boy Scouts say? Leave nothing behind.

Dr. Evans continued perusing the pages in her chart. Aria didn’t like the silence.

“I’ve tried everything, Doctor. Really.” She paused before adding, “The only thing that helps me is the oxycodone or hydrocodone. I can take either one.”

It must be neat being a doctor, she thought. You can write for all the pills you want any time you want. I wonder what you take on the side. Check that—you’re so fricking old, if you took something, you’d probably clock right on out.

Finally, Dr. Evans stood up.

“Well, it seems the only treatment for your problem is the pain medication. I’ll write the prescription, and the nurse will bring it in shortly. You can go ahead and get dressed.”
“Okay. Thanks,” Aria mumbled, acting a little confused. Inside, however, she was smiling and shouting to herself: *Victory! Victory, at last. It sure took long enough … but a win is a win!*

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Dr. Evans left exam room 4 and walked to his office. Picking up the prescription pad on his desk, he filled out the top one, and tore it off the pad. He then looked around the outer office for Jan, his nurse. Seeing her leaving the lab area, he took the prescription to her and asked her to please give it to Miss LeMasters in room 4. Then, he slowly walked down the hall toward the coffee shop.

*Yes, Miss LeMasters,* he thought to himself, *if that even is your real name, which I doubt, I know you probably think I’m some old geezer who’s been practicing medicine for a hundred years and who is so out of touch that I don’t know what day of the week it is. Well, you’d be wrong. I’ve been practicing for forty years, I do know what day it is, and I recognized P!nk playing on your phone. Believe it or not, I do have a life beyond medicine. My fanciest outfit is not scrubs and a white coat, and after sixty-plus years, I do know something of the world and what is happening in it. I may be old, but I’m not deaf, dumb, blind… or dead.*

Over a fresh cup of coffee, he continued his reverie regarding the “patient” he had just seen in exam room 4.

*You also might be interested to know, Miss LeMasters, most people with back pain don’t prance and sashay around the waiting room. When you see someone dancing and tapping their feet to the office music, it’s usually a clue, they’re not in dire pain. Any sane individual could see you were faking it. You might as well have put the letters “FP” in red on your forehead—for “Fake Patient.” As for twenty-two years old, I doubt it. I’d bet my right hand you’re not a day over eighteen.*

*Before I even entered the exam room, you’d reminded me why I’m tired of medicine. I should retire, I know. Medicine today is not what it used to be. I became a doctor to help people with actual medical problems—physical problems—but, in the last few years, that has not been my practice.*

*I bet, on average, if I see 28 patients a day in the clinic, 8 of them are actually there for a physical medical problem. The other 20 are drug seekers. Oh, they have different reasons, different complaints, and different ways of asking for it, but in the end, that’s why they are there—for opioids. A few actually have pain, but they refuse to try anything else for pain relief, and they have no plans to ever stop taking opioids. They want drugs for life. Some have actually convinced themselves they need the drugs to get through the day. What a way to live.*
I’d say the majority of my patients today are drug-seekers—plain and simple. They’re truly addicted to their drug of choice or they want the pills to sell so they can get something better—heroin or coke or something similar.

I bet that’s what you are, Miss LeMasters—a seller. That jacket and blouse you had placed on the chair were not from a second-hand store, and those boots had to cost two hundred to three hundred dollars. Plus, that phone you were using is newer and fancier than mine! Yes, I’d stake both hands you’re a seller.

Medicine has changed. Doctors used to be respected for their medical expertise, and patients truly wanted help and guidance. Not so much anymore. Today, I just feel like a drug dealer. I know, I know. I should retire.

I just never thought the job would involve dealing with so many people who have behavioral, addictive, and mental problems. Yes, I understand that addicts have a real illness, and they need help, but to my mind there is a difference. Getting a disease like cancer or congestive heart failure is bad luck—often the problem happened through no fault of the patient—but becoming an addict is a self-induced state. Those patients contribute to their illness. They help it happen. Plus, they usually don’t see their problem as an illness, and they don’t want any help fixing it. They just want their pills.

You may have thought you pulled off a successful score, and I’m just an old idiot, but I knew what you were doing. You are not the first to play this game, and sadly, I know you won’t be the last.

I bet you’re going to be really pissed when you find out I only wrote for four pills. You probably grabbed that prescription so fast and stuffed it so quickly into your expensive jeans that you didn’t really have time to look at it. Yes, I’m pretty sure you’re going to be upset when the pharmacist informs you the prescription is written for one pill every 12 hours—or two a day for two days. That’s four pills total. I also wrote on the prescription and in my clinic note that the patient should return after two days to the clinic for further evaluation of her pain.

You won’t be back. Your kind never hit the same place twice.

I know you will probably tell everyone you know on Facebook and Twitter that I’m a terrible doctor, but what am I supposed to do? If I had refused to give you any drugs, I’m absolutely positive your back would have improved sufficiently to allow you to hightail it down to administration or human resources to proclaim I’m an awful physician and insensitive to patients’ needs. You’d tell them I was mean and didn’t care about your problems—and then I’d get written up for a serious patient complaint.

On the other hand, if I gave you a 30-day supply of opioids, you’d be happy, but professionally I’d feel like I was committing malpractice and contributing to the opioid crisis. You refused any alternative pain-relief therapies I suggested. You made it clear, you only wanted the pills. So, I wrote for the pills—but just for a very limited dose.
I figure if you’re going to play me, I’ll play right back. What a way to practice medicine. I should retire. I really should retire.

His coffee cup empty, Dr. Evans stood up. He needed to get back to his clinic.

“Yes, Miss LeMasters,” he said to no one in particular, “turnabout is fair play, but neither of us got what we wanted or needed.”

Billie Holladay Skelley received her bachelor’s and master’s degrees from the University of Wisconsin-Madison. Now retired from working as a cardiovascular and thoracic surgery clinical nurse specialist and nursing educator, she enjoys focusing on her writing. She is a member of the Missouri Writers’ Guild, Joplin Writers’ Guild, Ozarks Writers League, and the Society of Children’s Book Writers and Illustrators. Her work has appeared in various journals, magazines, and anthologies in print and online. An award-winning author, she also has written books for children and teens.
An exhausted-looking nurse holding a large tray was dispensing rows of red vitamin pills in small paper cups. "Are these the hors d'oeuvres?" a young woman asked politely, extending a delicate hand. She was naked, her short dark curly hair still damp after she had run out from the shower room. She thinks she's at a cocktail party, I realized with horror. Instead she was a patient in the female chronic ward of an overcrowded, understaffed state hospital for the mentally ill.

I was nineteen years old and in my senior year of nursing school. As part of our nursing curriculum, senior students had to complete three months at a state psychiatric hospital. It was my first day on the ward where along with two of my classmates, Stefanie and Marie, I had been assigned for the first three weeks.

"What's that awful smell?" Marie asked, putting her hand over her face.

"It's paraldehyde," I said, remembering the sentence in my psychiatric textbook: "The drug in common use for severely disturbed patients is paraldehyde, a liquid sedative with a powerful unpleasant odor."

The day hall was a vast high ceilinged space teeming with patients; some huddled in corners, staring into space, others pacing back and forth talking to themselves or to invisible companions or speaking in rapid fire incomprehensible sentences or else issuing loud commands. "Go to hell," a frail looking blonde kept shouting to the air. "Go straight to hell." Hard faced attendants presided over the chaos. The noise was constant; strange laughter, shrieks, cries, shouts, moans. I felt as if I was drowning in an ocean of misery; I had never seen so much desperate humanity crowded together in one place. Fluorescent lights on the ceiling flickered, exposing the dreariness rather than brightening the room. The walls, once painted green, were stained; paint peeled from the ceiling. Sometimes flakes fell on the patients' heads like sudden snow showers. It was late Spring; I told myself that outside these walls, flowers bloomed and children played.

The head nurse, Miss Greer, had told us to "observe" the patients while keeping a discreet distance and gave each of us a timesheet to record the number of hours we spent on the ward. She told us to hold on tightly to our set of keys. Every door in the building was locked.
except for the patients' communal bathroom which had no doors at all, not even curtains to separate the cubicles, so patients had to use the toilet in full view of the others. All of the windows in the buildings were barred.

My classmates and I clung together at the edge of the hall; we stood since there were no chairs, dazed by the bizarre sights and sounds, the mayhem, the close atmosphere, the almost unbreathable air. It didn't help that we had nothing to do but gaze transfixed at the patients with their lank matted hair and wearing their wrinkled stained clothes and unlaced ill fitting shoes. Miss Greer, after her brief instructions, had vanished. We felt desperate for some activity to release the tension, as we looked at our watches, sighed and shifted restlessly from one foot to the other, struggling to keep our faces from registering the shock we felt.

"How long do we have to stay here?" Stefanie whispered in a mournful voice. She looked on the verge of tears.

"Forever," Marie said, her face expressionless. I started to giggle and soon the three of us were convulsed with nervous laughter. A nurse gave us a look of reproach and said,

"You'd better go and make some bed, girls."

Chastened, we folded our faces into serious lines and followed her into the patients' dormitory that was adjacent to the day hall.

"Be sure to lock the door behind you," the nurse said sharply.

Patients were not allowed into their sleeping quarters during the day for fear they would climb back into bed and go to sleep, some of them so deeply sedated from their doses of paraldehyde, they could hardly keep their eyes open. Instead they dozed off in the day hall on a bench if there was room, or else they sat on the floor until at 8 PM, they were allowed to go to bed. In the dormitory, the beds were crammed tightly together, leaving little room for us to tuck the sheets in properly. Still, making the beds and straightening the patients' meagre possessions, their tattered books and broken combs, we felt we were doing something helpful, although I suspected that here in the chronic female ward, sleep was elusive and the night peopled by demons.

At 11:30 Miss Greer opened the door and said, "You can help with lunch, girls." Attendants were doling out food to the patients, who sat on hard wooden benches at a long bare table. Spoons were the only utensils. Patients were eating from tin plates which a few of them banged on the table, adding to the commotion. Some were shoving down their food as if starved, others sat dejected, not eating anything. A graying middle aged woman looked into her plate and sobbed uncontrollably,
covering her face with her hands. Another patient announced in a high pitched voice that all the food was poisoned. No wonder she thinks that, I thought, looking at the casserole that smelled of cabbage and something I couldn't identify, something stale, decaying.

"You can feed Martha," Miss Greer told me, pointing to a cachectic looking woman who was sitting motionless at the table and staring straight ahead. She added in a whisper,

"She won't eat unless someone feeds her. She's been very sick, but she's much better now."

"Much better now-"? Martha was so emaciated I could see all the veins and capillaries on her arms and hands. She had a ghastly pallor; her sparse hair stuck out in all directions; bald patches showed her gleaming white scalp. It was impossible to guess her age; I couldn't tell if she was thirty or sixty. I asked her how she was and if she was hungry, but there was no response. I felt intensely ill at ease as she stared at me unblinkingly, her eyes dazed and dead, swallowing each mouthful I spooned into her mouth in the same trance like state. At last she finished and Miss Greer, seeing the empty dish, patted her shoulder encouragingly. Martha never stirred, nor did she notice when, unable to find a napkin, I wiped her mouth with my clean handkerchief. She remained at the table in the same frozen posture, until an attendant led her away.

After lunch, the patients resumed their frenzied pacing, their aimless wanderings through the day hall or else fell asleep on one of the benches or on the floor. An atmosphere of hopelessness hung over the place as inescapable as the sickly sweet odor of paraldehyde. As we left to go to class, I imagined it clinging to my clothes and seeping into the pores of my skin.

After we had spent a few days on the chronic female ward, a numbness set in. We learned to adjust, to avert our eyes from the most disturbing sights. One morning we saw the attendants dragging off a patient for electric shock therapy. The woman, screaming in terror, fought the aides furiously, kicking them, pulling their hair, tearing at their clothes. One of the attendants, perspiration running down her reddened face, shouted at her,

"You're as crazy as they come!"

The patient's name was Sheila O'Donnell and even in this bedlam, she stood out; her moods alternating between abject terror and blind rage. When I asked Miss Greer about her, she said, "You can read her chart," leading me into a narrow alcove next to the nurses' station
where the patients' records were piled high on shelves touching the ceiling. Miss Greer took out Sheila's chart and put it on a battered desk facing the window.

"Don't forget to put it back in the right place," she said as she left.

I began to read the history, written in the doctor's large sprawling hand. Sheila was forty-five years old, an Irish immigrant, married and the mother of a six-year-old boy. She had led an unremarkable life, taking care of her husband Tim and their small son in their apartment in Brooklyn. Sheila had been a devoted mother and wife, I read, as in an obituary, and a faithful parishioner of her neighborhood Catholic church, never missing Sunday Mass. Then, a few months before her admission to the hospital, an ominous change had gradually come over her. The neighbors were talking about her, she told her husband; she could hear their whispers through the walls of the apartment. She complained of strange odors in the family's rooms; the people next door were piping in a lethal gas trying to kill her, she said. She took all her carefully folded sheets and towels from the linen closet and stuffed them underneath the doors to keep out the poisonous fumes. All night Sheila paced the small rooms screaming and banging against the walls with her iron skillet until the neighbors called the police who took her to the hospital. At the bottom of the page, the doctor had written,

"Patient is actively psychotic and delusional- the impression is schizophrenia, paranoid type."

In the hospital, Sheila suffered from a more terrifying delusion; she was convinced that her six-year-old son Michael had been kidnapped. All day long she searched for him, looking under beds, behind doors, staring out the barred windows, beseeching everyone she saw,

"Have you seen my little boy? They've taken him away from me and he's only six years old." Nothing touched her grief- no heavy dose of paraldehyde, no electric shock, no patient explanation.

"He's safe at home with his father, dear," Miss Greer would say wearily for the thousandth time. People began to look away when she approached; "There she goes again," the attendants would whisper to each other. Sheila's lament went on, unheard and unheeded, throughout the long day; her only respite came when, exhausted, she collapsed on one of the benches and resting her head against the wall, fell into a merciful sleep.

* * * * * *
In the afternoons, we were released from the ward to attend lectures by the psychiatrists. A Dr. Franz, who had a thick German accent and a round cherubic face, was enthused about hypnosis and used the class time to practice his skills on willing students. Sister Virginia, our nursing director at Mercy Hospital, ever attuned to her mysterious grapevine, called to complain and after a few sessions, we saw no more of Dr. Franz and his bag of tricks. He was replaced by a Dr. Lipton, a youngish man with an aura of weary sadness, who counseled to treat the patients with compassion.

"Remember the words of St. Francis," he said, "there but for the grace of God go I."

I never saw a psychiatrist or a chaplain visit the female chronic ward. A Catholic priest, a Father Egan, was in residence but he spent his time in the hospital cafeteria, smoking and drinking coffee and chatting with the psychiatrists. He was a tall imposing looking man with a shock of white hair and a full red bloated face with a drinker’s bulbous nose. On my first Sunday at the hospital, I went to the chapel to attend the Mass he said for the staff and a small group of patients. He had to hurry through the ritual when some of the patients grew agitated, flinging their arms into the air and crying out.

* * * * * *

One Sunday I was scheduled to work on the chronic ward. I was alone; my classmates were all off duty. Usually we had the weekends free; I felt resentful. After only two weeks, I knew that my presence on the ward wouldn't make the slightest difference to anyone. And Sundays were visiting days on the female chronic unit.

At one o'clock the families came; some people wore smiles of bright resolve, others looked anguished, or else fixed their eyes straight ahead, their faces blank. I tried not to think of how it must feel to see a loved one in this place. A nurse sat at a small desk by the door to check the visitors in, asking their names and the names of the patients they came to see. Most of the visitors were women, many of them carrying packages of food and clothes, boxes of tissues, soap, even toilet paper which was often in short supply. I was given the task of inspecting the packages, a job I detested, feeling like a jailer when I had to confiscate small manicuring scissors or pocket mirrors.

"What did you tell me your name was sir? I couldn't hear you," I heard the nurse saying to a slightly built man; he was dressed in a dark suit, white shirt, and dark tie, a handkerchief neatly folded in his pocket.
"I'm Tim O'Donnell, here to see my wife Sheila," he repeated in a voice so low the nurse had to lean forward in her chair to hear him. In his hand he carried a large black Missal; I thought he must have just come from Sunday Mass. I imagined him kneeling there, alone in one of the last pews, head bowed low over his prayer book. None of his neighbors and friends in the congregation would have inquired about his wife or spoken consoling words. He would have recoiled if they had; his shame was so deep.

He looked warily around the day hall, searching among the sea of faces for his wife. The room was more crowded now than ever, with the arrival of the visitors. When he finally saw Sheila, he hurried toward her. She was a horrific sight. Her long red hair hung over her face; her features contorted with rage. At once she attacked her husband, pummeling his thin chest with her fists and screaming. He stood rooted to the spot, so immobilized with shock and horror that he didn't even raise his arms to fend off the blows, enduring her assault until the attendants came and pulled her away. I felt gooseflesh rising on my arm, a sick feeling in my stomach. Tim's missal had fallen on the floor and the prayer cards he kept in it were scattered about. A young woman visiting her mother bent down with him to help pick them up. Rising, he wiped the tears and sweat from his face with his handkerchief. The woman reached out to touch his shoulder, but he quickly moved away, muttering, "Thank you, thank you," in a strangled voice, and hurried out the door.

* * * * * *

I was lucky to have a boyfriend during that time; a fellow named Marty whom I had met some months before at a dance. I had no romantic interest in him, but I liked him well enough; he had a dry sense of humor and would tease me, calling me "Florence" as in "Florence Nightingale." Having a boyfriend to take you out helped to immunize you against the torments of the hospital. I could get dressed up, put on high heels and perfume and feel like any ordinary girl who typed letters in a quiet office or spent her day in a sunny classroom among schoolchildren.

Marty always took me to the movies. Sitting next to him, I steeped myself in the smells of popcorn and Marty's minty after shave lotion, the sounds of the rustling of the cellophane candy wrappers, the warmth of Marty's tweed blazer brushing my arm as he reached over to hold my hand, his fingers as big as cigars.
I trace my lifelong love of film to those bleak months in the psychiatric hospital. Sitting in the dark theatre, I would feel my tensions slowly fading away. In front of the bright hypnotic screen, watching the flow of images and hearing the sounds and the dialogue and the music, I was taken out of myself. The movies became my alternative reality, creating for me a rich fantasy life. I would replay the scenes over in my head; the restaurant scene in Alfred Hitchcock’s *Vertigo* was a favorite of mine when Jimmy Stewart first sees Kim Novak and instantly falls in love. I could daydream about being Kim Novak, breathtaking in a black cocktail dress, mysterious, ethereal. I think back now and realize that I shamelessly exploited poor Marty, never concerning myself about his long trek back to Queens, waiting at deserted bus stops and dreary subway stations, getting home in the wee hours and having to rise at dawn for work in the morning.

* * * * * *

I could feel the perspiration gathering underneath the starched collar of my uniform. It was an unseasonably warm morning in June, my last day on the Female Chronic Ward. A fan high up on the wall turned slowly, barely moving the air. Flies were coming in through some of the torn screens; the atmosphere was fetid with the odors of bodies and stale food and paraldehyde. I longed to be busy, to lose myself in some task, instead of standing "observing" the patients. One patient was on her knees using her bare hands to "clean" the floor; her hands and knees were black, thickly coated with grime.

"Why are you doing that, honey?" one of the attendants said.

I asked the head nurse Miss Greer if I could give out the vitamin pills. She was at her desk writing one of the countless memos she sent to the administration begging for more sheets, pillowcases, soap, padding for the seclusion room, proper window screens. She was constantly interrupted and had to leap from her chair when a patient had a seizure or became violent. In her spare moments, she would circulate among the patients holding a large magnifying glass, stopping to scrutinize the women’s hair for head lice. Miss Greer had held her position for years. She was tall and painfully thin, she had a long gaunt face and wary eyes, like some of her patients. What mysterious force propelled her here every day? I thought that either she had a fierce appetite for misery or she was one of God’s saints.

She leaned back in her chair and eyed me with suspicion.
"You have to watch everyone," she said, "to see that they don't spit out the pills or throw them on the floor." She paused and gave me a searching look.

"Yesterday a patient tried to overturn the medicine cart."

But I persisted and she reluctantly agreed. I went into the kitchen hoping to find some ice to put in the water pitcher. Wonder of wonders, I found ice cubes in the refrigerator. I could do something useful this day- give the patients a glass of ice cold water.

I wended my way through the overcrowded room pushing my cart with its neat rows of vitamins in their paper cups. The task took longer than I thought because I had to stop to help the patients who were restrained in straight-jackets.

"Can you open your mouth please?" I would ask, then drop the pill on the patient's tongue and hold the cup of water to her lips as she drank. I had grown used to seeing the patients sitting on the floor because there were no chairs (there were a couple of benches welded to the floor) or coming from the showers naked or removing all their clothes and tearing at their hair. But my heart would lose its rhythm at the sight of a patient with her arms locked in a heavy canvas restraint. Deprived of normal balance, I wondered why the women didn't fall. It was treacherous terrain here; the floor was often slippery with spilled juice and water and the occasional puddle of urine. A cleaning woman mopped the floor from time to time, but soon after she finished they were as bad as before. And the patients, oblivious to each other, jostled and pushed and shoved.

When I finished, it was time to leave for class where I looked forward to dozing off with impunity. Dr. Lipton, our lecturer in psychiatry, read from notes that were dense with statistics in a droning monotonous voice. Soon our eyes glazed over and heads dropped. One day last week Dr. Lipton had put aside his notes and said that as he watched us nod and yawn, he was reminded of his nights on guard duty in the army. Trying to stay awake was torture, the nights endless, he said with a sigh.

"Go to sleep if you have to, girls," he said. No one laughed; after only two weeks here, we expected strange behavior, even from the psychiatrists. Students made themselves comfortable putting their heads down on the desks and their feet up on empty chairs.

After class, I went to say goodbye to Miss Greer and to give her my time sheet; she was sitting at the long wooden table helping to feed the patients their lunch. She was busy cutting up a piece of meat into tiny
pieces for a patient who had no teeth and barely looked up. "I told the
kitchen to send her a soft diet," she was saying irritably to no one in
particular. I left my sheet on her desk.

As I was on my way out, a patient grabbed my arm.

"Take me home," she said in an imploring voice. She was very
young, not more than twenty; her lustrous black hair fell to her shoulders
in ringlets. Her eyes, huge and dark, fixed me with an anguished gaze.
Her youth and beauty intensified the horror; her small hand on my arm
felt like the weight of the world. My throat went dry; I stood there,
frozen. An attendant passing by said,

"Come on, Sally, it's time for your lunch," putting an arm around
the girl's shoulder and taking her hand from my arm. "Maybe there's ice
cream today," she said, as if to a child. As they walked away, I could feel
Sally's eyes following me. I felt pity and guilt and a desperate wish to
escape as I hurried to the exit leading out of the unit. I waited impatiently
for Stefanie who was nowhere in sight. Standing by the door, I saw
Sheila.

She seemed calm enough so I asked her how she was. She had
been thinking about the Blessed Mother, she said, when she lost her own
young son. I knew the New Testament story by heart. On a journey
home from a festival in Jerusalem with his parents, the twelve year old
Christ disappears. For five endless days and nights, his frantic mother
looks everywhere for him.

"I've offered my suffering up to her," Sheila said. She spoke
clearly in her lilting Irish brogue. Gone was the panic one always heard in
her voice, in the unstoppable torrent of words, the tone of pleading and
desperation, her sentences becoming almost incoherent as she tried to
make herself heard.

I listened, astonished. I saw for a moment the woman she really
was- devout, loving, brave. The heat was building; sweat trickled down
my face from underneath my starched nurses' cap. Sheila's arms were
encased in the heavy canvas restraint; a fly buzzed around her head and
she was helpless to swat it away. She had been in the seclusion room,
sleeping on a mattress on the floor, if she slept at all. The doctors had
advised her husband to stay away. She was friendless, homeless,
imprisoned by her delusions in a place where no one could help, watched
by overworked strangers who would run from her if they could. And yet,
she prayed.
I felt humbled; I thought that in her place, I would be struck dumb with despair; God and the Blessed Virgin and all the holy saints would mean nothing to me.

Sheila moved away, melting into the crowd of patients milling about in the day room. I would never know how her story ended. I wanted to believe that she would recover; that one morning she would wake up clear headed and lucid; her husband would come to take her home, bringing her best dress, her black patent leather high heeled shoes, her own brush and comb for her hair. They would get into the car and drive to their small apartment in Flatbush. She would stand in the doorway holding out her arms; her little boy would rush to her embrace.

Stefanie was hurrying toward me.

"I forgot to hand in my timesheet and I had to go back," she said in a breathless voice. She was red-faced from the heat; one of the lens from her glasses had fallen out and she had stuck it back on with a piece of white adhesive tape. Her hair hung in limp strands, her cap was unpinned and sat lopsided on her head. I had to laugh; she looked like a nurse in a comic strip.

"What's so funny?" she asked as we unlocked the heavy steel door.

"Nothing," I said. We ran down the five flights of stairs instead of waiting for the elevator, which was slow and perilous, sometimes stopping abruptly between floors, then starting up again with ear splitting creaks and groans.

It had started to drizzle. I lifted my face to feel the cool drops on my skin. I took a deep breath of the fresh rain washed air; the knot in my stomach loosened.

"Let's go to the diner for lunch," Stefanie said. Seeing me hesitate, she added, "I have money." Dear generous Stefanie- she was brave too. It was strictly against the rules for us to go outside the hospital grounds in our uniforms. I thought of the diner filled with light and sweet ordinary life- secretaries smelling of Chanel #5, lovely in their flowing summer dresses, white haired ladies gently fussing over the menu. We would eat food that we recognized and I was so hungry.

Stephanie hooked her arm into mine. We quickened our pace; if we hurried, we could have a hamburger with all the trimmings and still make it to our class on time.

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Eileen Valinoti is a freelance writer whose work has appeared in literary magazines such as Confrontation, in the popular magazines Parents and Glamour and in the New York Times.
It was our first date. We were in your room. You were renting one room in a three-bedroom apartment. You had drawings and paintings hung on every inch of wall. Floating eyes with dragonfly eyebrows and flower petals surrounding the lids. A twisted version of Mona Lisa with uneven features and skeleton fingers. A faceless man sharing oatmeal with a parrot. And your self-portrait: your head was detached from your body, and it was as if a layer of skin had been ripped from your face, the bloody pieces cut into a puzzle, and then everything carefully set back in place.

These twisted, surreal images were, somehow, beautiful.

“Where’d you study art?” I asked.

“I taught myself,” you said, “in prison.”

I froze.

“Please don’t be scared. Let me explain.”

You’d spent seven years in prison for robbing banks. You robbed banks for money to buy heroin. You were on heroin for twenty years. You lost your roofing job, your home, two wives, two sisters, your daughter; you cashed out your veins, and your teeth were crumbling out of your head. On your last robbery, a dye pack exploded on you, and you were caught, literally and figuratively, red-handed. You were sentenced to seven years.

You were sure you’d be dead if you hadn’t been caught. You went through withdrawal in a jail cell. It feels like dying, you told me.

In a way you were dying. The junkie criminal couldn’t exist in prison, so you reinvented yourself because you’d wasted half your life already and didn’t want to waste seven more years. You walked away from trouble instead of into it. You grew a funky goatee and started doing yoga. You found a small, supportive community in the prison’s art room.
You taught yourself how to paint. You were so scared to put the brush to the canvas; you were afraid of making a mistake.

It blew my mind that you could rob banks willy-nilly, but doing a painting frightened you.

*The only fear an addict has is running out of drugs,* you told me.

You much preferred fearing the canvas.

Your first painting was of a woman, curvy and nude, her arms raised above her, caressing her hair. You found an abandoned triple XL federal corrections issued jacket in the prison yard and used it as a large canvas on which you did a painting for your daughter. You started doing portraits of inmates’ wives, girlfriends, pets, and children.

Most people don’t rob banks. Most people don’t use heroin for two decades. Most people don’t spend years and years in prison. But I doubt most people have brought as much comfort as you must have to the families of these men, to the sons and daughters of incarcerated fathers who maybe felt their dads a little closer with your art hanging in their living rooms.

It was our first date. Your honesty was disarming. We sat on your bed. You slipped off one of my shoes. You read aloud the brand of my socks stitched across the toe: “No Nonsense.”

“These socks don’t mess around,” I told you. And you smiled before kissing me.

* * *

Four months later my father died. You drew his portrait for the wake. His jet black hair. His crazy eyebrows that resembled frayed electrical wires at the ends. The deep lines across his forehead. And the cuts in his chin. At the wake, my mother pulled people over to the drawing and told them how you’d captured his spirit.

A year later you moved in with me. We fought over how to wash the dishes, how big the garbage bag should be, and which way the toilet paper should dispense. It turns out you were right about the toilet paper. We planted sunflowers in the yard and made a killer vegetable lasagna. You were very thoughtful when preparing breakfast for our cat. We
watched *Antiques Roadshow* together and tried to guess how much items were worth. Sometimes the ugliest things were the most valuable.

* * *

The arthritis in your hips and your degenerative disc disease were causing you more and more pain. Your doctor prescribed Tramadol, an opiate, in large quantities. I gave it no thought. I knew nothing of opiates. And all I knew of addiction was that I had a boyfriend who’d overcome it. You ran out of Tramadol before a refill was due. You told me the doctor gave you the wrong amount; she gave you too few, you said. You asked my mom for some of her prescription pain pills. I gave it no thought.

You sat me down one evening and told me you lied about not getting enough Tramadol. That you hated lying to me and you wanted me to know the truth. You said you were abusing them and you were scared. We hugged each other and cried.

* * *

You were slumped in a chair facing white powder in a tin foil square. There was powder around your nostrils. I shook you. Your eyes rolled up, and slurred speech dribbled out of your mouth. I dragged you to my car and to the hospital. The doctor knew my family; he told me, “You can’t put your mother through this.”

We tried to keep you busy and give you reasons to stay sober. My mom offered you odd jobs at her little neighborhood store. You liked helping her out. I looked for places to hang your artwork. You patched up the leaky roof. You put in new pantry shelves. You tried doing yoga again, but it was too painful on your back.

Then.

You were on the floor face down with a small pool of blood beneath you; I shook you, screaming your name.

Then.

You called me; you were just around the block, but you were too high to realize where you were.

Then.

You begged your sisters for money.

Then.
Frantic, sweaty, and naked, you were making a mess looking for heroin; when I asked what you were doing, you said, “Cleaning.”

Then.

You sold your old coins.

Then.

My mom and I found you passed out in the park with a needle in your hand; there were mosquito bites all over your face.

Then.

You told my mother you were sorry and that you were no good.

THEN.

You were missing for four days. I called you dozens of times each day. My mom called you, too. Finally, you answered. You were at a hospital far away from home. You were in the ICU. If you hadn’t parked at a bus stop, you would have died. The cops were just going to put a ticket on your truck. They found you slumped over the steering wheel. They found heroin and dozens of prescription pills scattered everywhere. They called in a suicide attempt. You’d had a tube down your throat because you couldn’t breathe on your own. When I walked into your room, you burst into tears. You said you were tired, so tired.

THEN.

Drenched in sweat you shivered violently in bed. I didn’t know if you were withdrawing or overdosing. I called an ambulance. They sent the police instead. You were arrested for possession of heroin. You were taken to the hospital and handcuffed to the bed; two armed guards watched you. They wouldn’t let me in the room.

They later took you to the county jail. But you are just one of thousands upon thousands upon thousands of addicts. And it wasn’t much heroin anyway, so the case was dismissed.


Thenthenthenthenthenthenthenthenthenthenthenthenthen.

I got a call from an officer at six in the morning saying you were crawling in front of strangers’ homes. I picked you up. The officer escorted us to the hospital. They started to recognize us at the hospital. Countless times you overdosed, nearly stopped breathing, or
passed out in public. They would see us come in and know exactly what the problem was. A nurse who was about eight months pregnant was taking your blood pressure. She said, “Those people who sell drugs to you, they’re not your friends. Don’t hang around those guys. They don’t care about you.” She nodded towards me, “She loves you.” You turned away and said, “I don’t know why.”

And then.

You called me early one morning; you were high and lost. I was walking into work as I ended your call. Seeing my supervisor, I said “Good m—” and then broke down crying. I asked if I could have a personal day and walked out sobbing. I found you and took you home. You said you were putting me through too much and you didn’t want to live anymore. I held you and sang. 

You are my sunshine, my only sunshine / You make me happy when skies are gray / You’ll never know dear, how much I love you / Please don’t take my sunshine away. You cried so hard and made me promise to sing it at your funeral. I promised. I held you until you fell asleep. Then, for hours, I lay next to you awake to make sure you didn’t stop breathing. I don’t know how many nights I stayed awake with my hand on your heart, ready to dial 9-1-1 if the rising and falling of your chest ceased. I loved when you snored loudly. It was so irritating, but it meant you were alive.

Sometimes when you went missing for a day or two, I would lie alone in bed and speak aloud in the dark everything I might say at your funeral. I would definitely tell the story of how you saved the yellow Tums for me. You used to take Tums for your stomach before meals. I tried them but thought they were gross and chalky. But I told you I liked the yellow ones, which tasted like candy. The next morning, I found you in the kitchen with all the Tums spread on the table; you were picking out all the yellow ones and putting them in a baggie for me. And I would talk about how you were this tough, ex-felon, blue-collar guy, but you had the most adorable and ridiculous pet names for me: turtle doves, poopsie pops, beauteous soft bottoms, jujubees, pekoes pie, curvey swervey, sleeping booty, fluffy hair princess, professor smoothie, and so many more. Sometimes you’d walk in the door and proudly announce that you’d come up with a new one. It always made me smile. I would lie
there, alone in bed, talking and laughing and crying, hoping that maybe
tomorrow the man I fell in love with would come back to life because I
didn’t want to tell these stories at your funeral; I wanted to make more
stories with you.

* * *

A nurse told me, “He’s not your boyfriend anymore. He’s just as
addict, like any other addict.” She said I had to live my life for me, that
you were dragging me down, that I shouldn’t be spending all my free
time in hospitals and jails. Friends told me I could do better. That you
were putting me through hell. I was gaining weight from stress eating.
Coworkers said I had to decide if you were the guy for me. An officer
told me he had no idea why women stay with men “like that.” I told him
that you didn’t steal from me, you weren’t violent or mean, you didn’t
cheat; you were a good man and you were just sick. He looked at me
sideways. “No, really,” I said. “He’s got a good heart.” The officer shook
his head. I kept talking, “And he’s an artist. You’d be blown away if you
saw his work. Really. And he’s gentle and kind and . . .” The officer
snickered and kept shaking his head. I felt foolish. Like a battered
woman explaining away a black eye.

Nobody looked at me as a woman who loved a man with a horrible
disease. I was pitiable; a stupid enabler girl in a codependent relationship.
Sad and sorry. Pitiful. Pity by the barrelful is what I got. Pity to spare.
Pity and judgment and shame.

Around the same time, a coworker’s mother got cancer; she was
going to find out in a few days if it was terminal or easily treatable. She
told all our colleagues how scared she was. How she couldn’t imagine life
without her mom. And what about her dad? How heartbreaking it would
be for him to lose his wife. It was hard for her to focus or even care
about work. Our colleagues got together and planned a night out to
support her because “this must be so hard for her.” The cancer turned
out to be treatable, but she was thankful for the support.

When I shared the story at work of when I found you bleeding on
the floor, barely breathing, they silently shook their heads. Nobody
offered to take me out.
People don’t choose to get cancer, I hear. But you didn’t choose to be an addict.

My God. Who would?

After nearly a decade of sobriety, you didn’t give yourself the Tramadol. I try not to think about it, but once in a while I wonder why that doctor gave you such a high dosage and large quantity of opiates when she knew you were a recovering addict. Was it because it was a crowded clinic in a working-class neighborhood and she just didn’t have time? Or resources? Did she forget you were an addict? Did she not know the danger? Did she not care?

* * *

Shorty after my father died, his doctor said to my mother, “Your husband would have died five years ago if it wasn’t for you. You gave him more time. He was lucky to have you.”

My mom took such good care of my dad. She cooked healthily. She kept my dad away from salt. She made sure he took his pills and checked his blood pressure. She would scold him harshly when he tried to lift heavy things. She walked with him to the bathroom at night so he wouldn’t fall down. She reminded him of doctor appointments. She spent countless visiting hours next to his bed when he was in the hospital. So much of her life was taking care of my dad. People said she was a good woman. A strong woman. A loyal woman. Later, after my dad passed, she admitted what a heavy burden it was to take care of him. “But that’s what love is,” she said, “for better or worse.”

I still try to wrap my head around it. In the eyes of so many, my mom is an amazing example of love and loyalty, but I am a sad case. I need to get a life. I need to find a man who won’t “put me through this.” People told my mother God would give her strength to support my dad. But they told me I should leave you because it was “too much” to handle. When I wanted support, I only got people telling me to walk away.

Both your sisters had and beat breast cancer. My father had prostate cancer and a host of other conditions. A friend of mine did a breast cancer walk; I asked her to write your sisters’ names on her shirt. Another friend ran a marathon for cancer research. My mom pinned a
ribbon to her with my father’s name. We say their names. We celebrate their survival, their struggle, their victory, and their memory.

But when it comes to addiction, you and I are members of the anonymous. Alcoholics Anonymous and Narcotics Anonymous for you. Al-Anon and Nar-Anon for me. You are Anonymous; I am Anon. We meet in church basements in the evenings. Or tire shops. Or empty lots. Or dark cafés with sticky floors. At my first meeting, a woman spoke about how there would always be a part of her that hated her addict. There was violence in her voice. But there was also a lot of hurt. We thanked her for sharing her story. We listen to and tell our struggles, our heartaches. We offer no solutions; we are offered no solutions. Step One is to admit we are powerless over the drug and the addict.

I never liked Step One. The first step for any other disease is to arm yourself with knowledge of the disease and of treatments, and to surround yourself with doctors and loved ones who will suit up and fight.

We tried a methadone clinic. It helped you a little, but it wasn’t the best fit. Sometimes you’d mix prescription pills you bought off the street with the methadone to get high. You went to rehab but left after two weeks. In rehab, you had to attend six or more hours of meetings a day, and you couldn’t take all the talking. AA and NA didn’t work either; you said it was helpful sometimes and you were glad it worked for others, but sharing war stories didn’t keep you away from heroin. We found a residential farm where recovering addicts and alcoholics lived and worked; they would run the children’s petting zoo in the spring and summer. Physical labor and working with kids and animals was therapeutic for the men. As there were only short meetings once or twice a week, this farm seemed like a perfect fit, but your arthritis and degenerative disc disease meant you couldn’t be cleared to work there. After a year and a half of worry, dozens of overdoses, countless trips to the emergency room, and so many sleepless nights, we found a doctor who prescribed you Suboxone. And it worked.

You put a few thin films of Suboxone under your tongue each morning and, like magic, you don’t want heroin anymore. Just a
couple of days after you started taking it, you texted, “It’s crazy, I am
driving close to an area where I would buy heroin and don’t have a
thought of using.”

Medicine. It turns out all you needed was medicine.

You still struggle. Once in a while you slip up and buy
prescriptions pills off the street, but those times are becoming fewer and
farther between. You haven’t touched heroin in a year. Earlier this year,
you took your first ever college course, an art class. You are almost
finished drawing a pet portrait for your two-year-old grandson. I know
he will love it. Six months ago, you visited the composition class I was
teaching; our theme was addiction and you were a guest speaker. The
students asked you questions and you did your best to answer honestly.
One student asked if you think you hurt anybody because of your
addiction. You said you hurt a lot of people, you said you hurt me. I
choked back tears, kept my teacher hat on, and explained that any addict
is going to hurt their loved ones, but it’s not malicious; it’s part of the
disease. At the end of class, the students clapped for you and thanked
you for coming.

As we walked off campus I stopped and hugged you. I’m sure it
wasn’t easy to face a bunch of college students and tell them about your
addiction, about how your heroin use hurt their teacher. I was so proud
of you. You said the students’ applause felt nice. You deserve it, Paul.
You all deserve it. All our addicts, and all the anonymous. You all
deserve a standing ovation. You deserve ribbons and walks. You deserve
parades and charities and marathons. Floats and flags and cheering allies.
You, too, are fighters. You, too, are survivors. Soldiers of sobriety.
Armies against addiction. Your struggles are real and worthy. And your
strength immeasurable. Let us say the names of our fallen, honor their
battle, and never forget. Let us share our weapons and make new ones
because maybe what will work for you hasn’t been invented yet. Let us
gather our exhausted, broken hearts and keep fighting.

Paul, my love, while I hope you stay sober for the rest of your life,
know that if you ever fall over the edge again, into the depths of a hell I
cannot imagine, I will take your hand and drag you through the fire until
you are strong enough to slay your own demons. And then I will be by your side, with every kind of ammo I can find.

Cecilia Villarruel is a first-generation American and first-generation student; her folks are from Mexico, she’s from Chicago. She loves being a teacher; her first teaching gig was as a volunteer in Namibia with the Peace Corps. She is currently an English Ph.D. student at the University of Illinois at Chicago.
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