blood and thunder

MUSINGS ON THE ART OF MEDICINE

Fall 2020

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OU College of Medicine
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GAVISHA WAIDYARATNE

Gavisha Waidyaratne is a fourth-year medical student at the University of Michigan Medical School in Ann Arbor, MI. Outside of the hospital, she enjoys painting, gardening and finding new hiking trails to explore.

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The Best of Blood and Thunder Awards

One entry from each category is selected from the accepted works. Selection criteria includes how well the work demonstrates common themes or experiences in health and health care and the overall quality of the work. The winning author or artist from each category will receive a certificate of achievement and have their biography featured along with their work on the "Best of Blood and Thunder" webpage.

2020 WINNERS

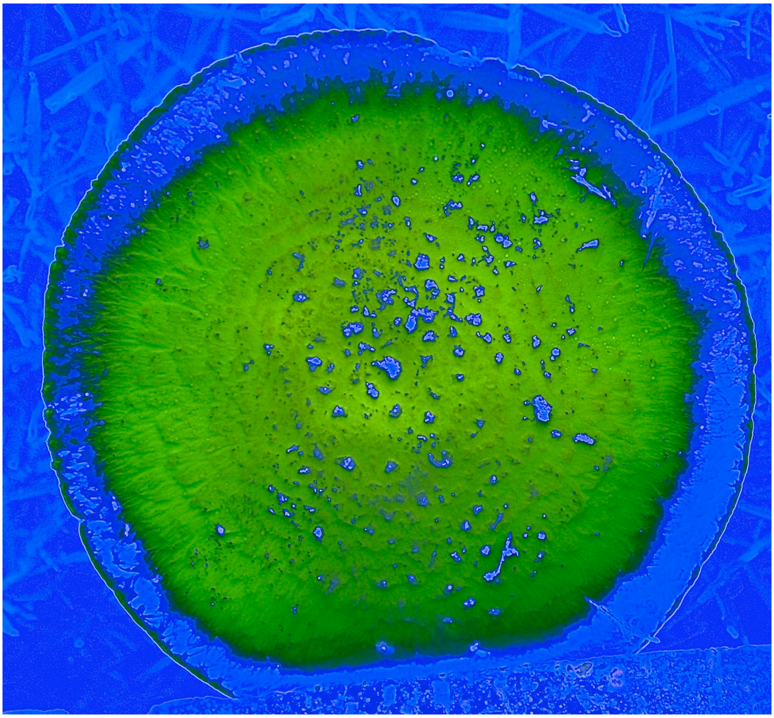
POETRY: "The Words Were Always There" by Rachel Mallalieu

PROSE: "The End of Pain" by J. David Liss

VISUAL ART: "Untitled" by Gavisha Waidyaratne

ROBERT FERRIER

Petri Dish



Robert Ferrier is a retired University of Oklahoma research administrator living in Norman, OK. He received a Bachelor of Arts in journalism and a Master of Business Administration from the University of Oklahoma. He has published novels at Amazon Kindle eBooks, Synergybooks, numerous poems and fiction craft articles. His photo, “Diagnosis in Stasis,” was the cover of the Fall 2012 Blood and Thunder.

INTRODUCTION

Communication–a staid term used by medical administrators to indicate one of the six competencies of undergraduate medical education–encompasses oral and written modes of communication that are generally succinct, standardized and informative. But another form of communication, though not codified as an educational objective, is of great worth. Individualistic, expressive, sometimes idiosyncratic and most assuredly *not* standardized, it is the sharing of unique and often profound patient care experiences through artistic expression, both written and visual. A glance at any edition of Blood and Thunder, an annual publication of the College of Medicine and the principal vehicle for artistic expression involving patient care, reveals the intimacy, depth and often intensity of these encounters as well as their transformational capacity. (Ask any writer: The catharsis experienced when writing about deeply felt experience is almost salvational.) I congratulate the editors on their meticulous handling of this superb 19th edition. They have raised a high bar. May the tradition continue.

Steve Blevins, M.D.
Associate Dean for Medical Education
University of Oklahoma College of Medicine

FOREWORD

It is with deep pride and enthusiasm that we present to you—the heart and soul of our journal—the 19th edition of Blood and Thunder: Musings on the Art of Medicine. We hope that you feel inspired as you pore over these pages. We can assure you that this year's collection of prose, poetry and visual art provides unique and well-articulated perspectives on health, health care and being human. This is especially timely given how the COVID-19 pandemic has complicated the world in which we live.

These works remind us of the core of medicine that can occasionally be lost in the pace of the day. They remind us to imagine the lives our patients lead outside the spaces in which we meet them and to pay attention to the enduring impact their stories have on health care workers, too. The importance of empathy is much discussed in health professions training, but far less often is it explicitly taught.

One of the best ways to teach and practice empathy is by engaging with the medical humanities. The ideas in these pages will transport you as the reader to the emotional lives of our authors and artists, giving you a small window into their lived experiences. We pass alongside these myriad perspectives every day in the hustle and bustle of life, but too often many of us do not pause to consider them in their unadulterated complexity.

Therefore, it is incumbent upon us as community members to continue challenging, surprising and intriguing ourselves with the marvelous and expansive universe that exists in the free expression of others. As living beings, we all share in the sound and fury that can accompany the natural histories of diseases and, thus, can all benefit from being humble and learning from those around us, including those who are no longer with us. All of this begins with being curious, vulnerable and open to experience.

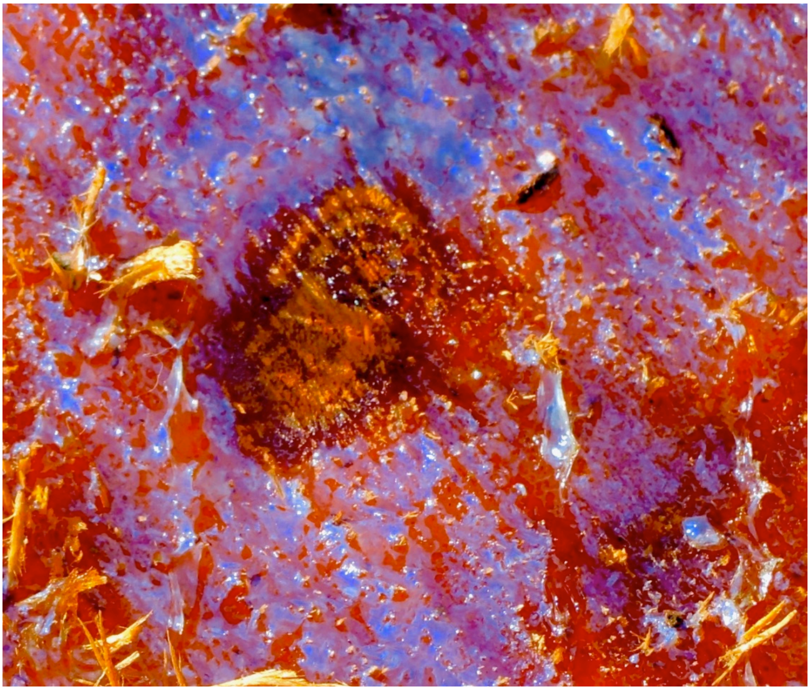
Please enjoy this year's edition of the University of Oklahoma College of Medicine's medical humanities journal and internalize the profound lessons that lie within it.

Sincerely,

Ashten Duncan, Ellie Hummel,
Madeleine Duarte and Daniel Pham
Blood and Thunder Executive Team, 2019 - 2020

ROBERT FERRIER

Unknown Strain



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MUSINGS ON THE ART OF MEDICINE

POETRY

ROBERT BEVERIDGE

Marburg

"I'd shudder. Then I'd catch on fire, and go out."
—Boris Pasternak, "Marburg"

It is the vehicle, the mindless,
delicious, all-consuming fire.
It grinds through streets flecked
with sewage, crushes rats,
infects the filthy feet
of children and parents alike.

It has no eyes, no face.
It cannot see colors,
pointed stars. It lives
to live; it touches to touch.
It burns.

* * *

The Marburg hospital nurses
can do nothing; painkillers
cannot stop the wrack of eyes
that cry blood tears, the bowels
that loose, disgorge the vital
organs. The word is whispered
in the break room, pauses
at the door as if afraid
to be confronted with itself.
But still it spreads, breathed
into the OR, ICU,
the inevitable morgue.

Doctors spar with clergy over its origin.
The word is spoken, on both sides,
talked of in tones best left for last rites.

The media has the final say, announces
the plague with the fervor, the greed,
the hunger it cannot have.

* * *

It arrived, this fire.
Then left. Passed on
into the Oder, perhaps.
Still blind, it slipped
away, back whence
it came or into sleep.

It has no sense
of time or place.
It sleeps to sleep;
it spreads to spread.
It burns.

Robert Beveridge (he/him) makes noise (xterminal.bandcamp.com) and writes poetry in Akron, Ohio. Recent/upcoming appearances in Red Coyote Review, Deep South Magazine and Aromatica Poetica, among others.

ALAN COHEN

Mourning the Loss of a Patient

If he comes to clinic with his daughter tomorrow morning,
it will come as no surprise to me.
The rhythm of his visits – every one month,
every three months – will bury
the catastrophe of his death.

Extra visits are scheduled
for unpleasant surprises like
the small stroke he had
one morning.

We can have another of our urbane discussions:

For people like Mr. Garrison,
a tea table would
be just the thing.
We could talk more
properly over crumpets.

"How have you been since our last visit?
Have you been eating well?"

He's been losing weight.

While he answers "oh yes, my appetite
has improved quite a bit,"
his daughter shakes her head no vigorously.
He's also grown more demented
in the two years I've known him.
But pleasantly so, cheerfully reassuring
to both his daughter and to me.
I will hold his chart in my hands
and review his problem list again.

I always forget to associate his goitre
and the aneurysm of his aorta with him.
In my mind, they always
belong to someone else.

Examine his neck, belly, heart.
Ask about chest pain.
Check to see when his next physical is due.
And make certain he gets his flu shot.
Notice that his weight is up one pound
or down two since last visit.

But still down 22 pounds since last November.

I will feel uncomfortable again for a moment,
wondering if any other studies are warranted.
When we have already decided against surgery,
And most of the tests have already been done,
I will speak to his daughter in the hall after the visit.
She will say, "He's been a little better this month (or a little worse)"
or "It's hard with both of them being as sick as they are."

His wife is sicker than he is.
They live alone in a house
without near neighbors.

Two years passed in just that way.
I helped them make some little decisions:
starting him on three Hydergine a day,
on one aspirin, stopping his Diabinese.

There was some improvement.

We evaluated his weight loss – we found nothing.
He had a remarkably large aneurysm in his belly.
Feeling it was like trying to catch a fish in a tank;
there were vigorous, writhing contractions.
I loved the lines in his beautiful, old face.
I might at least have taken his picture,
though I will never forget it, smiling.

Like many of my patients, he was a machinist,
an appropriately-vague title.
I know nothing of his life.
We met to discuss and manage his health.
As far as I know, we had nothing else in common.

He died quite suddenly,
came into the hospital with a low blood pressure,

never adequately explained,

and died in less than 48 hours.
The precise cause of death remains unknown.
It always will.
It really didn't, doesn't matter.
I miss his visits
and those of his daughter.
She says in her final note to me,
"Your gentleness made his visits
to see you something to look forward to."

I felt the same way.

Others have already replaced him
in my office, in my care.
His ills, his face, fixed now in memory
and will begin to fade.
This is an end that is no beginning,

I'm afraid it will go on
happening for a long time.

Alan Cohen was a poet before beginning his career as a primary care physician, teacher and manager, and has been living a full and varied life. He has been writing poems for 60 years and is beginning now to share some of his discoveries. He's been married to Anita for 41 years, and they've been in Eugene, OR, these past 11.

ROBERT COOPERMAN

Roberto Clemente, in His Second Life

His stance was the understated grace
of a great racehorse in the starting gate:
his arm from right field, a cannon
accurate as the latest ordnance.

But it's the way he left this world
that's most memorable: trying to fly
food, clothing, tents and medicines
into earthquake-shattered Nicaragua,
rich men trampling anyone in the way
of their worthless escapes.
His plane went down, and Clemente
was voted into the Hall of Fame.
He'd have traded that honor to bring
desperate provisions to desperate survivors.

So in his next life, I see him as a doctor
for Médecins Sans Frontières, toiling
for the innocents caught by both crazed sides
in wars, natural disasters and plagues: victims
stalked as if by prides of hunting lions.

In that second life, he was never caught
by bullet or microbe, was revered as the saint
of battlefields and field hospitals,
his touch gentle as a father easing
a frightened child back to sleep.
And if anyone asked if he was the same
Roberto Clemente, who had led the league in
hitting four times, smiled and shrugged,

"That was my uncle, I was named for him,
I hope he'd be proud of me."

Robert Cooperman's latest collection is "The Ghosts and Bones of Troy" (Kelsay Books). Forthcoming from Finishing Line Press is the chapbook, "All Our Fare-Thee-Wells."

VIKI CRAIG

Be Still My Heart

This stranger
in my chest
settles in
at its own rate,
a bovine aortic valve,
actually made from the tissue of
a cow's stomach.
The nurse says my heart
is loud
and very regular now.
But when I had atrial fib,
it shook my body visibly
with its beats. And wildly
irregular they were,
like an earthquake
in your chest and rubble falling
everywhere.
The cure: both to replace
the valve and scar up
the atria of the heart
so that errant electrical impulses
cannot create chaos.
I forgot to ask the nurse
if my murmur is gone.
All my life, the murmur
is what doctors noticed first.
My heart has been mumbling at
me for years.

And finally, one day, it shouted.

A previous contributor, Dr. Craig is Professor Emerita of English and has written poetry for 50 years. She is no stranger to life-threatening diseases, using painting, writing and acting to deal with them. A former member and officer of the Oklahoma Humanities board, she knows the power of the arts and humanities to transform life.

ORMAN DAY

Face Blindness Blues

Sittin’ in the Denver airport, awaitin’ a connection.
A pretty gal stands before me with eyes of expectation.
She’s perplexed when I don’t rise, grab her in a hug.
Asked if I don’t know her, I twist my lips and shrug.
Probably wonderin’ if I’m playin’ a pathetic joke.
Or if my memory bank’s been erased by a stroke.
After she says her name, I feel a screw’s gone missin’.
How could I forget our pranks, all that playful kissin’?
Get home, search online, lookin’ for clues.
Since then, been singin’ the face blindness blues.

Ten years later at 74, skimmin’ medical lore.
Words like *fusiform*, *dorsal*, *ventral*, makin’ me snore.
Learnin’ about symptoms, I’ve got my share.
Remember a guy by the style of his hair.
Can’t imagine characters when readin’ a book.
Can’t describe in detail a friend’s individual look.
Had trouble navigatin’ alone in the Andes of Argentina,
afraid to wander stoned in Marrakesh’s mazy medina.
Might recognize you in California but not Nova Scotia.
That’s ‘cause I was born with congenital prosopagnosia.
Some folks are afflicted when their brain is bruised,
but all of us sing the same face blindness blues.

Wish I knew in my twenties what I’m knowin’ now.
Would’ve kept myself from blunderin’, wipin’ my brow.
Wouldn’t have turned red at raucous parties, humiliated,
introducin’ myself to gals I had previously dated.
Next to names and numbers, I should’ve added notes:
height, weight, voice, the curve of their throats.
Brad Pitt says sometimes he can’t “grasp a face.”
So people think he’s an egotistical disgrace.
Brad has ‘em too, so we duet the face blindness blues.

Though he's needle-phobic and nearly fainted while Christmas caroling with classmates at Los Angeles' county hospital, Orman Day spent several years directing public relations at three non-for-profit medical centers in Orange County, CA. After conducting a campaign that drew international coverage, Orman and his assistant were named recruiters of the year by the National Marrow Donor Program and addressed a thousand recruiters from around the world in Minneapolis.

ASHTEN DUNCAN

Ophidia in Herba: The Viral Pandemic

It is easy to disregard
a foe—the snake—you cannot see.
If it is not in your backyard,
then why, in caution, must you flee?

What is the chance the snake's venom
will lay claim to your faculties?

Even if envenomated,
does that mean soon intubated?

After careful searching,
we now catch a glimpse
of its ophidian features
giving us clues for tending to it.

This creature is not unlike other;
receiving its essence begets its powers.
Soon, a kinsman you will become,
even if its toxicity affects you not.

As in law: periculum in mora!

Whether it is the Virus
or another ill-fated indicant,
blissful denial can kill us.
Edict: unus pro omnibus.

The problem with this unmapped snake,
lurking briskly in the dense grass:
we know not if it's from the lake.
And how the beast will come to pass.

Ashten R. Duncan, M.P.H., C.P.H., is a fourth-year medical student at the University of Oklahoma-University of Tulsa School of Community Medicine. His research interests include hope theory, burnout in medical education, community-based psychosocial interventions and applied positive psychology. Passionate about creative writing and what it represents, he has written essays, op-eds, fiction and poems that have appeared in the following fora: “in-Training: Stories from Tomorrow's Physicians,” Hektoen International, Intervene Upstream, Blood and Thunder: Musings on the Art of Medicine, “The Practical Playbook II: Building Multisector Partnerships That Work,” Scientific American, Tulsa World, Journal of the Oklahoma State Medical Association, KevinMD.com, The Lived Experience column on in-Training.org and others.

KYLE FERGUSON

Purgatory

"There are no atheists in foxholes."
- Ernie Pyle

mortal fear
can be swabbed

and placed
into viral

            transport media

* * *
            while you

(and your chest demon) wait

shedding
sin in

self-quarantine

white-knuckling
your way to

God's final

            VERDICT: (-/+)

KYLE FERGUSON

Parker Brothers Goes Viral

I.

Col. Mustard's
otherwise ruddy
complexion waxed
sallow before it turned
a leaden pallor.

Intubated, inert,
his heart ticking
slower than
the beleaguered
clock over
the nurse's station.

Nothing stirs
in propofol sleep
but the cytokine storm
roiling inside
his faltered lungs.

II.

Professor Plum
self-quarantined
in the Study
after wrestling
the contaminated
candlestick out
of Col. Mustard's
murderous grip.

Heat waves rising
from his aching
core shimmer
like Houston asphalt
at the height of summer.

III.

Mrs. White
teeming with
virus furtively copied
a millionfold
in every sweaty
crevice of her
cockney existence.

The flight
to the frigid
Cellar offers
no reprieve.

IV.

Mrs. Peacock
holes herself up
in the dining room.
Her blue blood boils
as she sips
Amontillado sherry
to cool her nerves.

But the cure turns
out to be worse
than the disease
or so it goes.

V.

Mr. Green
cramped with pain
and anguish,
too woozy
to get up
from his barstool.

Fox News'
mendacious feeds
looping mercilessly

under his seething
MAGA hat brings
every vestige
of decency
to heel.

VI.

Where is
Miss Scarlett,
back from Wuhan?

Surely
the envelope labeled
confidential left
on her nightstand
has all
the answers.

* * *

PATIENT ZERO

committed
the crime in
the

    KITCHEN

with a lethal

    COVID

sandwich.

Kyle Ferguson is a psychologist working in tribal medicine on a reservation in Washington. He has published numerous works of nonfiction including journal articles, book chapters and five books. Among others, his poems appear in the magazines, Quills, The Delinquent, Chimera and Orbis. He has also published a smattering of short fiction.

ROBERT L. FERRIER

The Alzheimer's Photographer

Dawn opens a window
of opportunity, sun's rouge
singeing cumulus edges to
gold, birds flying and commas
scripting the page of day.

Urgency lurks, a shark in
reality's depth. How many
such days remain? Moments
captured before swimming
past, paint fading fast.

The photographer focuses,
fires, as if freezing moments
will still the loss of images,
the dark room of his mind
shrinking, walls closing in,
doors disappearing black.

How many sunrises remain?
He wastes no time rejecting
regret, an ill-framed shot
dispensed to trash.

Robert Ferrier is a retired University of Oklahoma research administrator living in Norman, OK. He received a Bachelor of Arts in journalism and a Masters of Business Administration from the University of Oklahoma. He has published novels at Amazon Kindle eBooks, Synergybooks, numerous poems and fiction craft articles. His photo, "Diagnosis in Stasis," was the cover of the Fall 2012 Blood and Thunder.

NICHOLAS FROUMIS

When Eye Talk

Orbicularis oculi has been patiently waiting for this moment,
along with trusty companions procerus and corrugator supercilii,
no longer overshadowed by that attention-craving orbicularis oris
and its numerous perioral muscular groupies.
That clamorous bunch now finds themselves hidden
behind all manner of colorful, woven barriers,
transmitting sounds and nothing more
during the patient intake and case history.

Communication was bound to change
when eyelids replace the lips
and palpebral apertures open and close like a mouth,
passing on the sentiments of shock, joy and fear
of those meticulously covered lower faces.

Forget only ruling out strabismus, ptosis and proptosis
when gross examination becomes an exercise in reading emotions
without the obvious clue of a smile or frown.
Even the familiar voices of long-standing patients
are lost in the muffled sounds emanating behind the mask.
The muscles of the brow engage in an intricate, well-rehearsed dance,
performing center stage while the curtain remains pulled
on those more frequently watched players of the seventh nerve troupe.

Beneath those active periocular muscles,
the deep brown irides stretch across the room,
extending like an arm no longer allowed to embrace,
searching for any means to express the humanity within.

Nicholas Froumis, O.D., practices optometry in the Bay Area. His writing has been nominated for the Pushcart Prize and has appeared in Gravel, Right Hand Pointing, Dime Show Review and Ground Fresh Thursday. He lives in San Jose, CA, with his wife, novelist Stacy Froumis, and their daughter.

MUKUND GNANADESIKAN

Failure to Thrive

Brittle collarbones,
delicate as bluebird's wing,
push to the surface
of drum-tight skin.

Droopy eyelids
threaten final closure,
nodding off
under thinning hair.

Cracked lips,
dry as desert homeland,
scarred from bleeding,
ask for a drink.

Many years it has been,
you craved in vain
something more fulfilling
than paltry remnants of a bread crust.

Mukund Gnanadesikan's poetry and short stories have been featured in Adelaide Literary Magazine, Ayaskala, The Bangalore Review, Calliope on the Web, The Cape Rock, Tuck Magazine, Junto Magazine, Meniscus Literary Journal and Dream Noir, among others. His first novel, "Errors of Omission," is due out in fall 2020 from Adelaide Books. He lives in Napa, CA, where he practices child and adolescent psychiatry.

HOWIE GOOD

Soul in Flight

The other day, I discovered a reference
to Duncan MacDougall, a physician

from Haverhill, Massachusetts, who,
in 1911, launched a celebrated attempt

to photograph the soul leaving the body,
but after a series of exacting experiments

involving some dozen terminally ill patients,
Dr. MacDougall was forced to concede

that “soul substance” becomes too agitated
at the moment of death to be photographed.

I don’t like having my picture taken either.

Howie Good, Ph.D., a journalism professor at State University of New York New Paltz, is the winner of the 2019 Grey Book Press Chapbook Competition for “What It Is and How to Use It,” the 2017 Lorien Poetry Prize from Thoughtcrime Press for “The Loser's Guide to Street Fighting” and the 2015 Press Americana Prize for Poetry for “Dangerous Acts Starring Unstable Elements.” He co-edits the journals UnLost and Unbroken.

JOHN GREY

Earwax

Someone lies sideways on the bed,
squeezes drops of liquid into his right ear
to loosen the wax that corks his hearing.

This is me in a moment that is not me,
at least not the one who writes the poems,
who hugs the woman, who travels to exotic places.

You would not wish to discuss Byzantine art
with this person or even the Red Sox infield.
He would not hear you anyhow.

And don't expect sympathy. Or insight.
Or a cup of coffee made in his new-fangled machine.
The medicine needs time to work.

Eventually, I will rise, syringe water into my canal,
watch the brown gook ride the waves into the basin,
give my auditory perception back to traffic noise and bird song.

But, for now, my bed is occupied by a stranger.
His tympanic membrane is blocked by excessive cerumen.
It's nobody you'd know, no condition you'd care to know about.

John Grey is an Australian poet and United States resident. Recently published in Soundings East, Dalhousie Review and Qwerty with work upcoming in West Trade Review, Willard & Maple and Connecticut River Review.

ELAINE M. GRIFFETH

Mother Appropriately Tearful

What was a miracle, now a curse,
this diagnosis brings the shadow of a hearse.
Hearts once intertwined suddenly ripped apart,
my space for him now surrounded by rampart.

I rehearse this role: wake up, fear, endure, don't cry, try to keep my baby alive.
Another day, ever the same – he turns blue, I don't know what to do.
Fear and worry are like bitter friends who keep constant company,
and we watch while yesterday is swallowed up by grief quietly.

Choked with empty words, I kiss him and they put him to sleep.
Look at him, helplessly laying there, as I look at myself, helplessly standing here.
Movement all around me, deliberate and not slowing down,
I don't want to say goodbye, but I don't belong.

Everything around us looks so white, so cold – this is not our home.
I hear constant beeping, background noise, conversations that have no meaning.
Powerless, I see the bandage over where they touched his heart,
a heart that only I was meant to see and hold.

Tubes connect him to a machine they say keeps him alive.
I watch as it takes part of him and gives something else back.
Days pass, hope falls empty, their eyes reveal the truth,
I can't hold his body hostage any longer.

I bring him close for the last time, no longer worried about all those lines.
Hold his vacant body, search for him in those eyes,
add one last painful image to memory,
remember them as the only proof of his life ever having been lived,
and died.

Beep, beep, slowing, now stopped, that background noise has disappeared.
The quiet suffocates me, forces me to accept the end of a vigil I never wanted but held dear.
In this unwilling transition from guardian to victim,
it’s finally appropriate to have a face stained with tears.

Elaine M. Griffeth, M.D., is a graduate of the University of Oklahoma College of Medicine and current resident in the joint general and cardiothoracic surgery residency program at Mayo Clinic in Rochester, MN. She is pursuing a career in congenital cardiac surgery. Her experiences as a medical student working with congenital cardiac patients and families at the University of Oklahoma Children's Hospital served as inspiration for this poem.

MARK G. HAMMERSCHICK

The Comb as Parting

Light hurts.
A shade is drawn,
and sighs forgive themselves.
Room still.
Electronic eyes monitor ebb and flow low
tide, high tide, no time, no time…Amid
garrulous waves of hope.
How her coal eyes once pierced
the future of this present past
along craggy Bavarian paths
south of the Königssee,
armed with leberwurst, rye bread und bier
in die alte Welt von mein Jugend.
Hair like charcoal smoke,
cheekbones firm, stubborn, defiant.

Luise wears a red dirndl and white blouse,
waiting for the train to Nuremburg,
hoping to steal a glance
when Franz boards at the next town.
Franz is the blond Aryan Adonis,
ein echte Mensch,
rippled and dappled musculature.
The train lurches forward again.
Nothing is said.
Small glances pierce.
Knowing words have not yet come,
this passing of a life not yet done.
Her comb falls
as every man scrambles to find it.
While Franz gingerly covers it
with his shoe,
knowing all, the unmoved mover.
Holding it, he exits the train
unaware of the gravity,
the impact, of this small drama
on the train to work.

He follows her,
hands sweating, holding that comb,
not knowing yet how holding it
held the life of so many to come.
Not knowing how a world war
would tear these families apart.
Not knowing hunger, tragedy, pain and hope.
Not knowing the move to a new life in America,
baseball, hot dogs, 57 Chevys and freedom,
subways and alleys, nickels and dimes,
Kennedy, Vietnam, disco and crime.
Not knowing about children and grandchildren,
houses and mortgages, cancer and death.

All he knew was to hold that comb
and with that holding, he parted a life.

She rests now.
Monitors monitor.
Dreams quietly get off the train.
He looks at her, his little Hasi,
and pulls that same comb out
of a worn, weary pocket
and gently lays it on her pillow.
It's time to go now they say, they say.
It's time, it's time.
But where did it go
and how did it go?

Mark writes poetry and fiction. He holds a Bachelor of Arts in English from the University of Illinois at Champaign-Urbana as well as a Bachelor of Science and Master of Business Administration. He is a lifelong resident of the Chicago area. His current work will be published in The Metaworker, Vext Magazine, Breadcrumbs Magazine, Lucky Jefferson and The Fictional Café.

JILLIAN SCHLECHT HARSHA

B

"Criss-cross applesauce, on the magic table."
A childish thought I had, the first time I saw you sitting
on the procedure room table, wondering if I would be able to
reach you in some way
as you waited for us to help you
be able to breathe easier for even one day.
I sat at the foot of your bed
and extended a handshake. "I am a medical student,
I will be holding your hand the whole time," I said.
Unsure, you placed your hand in mine,
but you gave me a small smile,
and I took it as a sign
that we would be bound by what happened in this room.

Although this was just a routine Pleur Evac placement,
I could feel what you felt: impending doom.
Your eyes said, "Not another procedure, I am done with this."
Your sparse, wispy hair and your skin and bones
said, "Where have I gone, in this cancer abyss?"
Yet as you laid down, I could tell it was tiring
for you to breathe through the fluid sitting on your lungs,
because of the tumors on them that seemed to be conspiring
to take the air from your lungs for good.
It was something you thought might happen,
but you prayed to God that it never would.
The table was set with doctors all around,
encouraging you that this would not hurt.

You covered your face and made a small whimpering sound.
Then, like a child looking to their mother for solace,
you turned to me and extended your hand.
I took your hand in mine, praying I could abolish
at least some of the fear running through your veins.
The doctors began the procedure,
and you cried out like a woman experiencing labor pains.
The minuscule lidocaine they gave you didn't numb
anything beneath the skin.
Tears ran down your face, buckets and then some.

But the thing that I remember the most
is how you gripped my hand so tightly
that my fingertips turned white as a ghost.

For a moment, within the throes of your pain,
I wondered if my fingers would be forever welded together.
I saw the blood running down your side, leaving a stain
on the magic table that was supposed to help you breathe.
I looked in your eyes, and rather than sink down into the pain with
you,
I decided to try and make you believe
that there was a life outside of this painful bed.
I asked you about your life, your dogs, your hobbies.
I can still hear every strained word you said.
You talked of your house, your husband, your son.
You talked about a vacation you were planning.
It began to feel like a friendship had begun.
And word by word, you breathed more freely.
We both smiled brightly,
and I could see that you really
were so much more than a woman with cancer.

And that, B, was the answer
to why I think we were brought together:
to show me that patients are more than their diseases
and that physicians were not just built for fair weather.
We are meant to bring you up
when you feel like sinking down into the horrors
of the affliction you have and that we should be there to pick up
the pieces with you and help you to understand
that there is a world outside of the hurt that you feel.
And my, is it grand!
With a tube in your chest leading to a small pot,
you summoned yourself to sit up
and with your remaining strength, which was not a lot,
you shuffled your way back to your hospital bed,
and I will always be struck by
the one phrase you said,
"I could not have done this without you."
I felt honored, knowing that I had eased some of your fears.
And when I got home, I cried buckets of tears.

Jillian Schlecht Harsha was born and raised in Oklahoma City. She completed her undergraduate degree at the University of Tulsa where she studied biology and dance, always attempting to keep her love for the arts fresh while pursuing her dream of becoming a physician. She graduated from the University of Oklahoma College of Medicine in May 2020 and stayed on at the University of Oklahoma as a general surgery resident.

R. STEVEN HEAPS

Mimes to the Rescue

"I didn't have anything with
Richard's voice on it, so
I put out a call to
his mime friends,"
says our dear friend Elki,
who lost her husband
to ALS two years ago.

Drenched in her grief,
as we sit today at the beach
near her home
on the Oregon Coast,
she misses the irony
of seeking these priceless
vocalizations from the
voluntarily voiceless
peers of her mate of 52 years.

Friends of ours for half a century,
this free-spirited atheist dyad,
one Jewish-raised,
the other Catholic-lapsed,
drank and partied and danced
to James Brown with us
through my grad school years
while Richard was my mentor.

He later wrote fiction,
took up juggling and mime,
and taught workshops
about simulation and gaming
inspired by the seminal
prisoners' dilemma game he
had introduced us to in class.

Shortly before Richard ended his life
rather than burden Elki and
himself with the final throes

of the vile affliction named
for a famed baseball player,
we traveled to their home
perched on the cliff above
three surf-pounded arches
to say goodbye.

On this final visit, he noted that
after retirement he had published
more papers on his
simulation and gaming work
than he had produced
on all other topics during
his academic career in
social psychology research.

In a clear, but waning, voice,
he outlined his plan
to have a raucous party
for his "Leaving."
The music, dancing, readings,
costumes and jokes to be
interrupted only briefly by
him drinking his final potion
in the privacy of a few loved ones.

When we last saw him,
a heavy blanket and gloves
battled to keep him warm as
he shrank away from the
robust 6'3" tennis-playing
master of
    the Frug,
        the Pony,
            the Hully Gully,
                the Mashed Potato.

As we walked away,
I choked back tears
(well, sort of) and
told him that though
he wanted everyone *only*

to celebrate his life
and not to be sad,
I would disappoint him because
he was important to me and
I would be very sad to lose him.
He smiled,
"I know; it's OK."

What remained of his health
soon crumbled so quickly
that he chose to exit
prior to his planned celebration
out of fear that he would become
physically incapable of raising
the terminal cup to his lips without
assistance, a requirement of the
Oregon Assisted Suicide Law.

To the end, this tireless advocate
for peace and the environment
continued to develop
a new simulation game
to prod people to think about
the choices we make about our
use of the Earth's resources.

"Steve, I wish I had more time to
complete this game, but I am willing
it to a group of gaming friends
who have agreed to finish it."

As much as anything about him,
I will remember Richard's
cackling laughter, which,
along with a pair of
absurdly baggy socks,
ensnared the heart
of his bride in that
Los Angeles State College cafeteria.

If I could point out to him
that it was from
the mime community
that Elki solicited
recordings of his voice,
I know I'd hear that cackle
one more time; in fact,
I think I do.

R. STEVEN HEAPS

Three Tall, Thin Men

Three tall, thin men
stride down
the Centennial Trail,
youthful words trailing
graying heads
through the air
above a swirl
in the surging
Spokane River.

Seasoned by
a collective century
of long-distance running
on road and track,
through park and trail
and field and hill,
each has completed
a hundred-mile
mountain ultramarathon;
each has cracked
the magic three-hour
barrier
for the 26.2 miles
of the marathon.

Decades of jokes,
of pranks, of raunchy
banter have interwoven
with strands of the silence
of shared pain
and contemplation
with threads of disagreement
and debate and
the gift of sturdy support.

Shared miles of movement
have crafted a vessel
of safety in which

tongues in even
the most closed mouths
loosen.
Each of this trio
knows things about
these friends shared with
few, if any, others.

That's a good thing
for men.

Each of these
three tall, thin men
brings to the morning
the experience
of life-threatening illness;
together they carry
down the path
two intact prostates,
a pair of repaired hearts,
five kidneys
and a few (or more)
cancer cells
still lurking
in bone marrow
and prostate beds.

Today, these
three tall, thin men
carry a determination
to keep moving,
this morning's
pedestrian pace
a temporary lull
occasioned by injury,
by surgery,
by sensible caution missing
in their younger years.

They'll be back
running soon;
slowly, yes,

but running,
buoyed, though saddened,
by the knowledge
that most of their peers
have ceased to run,
cheered by the fact that
they can and will continue.

R. STEVEN HEAPS

The Perfect Wife

When they courted at 20,
her voice was his symphony;
he'd phone before bed just
to hear her whisper, "Good night."

In his 30s, he sniggered at Howie's
    Ode to the Ideal Woman:
        "Firm Fanny,
            Giant Jugs,
                Lingering Laryngitis."

At 40, he prayed for the Mute Female:
"Lord, if given a choice,
I'll opt for a babe with no voice."

In his 50s, his hearty "Here! Here!"
affirmed Phil's barroom brag that
he hadn't heard a syllable of
Audrey's yapping since
Reagan left office.

Through their 60s, he
cranked the TV volume
to drown her words.

On her 73rd birthday, he
rushed her to the hospital;
the CT scan read,
"cerebral hemorrhage, left hemisphere."

R. Steven Heaps, Ph. D., retired psychologist and author of "The Rancid Walnut: An Ultrarunning Psychologist's Journey with Prostate Cancer" (steveheaps@comcast.net), has used writing to deal with prostate cancer, heart surgery, herpes zoster+post-herpetic neuralgia and LIFE. His poems have appeared in Blood and Thunder: Musings on the Art of Medicine, SpokeWrite, the Electric Encyclopedia of Experimental Literature of the NewerYork Press, Ars Medica, Uncensored, The Human Touch and Funny in 500. In addition to private practice, he taught at Gonzaga University and the University of Manitoba. He now runs, hikes, reads, writes, fishes, hunts pheasants and spends time with family and friends.

LINZI JIANG

Five Days Old

You were five days old
when I met you.
You were sleeping
with your peaceful face,
your hair barely thicker than
fuzz on a peach.
Your fists tucked near your chin:
orthodox or southpaw?
I could not tell.
Your dainty legs,
crossed at the ankles,
right over left,
ready to meditate at any moment.

You were still sleeping, it seems,
when you greeted me
like the waving maneki-neko cat
figurine
you see in stereotypical Chinatown.
“She has been doing that all
morning,”
said the nurse,
“Gave her another load to suppress
it.”
“Myoclonus,” I remembered.
I saw this word in your chart
amongst other words such as
“preterm,
polyhydramnios,
arthrogryposis (had to Google this
one),
club feet (a misnomer — should be
rocker bottom feet),
as-yet unknown genetic etiology.”

Your chart also mentioned (briefly)
your parents.
They are young, early twenties,
no known history of genetic disorders.
And here I started speculating,
who could they be?
Are they well-to-do college graduates,
keen on having their first child together?
Are they high school dropouts,
lost in life and high on drugs?
Are they an average Joe and Jane,
unsure of themselves at twenty-something (as I
once was),
But ready to take child-rearing in stride?
Why does it matter?
I thought,
judging my own judgment.

The next few days I visited you
every morning.
Pre-rounding,
as we in healthcare call it.
Every day,
the same neurological exam,
the same peaceful face,
unbothered by my inexperienced fingers
eliciting reflexes (trying to at least),
"Where do I tap?"
Gauging sensation,
"What is the normal response?"
Evaluating hypertonicity,
"But she has contractures?"
When I shined a light in your eyes,
"Just checking for pupillary response,"
you shined yours back.
A radiant soul.

One afternoon,
our whole team was in your room.
Your parents were there too, and they were tall!
Not Joe nor Jane,
more like *Paul and Lucette.

My eyes wandered over to the
crafted placard
hanging above your hospital crib.
Your name, in stylized letters,
your footprints, framed with glitter.
As the attending physician's voice creeped
back into my ear
(my cue to pay attention),
I glanced at
your mother,
cradling you in her arms.
She looked like
any other mother,
cradling her babe in her arms.
And your father,
standing behind your mother,
looked like
any other father,
supporting his wife and newborn,
looking a bit lost (how endearing),
eagerly listening to the words of the attending.

A normal family!

**The folk hero, Paul Bunyan, and his wife Lucette Diana Kensack.*

Dr. Jiang is a family medicine resident physician at the University of South Florida Morsani College of Medicine in Tampa, FL. She is interested in integrative and sports medicine. In her free time, she enjoys exploring the world with her significant other, Shaan. She also likes to practice yoga and meditation, spend time in nature and try new cuisines.

PHILIP C. KOLIN

Sheltering

These are the saints of the corona scourge:
doctors, nurses, respiratory therapists, EMTs,
who shelter their patients from low oxygen,
rales and rattles, life's final exhaling.

Pieta-like, they embrace the poor
and rejected, those hidden behind blood
splotched curtains, quarantined from family.
They defy the safe limits of touch

to hold the hands of the dying and give them
the consolation of togetherness. They break
words with them for a last communion and
bring the Balm of Gilead into the ICU. They try to
stop the tolling, the incessant tolling of lives lost.

Their rewards are scored in the rousing orchestra
of applause, the flutes, trumpets and hurrahs hurled
from the city's balconies, seventy times seven feet above
as these saints bless the sick and dying with tears.

Philip C. Kolin, the Distinguished Professor of English (Emeritus) and Editor Emeritus of the Southern Quarterly at the University of Southern Mississippi, has published over 40 books including ten collections of poetry, among the most recent are “Reaching Forever: Poems” (Poiema Series of Cascade Books, 2019) and “Delta Tears: Poems” (Main Street Rag Publishing, 2021). He has also published a technical-business writing textbook, “Successful Writing at Work,” now in its 11th edition with Cengage Publishing.

CALLAN LATHAM

Neuro

Mind, taken to pieces. Consciousness
looks different set out on a tray.
Gray matter, where the biggest part of you

lives. Numb under bone, the grooves of every day
sulk under the preservation of a clot. The nucleus of

teeth reaches into back of skull and unwinds purpose,
clearly there but all the same, difficult to dissect.
Origins separated, divided at the stem—

from now on, you are a specimen. Humanity
whole. Sliced into twos or threes. A reflection,
transverse in the eyes of man.

Callan Latham attends the University of Iowa. Her work has been published in places such as Electric Moon Magazine, Leopardskin & Limes and The Knight's Library Magazine. She is the author of the chapbook, "Blue Salt" (Iowa Chapbook Prize 2020), and is currently a writing editor at Fools Magazine.

J. DAVID LISS

Final Look

Relieved of that burden of hair
that weighed down your head.
Relieved of that unhealed skin,
the punctured fence between you and everything else,
gone now the tubes that let you flow
into the world and gave the world entrance
to your heart, to your center, to the ruined blood
that touched each part of you, inside and out.
Relieved of that weight of hair
and the need to eat our sodden food,
you ran to catch the dog you used to love
so quickly, as if life were measured in minutes
of love that explode and briefly
fill the air with light.

J. DAVID LISS

What I Own, What I Don't Own

I own the bottles of Ensure
my son did not have time to drink.
I do not own the Yankee game
we could not see.

I have the opiates that helped
him just a little.
I did not keep
a lock of his hair
that fell like ash
from a spent and blackened tree.

I own abstractions and things
as solid as a granite stone.
I own the mutt
who stayed with you
on the lonely Island of Sick.
I own the vows I broke
and every debt they lay on me.

I own my house.
I do not own your room inside my house,
your empty room.

In 1984, J. David Liss received a Master of Fine Arts from Brooklyn College. Trained in writing and inclined to politics, he became a speechwriter, then a lobbyist. Liss has worked in corporate, academic and health care centers and all his work has been touched by literature (he likes to think). His work has been published in numerous journals.

RACHEL MALLALIEU

The Words Were Always There

You wish to recklessly summon your words
after not touching us for ten or more years
and expect us to be present, malleable, to
shape your pain and
maybe, if you are lucky,
        to rewrite the story
        of the day he drowned.

We were there that day at work
when you were nine months pregnant
and weary, the shift was almost over and
a woman looked you in the eye and said,
“Please, please don’t let me die.”
And then you did,
despite the medicines you
ordered and the compressions you gave.
Her daughter was outside the
room and you could hear her crying.
You told her that you were
so sorry and had done all that you could.
She thanked you and hugged you and
her tears wet your shirt and although you were gentle,
you were not really sad, but when you went home and
took a shower, you thought you saw
a stretch mark and this
make believe stretch mark
made you cry real tears,
the kind that course down your face.
Such irreverence gave you pause, so
we lingered, but you were tired
and instead made a cup of tea.

We were there when the patient in room 34
looked over your left shoulder,
his eyes wide and wild as he gasped,
“No, no, no please no” and covered his face
with one hand and tried to push something
away with the other, then his heart stopped and though

you tried everything, you couldn't start it again. His eyes
wouldn't close and his mouth
stayed rigid and fearful.
You couldn't reach a family member so
you just left him alone on the gurney
until the coroner came.
We wanted to help you
tell his story, but you needed to make
dinner and put the kids to bed.

We were there when the old man came in air hungry and
screaming, when you did the right thing and convinced his
daughter to let him die comfortably.
You were kind and put your hand on her arm
and ordered his morphine,
then you went outside the room and sat in front of a
computer and because you had an extra minute,
you shopped for gold shoes.
You looked up to see a chaplain about to
enter the room where the man lay dying
and noticed the way she first took a deep breath, closed her
eyes and squared her shoulders,
like it was difficult to enter a room
where someone was dying.
This was surprising and made you
briefly ponder why you did not feel
troubled in that room
so we waited for you to plumb your heart,
but the holidays were coming and
you needed gold shoes.

We were there, hovering closely, when your boss,
your friend, began to wither, his cheekbones deadly sharp,
his teeth long and large in his mouth.
You went to tell him goodbye and felt his heartbeat
against yours, even worse
you could smell he was dying, so you
bargained for his life with an unnamed
and unfaced power, begging this god to take any number
of your patients who really deserved
to die so much more, but instead he took
your friend. And as you and your colleagues

spoke after his protracted death, you thought of
elephants and the way they caress the
bones of their loved ones
gone; we thought maybe you
would finally let us do our work,
but you were busy with four sons
who wouldn't sit still.

So, we waited, muted by the clang and
blips of alarms, buried beneath the stench of
vomit and unwashed bodies,
quieted by the mouths of hungry babies and
unending laundry and
the house to clean,
but then you came back
running as fast as you could.
        So yes,

we were there when your husband pulled your fourth son
out of the pool, when he found your boy
with the ocean eyes facedown and blue.
We watched you feel
                for a pulse and feeling no pulse, start to push
                his cold, springy chest and we felt you place your
                lips over his lips and blow into his lungs
and suddenly, we knew that this time
we would decipher your grief,
you would mold us,
and rewrite the story
        again and again.

We are here.

Rachel Mallalieu, D.O., is an emergency medicine physician and mother of five. She writes poetry in her spare time. Her work has been published or is upcoming in Blood and Thunder, Haunted Waters Press, Ricochet Journal, Pulse, Love's Executive Order, Rattle and Nelle.

ROBERT MANCHESTER

July 3, -PM

Sometimes there is enjoyment in meeting
a new person, like a personable Smith graduate
with a penchant for ballet. The other side of that
pleasure, however, is the circumstance of meeting.
From Smith to med school to now a fellow
at a teaching hospital assisting my oncologist,
today she tells me the results of my recent tests.

Driving home digesting that news, the next steps and
choices I have, I am also thinking about a poem
I want to write about Kate Spade and Anthony Bourdain.
A friend who spent several years as a counselor
on a suicide prevention line had never heard of either,
but thinks that suicide is a selfish act.

Oblivious to holiday traffic, a deer grazes in the median,
unaware of the risks he took to get there and his bad decision.
When he consumes or tires of what brought him there,
he'll face some difficult choices to get back to the woods. I
am sad for him. The options are tough, none are good.

Aging New Hampshire poet published here and there over the years. Member of John Hay Poetry Society, Newbury, NH, and Poetry Society.

CATHY MILLER

Pain Jinn

a staunch night   owl my strange bedfellow
spends yet another night pinching
and poking me incessantly
while I toss and turn   capricious
he feigns sleep while mounting
sneak attacks   thrusts and parries
against my left leg and foot until
beleaguered—
I contemplate his exodus while
he no doubt counts coup like a chief

I believe my pain Jinn (chronic regional)
hitched a ride post-surgery
on the tip of my crutch and so together
we began the rounds for absolution
Good luck to you Mayo Clinic said
firmly shutting their door
We wish you the best smiled
Duke Medical Center when I fell prostrate
on its linoleum while my Jinn
refused their offers of opioid cocktails
cognitive therapy and exorcism
he just laughed waving in delight from
the cover of darkness in my purse

and so this day   as is his wont
his hissy fits emanate at peak
until early dawn grants us peace—
now both sullen and sulky
we sit in the kitchen   waiting
for our morning coffee to brew

Cathy Miller writes from the plains of Oklahoma and is editor of Happy Dance Press—publishing memoir, poetry and novels. Her most recent poetry and short stories have been published in New Chimera Anthology, Pegasus, Chaparral Poetry Forum, Bull Buffalo and Indian Paintbrush Anthology and Oklahoma Today magazine. Originally from the Carolinas, her writing often reflects her love of the low country and its character.

MICHAEL OBEL-OMIA

Aphasia

"Who's there?"
"Nay, answer me; stand yourself, and unfold yourself!"
Or, this: "stand yourself, and unfold yourself?"
I think I have it right: "Nay, answer me; stand and unfold yourself!"
I think.
These words from Shakespeare were clear as light before.
Now they are all around me, fumbling, bumbling, stumbling, tumbling,
all through this work.
"I'm drowning here!"
All the words feel like they pull me down, down, down, and I'm full of
mud, and all of my mind, speaking, and all the mud, slush through my
field, mud, mud, mud: slow, slowly, like slow, dilly dallying, slow, mud,
in a muck, ooze my words:
"I'm drowning here, I really am!"
Okay, let's start with words: but, how will I use only the write, or
right—is that right, or write, or correct—or is Orville Wright, 1903: is
it correct, I think, I don't know?
Words, words, words.
Lead, lead, wind, wind, bass, bass,
are these the words I'm looking for?
"May I please have, tomorrow?"
I asked in the hospital.
No answers, they didn't understand.
Sigh.
Sow, sow, bear, bare, censor, censure, conscious, conscience, jibe,
gibe, hail, hale,
allusion, illusion, witch, which:
words still do not make sense:
maddening, because they used to be mine.
Words, words, words.
One question, many questions,
words, words, words, patience, listen, reboot.
Does this make sense or cents?

Michael Obel-Omia is a writer, speaker, educator and stroke survivor with aphasia. As a part of his recovery, he writes every day. Poetry allows him to express himself in a way that conversation cannot.

SADAF QURESHI

The Explorers

Ten blue hands set themselves to
work. They open you up,
like tinkers, like tailors.

Man-hands laced through baby
scissors slice gallantly into spider web
sheaths. A square of fabric flaps back,
like builders, like bakers.

Lady-hands hug tightly
the necks of hammers.
They hit the head to the metal. Powder
puddles, bones break.

They search for the secrets
in the branches of that bundle.
But its roots cling,
oh-so faithfully,
to the pit of your arm.

They mine for the mysteries
that crouch in the cave of that loyal
shield that guards your shoulder
from behind.
It refuses to yield.

They touch your deepest deep.
Slippery fingers on slippery parts. They
try to put you together,
by pulling you apart.

But nothing is
as the map shows it to be.

Sadaf Qureshi is a second-year hematology-oncology fellow training at Rutgers Robert Wood Johnson Hospital in New Jersey.

KEITH 'DOC' RAYMOND

Nineteen Crowns

she adored creatures she could roll on their backs,
pet their bellies until they fell asleep: horny toads, hedgehogs
and husbands;
she could teach anyone how to love, it was her way, the
gentleness in her hands,
she'd come early to the clinic to pick me up and watch me
with the kids.

no doubt, she could dry their tears better than I.
I had only fifteen minutes each, but she had a lifetime, holding
them in her hug, rinsing away surprises, even their parents were
thunderstruck, especially those of the special ones,
until one of them rubbed their nose in her anorak.

"it's just a cold," she promised, coughed, sniffled, grabbed her chest,
the fever brought her down, we slept separately after that.
"no hospitals, please," she begged,
after that, she didn't pick me up; I took the train home, walked in the
dread,
her skin already cold, the bed, like her, unmade.

in the waiting room they whispered, "his wife" and "corona nineteen,"
some rose and left, my grief measured in the gaps in my
schedule,
places to hide in, cry in, until the gaps became my day,
and masked men gave me a "sabbatical" like *I* was the criminal!

the streets mirror my heart, drained of life, birds forgot how to sing,
bats screech in the twilight, hoarding insects like people in stores
over bread.
I am depraved, sitting on a park bench in the middle of the
day,
folks stare at the broken-down thing I have become.

a fortnight of isolation passed and I am invited back, deemed worthy...
"where's the nice Lady?" Keely asked, my smile brimming tears,
"she is a queen now," I muster, "crowned by the nineteenth emperor
of Wuhan."

“Wow! I knew she was too good for us.”
    and Keely is right; because I just want to roll on my back
    and be petted asleep,
                    one more time.

Dr. Raymond is a family and emergency physician who has practiced in eight countries in four languages. Currently living in Austria with his wife. When not volunteering his practice skills, he is writing or lecturing. He has multiple medical citations, along with publications in Flash Fiction Magazine, The Grief Diaries, The Examined Life Journal, The Satirist, Chicago Literati, Blood Moon Rising, Frontier Tales Magazine and in the Sci Fi anthologies “Sanctuary” and “Alien Dimensions,” among others.

BRIAN REYBURN

A Villanelle to Medicine

Heal the humble. Heal the vain.
Heal with honor all others who
walk these halls like Hamlet the Dane

(that hallowed ghost who heralds pain)
and know not what we doctors do.
Heal the humble. Heal the vain.

And heal the stoic and the almost sane.
The aneurysed and the feigning flu
walk these halls like Hamlet the Dane.

As doctors, we must know the vane's
direction before the weather is due.
Heal the humble. Heal the pain.

With the eyes of Abel and the touch of Cane,
an illness wears a silent shoe
and walks these halls like Hamlet the Dane.

So call it by its Latin name
and scare the illness into rue.
Oh, heal the humble. Heal the vain.
We all walk these halls like Hamlet the Dane.

Brian Reyburn is an American writer of fiction, non-fiction and poetry. He has a Bachelor of Arts in art history from University of Pittsburgh. His work is forthcoming in SOFTBLOW Poetry Journal. Currently, he is working on his debut novel at his home in Pittsburgh in the company of two exuberant kittens.

JENNA RINDO

Micro Morning, Under Crescent Moon

Only the nursing mothers feel
fine at four in the morning. Solid flesh
let down to liquid. The puffy slits
of his eyes glow incandescent with
bliss. Tiny translucent milk pimples bloom
along the bridge of his nose. He latches on and
we form a closed circuit. His half-sister,
his full-brother, my ten-week gestation, gender
unknown, lost long ago, have all left a trace. The cells traffic
back and forth across each placenta, some are lost
in the spill of amniotic broth. Genetic increments mix
in the meeting of our blood, typed and crossmatched.
His newborn lips blister around me as he swallows
the first flow of moon-colored milk.

– **Microchimerism** is the presence of a small number of cells that originate from another individual and are therefore genetically distinct from the cells of the host individual.

Jenna Rindo lives with her husband in rural Wisconsin where they raised five children on five acres. She graduated with a Bachelor of Science in nursing from Medical College of Virginia and worked for years in hospitals in Virginia, Florida and Wisconsin. She now teaches English to Hmong, Spanish, Vietnamese and Kurdish students. Her poems and essays have been published in the American Journal of Nursing, Ars Medica, Chest, Calyx, Natural Bridge, Tampa Review and other journals.

DAVID A. ROLLINS

Rounds

A blood count beseeches my wildest ruminations,
into the abyss of ailment and white linen I fall.
I'm awoken abruptly,
inundated by solitary crowdedness,
a sea of muted faces and the switch of a fluorescent light.
Hear my ontology and know the rooted history,
my body a faulty compass of diagnostic magnetism. Permeate
and alter my ethereal reality; I pine for more! Ten feet shuffle
absently towards the next room;
leaving me covered in a visceral viscous,
"discharge today," you say.

David is a fourth-year medical student at the Mayo Clinic Alix School of Medicine in Minnesota. He enjoys writing narratives and poetry inspired through the relation of his experiences to patient stories.

JOEL SAVISHINSKY

Catherine Near the End

You told me you had worked for a year at the Grand Canyon,
that its dimensions matched your love of human eccentricity
and nature's humor, how they fed your faith that except in sleep,
life goes either up or down. Down now near the end of your last
descent, you had trust in death, in its unfathomable depth, not
in some faux sentimentalist's image of rebirth or resurrection.
Hands-on healer, you knew the body far better than most,
insisted you were not surprised to be betrayed by your own.

You told me one version of your story on the small back porch,
looking through the screen of lilacs guarding the latticed windows.
In collaboration, at your request, we were writing your obituary.
Where the tongue-and-groove floorboards beneath our shoes
had shrugged off most of their old paint, the exposed joints
argued that while any of life's lessons could easily be pulled apart,
they were still worth listening to for having been lived. You even
digressed, telling me how to get out of bed with my injured back.

A decade before, I had dutifully put down on paper the bones
of a late colleague's career for a newspaper, but had never sat
with a patient-friend like you as subject, tried to make of her life,
your life, a prose-poem, or hear the kind of relish you took
applying sharp consonants to the co-workers you'd teased
for being "from East Bumblefuck," or your father's distant kin,
whose speech made them seem "dumb as a box of rocks."

The cancerous tissue of memory had still not claimed the clarity
of the mesas you had walked, the lovers once stroked with words,
soft as pillows, or your hard-edged dreams lined with road signs
pointing to where we sat. You would never live to know 48, but
through the morphine fog you could still shrug, sneer and
smile at all the other years and their harvest of judgments.
Your mother never visited again after that one weekend in
early fall, and as the late night of life stretched out its shadows,
the Colorado's rapids roared their anger in your ears.

JOEL SAVISHINSKY

Charlie 1. Charlie 2.

He was dead, floating face-up. It was true
that goldfish did not live long, but this was,
for Helena, one death too many too soon.
When she became a resident at Maple Manor,
the home that would never be a home, she was
grateful for the daily indignities – having to shower
under supervision, the noisy meals, an occasional
enema, the blessing of renewed regularity.
But she lost three roommates in less than
two and a half years. Congestive heart failure.
A stroke. Cancer. The first one loved to gossip,
carved the dull, still air with her morning greeting,
said her goodnights with sincerity. The woman
who replaced her had lost much of her speech
but muttered throaty approvals to Helena's stories.
The last in line listened to those tales at first with
animation, asking questions, adding her own
anecdotes of family triumphs and tribulations,
until the metastases took their toll after six months.

When the volunteer from the pet program heard
Helena's account of repeated loss, he offered her
a small tank with one fish, putting this on a little table
placed at a height from which she could feed and
watch it swim from her wheelchair. Helena told her aide
how she'd named him Charlie after her late husband.
They're a lot like one another, she explained. Both like
being in the water. Neither says much. But they listen well.

Charlie: he lasted longer than the others in her room,
almost nine months. When she woke up one morning,
there was the small white lozenge of his right underside
glistening in window light. Do fish sleep, she had asked
herself. On their backs? She knew what she did not want
to know, rang for help so that someone else could pronounce
the truth of it. "I'm so sorry," said her aide, "You really enjoyed
one another." "Yes," offered Helena, "though I know it must
sound crazy, having him here was a little like having

my husband back with me. And now he's dead…again.
Just like the first time. Charlie 1. Charlie 2. I think
I must have talked them both to death."

Joel Savishinsky is an anthropologist and gerontologist whose research and teaching have been done in the United States, England, the Caribbean, India and the Canadian Arctic. His books include "The Trail of the Hare: Environment and Stress in a Sub-Arctic Community," "The Ends of Time: Life and Work in A Nursing Home" and "Breaking the Watch: The Meanings of Retirement in America." The latter two each won the Gerontological Society of America's book of the year prize. Among the places his poetry and non-fiction have appeared include: The American Journal of Gastroenterology, The Avocet, Blood and Thunder, Cirque, From Whispers to Roars, The New York Times, The Pharos, Raw Art Review, Xanadu and Windfall. He lives in Seattle, helping raise five grandchildren and the climate of opinion about social justice.

ELLEN HIRNING SCHMIDT

Goodbye, Sweet Breasts

Goodbye, sweet breasts,
we've been long together,
but now we must part,
forever and ever.

For half a cent'ry
we've ne'er been apart,
you gently cradling,
flanking my heart.

With you on each side,
we've traveled the earth
and suckled two babies
after giving them birth.

Ten years or eleven,
you gave them sustenance,
their sweet little fingers
patting softly my bustenance.

You've been quite alluring,
not always discreet,
fetching whistles and eyes
as we walked down the street.

Erotic and lovely
and ample in sizes,
each D cup with melons
you've been quite the prizes.

Providing a pillow,
you're soft and so gentle,
when friends needed crying,
when they're feeling 'mental.'

And rocked I have been
and rocked I have done
with such ample bosoms

feeling as one.

And for one another
we have always cared,
but now one’s invaded
and can’t be repaired.

We’re parting – it’s time –
sadly, one is now sick,
the other in sympathy
will go as side-kick.

We’ll feel some pain -
it can’t be denied.
On such true friends
we have so long relied.

But onward life goes!
We must make adjustments.
And look to the positive
in the absence of bustaments.

Without such a load
to schlep all around,
my back might be pleased
not pulled to the ground.

And now parts of me
I never could sample
will appear for the first time -
my ribs, for example.

Perhaps for each meal
I will now eat at last
not spilling each forkful
splatt’ring blouse with repast.

No longer will I
worry ‘bout you each year,
squeezed tightly by mammos
not knowing, with fear.

Those little bastards
who've hung out in your tits
will soon be evicted,
shattered to bits.

And then walking forward
you'll no longer precede me,
but I'll never forget you
and how I did love thee.

Together we've been
always sharing good memories.
Never parted, not once
from each of my mamm'ries. (you saw that one coming)

Half cent'ry together
awake and in bed,
now I'll go on without you
for decades ahead.

To thank you for everything
seems awfully inadequate,
when parting from those
who have shared so much intimate.

The ultimate sacrifice
you're going to make.
To keep me alive,
you'll die for my sake!

On life must go,
goodbye to each breast.
I'll never forget you;
you've been the best!

ELLEN HIRNING SCHMIDT

A Good Day in Cancerland

I do not like this cancer shit.
I do not like it-not one bit!

It's heart's desire just grows and GROWS.
And that is something that-well, blows!

Yet sometimes in the thorny thicket,
good news comes that's just the ticket!

A body scan of CAT and bone
leaves me a tremb'ling, frightened crone.

Aha! The phone call comes at last:
I bite my nails—phone tightly clasped,

"Congrats!" says nursey. "You are clean.
We will not need to slice your spleen."

I don't have cancer in my toes.
I don't have cancer in my nose.

Not in my lung or in my liver.
Today, I need not quake and shiver.

I need not moan and croon the blues,
I celebrate the day's great news!

(with gratitude to the marvelous Dr. Seuss)

ELLEN HIRNING SCHMIDT

Everything

Before the baby descends or does not descend
Before the car trip to the hospital is performed safely or not safely
Before the doctor is assigned that shift or is on vacation
Before climbing the stairs, slowly and heavily, and slipping or not slipping
Before the drugs are given or the drugs are not given
Before the first cry
Everything is possible.

Before they find or don’t find the area of concern
Before it is hidden or not hidden in the dense tissue
Before they take or don’t take a biopsy
Before it is diagnosed as dangerous or diagnosed as not dangerous
Before they decide to perform or not to perform surgery
Before the tissue goes or doesn’t go to the pathology lab
Everything is possible.

Before leaving home for that short drive
Before the man pulls out of his driveway and looks or doesn’t look
Before the airbag deploys or does not deploy at 200 mph
Before the first surgery
Before the second surgery
Before the third surgery

Before knowing or not knowing if everything will be okay again,
Everything is possible.

ELLEN HIRNING SCHMIDT

Where Are My Tonsils?

Where are my tonsils?
The mole on my four-year-old toe they said might turn against me?
Lenses that gave my world view a yellow sheen?
Also, the two breasts silently sick unbeknownst to me?
I have wondered occasionally about the trajectory of all these old friends,
after they left me, after I agreed to their disappearance,
I imagined the labs and bins where they landed.
Departed now, they're not really missed in their absence,
but I do wonder.
In 1928, my mother's lab partner asked, as they carved their cadaver,
"When will we find the soul?"
Everyone laughed, except the woman who had asked.
Did she ever get her answer?
What will be seen and unseen in my cadaver?
And yours?

Poet's note: *With later stage breast cancer, my writing style morphed without my realizing it. Tight meter, nursery rhyme form and tonic humor apparently provided me with a soothing, safe container and a sense of control in a situation that often felt out of control.*

Ellen Hirning Schmidt won the 2019 Helen Kay Poetry Chapbook Prize for "Oh, say did you know," published in 2020 by Evening Street Press which awarded the prize. Though she has written poems most of her life, she first began sharing her poems publicly when she turned 70. Less than two years later, her poems appeared in Passager Poetry Contest Issue, The Avocet, Poetry Quarterly, Caesura, Connecticut River Review and The Healing Muse. www.WritingRoomWorkshops.com

ROSE SMITH

Sending Flowers

Today they lower Little Chui
into the ground forever,
a body ravaged by Staph infection, surgery,
a coroner's Y of precise invasion.
I think of his grimaced first photo:
little man angry at a light and cold
that pulled him from his endless swim
into its harsh space, constant question
in his eyebrows, a laugh much larger
than his eight-month-old diaphragm
should ever have been able to emit.

I pull him close in digital remembrances,
gleaned from his proud mama's bytes and bits,
paper my desk with his face, strain
to recall how this whisper of a man felt
in my arms, within my grasp, in every message
sent while he still breathed, and think—
this is how a Friday can take back
both curse and blessing, growth, inflection,
advance and retreat. This is how a life goes
wildly off its track without a sign, bleeds out
on table from a tool's slight slip.

I dial a stranger's number, stress
how beautiful and green this life I send must be;
yet what later blooms is blood rich red. What pours
is silent as Chui's cries. What gleams is as wicked
as a calendar's sharp, square truths—
that day goes on, ending or beginning,
that life breathes in like Spring,
fills itself with color unpredictable,
then wanes into the longest season,
dry, distorted, crumbling
long after all around it
has gone cold.

ROSE SMITH

Serous[1] Wives Tales

Frankie smiles from her bed on six,
that same wide mouth at work
in spite of cheeks devoid of so much flesh.
She is a distant memory of that senior picture
kept on Grandmother's mantle for years,
when the cousins walk in, caregiver bold
and full of questions—how large,
how long and when did we find out.
Answers all conjecture.
None of us know how it sneaked in
under the radar of a long health kick
that peeled off pounds she'd gained over
a lifetime.

We'd thought it her new strange palate—
raw vegetables, black beans, just a little cabbage,
small pieces of fish—whatever took a while to chew.
Or her faithfulness on treadmill inclines.
We did not sense secrets
hidden beneath loose-fitting preference
and movements cold-honey slow she blamed on
aching knees. Serous carcinoma.
The cousins warned us gently how it takes.
Their stoic faces full of stories, having seen over and over
how it pulls at life like an umbilical, fools the body
almost as if what's growing is new life,
how we should count how many
limbs the tumor had, how fetus-like,
how they've even been known to contain teeth.

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[1] serous carcinoma – a less common form of uterine cancer that typically presents with several nipple-shaped structures on the surface, each having a fibrous core.

ROSE SMITH

Controller

She cringes away from your feint
of great devotion each time
you bend to kiss her
smooth, gaunt cheek,
her hairless head,
as with one breath
you proclaim love
and with another level blame,
as though by choice she
let the tumor grow,
let it steal her from us,
let it take from you
her devoted hands.
You have two mouths, two minds,
alive in a body gone to rage,
delivering to all of us
a prophet's haught pronouncement.
It wears your face, your prayer
wielded like a hammer,
driving her into herself
while driving every man's sin home.

Rose M. Smith's work has appeared in The Examined Life, Snapdragon, The Pedestal Magazine, Minola Review, Dying Dahlia Review, Pluck!, Hong Kong Review and other journals and anthologies. She is author of four chapbooks, most recently "Holes in My Teeth" (Kattywompus Press, 2016). Her collection, "Unearthing Ida" (Glass Lyre Press, 2019), won the 2018 Lyrebird Prize. She is an editor with Pudding Magazine and a Cave Canem fellow.

SHARON LEE SNOW

Heart Failure

Woven in and out like threads
of cotton, the warp and weft fading
but still holding all these years, our
marriage a faded carpet with marks
of many knees in prayer. You
are not a master weaver nor am I, but
here we are trying. The treadle and parts
moving day after day with crying babies
and dirty dishes following a courtship
scampering mountain peaks like
nimble goats in heat. The fabric
pulling tight, tighter, then
suddenly loose and frail, like the thin
arms of a grandmother's hug. I have seen you so
often that I don't know what I see—if
I'm seeing you or some picture in my mind. You
hold on to that fabric fraying as you hold
it with a failing heart
in a body not woven for eternity.

A Pushcart nominee, Sharon Lee Snow earned a Master of Fine Arts in creative writing from the University of South Florida in Tampa. Her award-winning short stories, creative nonfiction and poetry have been published or are forthcoming in South 85, Jenny, Typehouse, Gulf Stream, Saw Palm, Bridge Eight, Finding the Birds, The Concrete Desert Review and other journals.

MATTHEW J. SPIRENG

Blood Pressure

Back when they were fighting
in Vietnam and wanted my help,
it soared so even my doctor
thought I was taking something
to drive it up to avoid the draft.

But it was fear that raised my blood pressure.

Today at my doctor's, it measured
110/68 – not bad
for a man in his sixties. Though
I'm nearer death than ever, it seems
I'm less afraid.

Matthew J. Spireng's 2019 Sinclair Prize-winning book "Good Work" is forthcoming from Evening Street Press. A 10-time Pushcart Prize nominee, he is the author of two other full-length poetry books, "What Focus Is" and "Out of Body," winner of the 2004 Bluestem Poetry Award, and five chapbooks.

KATIE STAIRS

Unsociable Healing

A tap, tap, tapping on my head
reconnects the brain waves,
stitches back together the neurons
and returns the remnants of my heart
till I can breathe again.
Those taps are something I believe in.
They bite back the demons;
those monsters, little monsters
shrivel up as an electromagnetic
pulse sweep those thoughts away.
A smile lifts on unwavering lips,
can you see her?
A girl who uses solitude against them.
She's happy, I'm happy.
30,000 pulses later
while the world almost falls to chaos,
she rebuilds.

Katie is an English major at Flagler College and during her first year, she worked as a poetry editor on the Flare Literary Magazine. Her work has been published in Synapse, Blood and Thunder and New York Literary Magazine for poetry and the Sagebrush Review and Zimbell Publishing House for prose.

EYUEL TEREFE

Deliriums of the Wise

They wear the long pearly coats that show they are wise,
it hides their doubts and scaffolds such clever lies,
debts that consequently shall be mortgaged on our lives.
Our hope rests on the pretentiousness of such scholars,
offering Shakespearean interpretations of labs on their side,
intoxicated on elixirs of self-serving confabulations,
demanding how they should not be questioned, for they are wise,
increasingly resistant to self-examination of their own life,
propagating efficacy of their haphazard concoctions,
forging alchemy of hydroxychloroquine potions,
quintessentially considering any measure to substantiate their lies.
They say why should the world be overwise,
in counting all their stumbles and lies,
for even heroes must adorn a cunning disguise.
For they know, their great fear is to be barren without stethoscopes,
coats or ties,
to be in our bed, mortal and desperate to believe in any lie.

Eyuel Terefe is a husband-to-be, a newly minted father to the precious Elsie-Grace Terefe and currently a fourth-year psychiatry resident as well as a proud University of Oklahoma College of Medicine alumnus. He enjoys creative writing as a means of expression and advocacy.

NEECIE THOMPSON

Expression

I left today to look for a cure
Found green pills putting sadness to shame
Tried as I might with intentions pure
My heart stayed heavy, dark and unsure
Misplaced my hope and held all the blame

Disappointment and nausea's relief
When I abandoned my powdered crutch
My lost solace made room for my grief
Purpose in lyrics amidst disbelief
Not sleeping and then sleeping too much

Forgot to finish progress I built
Welcomed bad habits, let them make home
They brought their friends, exhaustion and guilt
Apathy indulged, nurtured and spilt
Gave them control and freedom to roam

My life full of dissonance and cringe
Gave all my courage to failed techniques
Apathetic eyes watch me unhinge
Missed beats and pity make my skin singe
Lonely tears find company on cheeks

Complacent nods and pitying stares
Genetic standards mixing with shame
Paychecks validating cares
Rejected exhaustion, dismissed affairs
Musical solace a brand-new game

Counter melodies on fragile ground
Portioned blame felt humming in deep space
Fear-echoed faults, a lonely sound
Orchestration with no one around
My mind an uncomfortable place

Taut guitar strings make creative blues
Heard notes suggested in the aftershock

Watertight eyes and hesitant muse
Nervous palms conduct any path I choose
Abandoned vocals refuse to talk

Crescendos ringing loud in the deep
Indifference set free, joined, one piece
Relief arrives in tears, rests in sleep
Songs in the air, a joy that will not cease
Solo made duet in newfound peace

Lightness of step, mind no longer numb
Partnered lips attempting first smile
Resonant release, words at last come
Thunderbolt freedom, resounding drum
Calmness and grin stretching a mile

It is an adagio at best
Music and crescendos of relief
Progress-accented joy molds the rest
Life’s fermata a new manifest
Harmony takes frown, a friendly thief

Neecie Thompson is a third-year college student studying social work and English. She hopes to use her growing knowledge to advocate for those least understood, specifically those who struggle with the stigmas surrounding mental health. When she isn't swimming or with family, she loves to read and write as a way to express herself and better understand others.

PAT UNDERWOOD

Two More Days

Off the bypass,
off the machines,
everyone celebrates.

Everyone’s hope fills
to the brim and overflows.

But the heart must contract,
must force blood into the aorta.
She is missing a ventricle.

Baby Brenna,
skin soft as a feather,
eyes big as valentines,
breathes two more days.

Pat Underwood of Colfax is the author of two poetry chapbooks, “Portraits” and “Gatherings,” a children's book, “Whisker Tag” and a play kit that travels the country. She is a Pushcart Prize nominee, a contributor to Voices on the Landscape Contemporary Iowa Poets and her work appears in numerous literary journals.

KELLEY JEAN WHITE

Hospice

In the nursing home, the pictures
are all of autumn. I put up my feet
in the waiting room for death.

There is a slamming and the clink
of silverware upon the tray from which
she will not eat. This sadness

is the worst—I wait outside the door
while the aids bathe her. I have seen
their gentle, gloved hands. I have seen

how much they hurt her
even as they turn her carefully,
as they clean the places she is soiled,

as they wrap her wounds again.
All these small, simple things,
once pleasures, become painful

in my life and in hers; she sleeps
more, I sleep a little, eat small
and the early morning cars hurry by

on the highway and I have hurried too
to make it to her bedside before sunrise.
I sip black coffee, her favorite drink.

Will this be the morning, will this be
the morning, will this be the morning
that she dies?

Pediatrician Kelley White has worked in inner city Philadelphia and rural New Hampshire. Her poems have appeared in Exquisite Corpse, Rattle and JAMA. Her recent books are "Toxic Environment" (Boston Poet Press) and "Two Birds in Flame" (Beech River Books). She received a 2008 Pennsylvania Council on the Arts grant.

LAURA CARNES WILLIAMS

Nursing School

I was assigned the easy one,
a crooked-smiling, slow-talking boy from the boonies, nineteen.
My patient. Mine.
I took vitals, checked I&O, wrote a fumbling head-to-toe.

His friends smelled like weed, his family like cigarettes,
and it wasn't always coffee in their cups,
but they were good people,
scared, confused and profoundly grateful,
with unwavering faith in God and medicine.

His mother's mantra:
"Doc says
people much worse off
beat this thing…"
wringing her hands.

After weeks of decline,
I learned a new word:
Anasarca, when there's I, but no O.
The indentation of your finger stays in an ankle.
The breathing tube chisels away at the corner of a crooked mouth.
A boy becomes a balloon.

And when you do compressions
the boy pops—
eyeballs from sockets, blood from nose,
from tips of fingers, beds of toes.
Epi, bicarb, epi, bicarb,
charge to three hundred, clear—
the return of his beating heart offers such relief.

"People much worse off beat this thing,"
says his mother standing in the doorway,
as if watching the evening news.
But her hands are angry, wrung raw.
After a couple more rounds,
epi, bicarb, charge to three

hundred, clear—
You learn your greatest lesson yet:
you're not saving him.
You're just playing a part
in a sadistic performance piece,
a legal masquerade.
We Did All We Could.

Laura Carnes Williams is a mother, wife, daughter, sister, friend, writer and a school nurse, among other things. She lives in Central New York between the Finger Lakes and the Adirondacks, her two favorite places.

ABIGAIL BETH ZUKAUSKY

Recovery Room

I remember
your hair, matted
from the paper cap you had to wear
during your surgery,
your pale face,
your eyes drooping,
your head a weight against the pillow.

I remember
my eyes filled with tears,
and I couldn't stop them from trickling
down my cheeks
like raw egg.

And when I fed you cherry Jell-O,
I remember
how it wiggled in the spoon
like an eager puppy.
And when you ate that small spoonful,
I felt awkward
because I knew that you'd fed me
the same way
when I was a baby.

ABIGAIL BETH ZUKAUSKY

Portrait of My Father as a Bare Tree Branch

Inspired by a prompt from the poet Pauletta Hansel

Early morning light leans across
the bare branch of this old maple –
its gnarled joints out of place among
the supple limbs of younger trees.
Some would say the branch
is of no use. True, it offers no shelter
or shade, but there is hope in the way
it keeps reaching toward the sky.
Your long illness has left you
as exposed as this tree branch.
You wonder who you are
if you can no longer lift, carry, repair,
protect. But, even when I can no longer
find shelter under your leaves, I will remember
how you taught me to find solace
in small things: the first bite of a popsicle
on a summer day, the heft of a balsa airplane
in my hand, the whippoorwill calling
to its mate and early morning light
leaning across this bare branch.

ABIGAIL BETH ZUKAUSKY

Mom's Hands

Before Mom's mastectomy, I watched
the anesthesia relax her hands into curled buds
like when she held the sliver of a robin's egg
we'd found on the ground when I was six.
I thought it was a chip fallen from the sky
and asked her how we could put it back.

I remembered how those hands
fed me peach pie after I broke both my wrists,
mended the torn ear of my plaid teddy bear,
used a violin and bow to evoke a picture
as clear as a swan on a pond at dawn,
made cornbread on winter mornings
to warm me before the trip to school,
wrote me letters when I was in a hospital
eight hours from home.

I kneaded warmth into her hands
like she did for my feet
when I couldn't sleep.
And as I watched her bed
roll toward the operating room,
my hands opened their petals
to God.

Abigail Beth Zukausky is a licensed clinical social worker and poet who lives in Northern Lower Michigan. She earned her Bachelor of Arts in English from Alma College, where her work was published in the school's annual "Pine River Anthology." Abby has designed and facilitated several poetry-writing workshops for older adults, including a one-hour session for individuals with mild to moderate memory loss. Her writing is inspired by her family, her work and the small details of everyday life.

RUTH ZWALD

Canticle of the Bones

Blessed be bones as night befalls
shadows crowding the soul,
it is time for bones to speak.

Sing out, O bones, the stories of ancestors:
sinew to my sinew, tugging at the past,
visible in this skeleton of a life.

Rattling bones, waking me fearful in the dark
to loss expecting to be released
and remains awaiting a scattering.

Tell out, O marrow of bones, where
unseen maladies devour
white blood cells of imagination.

Lead on, all ye dancing bones who stare
at the veil, swaying to the seductive sound
of days end and journey beyond.

Cast the bones, let them scatter
in patterns sacred pointing to the now
and the deep, dark ache.

Make of me a keeper of bones.

RUTH ZWALD

Nothing Except

the day begins in the dark
rising, no need for the alarm

everything as always, start
coffee, shower, brush my hair

until I push the bread down
into the toaster

and I cannot catch my breath, there is
nothing ordinary about this morning

when I have buttered my bread and
finished the crumbs, I begin chemotherapy

nothing and everything is as it should be
and my chest will not expand

gasping, grasping the door, I stumble
into the outside dark

gulping morning air, willing
myself to breathe

I know how to breathe, I have practiced
my whole life for this moment

finally still, but still afraid
I lift my eyes to the heavens

(this, too, feels like every other look up has
been a rehearsal)

from south to north a star streaks
against the darkness, the tail a trail of light

nothing exists
except this

RUTH ZWALD

One Woman and Seven Surprising Tattoos

TATTOO: an indelible mark or figure fixed upon the body… by production of scars.
INDELIBLE: that which cannot be removed, washed away or erased.
Merriam Webster

Tattoo One

During a breast biopsy,
a small titanium clip
is placed inside the body
to mark the location.
It is permanent.

The first time I refused to have the clip.
The second time,
I no longer wished to quarrel.

Tattoos Two and Three

Two scars given in surgery.
One where the tumor is extracted.
One under the arm where lymph nodes are excised.

I lie down to recover, my arm elevated.
I realize my scars are less than what others experience,
but the comparison does not diminish the deep aches.

Tattoos Four and Five

A port, or central line, is placed in the upper chest, as a way to deliver
chemotherapy. The port is connected to a large vein under the
collarbone near the heart.
A small incision is made at the base of the neck,
and a second incision is under the collarbone.
The catheter is placed through the second incision
and tunneled under the skin to the first incision, then threaded into
the vein.

I cannot sleep on my left side where the port is.
It is not a medical rule, just a reality that it is uncomfortable and
affects my breathing.
And it is not terrible, because at least I can sleep.

Months later, when the port is removed, the site becomes infected.
The stitches do not dissolve. My nurse removes some of them.
The scars are deep.

Tattoos Six and Seven

In preparing for radiation, the technicians spend time
adjusting body parts
and taking notes.
Once they have things set the way they would like,
they place small tattoos
that each look like a freckle
foreign to my skin.
The tattoos line up the radiation machine each day.

Two types of radiation are given.

I stop questioning every invasion.
I just want to get through it.
At some point in the weeks of radiation treatment,
my breast begins to weep.

AFTERMATH

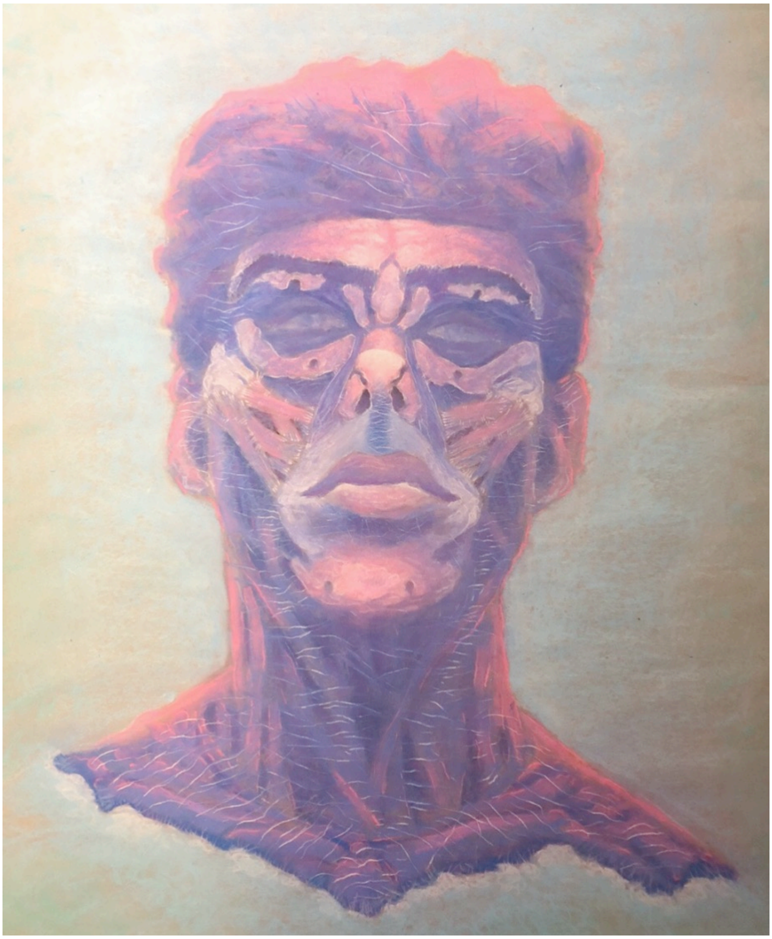
I did not design these tattoos.
They are part of this body.
Records of this story.
Can't be erased.

I am now well. And keen to question again.
What indelible things mark your body?
Can you tell it, hard and necessary?

Ruth lives on a farm in Western Michigan, happily growing food and beauty. When she was diagnosed with breast cancer, Ruth began digging up words like she digs potatoes—unearthing thoughts and loving reconnecting to this creative use of language. She is new to the pursuit of publishing, and she has been published in Voices de la Luna, The Ravens Perch, Bloodletters & Claw and Blossom.

CHRISTIAN LOVELAND

Anatomical Self Portrait



Christian Loveland is a first-year medical student at the University of Oklahoma College of Medicine. He has no idea what specialty of medicine he will follow, but he does know that he loves abstract and modern art. He is a part-time graphic designer with clients in Oklahoma City, Chicago and San Francisco, and his work has been shown in the 105th Annual SoVA Student Exhibition at the Fred Jones Jr. Museum of Art. His submission for Blood and Thunder 2020 was influenced by the techniques and color theory used by Zdzislaw Beksinski and Georgia O'Keeffe.

blood and thunder

MUSINGS ON THE ART OF MEDICINE

PROSE

NICOLE AARONSON

Reflections on the Moon

If you run an internet search on the name Diana, among a lot of entries on the Roman goddess of the moon and the deceased former princess of Great Britain, you will find an entry that describes what a "Diana" is. It explains that Dianas are shy people but that once you know them better you discover that they are loyal, friendly and good at listening. It goes on to describe that despite their pale faces and sad eyes, they are mysterious and even beautiful in their secrecy. I wonder if Diana Hodge's parents were thinking about this when they named their baby, because she truly fulfilled the promise of her moniker.

Diana was a difficult patient. The nurses made excuses for her behavior given all she'd been through: recurrent cancer of the tonsil, multiple surgeries, a blowout of her carotid artery and an emergency tracheostomy at bedside. But still they didn't really want her as their assignment. She was demanding and picky. Her husband sat in the room and took notes on everything each resident said or did. While he may just have been trying to keep the details straight and stay organized, it felt more like he was compiling a list of grievances. He had been there when blood had shot out his wife's nose and mouth and had stood by when one of the former chiefs had slashed into her airway with a knife to save her. And while they could empathize with the trauma that must have been inflicted on his psyche, the otorhinolaryngology residents were forever trying to stay of out Diana's room fearing that they would end up named in some barrage of complaints that Mr. Hodge would send to the hospital administration—or worse yet, to their attending Dr. Yamamoto.

One night in my second year of residency, I could not escape dealing with Mrs. Hodge. She called the answering service to tell me that the stent that had been placed in the main artery of her neck during her carotid blowout had now popped through her throat into her mouth. I had never even imagined such a thing could happen. She asked me if she should come in to be evaluated. I told her to come to the emergency department while I tried to figure out what I was going to do. If the stent was dislodged, she could be at risk for another carotid blowout. But if she was talking to me on the phone, then she couldn't be hemorrhaging blood from her mouth. Maybe she was confused and hadn't explained what was going on correctly. I would have to wait and see.

About a half an hour later, when I was in the middle of something else, Diana's husband wheeled her up to the nursing desk on the 15th floor expecting to be directly admitted to a private room on Dr. Yamamoto's service. I bristled at their entitlement; I had instructed them to go to the Emergency Department first for evaluation, but here they were dictating their own treatment plan and expecting the staff to fall in line with their demands. And honestly, I didn't have the authority to directly admit a patient without Dr. Yamamoto's approval, which could only be ascertained by having my senior back-up resident call him since, as a junior resident, I wasn't privy to his home number. But when I suggested that Mr. Hodge wheel his wife down to the emergency department, he shot me a look that made me reconsider. "I'll go with you and expedite you through triage," I amended.

I learned that dropping the phrases "extruded stent" and "history of a carotid blowout" were good motivators for the emergency department staff and we were in a room in no time. I took a history and performed a physical exam. Mrs. Hodge was not wrong; three centimeters of the stent that was supposed to be in the artery in her neck had been expelled into her oral cavity. I ordered some radiology studies to look at the position of the remaining stent and to see if there was any blood flow in the artery, and I called my senior resident to come in for the admission. When I told Diana that Jacob was on his way in, she told me how much she liked him. She then proceeded to ask after each of the current residents and some of the recent graduates individually: Marcus, Leland, Brunhilda, Barbie, Gustav, Fievel, David, Felix and Dmitri. She wanted to know how the graduates were doing in their fellowships and what the girls had planned for after graduation. It never would have occurred to me that she thought of us that way or even knew our names. She suddenly didn't seem so difficult anymore.

Jacob called Dr. Yamamoto, and we arranged her admission. The next day, Dr. Yamamoto took her to the operating room, removed the stent through her mouth and biopsied the area where the stent had extravasated. She did well and went home the next day. The biopsy was thankfully negative for cancer, and the next time I saw her was in clinic. We often talked about that night and how unusual her presentation was. It formed a bond between us; neither of us had really known what to do, but we had figured it out together. I even wrote up her case, presenting it at a national meeting and publishing it in a medical journal.

She did quite well with respect to her health for the next few years. Unfortunately, her medical bills had left her virtually penniless. She and her husband had lost their house, and her son was battling lymphoma. But still, she battled on. Even though she had to take most of her nutrients through a tube into her stomach, she still went out to dinner with friends and ate the little she could through her small mouth opening. She enjoyed her time with her family and went to church, never embarrassed by her slurred speech or facial scars. And then Dr. Yamamoto re-biopsied the ulcer in her tonsil bed. This time it was cancer.

I was rotating at the other hospital when the surgery to remove the cancer occurred. Our nurse practitioner extraordinaire Caroline called me to tell me that the surgery had been aborted because, once they started the dissection, they found cancer all the way down to her spine that was unresectable. That night, I drove across town to see Diana. The way she squeezed my hand, I knew that she was running out of time and that she knew it, too. She and Mr. Hodge thanked me again and again for coming. I told them how I would be moving on to a pediatric fellowship after graduation and she said that she was glad. I ran into my junior resident Cassandra on my way home. She commented on how she didn't like taking care of Mrs. Hodge because she and her husband were so challenging and exacting. "They have been through a lot, and they have kept her alive longer than anyone expected. They've earned the right to be a little particular," I told her.

Several months after I graduated and moved away, I left the operating room after a long case to a series of accumulated text messages. One message was from Caroline: "Hey Nicole. I just wanted to let you know Diana Hodge died. I know you knew her well." My attending walked in and asked why I was crying. I explained that the last of my favorite patients from residency died.

I will always be glad that I had a chance to say goodbye to Diana. I knew that last time I visited her that I would never see her again, but it was nice to know that she was still out there adding her brave and persevering light to the world. As a physician, I knew her passing was imminent, but after all the times she had cheated death, it was still a shock when death finally took her. I learned that, during her life, like all Dianas, she was friendly, loyal and good at listening. I was lucky to have had the chance to know her as more than just a difficult patient.

Nicole Leigh Aaronson is a native of Connecticut with a Bachelor of Arts in political science from Yale University, a Doctor of Medicine from New York University School of Medicine and a Master of Business Administration from the Jack Welch Management Institute. She completed her otolaryngology residency at Yale New Haven Hospital and her pediatric otolaryngology fellowship at the Children's Hospital of Pittsburgh. She is an attending otolaryngologist at Nemours/Alfred I. duPont Hospital for Children.

HALEY BAKER

Have you seen the movie, *Constipation*?

i envy the winds
who still witness you
- rupi kaur

No amount of training could have prepared me for the moment the world lost one of its most beautiful flowers. Pure as the glistening white of a summertime daisy, bright as its sunshine yellow center, and welcoming as its wide stretched petals urging me to open my heart to her endless joy, love and laughter. As I sit down to write this story, I struggle to find the right words to capture the impact she had on my life. I feel pressure to honor her memory properly, to share her joy and compassion with every patient, or rather every individual, I encounter. A summer wind, however, cannot encapture the comfort and joy of a daisy. Rather, it can only carry its essence to those nearby in hopes that they will not keep it to themselves, but instead bear witness to the impact of contagious joy through their actions in daily life. To this end, that is all I can hope to accomplish with this story: to bear witness to her final moments and to the impact her compassion and laughter have left on my world.

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When Dr. Imad and I knocked on that emergency department door, little did we know the impact the woman behind the curtain would have on us. For this story, she will be called Daisy, for what better name to describe a woman of joy, laughter and love. Despite the buzz of the emergency department, the smell of sanitizer burning our noses and the cold air conditioning trying to blast the humanity out of this well-oiled machine, Daisy spread warmth to all who entered her barren room. Behind the tubes, the needles, the monitors and the smile that rarely left her face lay a woman in distress. At first, we had a plan. A plan to help her return to baseline in order to continue spreading laughter.

Over the next few days, however, as we laughed together, joked together and became true friends who knew each other's names and stories, our plan continued to fail. In spite of her positive spirit, her body rebelled against us. Every day her sister and niece looked
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longingly into our eyes, longing to see glimmers of hope while simultaneously begging for answers in order to steel themselves for a future that no one desired. But the only one who knew those answers was Daisy. Like an uprooted flower resting in a vase on the windowsill, she knew her time was near, but was determined to spread her love until she physically could no longer.

Each morning, I looked forward to seeing her and hearing the joke of the day. I could see from the hallway that her body was failing her, her roots betraying her, her vital organs wilting and drowning from the pressure of the water-filled vase surrounding them. Once I entered the doorway, though, she mustered any strength that remained to put on a smile and ask me, "Have you seen the movie, *Constipation*?" I couldn't stand to ruin the punchline, because when she delivered it, her laughter infected everyone including those walking in the hallway. It was as though she left her door open specifically for that reason. And for this reason, I don't think I could stand to ruin the punchline for you just yet! After making me laugh until I had tears in my eyes, she knew she had me hooked. Her elegant sass and mischievous charm would emerge as she bartered for more sherbet.

"Oh, come on," she'd proclaim with a grin behind her breathing mask, "I'll happily trade you this beautiful mask for a sherbet breakfast!" Only orange sherbet would be allowed, naturally! Anything else was repugnant, and a woman who lived with such joy and such happiness deserved nothing but the best orange sherbet for breakfast, lunch and dinner.

Her morning bartering rapidly lost steam. Her smile began to fade despite her best efforts to hide her pain. Her strength was falling. Her petals began to wilt. Every ounce of her being cried out behind her eyes as she held my hand and said, "I don't feel good anymore, Haley. I just don't feel good."

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I went home that evening, afraid of what decisions would come overnight. I was relieved to find the team room empty the next morning, as I nervously logged onto the computer to view the results of the ultrasound performed the night before. Only her room number had changed. There were no imaging results, no lab results, no vital
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signs measured, none of the objective facts to which physicians cling so tightly. At that moment, I knew.

I did not visit her until rounds that morning; I did not want to interrupt the answers until her body was finally provided to her sister and her niece. When we entered the room, no smiles greeted us. No laughter filled the air. No sunshine reflected off of Daisy's fading white petals in the windowsill. What did fill the room was the sensation of a woman fighting for peace and comfort. A woman's acceptance of her body's drowning reality, denying that reality the opportunity to conquer her. A woman taking ownership over that reality and demanding it follow her terms. Daisy may have been an elegant, graceful flower that spread laughter to all, but under the veil of her petals was a woman full of strength, determination and iron-clad will that refused to surrender the power of her autonomy.

The rest of the morning rounds was a blur. It was only a matter of hours before the world lost one of its most precious flowers. Our team was on short call that evening, and I was grateful for the excuse to stay in the hospital as long as I could. When it became apparent we were likely not going to admit any more patients that evening, I went to Daisy's room to check on her one last time.

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It is at this point that I am positively certain I will not be able to do justice to Daisy's story because though she had but one or two petals left with each breath coming slower than the last, her story was not ending. What I love most about daisies is their inability to grow in solitude. They spread like wildfire, filling entire fields with layers of white petals, gleaming sunshine yellow centers and deep green leaves and stems pushing them up to the sky. Daisy herself was no exception. She opened her arms to me that first day we met as if I was a member of her family. Her sister and niece opened their arms to me that final day as the niece looked at me and said, "You are family. Please stay."

Never have I been so honored as in those final hours. Though her hands grew cold and her lungs battled for air, her lifetime of joy refused to leave the room. Her family shared story after story of her infectious laughter that spread a plague of happiness to all in her life. Thankfully, there is no cure for this plague, no way to destroy it. The smell of her chocolate chip cookies, the sound of her laugh, the
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warmth of her love and the strength of her heart will live on in every individual life she touched. According to her sister, she never forgot a name. She never forgot a friend. And she never left anyone behind. She'd had the same best friend since kindergarten, loved and supported the same man for over half a century since the age of 18 and always maintained room for more love.

Nearly three hours had passed, but none of us noticed. We were surrounding Daisy with the love she had introduced to our lives as her family shared glimmers of distant memories. Those memories were therapeutic, providing bits of laughter to poke through the heaviness in the room punctuated by the labored breath of a woman leaving this world on her own time. No one knew when the breaths would end, but the woman in the room with all the answers certainly did.

Her husband told the story of their first date in his old '69 Ford. She had always joked that he would have that car longer than he would have her. Little did he know that joke would come true, that the joke was the answer to everyone's questions. Everyone was slowly accepting what was about to be the world's new reality, a reality where Daisy's memory, love and laughter lived on in place of her body.

Suddenly, there was silence. No laughter. No stories. No breath. All eyes turned my way. All eyes looked back to Daisy. The nurse and I listened with our stethoscopes, desperately trying to hear what refused to be heard. All of our eyes locked. All of our eyes knew. I stepped out to call Dr. Husni, but all I could say over the phone without crying was, "It's time."

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The time was 7:31 p.m. on July 18, 2019, to be exact. This was the time that the last petal fell, cascading to the bottom of the vase. This was the time that I will never forget. This is the patient I will never forget. Her story, her love, her laughter, her sass. All will be carried with me for the rest of my life. I envy those who had more time with her. I envy the winds of joy that carried her through life. But I am thankful to have been even a miniscule part of her life. I am honored to have held her hand, to have made her laugh, to have been embraced by her family and to have witnessed her leave this world a more joyful and loving place than she found it.
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Finally, I am sad that she will never see the movie "Constipation," as it simply hasn't come out yet.

Haley Baker is a fourth-year medical student at the University of Oklahoma College of Medicine with a special interest in reproductive medicine and global health. She graduated with a Bachelor of Arts in psychological and brain sciences with a supplemental concentration in cognitive neuroscience and a minor in Chemistry from Washington University in St. Louis in 2016. In her free time, Haley enjoys reading, camping and spending time with friends, family and her dog Snickers.

MIRA BLECHERMAN

Night Shift

It was almost 3 a.m. when Dr. Paul Baker passed the newborn to Georgia, the oldest nurse in the maternity ward with wisdom written into the smile lines around her eyes. The baby boy looked even more fragile while he slept: his skin almost translucent and his arms skinny. Georgia held the baby close in her swivel chair by the computer at the front desk, quietly typing away with her free hand. The lights were dim and the ward was quiet.

Dr. Baker watched the sleeping infant with sad and tired eyes. For hours now, the boy had been passed from nurse to doctor to nurse. His mother, an opioid addict, had received no prenatal care and had left her baby at the hospital as soon as she could after her emergency caesarean delivery. The baby was eight weeks premature. Dr. Baker knew that in a few hours the sun would rise and the baby would be registered in the adoption system.

It was hour 13 of a 24-hour shift for Dr. Baker, a 34-year-old neonatologist who served as a military doctor and, for that reason, spent eight years in residency instead of four. Only a few years into his official pediatric career, burnout had shifted from a possibility on the horizon to a sharp reality, weighing on him so that his mother commented on his bad posture and that the whites of his eyes retained a light red color.

The phone rang. Nurse Georgia quickly grabbed it so as to not wake the baby and placed the phone between her ear and her shoulder. She whispered, “Clark Maternity, can I help you?”

Dr. Baker watched concern grow on Georgia’s face as he listened to the muffled voice on the other end of the phone. A man’s voice, he thought. He took a sip of water and rested his arms on the front desk. He touched his pager out of habit.

“Okay sir, I understand. I have the baby with me now,” Georgia said softly.

The voice continued, speaking faster now. Georgia sat up straight. "You can come in the morning, sir. Child services come in at eight and they can help you sort this out. Okay. Thank you, sir. Bye now."

"What's the deal?" Dr. Baker asked, adjusting his scrubs. Another mother had come in about an hour before, and Paul had a feeling that she would start delivering soon. It was a high-risk birth, six weeks premature, so a neonatologist would have to be there. But Dr. Baker felt connected to the baby in Georgia's arms with such an uncertain fate.

"It's a guy claiming he's the father. He's coming in a few hours."

Paul shook his head and rolled his eyes, "Great."

Maybe years ago, Dr. Baker would have hoped for a family to stay together, but he knew now that the baby was best off in an adopted family. The breadth and depth of the baby's life weighed on him, a vacuum of life and love and potential that he could not control. For a moment, he felt his breath leave his lungs.

Then his pager went off, a single shrill note embedded in his mind yelling, "*delivery!*" He turned around towards operating room four where a woman had reached 10 centimeters and was ready to push. He dressed in layers of gowns and gloves. He examined the baby for signs of distress as the obstetrician coaxed the tiny thing out of the womb and into its mother's arms.

Dr. Baker was as moved by the image of the mother and the child as he was every time. Tears filled his eyes, and he tried to wipe them away despite his arms and hands being covered in blue plastic. He stepped back and stared at the blurry image that propelled him through his whole life, stunned that he was there in the room, stunned that everything he had ever hoped for was right in front of his eyes.

He threw away his elaborate plastic getup, washed his hands up to his elbows for 30 seconds each and returned to Georgia and the baby in the lobby. Only 30 minutes had passed and the baby was still sound asleep as Georgia typed away, her face illuminated in the dark by the computer screen.

"I can take him, Georgia, if you need a break," Dr. Baker said quietly.

Georgia yawned, nodded and placed the baby in his arms.

Dr. Baker gently hugged the baby, much too small and so unprepared for the world, his skin not even strong enough to protect his tiny organs. His eyes filled with tears once more and his thoughts filled with dread of the arrival of the alleged father in the morning: the paperwork, the lawyers, the months of negotiations and courtroom attendances this baby would be subjected to.

He wished to promise the baby anything, everything, but came up with nothing. So he blinked and sat, arms strong, body tired, under the dim light.

Mira Blecherman is a senior at New York University studying chemistry with minors in Hebrew and creative writing. She loves writing, reading, playing guitar and spending time with friends and family.

WILLIAM BRODERICK

We (Who Are About to Die) Salute You

I am perched on the edge of one of four exam tables in a large classroom at a teaching hospital. I am waiting for a knock on the classroom door indicating the arrival of the first team of five or six third-year medical students (and supervising facilitator) participating in a Group Objective Structured Clinical Exam (GOSCE). I am an actor playing a standardized patient ("SP") who, in this scenario, has been hospitalized with severe anemia and given a transfusion. A follow-up endoscopy revealed a mass in my character's stomach. A biopsy was taken. The team is there to give me the biopsy results. The purpose of the exercise is to learn how to deliver bad news: the patient has stomach cancer, a diagnosis he was not anticipating.

The simulation will begin with a knock on the door. That is part of the protocol, as is the subsequent washing or sanitizing of hands. One of the team members will lead the interview with the patient, and after five minutes, the rest of the team will join in. When we are done, the facilitator will ask the student for a self-assessment, seek feedback from the team and the standardized patient and then give their own assessment. There are three different GOSCEs in other classrooms proceeding simultaneously, and each stage of the sequence will be announced over an intercom.

"You may enter the room."

"The Team will participate now."

"You have two minutes remaining."

I will be told I have stomach cancer by eight different teams in four hours, resetting emotionally before each.

The lead student should ask how I am doing and what I understand about why I have been hospitalized and had a biopsy taken. As an actor, I take perverse pleasure in telling the student that I am feeling better after the transfusion, assuming that my sanguine affect will make their task more difficult.

Before the student reveals the biopsy results, they are supposed to give a "warning shot" to prepare the patient and avert an abrupt dropping of the bombshell. It can be any variation of "I'm afraid I have some bad news." My personal favorite is "The results are in, and they are not what we were hoping for." The "we" makes me feel the doctor is on my side and was invested in a good outcome.

The warning shot is immediately followed by the test results, which should not be delivered using medical terminology. No "gastric adenocarcinoma" unless it is instantly translated into the layman's "cancer." A few students seem unable to tell me I have "cancer." Instead, I've been told I have a "tumor" or a "mass" that is "growing." I feel for these students, but frankly, none of these euphemisms does the job.

Just say it. It's the humane way.

This is followed by an even more difficult part of the exercise for the student: sitting in uncomfortable silence after extending sympathy while the patient absorbs the news. Many facilitators will aver that a patient will hear nothing after learning the diagnosis. It is an art to intuit when to continue the conversation and when to hold back.

If the patient has questions, the student learns if they do not have the answer that it is okay to say "I don't know but I will find out or get someone who can answer your questions." There is more to the exercise, such as expressing solidarity from the team, questioning about family support and other matters.

Over the years, I have learned that stomach cancer's prognosis is poor. This is not part of the scenario. During the feedback section, one student admitted that he did not know the prognosis but figured it was not the part of the exercise. A smart assumption. Another student was aware of the statistics, and in answer to my question about how bad the cancer was, told me I was going to die, probably within several months. I was incensed: as the patient for the bluntness of the delivery and as an actor because this wasn't the scenario. I was not sure how to proceed. The facilitator, who was new to the simulation, did not interrupt, so I tried to go with it.

When the student asked if I wanted to know what the treatment prognosis would be, I could not resist saying, "What prognosis? Going, going, gone?"

Then, this student asked me what I was feeling. I was incredulous. Was it not obvious? I was livid! My error: this student was trying, rightly, to get me to talk about my feelings. I called a time-out.

"Uh, this isn't the scenario. In all my years of doing this, I have never been told I was going to die."

The facilitator handled it beautifully. They took responsibility for not prepping the student better and went on to point out what the student had done well. Even I had to admit that the student had not "cut and run" when faced with an obnoxious patient and had not been sucked into my vitriol.

I thought nothing further of it until I did a different scenario–one about palliative care. It was not a GOSCE but a one-on-one interview. In this case, the patient has advanced emphysema. The student was to assess the patient's condition and explain palliative care, distinguishing it from hospice.

One student came in and cut to the chase: they introduced themselves and said, "Palliative care. You know what that is? No? Well, let me explain."

They then got around to finding out how I was doing. For this exercise, the SP evaluates the students online with a choice of "I would definitely see this doctor again," "I would consider seeing this doctor again" or "I would not see this doctor again." This last I privately think of as "Take out more malpractice insurance," or "Stick to lab work." I may think the latter, but I almost never give the "I would not see this doctor again" evaluation. And this student, though evidently unimpressed with the simulation idea, had ultimately covered the required ground. I would consider seeing this doctor again.

Another student came in and inquired how I was doing. We had an in-depth and empathetic conversation about my condition, which concluded in telling me I was going to die soon. When I expressed surprise, they apologized that no one on "the team" had communicated this information to me before. They handled the situation skillfully. They never got around to explaining palliative care. Although they missed the point of the exercise, I graded them as "I would definitely see this doctor again." Although, considering the prognosis, I would not be seeing them often.

This was my second death notice. I began to wonder, "Is it me?" I know I have gotten up in years, but has my appearance deteriorated to such an extent that only one conclusion was possible?

It happened a third time when I returned to the stomach cancer scenario. By now, I was resigned to it. I did not lash out. I accepted my fate. The feedback afterwards was about making such a pronouncement.

Another student performed flawlessly. When asked to self-asses, they broke into tears. "I didn't feel I was comforting enough." They had been.

A third student was visibly agitated and did not stand by the side of the exam table but instead sat with the team. They did everything right employing a warning shot and using the word "cancer." And then, although still noticeably uncomfortable, they said a remarkable thing.

"May I move my chair closer?"

Seeing how shaken the patient was by his cancer diagnosis, the student put the patient's discomfort ahead of their own and moved in closer to begin the healing process.

It was heroic.

William Broderick is an actor and writer whose work has appeared in Off the Rocks and Blood and Thunder (2017 and 2019).

ASHTEN DUNCAN

The Limits of Our Energy

Hanging up the telephone, I redirected my attention to the computer, which emitted the uninspiring glow of the electronic medical record's login screen. I tapped in my credentials incorrectly three times before the system notice appeared, letting me know that—much to my chagrin—I was locked out for 15 minutes. I groaned before grabbing my notepad and pen to summarize the information I received from collateral for one of our patients on the inpatient adult psychiatry service. Although rounding with the attending ended about an hour ago, the residents and I continued to work on tying up loose ends before leaving for the day.

Over the past several days, I had been feeling increasingly exhausted and unable to recuperate during the evenings. Psychiatry was the first clerkship of my third year of medical school, and adjusting to the rampant uncertainty and high expectations of the clinical curriculum demanded a large amount of physical and mental energy. Although there was a roadmap for how to perform as a physician-in-training, it often felt like I was floating on a raft in the middle of a turbulent ocean: not quite skilled enough to assume major responsibilities on a health care team but not incompetent enough to sit idly by as health care decisions were made.

"How's everything coming along?" the chief resident softly inquired as he walked over to the photocopier to duplicate a patient's admission orders. "Is the EMR giving you fits?"

"It is," I admitted as I swiveled my chair to face him. "It's amazing how 'ergonomic' technology seems to work against the very people who use it."

Chuckling, he responded, "No arguing with that. Well, would you like to come with me and grab some coffee since you are waiting anyway?"

I froze momentarily to weigh my options. Even though this request was coming from somebody higher up on the totem pole, a pang of guilt still gripped me because I felt that taking some time to disengage from documenting was unbecoming of a trainee. On the other hand, I considered how the chief resident would not have asked me if he did not want me to join; he willfully put forth the energy to invite me.

After a second of deliberation, I nodded and rose from my seat to join the chief resident. We walked in silence for about a minute and a half as we wove our way through the labyrinthine inpatient wing. Once we emerged from the building, the piercing rays of the afternoon sun hit my face, reminding me of how nice it was to breathe fresh air.

“It is a beautiful day,” I remarked with a small grin on my face.

“It certainly is,” he said in agreement. “It is so easy to lose sight of life’s simplest pleasures while you are so focused on the work you are doing.”

“Still, having places like this,” I replied, gesturing to the sprawling sanctuary garden that lay in the center of the complex, “makes for a great way to escape for a little while.”

After making our way over to the café at the other end of the complex and purchasing our cups of coffee, we backtracked to the garden and sat down on a bench near a fountain.

“How is this clerkship going for you?” the chief resident asked after sipping at his coffee.

“It’s been coming along,” I equivocated, ashamed of how I actually felt.

The chief resident eyed me closely, seemingly aware of what I was omitting. “Just know that it is okay to say that you are feeling worn out. I remember my time as a student: relentless feelings of uncertainty about my purpose and the rollercoaster of performance anxiety. Those feelings never completely subside in medicine, but arguably, they change and become more palatable over time.”

“I do often question my purpose,” I sheepishly stated as I stared blankly at the fountain. “In doing so, I find myself gripping the metaphorical steering wheel harder and harder in order to maintain some semblance of order. What seems so self-defeating about it is that, when you exert yourself like that, an unsustainable cycle of avoidance rears its head.”

"What are *you* trying to avoid?"

I paused, taken aback by his question. "I guess I'm trying to avoid failure and losing control of what I have worked so hard to achieve. In the words of one of my old psychology professors, I carry on like I have a highly 'external locus of control.'"

"I know that you know this as well as I do: not everything can matter," he remarked firmly. "You can't afford to be preoccupied with everything, no matter how long or hard you try. That being said, it's not always easy to identify what you can control and what you can't, especially when mounting social and personal pressures obscure your view of the world. It sounds like my experience was similar to yours when I was in your shoes."

"It seems like you can handle your day-to-day with equanimity now," I observed. "What changed for you?"

For a few moments, the chief resident just nodded with his eyes closed. It appeared that he was reflecting on his past experiences to provide me with a thoughtful answer. He may not have realized it, but that gesture alone filled me with an indescribable gratitude.

"We are not alone in our endeavor to make the world better, not even on the health care front," he finally said. "There are many other well-trained, compassionate, capable people who are working to promote the same common good you are. Although most of us acknowledge that fact, few of us deeply internalize it and become empowered by the notion of multidisciplinary and integrated teamwork. You can drive yourself to the brink of self-destruction by trying to impose your own order on the world and the work we do day after day.

"What I realized toward the end of my third year of medical school was that, in order to maximize your impact on the health of your community, you have to relinquish some of your own perceived control over your environment and, perhaps more importantly, yourself," he continued. "It's antithetical to the way we tend to approach life, but it is exhausting to bear an undefined onus like Atlas bore the sky."

"I live by the idea that everything we do takes energy," I replied. "Every action and thought consumes some of our finite energy. What resonates the most with me from what you have said is that we need to strive to live sustainably and embrace the power of others to improve and sustain ourselves."

"That's an interesting way of looking at it," he looked at me and smiled. "Keep that with you as you go along and remember the limits of our energy. With that, why don't we head back up and finish our work?"

While simple and brief, the conversation I had with the chief resident did so much to transform my experience of the rest of the psychiatry clerkship and the clinical rotations that followed. I realized that day we talked that I was fearful of relinquishing some of the control I tried to have over my academic performance, impressions on those evaluating me and my trajectory toward residency. I also realized that I need to remain connected to my community and the more personal things that restore my energy as I train to become a physician. It is senseless to run yourself into the ground for the sake of having the illusion of control. While it is important to put effort into your education, it is equally important to do what the chief resident emphasized: remember the limits of our energy.

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MICHAEL FALLON

Finding the Lost River

A memory of the eyes in blue-masked faces looking down into you.

Then a large room with other bodies draped in white. Some of them still asleep, still as death. Others struggle like newborns to sit up. A few sitting upright and perusing themselves. The mind as if slowly thawing from a deep freeze, asking dimly, “Am I all here? Where are the bandages, the scars? Am I whole or am I broken?”

A hand softly grasps your arm and a pair of eyes looks into yours. “Lie down,” they say, “You might hurt yourself.” Now you see the woman in pale blue scrubs. *Pretty brown eyes.* She tells you to wait, relax until the anesthesia wears off a bit more. You try to swallow. “Does it feel any different? Can’t tell.”

Soon, you are wheeled through white corridors and past people in maroon, sky blue or dark blue scrubs who dodge or slip into door jambs as the gurney snakes its way to a gray-curtained room where you wait for the surgeon. When he slips under the curtain, you can tell immediately by his sad-eyed face, it did not go well. “We couldn’t find an opening,” he says, standing there in his light blue scrubs, mask dangling beneath his chin, “The scar tissue is fused to the back of the throat. There is nowhere to slide in the balloon to do the expansion.”

When my wife comes in, it’s clear she has been crying. The three of us look at each other, all we can see is gloom. After the surgeon leaves, Dorothy, the social worker, comes in. “We’ll see,” she says, “Maybe there’s another way.”

Yesterday, on Dec. 23, after an operation to expand my throat to allow me to speak and to swallow—so I might, at last, eat normally, without the help of the feeding tube inserted directly into my stomach—I discovered that my esophagus was blocked by scar tissue caused by the radiation treatments for my throat cancer. My throat was literally sealed off, and I will need another more extensive and intrusive operation to open it up. This second operation will clear the scar tissue from my esophagus but also mean the removal of my vocal cords and the loss of my natural speaking voice.

Though I was declared free of cancer in November, I still writhe in its shadow and I will not be beyond it until I recover completely. What is the right word for my experience of this disease? Affliction? Ordeal? Trial? Adventure? Transformation?

Cancer is an affliction, in that it casts a shadow over my life, and for a time, I lay in troubled darkness. The cure was an ordeal as my body was methodically poisoned and burned. When you face death, you cannot help but put your own life on trial, and so I have struggled with guilt and innocence: what I have done and left undone in my life. But my illness was also a trial in that the jury was out and no one knew, as I lay awake in the sweating dark, if or when it would return or what the final verdict might be. It was an adventure in that I passed through danger and was swept away by a storm, transformed and returned still clinging to a body and a self with a couple of pieces missing.

One of those missing pieces will now be my voice, and I cannot help but feel that an incandescent ember of myself will go with it. It had faded and finally drowned back in August under the relentless, choking onslaught of phlegm from my damaged throat, and I have not been able to hold a real conversation with anyone since. It is now the end of December and as far as I know, I will never hear the true sound of my voice again—it will be gone forever when they remove my voice box. How simple and harmless it sounds to remove a *box*. Of course, I will learn to speak again using a stoma, a hole in the throat just above the Adam's apple to allow the flow of air for speech, and my throat muscles.

For several months, I have been trapped inside myself unable to articulate my own suffering, other than barely intelligible croaks and howls of anger or pain. I have learned to use hand gestures whenever possible and to keep my conversation to only the necessary: in the most abbreviated form, a lot of "yeses" and "nos" with no elaboration. I use a writing pad, often writing out what I need in advance for each day. At the hospital, people address my wife rather than me when they realize I cannot speak as if I have suddenly become deaf or incompetent as well as dumb. All this makes it ever more agonizing when I imagine that my natural voice will never return.

What does it mean to *recover* from an illness? What does it mean if you don't recover? If you do recover, does it mean that you get your life back as it was before? Or do you reckon your losses and learn to live with them? Are those who don't recover diminished in health, in vitality or in spirit, in a slow descent toward the darkness at bottom of the stairs, down *into that great good night*? But how and when do you know (or decide) that you are recovered? Is it when, at last, you clearly see just how much of yourself you have salvaged and just what it is you have lost? When you complete the final ledger?

Recovery from head and neck cancer is a complex physical process involving the interconnectedness of bodily functions like breathing, eating, drinking and speaking, but it is not simply physical, it is also mental and spiritual. Not only my physical being, but my *life* has been threatened in the broadest sense: my livelihood, my way of life, my very identity is under siege. Any life-threatening illness is also a crisis of the spirit, a spirit struggling to understand and hold on to what matters.

Again, I inhabit the same large, darkened lecture hall, full to the brim with mostly young, college-aged audience. I am at the podium looking out at the blur of faces about to begin when nothing… nothing, not even an ugly croak, comes out of my open mouth. I must look like a drowning fish, my mouth working as if I had no tongue. I look down at the podium and there is not a shred of paper there. I have no idea where I am or what I am supposed to do. As the audience looks up at me expectantly, a titter of laughter ripples across the room and I am frozen there in that moment… until my eyes open and I see again the bedroom ceiling.

I freely admit that as a poet and teacher, I have loved the sound of my own voice, to fill whole rooms and halls with it, to hear it echo off walls, to see the faces lift toward me or the lowered chins, eyes shaded in thought. I loved it most when nothing moved and even the silence was listening, that silence at the threshold, that every rhyme, every phrase, every sentence so longs to cross—from the *now* into memory.

What, after all, is a voice? *Thought converted into breath, a vibration of rising air from the lungs, driven through trembling cords of strung flesh, shaped by the sliding tongue, the teeth, the roof of the mouth, the pursing and the parting of the lips...* To breathe in and pass on the restless wind that moves you to speak is beauty and power. But it helps an audience to keep listening if you can make a lovely sound yourself, to have a pleasing timbre, pitch and tone, and use your instrument well. So, I used mine as best I could.

As we struggle, body and mind, to recover from serious illness, we don't usually think of the beautiful and the sublime as necessities, but would you want to live in a world without them? Somehow, they are connected to happiness and hope, but how can we get them back once they are gone? We need to believe the possibility that something inspiring, that something wonderful and sublime, still shines out ahead of us, that our days will come again in the light of beauty and possibility.

But what exactly are the *sublime* and the *beautiful*, and what *is* the difference between them? According to Burke and Kant, the experience of the sublime is a combination of terror and ecstasy. There is an element of conflict in it as reason, thrown off balance, overcomes what has overwhelmed the imagination and is restored. It is something one might feel after an arduous, risky climb, maybe even nearly falling, seeing death in the yawning emptiness below, but then finally reaching the highest ridge on the mountain and looking 360 degrees into the surrounding vastness of sky, valley upon valley, *rivers and mountains without end.* One has looked into the abyss and seen his own death and now stands on the summit having overcome it. The ecstasy at the top of a mountain is enhanced by the perilous steepness, the danger of the climb.

The beautiful, on the other hand, is an experience that is harmonious; one does not feel so much in life and death conflict with nature but one's essential unity with it. There might be a sense of calm, of peace and of great joy as one might feel lying on a blanket looking up into the Milky Way on an exceptionally dark and clear night: time and place lost in the boundlessness of that deep, silent river of stars.

As I lie awake and alone in the middle of the night, I often think back through my past in search of the most sublime experiences that I can remember. I have been to many spectacular places and encountered more than my fair share of danger on the steep ridges of the Colorado Rockies and in the Organ, the Magdalena and the Roblados Mountains of New Mexico. In the Roblados, I vividly remember the cliff, the steep drop, hugging the vertical rock face of the dry waterfall, my feet splayed on a narrow ledge, as I inched my way across, clinging to a lip of rock barely as wide as the tips of my fingers, while a hundred feet below, the stone teeth of the mountain waited to crush my bones. I was the first one to make it over and stand in breathless exhilaration, alive in that high, thin air, with the wide horizon, that expanse of desert and sky, waiting for my three companions to test the balance of fate.

While my memory of these places and experiences was still sharp, my imagination returned again and again, not to the pinnacles and deep gorges of the high mountains, not to the formidable sublime, but to serene beauty, some peace, the music of a river sliding over stone. I did not want conflict. I wanted connection. My mind constantly sought out a combination of memory and daydream until I made it into a kind of composite narrative.

…. I hear the static of the rapids long before I see the shattered sunlight or the under-glimmer on the leaves. At the bottom of the ravine, the river has cut itself a channel in the rock, foaming over the gray and white stones, pale green where it is dammed, deep jade where it bends against the shore.

We go upstream on the narrow trail above the river. Here, twenty feet below, it is shallow, as it flows clear over the rusted gold of a million rounded pebbles. Finally, we come to a little beach where the water deepens around some smooth dolphin-colored boulders a few yards out in mid-stream.

We sink our feet in the cold water, cold enough that our feet go numb, and wade out to the boulders and sit midstream, feel the smooth weight of the current against our thighs. There is the mocking of a mockingbird, the caw of a crow, a distant thrush and maybe a chickadee, an invisible cloud of songs and cries merges with the sound of the running rapids and the restless breeze in the tallest poplars. All the world with its hospitals, its houses and roads, its parking lots, its tedious business, its violence, its must do and be, has passed beyond the wall of leaves.

Here we do not speak but gesture, an upraised finger and a look aloft as a hawk shadow glides in place out over the flowing creek, then veers upstream. No one can ever enter this space except for the occasional trout fisherman as ancient, silent and slow moving as the poplars and as invisible to us as we are to them.

O, what really matters? Nothing? Every precious thing? You wonder, overwhelmed and becalmed by the miracles of light, water and air. What am I doing with my life? Why has it taken me so long to get back here again so that I feel happy and alive? When simply being here at all is a great goodness, why so much pain and suffering, when there is such peace, peace flowing, generous, shining, a white butterfly landing briefly in your hair, then zagging on downstream?

We know how to get here and to be here. We can find our way back, to where the warm sun shimmers around a slight bend and the current slides away from us, flowing like rippling glass over the gray and brown stones on the bottom, where the stream widens and shallows and light hovers over the water. We sit here enveloped by the static roar of flowing water, the river a white-gold flickering before our half-closed eyes, as time pools and shallows, slows and spins over the depths, shines, sparkles, burns around us. The light and the river repeating themselves almost, but never quite, despite the whirlpools, the seasons, the orbits, time spiraling away with all those suns in it, like flowing smoke with sparks thrown off in the wind, the day like a windy tree on fire in the dark fold of a valley.

It is the same flow but not the same water, not the same mountains, hills, stones, sand. Not the same hand numbing itself in the current. Oh, you know, it is not the river that is moving but your mind, your mind, your mind flowing and glistening in the one long thought that is gliding forever by…

What is it that we seek in the journey of our lives? Some would say happiness, but what is *happiness*? The word comes down to us from Chaucer's "Canterbury Tales" and is the union of *hap* with *ness* as in *happening* or *happenstance. Happiness* is nothing more than good fortune--Luck, the opposite of *mishap*. So how do we find it? We don't; it *happens* or it doesn't. To search for good fortune or happiness seems futile. It is not out there like a precious stone to be found. Besides, we have only one vague word for so many states of mind. When we are *happy,* do we mean *content? Feeling good about ourselves*? *Feeling proud of accomplishments?* That we feel *love? A sense of meaning? Peace*? Just what do we mean? What holds up in the face of death?

What does one need to experience the sublime or the powerfully beautiful? A river helps, along with some silence, solitude and maybe a lover or very close friend. You might assemble and shuffle, add and subtract these ingredients time after time and never get back there. There is no exact formula. But sometimes the way forward is to go back, *to recover,* what has inspired us in the past in the hope it will help us find a way into the future. The beautiful and the sublime do not exist outside of ourselves, but in the unity of what is out there in nature with what is in the human spirit. In this forever-changing universe, everything contains an infinitesimal grain of the infinite.

The poet, Robert Bly, has said that there are two kinds of poetry, the poetry of *discovery* and the poetry of *recovery*. This idea could be applied to meaning as well. Finding meaning is a matter of *recovery*—recovering what was lost; or of *discovery*—finding something new, a touchstone place in yourself where you can return if need be, so that you can go forward with courage in your life.

I had not tasted much of anything for months and was determined to have at least a splash of wine on New Year's Eve, even if it would not go down and I would simply have to spit it out. So when midnight came, I poured myself a glass of Garnacha and swirled it around in my mouth. It tasted very strongly of alcohol and bitterness, but eventually a little fruitiness came through under my tongue. I tried to swallow some of it. It stung my throat as I began to cough, but I also had the unmistakably wet feeling of something liquid sliding all the way down my throat. When I saw that my feeding tube was stained with red, I knew for sure the wine had gone into my stomach. This was certain proof that I did, in fact, have a tiny opening in my throat that might be used to do an expansion. There was a chance my voice could be saved. When I called our surgeon, he was as excited as my wife and I were, and he ordered a swallow test for later in the week.

A pencil thin line showed up on the pale TV screen, like the sketch of a faint waterfall slanting down the X-ray of my throat under the shadow of my skull and next to my neck bones. This lucky little filament, this slender gray scratch, is what saved my voice. This, and a sip of Garnacha.

In order to recover, one must understand what *recovery* means. Well, according to the Oxford English Dictionary it means, among other things, *to recover from misfortune, trouble, illness, error etc.; to restore to health, strength, or consciousness;* or *to regain by legal means.* But one thing, for certain, that *recovery* from cancer means is acknowledging and understanding what you have lost. I have lost about seventy-five pounds, a year of teaching, of eating and drinking, of going about my life oblivious to my own good health and freedom.

My throat is still swollen and I still cannot swallow all that efficiently. I go on coughing jags frequently. I aspirate fragments or drops of what I eat and drink, bits of which set off another cascade of coughing and could potentially cause a bout of pneumonia. I cough up phlegm, which gives my voice a croaking, gravelly sound. My neck must be massaged every day to dislodge the waste from my lymph system, which accumulates at the base of my neck.

I get tired in the mid-afternoon and often need a nap and I often sleep late into the morning. I still cannot taste all of my food and much of it doesn't taste as good as it did before. I find my life a bit repetitive and boring and tire of all the endless cycles of exercises I must do every day. I may yet need more throat expansions because I have permanent scars in my throat from the radiation, which may cause swallowing or breathing problems in the future.

After my treatment and the loss of about one-fifth of my weight, my head seems smaller and differently shaped; though my wife tells me I look younger and more handsome, I look weird to myself. Many of my old friends do not even recognize me. I don't mind being thinner, except that all my life I've been a strong man who looked strong and for the first time in my life, I have looked and felt weak, unable to lift or carry things (bags of mulch, groceries, air conditioners, etc.), which I had done without too much effort before.

But I can count myself among the living, and a harsher version of my voice has survived. My face has come back into sharper focus as if for much of my life it had been a blurred photograph. I can see my father's features as well as my own child face within me, as if they had merged into one and I have become more purely myself. I have stared down my own death and begun to repair myself from the physical, emotional and spiritual ravages of cancer. Yet all the time I am healing, my body is also aging, so there is never a point where I will draw even to where I would have been before, without the cancer. I must carry the scars with me, hoping I've learned from them. They are part of the burden of experience. So, do I expect a complete and final recovery where my life will be made whole again and just like it was? Not at all. I understand very well that my life–past, present and future–has been irrevocably changed and that recovery can stretch for years into the future.

It is 7 p.m. on a Tuesday and about 20 of us sit in a hospital conference room. By the door, on the way in, are coffee, hot water for tea, soft drinks and various kinds of cookies. When we are ready to convene our Head and Neck Cancer Recovery Group, Dorothy, the social worker, and Karen, the head nurse, have us all introduce ourselves. There are three or four couples and the rest are mostly men in their 60s and 70s, most married, one or two not. Everyone introduces themselves and tells their story, usually with great frankness and humor. Dorothy and Karen and the participants ask questions to draw out salient points and to help answer the questions of the *newbies,* those who are still in treatment or those who are new to recovery. Questions like: *When will I be able to get rid of this damned feeding tube? Will my sense of taste return*? *What about my voice*? *When will the choking phlegm subside? When will I be able to eat again? Does one ever really recover? What are the odds I will get cancer again? Does the fear ever go away?* Some of the veterans have physical pieces missing, a part of the jaw or face. One man in his 70s who has come with his wife tells us that his jaw was replaced by a bone graft from his fibula. We all look at him amazed. *What a miracle! It doesn't in the least show*! The generosity and quiet bravery of the veterans says volumes; they are here to support those whose bodies and minds have not yet absorbed the full shock of their radiation and chemotherapy.

Among the grateful are the two Georges in our group. There is old George, a tall, bald, thin man in his 70s with a long gray beard, who has battled three recurrences of cancer and speaks with great knowledge and patient, wise authority. There is George the saxophonist, a muscular guy with a goatee in his early 50s, and then Don who plays the double base, as well as violin, ukulele and guitar. He is a skinny, white-haired, white guy in his 60s, now back performing again, who recounts with humor his struggles with the feeding tube and learning to eat normally. And there is Carl, a stocky, well-dressed, black man in his 40s, with a full Afro, who speaks with absolute confidence through a stoma (though many do not even notice) and tells us he has even learned to sing again. He also tells us that all his hair fell out during cancer treatment but it now has grown back so fast and thickly that he has trouble keeping it trimmed, hence his huge Afro. Carl was a great source of inspiration and courage for me when I thought I was going to need a stoma myself and was concerned about how I would function as a poet and teacher. Karen, our head nurse, also speaks with the aid of a stoma but with such great naturalness and effectiveness that I nearly forgot, as I write, to mention it at all.

At our June meeting, George the saxophonist noted that we rarely talk about negative emotion and he went on to describe the intense anger he felt when he realized he had cancer. I could thoroughly identify with that feeling, and like saxophonist George, it took me a while to learn to cope with my anger and to understand that what felt like rage was actually fear so intense and omnipresent that I could not deal with it, and so it came out as anger.

And then there is Susan, one of the three or four survivors in our group who are women. Susan has a very pleasant voice and is blonde, youthful-looking, and in her late 30s or early 40s. She talked extensively about her fear of falling asleep and went on to describe how it usually takes up to four hours for her to, at last, get to sleep at night. "I am afraid I will never wake up," she said. She went on to say that she doesn't quite understand the reasons for her fear. In response, Dorothy said, "Now that you have been struck by lightning, you know that it can happen again; the cancer might come back." Then, Old George talked about what he calls *piling on* and explained that he is now experiencing several serious health problems at once: a stroke, heart issues and trouble with his kidneys. He said that *the piling-on effect* of one issue after another has made him depressed (though he never shows it). Susan explained that in addition to recovering from cancer, she has recently had other health issues as well. "I think it is the piling on that has made me afraid of the cancer again," she said, to which we all nodded slowly. This makes good sense. But Dorothy went on to advise, "You may understand your fear or not understand your fear, but you could feel the anxiety anyway. The problem is the anxiety itself, not its cause. You need to find ways to relax, to relieve the stress."

We are all extremely thankful for Dorothy's compassion and skill, as well as Karen's knowledge and practical advice on how to deal with physical issues like taking care of our teeth and how much and what kinds of exercise are practical at each stage of the cure. These two women are the cement that holds our group together and keeps people coming back month after month for years after their treatment has been over—some for as many as fifteen years.

My wife, Ruth, and I have noticed that the sour patients and the big complainers usually do not return. Typically, they are bitter guys with unhappy, uncomfortable wives who are suffering because their husbands have made them feel that they have not been good caregivers. We all glance at each other and silently sympathize with the wives who must deal with these petty tyrants. After the meetings, many have tried to help these couples with advice and sympathy, but some patients will not be helped.

Some of the older survivors who had their surgeries more than 10-15 years ago are much more physically damaged than those of us who have been through therapy in the last five years. It is a consensus that the recent survivors are in better shape because the hospitals have made progress in cancer research and now use radiation and chemotherapy much more accurately and sparingly. Some in our group seem to be fully recovered; they have adapted to whatever limitations their cancer has left them with, such as some issues with swallowing, a diminished sense of taste and appetite, huge weight loss, and constant fatigue. But they are very calm and positive and go out of their way to engage those who are new to this struggle.

Once you can let go of all the fear, sorrow, pain and loss and begin to look in the other direction, you are past the midpoint of recovery. You are finally *recovered* when you begin to think, not just of the disease, but of recovery itself as in your past, when your eyes and attention are again focused—instead of on your disease or on your sick body—outward again, towards others and the future.

Somehow, there must always be a sense of freedom and possibility in our lives—in spite of, because of—the fact that health and life must come to an end. We must touch some deep place, the bottom of sorrow, and make at least a temporary peace with death so that being alive becomes again a blessing and a wonder. This is why we seek the inspiring nature of the sublime and the powerfully beautiful, though they take a slightly different emotional route to the sacred. In the life and death drama that is everyone's story, the only real cure for the wound of suffering is to again recognize the power of love and imagination, to recover, rediscover the sublime and the beautiful, inhabit them, carry them with you for a long as you can and you may yet, somewhere out ahead of you, hear the gliding water, see that glimmering among the trees.

It is time now to prepare to reenter my life as a poet and teacher. The recurring anxiety dreams have already begun and like a lone mariner*: I stand at the bow of a ship in the invisible night and the waves out in front of me. Or is it a cavernous lecture hall, or a stage with the foot lights turned up bright? I know a large audience is out there, I can hear the rustling and the quiet laughter of young people but I see only the lit-up blackness. I do not have a book or a single page of notes to guide me, only memory and an intuitive sense of direction. I do not know what class this is—or if it is a class—or exactly why I am here.*

Nonetheless, I must begin. Maybe it will be with an honest question. "I am a bit puzzled. Tell me, what are we all doing here?" And we shall find our way.

Michael Fallon's poems have appeared recently in Northeast Narrative, Crosswinds Poetry Journal, The Connecticut River Review, Illuminations, Southword and other magazines. He is the author of four collections of poetry, "A History of the Color Black," Dolphin-Moon Press, 1991; "Since You Have No Body," winner of the Plan B Press Poetry Chapbook Competition, 2011; "The Great Before and After," BrickHouse Books, 2011; and "Empire of Leaves," Singing Man Press, 2018. Essays have appeared recently in The New England Review, on lit hub-The Best of the Literary Internet, The Concho River Review, The Loch Raven Review, Broad Street Literary Review, The Razor, The Northern Virginia Review and Blood and Thunder.

DUSTIN GRINNELL

The Healing Book

The news of Laura's cancer had greatly upset her husband, Dr. David Mitchel, then a renowned cardiac surgeon in Boston. A man of action, a problem solver, David was frustrated that he had encountered a problem he couldn't seem to solve. Out of his depth, he sought out the best oncology specialists in nearby hospitals and threw himself into the study of metastatic breast cancer, spending late nights in his study hunched over scientific journals and textbooks.

David and Laura spent many meals discussing medical advances and experimental cancer therapies. The conversations fatigued Laura, who was a retired preschool teacher, but she agreed with David that they would fight her cancer with everything they had. They tried all of the available cancer treatments: chemotherapy, radiation, surgery, a cutting-edge immunotherapy trial. All interventions failed, however. CT scans showed the spread of tumors. Several months into the assault on the disease, Laura took David's hand one night in bed and told him that she wanted to discontinue treatment. David avoided eye contact, flipped over and switched off the lamp. The next day, he burst into action.

Within a week, David had sold their Beacon Hill condo and bought a small cottage in Western Massachusetts. During move-in, David instructed the movers to arrange his study as it had appeared in their Boston home, with hundreds of books in several bookshelves, a laptop connected to a desktop computer and stacks of notepads containing ideas about cancer treatments. That first winter night in the cottage, David worked in his study while Laura stared into the fireplace with a blanket wrapped around her shoulders.

That night, Laura thought about the nightmare David said he'd had the night before he decided to uproot them and move across the state. In his dream, he had watched Laura die in his arms after failing a series of conventional treatments. It was then that he felt the pull against reason and science. The next morning, he committed to trying anything that might help him save his wife, even if that meant entering into the wilderness of alternative therapies, which he had always considered hogwash, even dangerous given the lack of scientific evidence proving their safety and efficacy. David admitted that a man of science had become a man of hope.

David speculated that years of city living had overstimulated Laura's senses, keying up her body, making it vulnerable to disease by weakening her immune system and allowing cancer to develop unchecked by a strong defense. Tumors were always cropping up in our bodies, David had said, but if one's immune system was strong, they would be stamped out. If the immune system was weak due to the overproduction of stress hormones, however, a tumor could have the opportunity to grow and, if given enough time, threaten the whole system.

While the decision to relocate represented a change in treatment approach, David's skepticism of alternative therapies remained. It wasn't the doctor's style to consult "integrative" healthcare providers, and he and Laura certainly weren't going to travel to South America, or wherever, to experience the laying-on of hands from a shaman or faith healer. There would also be no talk of "sending love" to Laura's tumors or visualizing herself wrapping her arms around her traumatized childhood self that was supposedly the root cause of her illness.

First off, they would treat Laura's cancer with nutrition. "Let food be thy medicine and medicine be thy food," David said, harkening back to Hippocrates. It was no secret to either of them that the standard American diet, which included large quantities of meat, sugar, dairy and refined foods, was effectively toxic and inflamed the body, damaging tissues and organs. And so, while listening to Mozart in their kitchen, they began to cook meals according to a plant-based diet, which were intended to give Laura's immune system the essential vitamins, minerals, fiber and protein to battle the cancer. Since sugar was a proven energy source for growing tumors, they sought to starve the tumors by rooting out all sugar-filled foods.

A month into nutritional treatment, Laura's cravings for sweets had faded. She ate beans and nuts, organic fruits and vegetables, and lean meats sparingly. She drank copious amounts of water and drizzled foods with olive oil. She limited consumption of red wine and drank several cups of green tea a day for its proven cancer-fighting properties. On Sundays they fasted, a practice that had been shown to bolster the immune system and perhaps even slow the aging process by activating genes associated with longevity.

Since aerobic exercise was also good medicine, David and Laura took daily walks in the woods. They rescued a puppy and relieved stress by exploring trails behind their cottage together. In his reading, David learned that forests had been shown to produce a myriad of chemicals that were shown in some studies to relax the body and calm the mind. And so, he began referring to their walks as "forest baths." Most days, after watching the sun rise over the mountains, they would walk out onto their deck and do tai chi, which, according to traditional Chinese medicine, removed blockages in the body that caused disease by moving "life force" around various energy centers. After the light exercise, Laura found herself in better spirits. Afterward, she had less pain and would sleep better.

Each night before bed, Laura began to kneel near the fireplace and pray. Other than maybe relaxing her body, David saw little value in sending wishes into the air. He had never hidden the fact that he was an atheist, and Laura had always said that she too "lacked faith," or had at least found herself "unable to believe" and yet she didn't share her husband's strong convictions.

Sometimes, while wine drunk, they used to speculate as to where humans "went" after death. David's position: the lights just went out. Laura wasn't so sure though. Then, such speculations were mental play, good conversation, but death was no longer an abstraction now; it was on her doorstep. And so, Laura began to silently reexamine her beliefs.

On the days when her body ached and her thoughts swirled, a great fear of dying would take hold, and she would hope there was an afterlife, because at least that meant that this brief life wasn't the only life. "Don't we all want a little more time?" she thought. "Time to do the things we want to do? To spend more time with the ones we love?" Laura longed for a time when she could have breakfast with David without the shadow of her illness looming over them.

David wasn't the type to entertain existential conversations, so Laura poured her musings into a journal. In her notebook, she could ask questions that would alienate her from her husband. Laura had done some reading that said that journaling might help her process "stuck" emotions, which might be the root cause of her cancer. All Laura knew was that she felt better after expressing herself in writing. The hardest thing to manage was the fear her illness had brought, a ruthless anxiety about death that often woke her up in the early hours of the morning, her mind racing with worry.

Deep into winter, David began talking excitedly about bibliotherapy, a practice where literature was prescribed to ease the suffering associated with mental and physical problems. The ancient Greeks were the first to use bibliotherapy, referring to their libraries as sacred places of healing. After World War II, special libraries were even built in US hospitals where bibliotherapists matched fictional narratives with soldiers' problems.

Over time, the practice extended to the wider public and even became a profession. A bibliotherapist might prescribe Herman Hesse's "Siddhartha" to an overworked businessman dealing with a mid-life crisis. A dissatisfied lawyer could reexamine a life of striving for material success through the lens of Leo Tolstoy's novella, "The Death of Ivan Ilyich." For those searching for meaning in a meaningless world, there was Albert Camus's philosophical essay "The Myth of Sisyphus," whereby the character Sisyphus eternally pushes a boulder up a hill only to see it roll back down after reaching the top.

David and Laura agreed that it was a bridge too far to assume that fictional narratives might slow the quiet spread of Laura's tumors. David viewed bibliotherapy through medicine's "three-legged stool." One leg offered drugs and medications. Another leg used surgery and other physical procedures. And the final leg included elements of self-care, like stress management, exercise, sleep and bibliotherapy. David talked enthusiastically about a study in which MRI brain scans had shown that the same brain regions are activated whether someone is reading about an adventure or experiencing it themselves. In all, reading as therapy could distract, teach, excite, calm and even transport us. "Literature is medicine for the soul," Laura wrote in her journal.

In his study of bibliotherapy, David learned about a literary critic's mother who had apparently been "cured" by reading. As the story goes, the mother had been delirious in the hospital when her father visited and gave her a dozen adventure novels to read. It had taken the woman weeks to read through the books, but by the end she was healed. So inspired by this case, David wrote a perspective piece for a medical journal, opening with a quote from Voltaire: "The art of medicine consists of amusing the patient while nature cures the disease." After that publication, he became obsessed with the mechanics of how books bestowed their healing properties. "The anatomy of bibliotherapy," he called it.

An amateur bibliotherapist, David also began "prescribing" books to Laura. While she preferred her cozy mysteries, Laura read the books her husband gave her. "War and Peace," "Anna Karenina" and "Moby Dick," even adventure novels, like "Treasure Island" and "The Lost World." David theorized that perhaps it was the mere escape that gave books and the reading experience most of their healing properties. Laura did find that fiction provided a break from thinking about her condition. However, the minute she put her book down, Laura couldn't escape the gnawing suspicion that no treatment, conventional or otherwise, would remedy her illness.

As the snow swirled outside the cottage, Laura would read each night at the fireplace. In addition to distracting her mind, she found that the sound and rhythm of some books' prose had a calming effect. It was interesting to think that her actual physiology could respond to the cadence, syntax and musicality of words. David shared research that certain works of literature contained prose that lowered blood pressure and reduced stress. Laura found passages in the novel "Lost Horizon" by James Hilton particularly soothing. In one part of the novel, Hilton describes the inhospitable, mystical Tibetan plateau using language that stilled Laura's mind:

> Without thought or knowledge, one could have guessed that this bleak world was mountain-high, and that the mountains rising from it were mountains on top of mountains. A range of them gleamed on a far horizon like a row of dog teeth.

After several weeks of using unconventional approaches to treat Laura's cancer, David and Laura were ready to check the status of her disease. They drove into Boston for a day of testing only to find that Laura's tumors had not spread or receded. Status quo. Laura now assumed that David's efforts would likely fail, and she probably wouldn't see another New England summer. The realization made her think that she had spent her entire life denying her own mortality. "It's a terrifying prospect: to die while the world goes on," Laura wrote in her diary, “and so we bury it, repress it, keep this inescapable fact at bay by busying ourselves in the world.”

With oblivion more concrete than ever, Laura searched for literature that might help her reframe her view of herself and her place in the cosmos. One day, while reading Shakespeare’s play, “As You Like It,” a short speech took her breath away.

> All the world’s a stage,
> And all the men and women merely players;
> They have their exits and their entrances;
> And one man in his time plays many parts…

Laura was surprisingly comforted by the notion that she was like a character in a story. It was a relief to consider herself part of a grand cosmic narrative in which she entered into ever so briefly and then departed so others could continue the story. She had played a good part on the world’s stage. She and David hadn’t had children, but in many ways the two- and three-year-olds in her classroom had been family. She had helped these children work through their emotions and tried as best she could to help them navigate the confusing and sometimes overwhelming realities of growing up. *What’s wrong with passing now, having played such a wonderful part on the world’s stage?*

When David wasn’t working and Laura wasn’t reading, they were watching funny movies; "Groundhog Day” was her favorite. Why funny movies? David had read the book, “Anatomy of an Illness: As Perceived by the Patient,” where the author Norman Cousins wrote about how he had cured a previously incurable autoimmune disease by binging on funny films. Cousins explained how humorous movies had provided much-needed amusement during his battle with his illness and allowed his body’s own internal healing mechanisms to go to work.

Most days, David studied in his office. When Laura was so ill that she couldn’t leave her bed, David would visit for a few minutes, wipe the sweat from her forehead with a warm towel and then return to work. At times, it was inspiring to see David work so tirelessly in an attempt to heal her. Another part of her felt angry that David was often absent. Would she have been healthier had David shown her more attention, been more loving? Surely his presence would have eased her suffering. And yet, he remained locked away with his books.

His obsession with bibliotherapy growing, David embarked on an ambitious effort to write his own novel using what he was learning about how literature could heal the body and mind. A purpose-built fictional narrative, a "healing book," he called it. He closely studied the literary theories in "Poetics," Aristotle's book on the craft of dramatic writing. One device, the philosopher wrote, was that effective fictional narratives presented readers with obstacles that produced a catharsis, from *katharos*, or clearing of obstacles. This clearing of obstacles provided a purging of emotions that led to a reworking of how the audience or reader saw themselves and the world.

David worked and Laura began to walk the dog alone. The morning walks weren't the same without her husband. What an elixir it had been to meander in the woods with David and laugh as the pup buried her nose in the snow looking for a mouse that had disappeared. Alone one morning, Laura spent hours trying to catch the dog, who had run off. When she managed to grab the leash, an image flashed into her mind of David hunched over his desk, writing vigorously, and she began to weep.

David's book was written in piecemeal, chapter by chapter. Each night, Laura could hear the sound of her husband pounding the keys of his laptop from the bedroom. One night around midnight, she crept out of bed and peeked into his study to see him standing, scribbling on a pad of paper on top of a bookshelf, like a man possessed.

It wasn't long before David gave her pages to read. The early parts of his novel were a bit rough around the edges—too much "telling," not enough "showing," as Laura's English teacher used to say after reading her short stories in college—but the prose had an appealing lyrical style. Somehow, David had managed to pull off a neat trick. The voice in which he wrote was delicate, almost lilting. His writing style comforted her, and many nights Laura drifted off to sleep with pages in her lap.

As the weeks passed, the days began to warm and the snow melted, but Laura grew unexpectedly sicker. Her body frail and her mind often cloudy, she was now certain that the curtain would soon come down on her play. Early one morning, before the sun had risen, she rolled over in bed and thanked David for moving them to this beautiful part of the state. The rising and falling of the cicadas in their backyard was as good music as any of Mozart's sonatas.

Laura tried to tell David that she no longer wanted a novel to soothe her worries; she wanted her husband by her side in her final days. There had been many lonely nights when she wished David would have finished his studies early, come to bed and pressed his body against hers. That would have been a form of medicine, would it not? There's nothing cutting edge about a hug, but it would have made her smile and feel warm and desired. An embrace wouldn't have taken away her cancer, but at least she wouldn't have felt so alone and cold during those long, dark winter nights.

David's book was nearly complete when Laura felt what she could only describe as a loosening attachment to her breath. She knew she had days, hours even, and yet David had drowned himself in his project. In a two-day writing frenzy, he finished his novel and rushed to Laura's bedside to read her the ending. Laura listened while David read, feeling tired, light, ready.

David's eyes welled up with tears, and he put the book aside and laid down beside his wife. He seemed to finally accept the fact that a book would not give Laura more time. Tears running down his face, David apologized for spending the winter buried in his work. Laura shook her head and told him it was all right. They may have been in separate rooms, but they were in the same town, under the same roof. The smell of him had never left her clothes. David shut his eyes tightly and said he was sorry for creating a healing book that didn't, in fact, heal.

Laura took David's hand and said that the books she had read, including her husband's novel, had comforted her and helped her fear death less. The literature she had been exposed to made her realize that she was part of something eternal, that while she would physically die, she could live on in David's heart and in the universal narrative in which humans continue to write as long as we are born. Indeed, David's book had not given Laura more time, but it had offered her comfort as she approached the end. His book hadn't helped her live; it had helped her die.

Early in the morning, David gazed at Laura softly and told her that he loved her and that he would miss her. Laura's eyes parted lazily, and she mumbled something that David couldn't make out. He was rubbing Laura's back when she drifted off and her chest became still. David wrapped his wife in his arms and stared into the night sky until the morning came and the room filled with light.

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NADIA KHALIL

An Elegant Mission for the Unrefined: A Reflection Courtesy of a Tasty Hazelnut Frappé

Your arms rested comfortably on the wheelchair, elevating your shoulders a tad closer to your ears, just enough to freeze you in what appeared to be a complacent, subtle shrug. The smile you welcomed me with as I entered the clinic room was disproportionately larger than the rest of your body, a metaphor, as I would come to learn, for how you endured and overcame. I mirrored you reflexively, grinning sheepishly, a little abashed at the stark contrast I felt from the thin line resting on my face an inch-and-a-half beneath my nose just a moment prior.

It was nice to meet you.

You asked me 20 questions in what felt like 20 seconds, and I think I answered one of them with only a word before you continued. I shifted internally as if to brace myself, with my left eyebrow subtly cocked. "This one is a talker," I thought to myself, trying to suppress a smirk, utterly taken by your sheer energy.

We talked extensively; conversation, of course, was entirely irrelevant to your diagnosis. You told me of a vegan place you frequented regularly. The owner, you said, always addressed you by name and chatted with you at your table. You loved their collard greens and Puerto Rican rice and insisted I try the hazelnut frappé if I ever went. We joked around and laughed like old school friends. Your nature precluded anything else. I commented on how refreshing I found you and what strength I knew it reflected, especially given what you had been through. You paused, and though your face never lost its smile or its radiance, something in your eyes changed, almost as if I was seeing your past resurface within you; you told me you were not always this way.

You started to cry. You detailed the ways multiple sclerosis robbed you. The frustration and misery of feeling your body slipping out of your control. This is not what you imagined life would be like. "I will not let it own me. I *cannot* let it own me."
I cannot tell you how long we talked, but the medical student clock inside me chimed, alerting me I probably should have been done with

my history and physical and halfway through my presentation already. The image of my attending waiting for me in the next room flickered repeatedly across my mind, a thought a medical student cannot unthink. With the curse casted, I felt myself start to get fidgety. By now, I had already pleaded with you several times to let me ask you just a couple of questions and perform a few exam maneuvers so I could make sure the attending had the pleasure of speaking with you too. You apologized, said you could not help it. I flushed, embarrassed at how meager my attempt at striking the perfect balance between establishing rapport and executing efficiency was. I stumbled awkwardly out of the room and fumbled to create a story for my attending from the few words of clinically-relevant content you gave me.

With the other patients I had seen that morning, my "takeaways" were side-effect profiles for disease-modifying therapies, applications of the 2017 revisions of the McDonald criteria and what "hippus" was. From your encounter, my "takeaway" was entirely different.

In this field, we consider ourselves "providers." One of the first questions we ask in a patient encounter is "what can I do for you today?" Upfront, this seems straightforward, but, even in my little experience, I can assure you this is hardly the case. The first part is establishing ourselves as invested listeners; if you, our patient, do not feel value in or are comfortable with sharing a part of yourself with us, we will fail to identify your need, and without knowing what your need is, how can we provide for it? At the same time, we must read the room, allowing emotion and personal circumstance to color the image we are creating to respect the individual in you sitting before us. This much, at least in theory, I got. What I felt you needed was someone to validate your tribulations and remind you of your strength in dealing with them. And in sharing in your excitement about everyday things, I exposed myself as human too, which I hope helped us connect at the individual level and made for a more meaningful exchange.

But there is a finesse to weaving in clinical objectives and navigating the encounter in a timely fashion without compromising efficacy in providing, often referred to as the "art" of practicing medicine. I am not there yet. Ideally, practicing humanism in medicine and practicing medicine would occur harmoniously and simultaneously (arguably, lending you my invested ear *was* practicing medicine, but it would be naïve to ignore that we also needed to talk about your disease). Yet, there was certainly a turning point in our encounter where I felt like I was pursuing one at the expense of the other; I felt I could not do both. That day, I felt like I lost.

My mission in my training is to amount to the responsibility that comes with being a "provider." I struggled then, and I know I will struggle again. But with each encounter, I will carry the memory of you with me as a reminder of the physician I aspire to be. Just as your smile far outsized your body and your spirit far outsized your disease, my motivation outsizes my limitations. One day, when I finally create my own masterpiece worthy of graduation to the "art" of medicine, I will remember you as one of my original sketches.

It was nice to meet you.

P.S. I tried the hazelnut frappé today.

Nadia Khalil is a coffee-lover, bookworm and brain enthusiast. Every day, she finds she is energized by human connection and the miracle that is the human body, and she feels fortunate to dedicate her life to a career that cherishes both. Nadia is currently a first-year neurology resident at the University of South Florida Morsani College of Medicine.

J. DAVID LISS

The End of Pain

Mickey was able to park the ambulance right in front of the house. It was a typical, quiet, tree-lined block in Croton and the large mid-century modern ranch was set back from the sidewalk behind landscaping and decorative trees.

It was 9 p.m. in January, dark, so I couldn't see any colors. But I just knew that the stone fascia on the house was beige and the wood slats were a deep shade of redwood.

I had read the call notes on the way over. Mrs. Adelman was a 71-year-old widow who had terminal lung cancer. She was in publishing and ran the classics division at Albert Kompt until the disease forced her into retirement.

She was in constant pain.

Her home health aide had found out that Mrs. Adelman was stockpiling oxycodone, living with a high level of pain in order to hoard enough pills to commit suicide. The aide called Mrs. Adelman's doctor, who called the County Crisis Team.

I was the psychologist on duty that night.

I try to approach every patient without any preconceptions, but it was hard for me not to picture the bookcase in my den that was filled with the beautifully-designed Albert Kompt classics library.

A slate walkway led to a stained oak door. I rang the bell and I could hear a deadbolt and a lock being undone as Mrs. Adelman let me in. We had called in advance to let her know we were coming.

"Mrs. Caleb told you about my pills, did she?" It wasn't really a question.

"Yes, Mrs. Adelman, she did."

"Please call me Elaine. What's your name?"

"Jack Stearn," I answered.

She said, "I can hear the Ph.D. that comes after it, even though you didn't say it. But that name does not sound auspicious for this conversation. Jack Stearn is a short, stern name. No one wants stern when they could have kind."

"Then just call me Jack. It's only one syllable, but it's a friendly one."

"Come in, Jack. Let's sit in the living room."

One thing was immediately clear: the woman may be suicidal, but she was not depressed.

I followed her into the house. The furnishings were mostly mid-century and Danish Modern. I loved the place. There was a mix of dark wood and light wood built-in shelving that held professional awards and art objects. There were a lot of books, on the shelves, on coffee tables, on chairs.

Elaine walked slowly, clearly in pain, keeping her hand on the wall in case she needed support. She pointed me to a bent wood armchair and sat on the edge of a sleek couch in front of a coffee table that had a copy of Shakespeare's 'The Tempest,' 'Dark Matter and the Dinosaurs' by Lisa Randall and Yeats' collected poems.

I started speaking. "I'm a real fan of the Albert Kompt classics library. I have most of the American and British authors in the collection."

"Thank you. I am proud of what we were able to accomplish. But there is so much more to do. We were about to tackle a series on African-American writers from 1790-2010. Lung cancer had other plans."

"Why do you think you've been so successful reissuing the classics?"

"I think the key was the email and text series we created that sent great quotations from the cannon to peoples' phones and computers. It reminded folks these books are special and made them want to actually read the classics. We consistently sold 30 percent more volume than Kompt projected."

"I understand that you worked for Kompt for 40 years and worked your way up from assistant copy editor to editor-in-chief, creative director and Senior Vice President of Production. Truly impressive. What first brought you to Kompt?"

"I was a native New Yorker who graduated from Barnard in 1966, and couldn't understand why so many out-of-town writers and editors were dominating the big publishing houses from places like Oklahoma. But it wasn't hard to figure out. They were thinking about the parts of the country that they came from and were publishing for the heartland or the south or the west, which were larger markets than New York City.

"But I kept looking at the movement of people to suburbs and to urban centers. I thought that there should be a vision for 20 years from when I graduated college that acknowledged where our readers were going to come from. So, I pushed for an urban vision of the classics.

"Kompt hired me in 1974 and it took 20 years of pushing for me to get them to issue the first CityBooks label. But from there, things went pretty fast. I rebooted the classics line because, well, I love them and thought they would sell if the marketing was right."

She took pride in her accomplishments. She saw herself as having a legacy. No, this was not depression.

She continued, "But I guess we should talk about the pills."

I appreciated the fact that she was bringing the subject up rather than avoiding it and trying to distract me. I found that I liked Elaine Adelman—and that is something a psychotherapist has to be conscious of, particularly in a crisis situation.

"I looked up your Crisis Team on the county website. Apparently, you do have the ability to order me into treatment or police custody if you perceive me as dangerous to myself or others.

"Since I can't walk more than 100 feet without needing to sit and gasp for air, you don't perceive me as a danger to others. And you shouldn't be concerned if I'm a danger to myself. There's nothing I can do to myself that is worse than what lung cancer is doing to me now. So why don't I make you a cup of tea and we can talk about literature and then you can leave and not worry about what silly Mrs. Caleb told you."

"What are you reading now?"

"I'm about to tackle Randall's book on dark matter. She describes the interconnectedness of everything in the universe, which is an appealing topic for me right now."

I didn't like her dwelling on becoming one with the universe and decided to change the subject. "I see you have 'The Tempest' on the coffee table. Are you reading that now as well?"

"Every now and then I like to finger the gems in Shakespeare's pouch, or for that matter Yeats. But this morning I found that I couldn't remember lines from the play.

"I memorized the Bard's plays that I like best, often after just two readings. But the drugs are getting to me or the cancer has spread to my brain or maybe I'm just distracted. I couldn't remember Ariel's song, which I've known for more than 50 years. It's about transformation:

> Nothing of him that doth fade
> But doth suffer a Sea-change
> Into something rich and strange.

"I'm about to suffer a sea change. But just when I needed those words most, I couldn't remember them. That's how I know it's time for me to go."

"Did you enjoy reading 'The Tempest' again?" The play was one of my favorites.

She sighed, "Yes I did. I just don't seem to be able to balance the pain I feel every waking minute with the nausea and confusion from the chemo and the painkillers. When I take the pills, the nausea and confusion prevent me from enjoying the things I used to love. When I don't take the pills, the pain is a big, hard wall I can't look past.

"There is time that I treasure. When I let the Oxy work itself out of my system so that my head clears, then I take some more and the pain slowly eases. There's about an hour when the pain is reduced enough for me to use my brain, yet the drugs haven't made me stupid. That's when I read and write."

"Are you writing?"

She looked annoyed. "Damn, you're good! I can see why they send you out on the Crisis Team. So yes, now you know that I write. I keep a journal."

"Did you give the journal a title?"

"Very insightful question. Yes. I call it: 'The End of Pain.'"

Warning bells went off somewhere between my brain and my gut. "Would you share it with me?" I asked.

"No. You can read it when it's posthumously published, as my friends at Albert Kompt assure me it will be." More warning bells.

"Why are you keeping a journal? Is that something you've always done?"

"Never, actually. I never had time to keep a journal. Never saw the need."

"Why now?"

She looked at me with a knowing smile. "Is this a therapy session?"

"Honestly, this is an assessment. You're extraordinarily smart and experienced, and you've told your cleaning lady that you're stockpiling pills to commit suicide. I have to determine how much danger you're in from yourself. That's what I'm trying to do now."

"Thank you for being honest about that."

"I think you already knew what I was doing. But I really am curious about why you decided to keep a journal now."

"It's because I am afraid of dying and I don't know who to tell. I used to tell my husband Jeffrey everything and I was never afraid. There were two of us, and whatever came our way we could beat as a team. We never had children and in some ways that made us closer, though it was also a big hole that we somehow never filled.

"Jeffrey died almost 10 years ago. But I was so busy, and my work and life were so familiar to me that I didn't need to be reflective. And when I felt reflective, there was always a book that had already captured what I was feeling and said it better than I ever could.

"Now I'm afraid and there is no one to tell and nothing that can possibly distract me from the way I feel whenever I'm awake — hurting and hollow. I rarely sleep anymore. I can't remember what I just read.

"Friends call. My sister Mildred and her children call. But they all need me to be exactly the person I always was. *I* have to comfort *them*. So, I keep a journal and write about how afraid I am."

"Why do you call it 'The End of Pain?'"

"I am using it to build up my courage to take the pills that you want to rob from me. When I do, it will be the end of the pain I am constantly in.

"I was thinking about calling the journal 'The Golden Hour' since I generally write in it four times a day, as I told you, after taking the Oxy, when the pain has subsided but I can still think. I decided to stick with 'The End of Pain' because I want to end the pain.

"Jack, it's January. I'm not going to last to see the end of the year. What the hell am I doing, running this gauntlet every day? Why would you want me to prolong what I'm going through?"

"So, there are four hours each day where your pain is controlled enough to pursue rigorous intellectual activities such as reading and writing, without being in the fog created by painkillers? Is that right, Eileen?"

"Yes, four. Also, I sleep for four to five hours of 24."

"Okay, you have approximately four hours of intellectual satisfaction and four to five hours of rest?"

"I'm tired of fighting. I shouldn't be forced to fight. It feels like I've been drafted to fight in a war I don't believe in."

While Elaine was talking, my phone had buzzed. Mickey was texting me to see if I needed help, if the police needed to be called. I wrote back to him that the situation was stable for now.

"Elaine, what did your husband Jeffrey do for a living?"

"He was a literary agent. But we had no conflict of interest. He mostly represented authors who wrote science fiction or fantasy. We didn't publish that. I used to make fun of him for representing authors in what I called the 'Immature Adult Market.' It was lucrative, though."

"How did Jeffrey die?"

"He had a massive heart attack at age 62, the same day he told me he was considering early retirement. After that, I always thought of death as the absence of work."

"What do you think he would have said if he were alive and you were telling him your plan?"

She thought for a second. "He would have said, 'Don't die.' I know that's what he would have said, although I don't know if he would have said it for my sake or his own. I don't think Jeffrey would have known what to do with a single day without me to orient him.

"He really enjoyed living though. When he died, it felt as if someone had turned off the soundtrack that I didn't even know was playing in the background of my life. And actually, we did have a lot of music in our lives. Jeffrey loved the singer-songwriters of the late 60s and early 70s, Jackson Brown, Cat Stevens, James Taylor. He played the guitar and was the right age to be influenced by these guys.

"Jeffrey was a little younger than me. I called the music 'low brow,' but enjoyed it as much as he. When he died, I didn't have the heart to play our old albums. I keep listening for Jeffrey to sing along."

She continued, "What if there's an afterlife? Jeffrey might be waiting there for me. In that case, if he were here he might say, 'Do it already.'"

I needed to reply. "I suspect from what you've described that he'd never advise you to do anything like take your own life."

"You're probably right."

"Elaine, we've been speaking for more than an hour. Your face is starting to look drawn. How do you feel?"

"The last dose of Oxy is wearing off. I'll take some more. In about 20 minutes, I'll be starting the next Golden Hour, if you want to keep talking."

"I would like to keep talking. You've said that you are stockpiling the pills. Do you think if you took the full dose prescribed to you by your doctor instead of halving the dose to collect pills, you would be pain free for longer?"

"I would feel less pain, but I'd be too fogged-out to have a conversation, and this is the first long talk I've had in a while. I'd hate to end it because of drug-induced dumbness."

"I saw in your record that your prescription for Oxy came from your oncologist. Have you been to a pain specialist?"

"I haven't. Knowing that I'm only going to live a few more months, it seemed useless to spend my limited time with yet another doctor."

"I don't think that would be a waste of your time. There may be a way of titrating the medication so that you could have longer periods of control without the mental fog. I'm going to be honest with you; you are not clinically depressed."

"One doesn't have to be a psychologist to figure that out, Jack."

"Right, but that does raise issues about what my responsibilities are. There is no diagnosis code for, 'To be or not to be?' My point is there may be some value to you having regular talks like this one."

"I'm only going to be alive a few months, Jack. Is this how I should spend my time?"

"Well, what justifies being alive, Elaine? Does four good hours a day justify 16 really tough hours?"

"I can't say right now. But I don't want you to take my pills."

"As long as I think you are a danger to yourself, I have to take your pills. But if you promise to see a pain specialist and a therapist, both of whom I can recommend, I will not take your pills."

"Can you be the therapist, Jack?"

"No, Elaine, I do crisis intervention. But I can visit you twice a month to ensure you're not in crisis. I have the night shift and would be pleased to do that."

"You have a deal."

"I'm going to put one more condition on your keeping the pills."

"What's that?"

"That you rename your journal 'The Golden Hour.'"

"Or maybe I'll call it, 'The Gig is Up,' since I now have you as part of my decision-making process."

"I like 'The Golden Hour' better." We shook hands, and I left.

Mickey was waiting in the ambulance. "That took longer than usual," he said, "but all's well that ends well, right?"

"Funny you should put it that way since the lady inside is something of an expert on Shakespeare."

"What did I say that had anything to do with Shakespeare?"

"Never mind."

"But she's not going to the hospital, right?"

"Right."

"They will love you tonight."

Mickey was right. The county hated psych admissions; they always lost money.

It took me about 15 minutes to wrap up my notes from the visit. Later, I would type a more complete report. In that report, I will try to answer the question, does four good hours a day justify 16 really tough hours?

For January, it was unusually warm. I had the ambulance window open.

From an open window in Elaine's house, I suddenly heard music playing: Jackson Brown's song "Opening Farewell."

I guess she had decided to play some of her husband's old albums.

"Opening Farewell."

How should I interpret that?

In 1984 J. David Liss received a Master of Fine Arts from Brooklyn College. Trained in writing and inclined to politics, he became a speechwriter, then a lobbyist. Liss has worked in corporate, academic and healthcare centers and all his work has been touched by literature (he likes to think). His work has been published in numerous journals.

STEWART MASSAD

The Winner

The third patient of his morning is a bald woman in a wheelchair. Dr. Delisle, the woman's oncologist, shakes hands all around: the patient, her mother and her pre-adolescent daughter, who sits in a plastic seat playing a game on a phone. He has to edge sideways past the wheelchair.

"Before you say anything," the bald woman says, "we wanted you to have this." She puts a wooden cross on a green yarn lanyard into his hand. "We want you to pray for me. We hope this will remind you."

"Prayer is good." Dr. Delisle does not believe in it, but he knows prayer will be less toxic than anything he has left for her.

He reviews the young woman's history with them. She was diagnosed with breast cancer 17 months before, which presented as left hip pain. Metastatic tumors destroyed her acetabulum. Palliative radiation saved the bone, but she never really walked again. She received standard chemotherapy. Her cancer progressed. She received second-line therapy. Her cancer progressed. Dr. Delisle recommended a second opinion. The academic oncologist consulted for a second opinion recommended combination chemotherapy. A second oncologist, consulted for a third opinion, advised a different combination. Dr. Delisle tried both. The cancer progressed. The Memorial offered a clinical trial, but she could not travel far enough. Her cancer lacked estrogen and progesterone and epidermal growth factor receptors, and genomic testing was unrevealing, so none of the new treatments were promising. They tried a tyrosine kinase inhibitor anyway. Her cancer progressed.

"We know all that," says the mother. "We want to know what you'll use next."

"I'd like to focus on your pain," he says to the woman. "How is your pain today, if 10 is the worst?"

The woman makes a face, looking at her mother. "Eight?"

"We'd like to focus on treatment," the mother says. "What's the plan from here?"

"I don't know of anything that offers a meaningful probability of a response."

"We don't want a response. We want a cure."

Dr. Delisle looks at the mother. She looks at her granddaughter thumbing keys on her phone. "We're counting on a miracle."

He sits back in his chair. "I can't prescribe a miracle. You have to look to God for that."

The women brighten. "Oh, but we do." The patient's pallor is brilliant. Her wide eyes shine beneath the fluorescent lighting. "Jesus has plans for me."

Dr. Delisle stares. He opens his mouth to explain the course of her illness, so she'll know just what Jesus plans. He closes it and looks away. "I don't know what to say."

The patient's mother touches the hand of Dr. Delisle's that holds the wooden cross. "You are God's instrument. Let Him speak through you."

They gaze at him. He pushes a pen around a pad, sketching shapes without meaning. After a time, he stands. He pulls a stethoscope from his pocket, runs the diaphragm over the woman's chest, then the bell: crackles in the base of her right lung, dullness at the left base, her heart is racing and she has the flow murmur of anemia. He runs the stethoscope along the scar where her right breast once was, where a tumor eroded through her skin and radiation burned it into local remission.

"Have you spoken with your pastor? We talked about that last time."

"He told us," says the mother, "that if we have faith, all things are possible. We have faith."

The woman stirs in her wheelchair. "We have faith."

“Doctor,” says the mother. “Do you have that faith?”

He looks at the kid. She is intent on her screen. The tip of her tongue shows between her lips. Suddenly she looks up at him. “Ha,” she says. “I win.” He nods. She puts the phone down. “I always win.” She glances at her mother and grandmother. “What?” she says. “What?”

Dr. Massad is a gynecologic oncologist at Washington University in St Louis. He is the author of a story collection "Doctors and Other Casualties." Related short fiction has appeared in medical school literary magazines including: thirdspace, Plexus and Lifelines.

ROBYN O’SULLIVAN

It’s Not Finished

Hayley drove along the freeway towards Dandenong in the center lane 15 miles per hour under the speed limit. Cars whizzed by, some drivers tooting and quickly cutting back in front of her Honda Civic. The blue sky was streaked with clouds, but there was no hint of rain in the warm day. Hayley glanced at the passenger seat. She could see the X-ray request form poking out of her bag. Mind and gut weighed down with dread, nausea rose in her gullet. Hayley reached over and shoved the form deeper into her bag.

She reached the freeway exit and veered off. She pulled over to check directions on her phone, then slowly progressed along the main road, around a few corners and through a couple of roundabouts before turning into the Imaging Clinic driveway. A woman wearing a high-visibility vest patrolled the car-park entrance. Hayley stopped the car and lowered the window.

“Do you have an appointment here today?” asked the attendant.

“Yes, I do.”

“May I see your request form? We are cracking down on staff using the patients’ car park.”

Hayley rummaged in her bag and offered the form through the open window. She could feel her face reddening.

“I don’t need to read it, just sight it.” The attendant waved her through with a smile. “You can park anywhere.”

Hayley pulled into bay number 15, the furthest from the clinic entrance. She took some deep breaths. She looked at the date on the form: Oct. 26. It had taken four months for Hayley to work up the courage to make this appointment. She read what the doctor had written on the form.

- ? Obstructive defecation
- Omers rectocele
- ? Intussusception

The question marks meant "query." That's what her doctor had said. And the rectocele was medical speak for a prolapse.

Oh, God, what if the attendant had read it, she thought. Could this get any more shameful?

Hayley sat in the car until the last possible moment before climbing out and resolutely walking towards Door A, stopping twice to press the lock button on the car remote.

Though only 9 a.m., there were several people ahead of her in the queue. A TV mounted on the waiting room wall was tuned to a morning show, quietly proclaiming the day's news headlines and weather reports. Hayley drummed her fingers against her shoulder bag whilst fanning her face with the request form in her other hand.

Five minutes went by. The queue dwindled. Hayley gave her name to the receptionist and was invited to take a seat until the nurse called her.

Another five minutes went by. Then two more minutes. A young woman wearing the clinic uniform with a headscarf and round frameless glasses called her name.

"I'm Adina, your nurse. Is anyone waiting for you? This will take about two hours."

Hayley shook her head.

"Good." Adina directed her to an X-ray room. "Just take a seat here while I get a few things together."

Hayley looked around the rectangular space. The walls were painted a common medical-facility shade of cream. The floor was covered in non-slip grey rubber tiles. To her right was a brown vinyl-covered chair located next to the toilet door. Against the opposite wall, a gurney was positioned beneath an X-ray machine that had two large hinged arms. Hayley wondered how many different poses the machine could adopt in order to thoroughly scrutinize every nook and cranny of a human body. At the other end of the room was an apparatus for securing X-ray plates.

In front of it was a chair on which sat a bedpan covered with a cardboard shield. Oh, God, the bedpan. To her left was a wide bench running the length of the wall, screened off by a glass panel. Hayley sat on the chair by the toilet door, curling and straightening the corners of the form, and waited.

“Here I am,” Adina said, entering the room and closing the door with her foot. In one hand she held a plastic cup filled with white liquid, in the other a clipboard and biro.

“First things first,” she went on as she put the cup on the bench. “I need to take a look at your form.” Adina ran her eye over the doctor’s list and turned to Hayley. “So, you have trouble going to the toilet?”

“Yes.”

“Do you have to use your fingers?”

Hayley’s cheeks burned, “Well, yes.” Her voice faltered. She swallowed a sob. “I’m sorry. I haven’t told anyone that before. Not even the doctor.”

“It’s not as uncommon as you might think,” said Adina, smiling kindly. “Now, any constipation?”

“Sometimes.”

“Diarrhea?”

“Yes, sometimes.”

“Straining?”

“Mm, yes,” murmured Hayley.

“Any fluffy stool? Hard lumps? Soft blobs?”

Hayley was beyond mortified. She had a mental picture of her bowel as a long, dark passage processing an assortment of fecal balls, patties and sausages for some fetishist barbecue.

Adina appeared completely unfazed. She placed the clipboard under her arm and handed the cup of white liquid to Hayley. "This is barium; it's a contrast which will show up on X-rays. You need to drink all of this. It's thick and can be a bit hard to swallow, so take your time. I'll be back in 15 minutes."

Adina left the door open. Hayley could see people on bench seats along the corridor waiting outside closed doors. She wondered if anyone else was having a 'defecating proctogram.' The very thought of it made her shudder. She sipped the liquid and shuddered again. It was like drinking Plaster of Paris, and it tasted like chalk and dirt mixed together. Ugh.

A few more sips. A few more sips.

The level in the cup had not gone down more than an inch. Hayley braced herself and took a gulp of the liquid. She held it in her mouth, willing herself not to retch. Slowly, slowly, she swallowed it.

A few more sips. A few more sips.

Hayley began to walk around the room. It might be easier to swallow the disgusting muck if she were standing instead of sitting. Feeling hot, she went into the bathroom to splash water on her face. She looked in the mirror. Her fluffy silver hair was lank, sticking to her head with perspiration. She poked out her tongue. It was coated with thick white mucus. Hayley spat into the sink. The more she spat, the more there was, as if her own glands were now producing viscous saliva that would fill her mouth. Gagging her. Choking her.

A few more sips. A few more sips.

The cup was still half full.

Walking around and around the X-ray room with carefully measured steps, Hayley counted sips and swallows. Every 10 footsteps: one sip, one swallow. Every 10, sips and swallows. A rest, so she would not vomit the whole lot up again. She imagined spewing vile liquid from her mouth in a wide arc, covering the walls as her head spun crazily like Linda Blair in "The Exorcist."

By the time Adina returned, the empty cup was in the bin and Hayley felt her face must be as white as the barium she had just consumed. Adina congratulated her and advised they would now wait an hour for the liquid to make its way into the digestive system.

Left alone again, Hayley pulled a book from her bag and tried to get comfortable in the straight-backed chair. Her eyes roamed over the words but the only thoughts in her mind were of her gut. Of the muck that felt like gap filler. Or cement. Spreading in the pit of her stomach, descending into the mold of her gut. What if it actually was cement in that cup? What if it solidified in her gut? She'd have an obstruction, all right. Her whole bowel would be obstructed. Maybe not such a bad thing. She wouldn't have a fecal obstruction to worry about. In fact, she would have no worries at all. Because she'd be dead.

"Get a grip," she told herself. "Just read the book."

The hour trudged by. Adina returned with another woman, wearing the same uniform.

"How are you doing, Hayley? This is Sarah, your radiographer. She'll be doing the X-rays."

Adina left them alone, closing the door behind her. The radiographer was the physical opposite of the nurse: tall and full-figured, with a halo of auburn curls and ruddy cheeks sans makeup.

"Okay, time for you to get changed."

Hayley's heart was hammering in her chest. Oh, shit. This is it. They are going to take pictures while I am actually pooping in a pan.

Sarah showed Hayley to a small cubicle and indicated a gown on the wooden bench seat. She took the blue privacy curtain in her hand.

"Everything off and don't do up the gown."

"Everything?" croaked Hayley.

"Yes, everything."

"My bra? My socks?" Hayley's voice was disbelieving.

"I'm afraid so. It can get messy." Sarah pulled the curtain closed.

Messy, thought Hayley. How messy? Enough to splatter my bra? Oh, shit, I can't do this. Her hands shook. Her clothes seemed to be stuck to her body. The cubicle was claustrophobic.

"Ready?" called Sarah.

Hayley drew back the curtain and emerged, clutching the gown in an effort to cover her rear. Sarah explained that she needed to get some 'before' pictures on the bedpan. She removed the cardboard shield.

Hayley stepped across to the chair and turned to sit down, but her legs were not long enough. She stretched up onto her tippy toes, but still could not reach. Raising her left heel onto the edge of the chair, she grabbed hold of the X-ray apparatus and hoisted herself up and onto the bedpan, which rocked unsteadily on the vinyl upholstery. Her feet dangled just above the floor. Her legs were shaking and sweat gathered in her armpits. The gown had fallen forward. Sarah pulled it back onto Hayley's shoulders then walked behind the glass panel.

"Take a deep breath and hold it."

The sound of the machine being activated filled the room for a few seconds.

Sarah said, "Breathe away."

Hayley breathed deeply while Sarah changed the plate in the machine and repeated the process.

Adina appeared, her headscarf replaced by a disposable shower cap. She helped Hayley off the bedpan and led her to the gurney.

"Now for the enema. Just hop up here and lay on your left side."

The enema. Hayley involuntarily clenched her butt. The last time she'd had an enema was when she'd arrived at the hospital to give birth.

That had not ended well. She remembered the hideous panic of shitting uncontrollably whilst showering and trying to clean it up before anyone found out. A bad omen, she thought. That is when this fucking prolapse started. Hayley used a small footstool to climb onto the gurney and lay down, facing the wall. Sarah pulled the gown away from Hayley's back and put a warm blanket over her.

Adina brought a trolley across to the gurney and put on some latex gloves.

"Hayley, I'm just going to insert the catheter now," she said.

"Okay."

"Then I'll blow up the catheter balloon to keep it in place."

"Okay."

"Then I'll start the barium enema, injecting one pint at a time."

"Okay."

Adina pulled back the warm blanket and separated Hayley's buttocks.

Relax, Hayley told herself, as the tip of the catheter slid into her anus.

"We don't want you to get cold," said Adina as she replaced the blanket.

Hayley felt the catheter slide higher, invading her like a tapeworm. Her muscles tightened involuntarily. She forced herself to slacken them. Humiliation spread over her skin like a rash. Tears welled. She squeezed her eyes shut.

"You're doing well," said Sarah. "Now Adina will blow up the balloon, so you will feel some pressure."

"For God's sake stop saying 'Okay,'" thought Hayley, as she opened her mouth and the word "Right" slipped out. She felt the pressure then she felt the catheter slipping. She squeezed her anus.

"Whoops," said Adina as the catheter came out. She flicked back the blanket again and reinserted the catheter, this time pushing it in much further.

Hayley lay as still as she could. She was uncomfortable. Her left shoulder was hurting. She wanted to tell them it was arthritic; instead she told herself to suck it up and stop being a sook. She wiped her hand over her face and saw red lipstick on her fingers. Why on earth had she bothered with makeup? Her glasses were digging into her nose, but she did not take them off. She didn't want to feel completely naked.

With the balloon inflated, Adina began to inject the fluid. It was cold. Hayley tried to distract herself, but her thoughts kept returning to her uncovered body. A fifty-year-old memory emerged from her subconscious: Sister Joseph telling the class of fourteen-year-olds that it was a sin to expose your body. Decorous girls showered in a shift to preserve their modesty.

A sudden sensation of urgency brought her sharply back to the present.

"Adina, I don't think I can hold it much longer."

"Only one pint to go, Hayley. Try to accept some more. I'll inject it slowly and we'll see how you go."

The cold fluid trickled in, bit by bit.

"I think you had better stop," said Hayley. She felt overloaded, certain the barium liquid would make her shit all over the floor. She wanted to cry with humiliation.

"Okay, releasing the balloon now," said Adina. "And withdrawing the catheter."

Hayley heard the sound of the metal trolley being pushed away.

"We'll get you up now," said Sarah. "Here's a towel to hold against your bottom. Clench your buttocks so you don't let the enema liquid escape while you get back on the bedpan."

Hayley felt despair. How could she possibly achieve that? Clench, she said to herself. Clench, clench. She struggled off the gurney and hobbled awkwardly towards the chair, keeping her towel in position. Now I know why I had to take off my socks, she thought. If I let go, my feet would be submerged in a river of barium liquid. Hayley swallowed the bit of vomit that rose into her mouth.

Sarah and Adina almost lifted her onto the bedpan, cautioning her to keep holding in the enema. Hayley held her breath, afraid to relax any part of her body.

“Time for the pictures,” said Sarah, smiling.

Hayley could not respond.

Hold the breath. X-ray machine noise. Breathe away. Hold onto the enema. Change the X-ray plate. Another picture.

“This time, strain as if defecating but hold onto the enema and hold your breath.”

Change the plate. Hold everything. Breathe away. Hold again.

Hold, hold, hold.

Hayley wanted to cry. She was going to burst.

Then she heard Sarah say, “Okay, strain and let it come out slowly.”

Hayley shuddered. Every part of her being felt tense and stressed. Then she let go and relief flooded through her.

Hold again. Change the plate.

“Strain and release again,” said Sarah. “Good. Good. Good. Okay, breathe away.”

“All finished,” said Adina, smiling brightly. “Here’s your towel. I’ll help you down. Hold the towel against your bottom and go to the toilet to make sure it’s all expelled.”

Hayley shuffled into the toilet and closed the door. She sat down, allowing her shoulders to sag and her eyes to cry. She sobbed, silently.

When she finished, she looked into the toilet bowl. Thick chalky water. She had excreted the alien substance. Hayley knew she should be glad. Instead, she was afraid. What if her body had betrayed her, absorbing some of the foreign fluid before she could eliminate it all?

Adina told her she could get changed and handed her a pad to protect her undies from leakage. "Drop by reception on your way out. Bye, bye then." With a cheerful wave of her hand, she left the room.

"Thanks," said Hayley.

She went into the cubicle and began to dress, clumsily. "I'm glad you care about my clothes," she thought, "But what about me? Do you care about me?" Hayley berated herself. Adina and Sarah had been kind and lovely throughout the ordeal.

Hayley made her way out to reception and paid $400 for the pleasure of spending two hours in their company.

She walked slowly through the car park, unable to ignore a lingering sense of needing to hold and clench. She climbed gingerly into her car and sat still. Could she trust her body not to leak a stinking mess? She reached into the back seat for the picnic blanket and placed it beneath herself. She waited a few minutes. Nothing happened. She hit the start button and steered the car towards the Imaging Clinic exit. 30 minutes and umpteen wrong turns later, she found the freeway.

As she drove home, Hayley thought about what Adina had said. All finished. But it wasn't finished, was it? The proctogram was just the beginning. Next would be rectal surgery with a recovery of two to three months: fecal urgency, no straining, don't allow yourself to get constipated, watch your diet…

She gripped the steering wheel. Blue veins stood out on taut hands, age spots stark against pale skin, knuckles crooked with arthritis. No, it was not finished.

Robyn O'Sullivan is a professional writer and editor from the Bass Coast of Victoria in Australia. Her published works include a novella and short-story collections by the award-winning Ginninderra Press, as well as over 40 non-fiction educational books for children, distributed in Australia, the United States, Canada, New Zealand and China. Other credits include short stories in magazines such as Quadrant, and horror pieces in anthologies by Midnight Echo and Things in the Well.

TARA RAJENDRAN

How I Describe Heart Sounds to my Deaf Brother

Looking at my tears while using the new gold-plated, jet-black Littman stethoscope on our super proud 91-year-old grandfather, grinning with his toothless gum, a bewildered young boy, said,

"I wish I could listen to my heartbeats."

His helpless eyes metastasized into my heart and sat there.
I asked him to make a fist: tapped gently and, alternatively, on the dorsal aspect of the fist using the index and middle fingertips.

Lub-dub. Lub-dub. Lub-dub.

It feels exactly like how mom kissed us when she found us after a while of being lost in the weekend's farmers' market crowd. "Lub-dub" feels like the warmth in her tears felt against your cheek.

Remember that wretched night where mom left you with me at home for work? Dark clouds burst, and you said it smells like the chemical from a match. You ran into me, frightened and hugged me tightly. I did not know how to describe the sound of a thunderclap. Gazing the gloomy sky on that deafening night, intermittently illuminated by ferocious lightning, we sat together in your silence. Tiny drops of rain rolled down, coalescing into big ones on the windowpane. You were beaming when you showed me the goosebumps on your forearm, I could see stars in your eyes. That's "lub-dub"; it's the same feeling.

Remember the last vacation? You were flabbergasted by the rainbows that form around the waterfall inside the woods of Yosemite National Park. That's "lub-dub"; it's the same feeling.

Adding that coffee bean to form your first snowman's eye and laughing at a clown until your little tummy ached are just like how "lub-dub" feels.

Just how you feel like a weightless feather in the air, standing on a hot air balloon. Heart sounds feel as soft on your eardrums as a withering dandelion landing on your palm. They feel the same as those fleeting moments in that tycoon roller coaster at Universal, where our hearts sank while plummeting.

That feeling when you smell a handful of freshly-plucked, fragrant jasmines from the farmhouse and that wetness beneath your feet while walking over the damp, recently-plowed rice field: it's the same feeling.

You cannot forget the time you first tasted the melted mozzarella cheese Papa makes, can you? It is still your favorite. "Lub-dub" feels the same, too.

Same as sitting on the velvety green grass carpet in the River Esplanade, watching the silhouettes of cranes waning away into the horizon against the setting sky in its magnificent orange-pink hue. Like when you dip your feet into a pond, how it tickles when the little fish eat the dead skin. What was it like holding Jenny's adorable kitten triplets in your arms? It feels the same.

The biggest irony is that the sound of "lub-dub" you are yearning to hear is best appreciated when the heart skips a beat!

Tara Rajendran, M.B.B.S., M.F.A., is a physician-classical musician-TEDx speaker and the leading advocate of instrumental music therapy in India's palliative oncology. She is a President's awardee, Rhodes Scholarship finalist and founder of "Oncology and Strings." Tara is an aspiring oncologist-palliative care physician as well as a published author and speaker in the field. She loves reading and writing fiction in her leisure time.

RACHEL ELLIOTT RIGOLINO

When Papa Stopped Taking His Pills

At dinner the night before Beatrice's 11th birthday, Papa was telling us about one of his art therapy clients. "George Van Hoy is an amazing artist," Papa said. "His paintings are expressive, alive."

"Does he paint like Van Gogh?" Beatrice asked. She had become fascinated with Van Gogh after taking a virtual tour of MOMA with her class.

"No, not really. More like Lautrec."

"Who's he?"

Papa launched into a detailed explanation of the post-Impressionists, a topic I cared little about. Like Maman, my interests lay in the realm of science. As a ninth grader, I was auditing an Intro to Anatomy course at Stanford.

"Unfortunately, George has been in the hospital for the past week," Papa said. "He was diagnosed with pneumonia."

"In 2088, there's little excuse for becoming so ill that you need hospitalization, particularly for that length of time," Maman remarked.

Maman was the owner and operator of a Remote Surgery Stop franchise in Dover, Delaware, where we lived. She seemed to know everything about getting sick—or rather, *not* getting sick. In our family, nothing was more embarrassing than actually becoming ill. Maman regarded illness as a failure. A defeat. "It was the result of not remaining vigilant," she often said.

"But people get sick and die every day," Papa replied mildly.

Of course, Papa was also right. Grandmère and Grandpère, my great-grandparents, had spent their final years in a pod in our backyard being overseen by Maman. Then they died, an event I still resented almost two years after the fact.

Papa's comment triggered Maman's standard lecture about the exciting possibilities in the near future of extending life almost indefinitely. She summed up her talk in the same way as she usually did. "Once we find ways to substantially retard or even eliminate cellular stress, theoretically, there's no reason humans can't live 150 or even 200 years. Maybe longer."

"To what end?" Papa asked, smiling vaguely into his potatoes. There was a lingering silence.

Maman's Québécois roots—her grandparents had fled with Maman to the States during the Third Great North American Pandemic—and Papa's upbringing in Amish Delaware made them naturally incompatible. But something about Papa's artistic spirit spoke to Maman's Gaelic temperament, or at least that was how she explained their strangely complementary relationship to me many decades later. As a child, I never saw evidence of any passionate impulses in Maman's nature.

"You know, children, your Papa wound up being one of my last non-remote surgeries," Maman said, changing the subject.

Beatrice and I already knew the story, having heard it many times before. When they met, Maman was finishing up her residency and had to cover the emergency department once a week. That's when Papa, who was in graduate school at the University of Delaware, hobbled in, clutching his stomach.

"And your Maman almost killed her patient," Papa broke into the story, still smiling.

"Only because you weren't chipped or even on a capsule regimen. Without being able to take a biometric reading, how was I to know it was your appendix?" Maman countered.

Papa's Amish parents didn't believe in "English doctors." Not only had Papa not been implanted with a medi-chip at birth, as Maman, Beatrice and I had been, he hadn't even been taking medi-aware capsules. As a result of not being monitored and having abnormalities immediately addressed, Maman liked to hypothesize, Papa's molecular structure had developed organic quirks. This, in turn, had led to his appendix nearly bursting, among other issues.

"Well, many thanks for plucking me from the jaws of death," Papa said, lifting his wine glass in a toast. "And putting me on my pills." Then they laughed together at the memory of Papa being cut open by the hands of the woman he would soon marry.

The next day, we accompanied Beatrice and her local friend, Shelly, to a newly-opened bowling alley specializing in retro parties. Because our cyber school was international, most of our friends lived around the world, and Maman had arranged a time so that Beatrice's friends in Paris, Lisbon and Nairobi could attend. Beatrice, Shelly and I purposefully rolled the balls into the gutter while the virtual guests played along remotely.

Suddenly, just as I released a ball, Beatrice collapsed in the midst of a giggle.

Later at the hospital, the cardiologist told us that Beatrice would recover and that the myocarditis would not have been detected by her medi-chip. "She's young and most concierge services—even ones as advanced as Medi-Butler—don't do daily scans for heart abnormalities unless a child has a congenital problem," she explained to my parents. "But you might have seen changes in your daughter's respiration rate over the past few weeks."

Maman looked at Papa accusingly, "Did you see anything abnormal?"

"No," Papa replied. "At least the alarm didn't go off."

"But," Maman became stern, "as a responsible adult, you scan Beatrice and August every morning."

Papa bent his head. "Some days, I forget. Things at work...George's illness..." His voice trailed off.

A soft buzzing came from Maman's purse. "Excuse me," Maman reached in her bag to turn off the Medi-Butler app. "Is there a recharge station on this floor for a Gaba booster?" she asked the cardiologist.

"Last room on the left. We don't have much. It's just for emergencies. I think there's some pseudo-alprazolam and diazepam on tap right now."

"No organic boosters?" Maman asked.

The cardiologist shook her head. Maman sighed and walked down the hallway, leaving Papa and me standing there, mute in front of the doctor.

When Beatrice came home, Papa immersed himself in caring for her. He scanned Beatrice every three hours and printed out her medications as necessary. Papa left the house only to visit his clients at the Dover Senior Sanctuary, which he did almost immediately after Maman walked in the door each afternoon.

"You're loving every minute of this," I said to Beatrice one morning when Papa had brought her an ice-cream sundae in bed. "I don't think you're even sick."

"Of course, I'm not," Beatrice, smiled over the whipped cream and cherry. "Only poor people get sick anymore."

"That's not true," I said. "I mean, look at you. You even went to a *hospital*. In an *ambulance*."

"That's just because dad is" Beatrice took a spoonful of the sundae and wrinkled her nose. "-egg, -eggcentric."

"It's 'eccentric,' and you don't even know what that means," I replied, dipping a finger into her ice cream and taking off before she could hit me.

One evening, about a month after Beatrice's collapse, Maman looked at Papa. "Jack, you've forgotten to shave."

Papa ran his hand across his chin. "Yes, I believe you're correct," he answered. I heard something in Papa's tone that was unfamiliar. Maman didn't seem to notice. In the recesses of my stomach, I felt a dull hollowness, a sensation I had almost forgotten.

The house alarm buzzed softly, and Maman stood to read the wall panel. "Are you feeling OK, August?" Maman asked.

"Fine," I said and smiled at her. After Beatrice became ill, Maman had recalibrated the Medi-Butler's sensitivity levels. I heard the alarm buzz again, ever so gently.

"August, if this keeps up, we'll go to a Quick Recharge after dinner and adjust your-"

"He's all right, leave him alone," Papa interrupted. This time, Maman caught his tone and her eyes narrowed.

"I want some more fish and chips," came Beatrice's voice from upstairs.

"She must be feeling better," I said cheerily, hoping to distract Maman from whatever was happening with Papa. Thankfully, she rose and headed in the direction of the kitchen.

"August," Papa said, leaning conspiratorially over the table. "I've got a surprise tomorrow. Want to see?"

"Sure, but-" I stopped. Papa stood and went over to the panel to turn off the buzzer before Maman could hear.

"I'm going to fix that," Papa said and winked at me.

The next day was Wednesday, orthopedic surgery day for Maman. This meant she would be supervising the surgeries of patients who came to the Remote Surgery Stop to be operated on remotely by specialists from around the world. "I've got six surgeries scheduled for today," Maman told Papa. "Assuming Dr. Foster remembers we're on Eastern Standard time and signs on by 3:00 PM, I should be home in time for dinner."

"Ah, Dr. Foster, he's at The Royal London Hospital, right?" Papa said cheerfully. "Don't rush home. August and I'll hold down the fort."

Maman cocked her head to one side. "August has French lessons from his tutor at the Sorbonne this morning. I don't think he has time to, what did you say, 'hold down the fort.'" Maman hated clichés.

Papa kissed Maman on the cheek and maneuvered her outside.

"Now August," Papa said after Maman pulled out of the driveway. "I'm going to show you something. You have to promise to keep it a secret."

I must have looked doubtful because Papa picked up his phone, clicked on the Medi-Butler app and held it up. "See, I've changed your settings. The alarm won't go off if you get angry or upset."

I shrugged, trying to seem unconcerned, but Papa's eagerness was disturbing. I'd never seen him or anyone else I knew—adult or child—so intense. Maybe, I thought to myself, this was what Maman meant when she said something was wrong with Papa at the molecular level.

I followed Papa, who had opened the back door and was heading into the woods, on the path that led to my great-grandparents' pod. Maman had set up the small house, fully equipped with oxygen, medi-printers, and advanced monitors, when they started to become ill on a regular basis. Having lost both her parents in childhood to one of the Great Pandemics that rolled across the world every few years, Maman envisioned her medical career as not only a vocation, but a call to arms. And the more Grandmère and Grandpère declined, the more fervent her efforts became. Then, when I was 12, Maman finally surrendered them to a senior sanctuary where they died. Afterwards, I began setting off the Medi-Butler regularly, and it had taken Maman and my pediatrician almost two months before finding the right combination of mood stabilizers.

Papa ushered me inside the pod. An elderly man sat before a table-top easel at the small kitchen table where Grandmère had often served me breakfast. He lowered his brush when he saw us.

"Mr. Van Hoy, this is my son, August," Papa said.

I stared at the man who was not just old, but very old. Wrinkles crisscrossed his face from his forehead down to his chin, which sagged into his neck. His lower lip jutted out, completely covering the upper one. He didn't smile. Instead, he frowned. "Who's he?" he said, pointing his paintbrush aggressively in my direction.

"My son, August." Papa gestured until the older man understood.

"What the hell does he want?" Mr. Van Hoy looked at me suspiciously.

"Nothing," Papa said. "I just wanted him to meet you."

Mr. Van Hoy spit onto the floor. Or rather, drool came out of his mouth and dripped slowly onto the tile.

"Who's this man? He's disgusting!" Even with Papa's recalibration of the Medi-Butler, I was sure the alarm was going off inside the house.

"He's from the sanctuary," Papa began almost breathlessly. "When he came back from the hospital last month, George stopped taking his capsules. They were going to do a full chip implant—can you believe it? At his age? —but then I brought him here. To live with us."

"Maman doesn't know about this, does she?" I said. "She'd never allow a dirty man like this-"

"Your son is an asshole," Mr. Van Hoy said, rising from the chair and flinging his paint brush in my direction. "I can read your lips, kid. I'm not totally blind. At least not yet." I saw that he had left a small stain on Grandmère's chair.

Recoiling, I felt behind me for the doorknob. Mr. Van Hoy began to laugh. "I've been on this planet for almost 115 years, and I've got to say, ain't nothing real is left. Everyone's fake, including you!"

"Isn't he great, August?" Papa spread out his arm to indicate both Mr. Van Hoy and the painting.

"Look at George's work. Amazing, isn't it?"

I glanced at the easel, which Papa had turned in my direction. A muddy brown covered most of the canvass, with a crude black cross in the middle. "It's ugly," I said.

"Precisely," Papa said, his eyes lighting up. "Since not taking his capsules, George's work has been this way. Ugly and dark."

"When I was in that place," Mr. Van Hoy said with a bit less vehemence, "that fulla' shit sanctuary they call it, your Papa made me paint flowers and fuckin' bunnies. And butterflies too." He stopped to catch his breath.

"Why isn't Mr. Van Hoy back at the sanctuary?" I asked. "Or with his family? He shouldn't be here."

With more quickness than I would have imagined him capable of, Mr. Van Hoy reached out and caught me by the shoulder. I tried to shake him off, but his knotted fingers grabbed into my skin like talons. "I ain't got no family," he hissed into my face. "They all died. Every last one of them is dead." When he let me go, I saw the physical effort had caused more drool to leak out of his mouth and run down his chin.

Now free, I broke away and ran through the woods and back into the house. The alarm was loud enough to bring Beatrice out of bed.

"August, what's wrong?" she said. Her fear set off another round of alarms. I returned to the back door and locked it against Papa, who was coming towards the house, Mr. Van Hoy stumbling behind him.

"Call Maman" was the last thing I remember saying before blacking out.

* * * * * * *

Mr. Van Hoy died five years later, just shy of his 120th birthday. By then, Papa had been well for years, and I was away at college. He told me about Mr. Van Hoy during our weekly check-in.

Perhaps it was the distance between us or perhaps it was Papa's calm smile over the monitor that gave me the courage to finally ask, "Why did you bring Mr. Van Hoy home with you back when I was a kid?"

"I can't exactly remember," Papa said, speaking slowly and pausing, like he had begun doing after his chip implant. When Maman had arrived home to find Beatrice hysterical, me coming to but a bit dizzy and Papa and Mr. Van Hoy painting black crosses above the backdoor jamb, she had called the police. Both Papa and Mr. Van Hoy had been required by the Kent County Public Medical Authority not only to have medi-chip implants, but also to be monitored 24/7 for the rest of their lives.

"Maman says that you stopped taking your pills back then," I said while I reached over to turn on my medi-printer. Since reaching puberty, Medi-Butler had started me on a low-dose GABA booster regimen. After putting the pill under my tongue, I added, "She told me that you and Mr. Van Hoy decided you wanted to suffer and perhaps even die."

"Die?" Papa said it like a question. His eyes searched mine for an answer. "No, I don't think that was it."

"That painting that Mr. Van Hoy did in Grandmère's pod," I continued, giggling a bit at the memory. The booster pill always made me a little giddy, especially in the first minutes after taking one. "I mean, it was truly awful. Nothing but a black cross on a brown background. You *must* have been sick."

"'Death isn't the greatest loss in life. It's what dies inside of us while we live.'"

"What?" I looked at the screen. Papa was frowning, his moist eyes reflecting the light in the room.

"'Death is not the greatest loss in life. The greatest loss is what dies inside us while we live.'" Papa repeated.

"An Amish proverb?" I said, now coming off the initial booster spike. "Sounds deep."

"No, a writer named Norman Cousins." Papa looked furtively off screen and then returned his gaze to the monitor. "Your mother is wrong, you know," he was whispering. "Becoming ill, suffering, it isn't a state to be avoided at all costs. Some things are worse."

At the time, I was pre-med, intending to specialize in geriatrics, and his observation seemed laughable. "But, Maman *is* right. No one needs to suffer."

"No, August, we all need to suffer." His bright eyes bored into mine. "Yes, Mr. Van Hoy lived a long life. So long that he sat by the deathbeds of his wife, children and grandchildren. When I mourned with him, when I suffered alongside him, for that brief time, I was alive—I was human—I-"

"August! How is Orgo II going?" Maman's head popped up and Papa receded into the background, a placid smile spreading across his face. If Maman had heard what he said, she didn't let on. For the next 15 minutes, we exchanged pleasantries while Papa smiled beatifically upon us.

Later that night, I dreamed that Grandmère and Grandpère were standing in the backyard of our house in Dover, painting en plein air, the backs of their easels facing me. They didn't notice when I walked behind them, perusing their paintings, filled with rainbow skies, brown-white bunnies with pink noses and gold-leaf butterflies.

Suddenly, it began to pour. Grandpère grabbed Grandmère's hand and tried to help her towards their pod. Stumbling along in the now-slick grass, she finally fell. When I bent down to help her, she touched my cheek. "August," she said, looking up at me. "I miss you."

Grandpère placed his arms protectively around her. Before leading her away, he grabbed my hand. "I love you," he said.

Sinking to my knees, I wept. And while I wept, I gradually became aware of Papa and Mr. Van Hoy, in the recesses of the yard, where the grass melted into the woods behind the house, dancing in the rain and laughing.

THE END

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MOLLIE SALAMON

At Least WebMD Thinks I’m Right

My name might not have any medical credentials tacked onto the end of it, but I knew what was wrong with me. It didn’t take a rocket scientist. A few minutes of plugging my symptoms into Google and suddenly I had a seemingly endless fountain of knowledge linking me to studies, medical research and forums full of women describing situations so similar to my own that I wondered if I’d dissociated and fabricated an army of alternate personalities. They all kept circling back to one disease.

en·do·me·tri·o·sis
/ˌendōˌmētrēˈōsəs/
noun
The presence of tissue that normally grows inside the uterus (womb) in an abnormal anatomical location.

Fairly common and yet wildly underdiagnosed, endometriosis causes uterine tissue to grow outside of the uterus, triggering excruciating pain, fatigue and bloating, along with a host of other lovely symptoms and potentially dangerous complications. In short, my uterine tissue, armed with a dream and the confidence of a mediocre white man, went in search of greener pastures and places unknown, determined to make something of itself. Only it had no business doing so, no experience outside of the one it had been created for and, to top it all off, a certain proclivity for setting fire to anything and everything it touched.

Prior to formal diagnosis, I had seen a gynecologist, a pediatrician, a gastroenterologist, a primary care physician, another gynecologist and countless nurses. All but two of them were women. Their excuses for my ailments included, but were not limited to, period cramps, gas, acid reflux, irritable bowel syndrome, lack of dietary fiber, hypochondria, anxiety and stress.

If I had a dollar for every time I was told that some women just have really bad periods and that periods are supposed to hurt, I could pay off my student loan debt. Evidently, one of the defining characteristics of being a woman is a cycle of debilitating pain. Who knew?

Over and over again, I went to the appointments, filled out the forms and was subjected to a barrage of tests, scans and questions. Over and over again, I was told that nothing was wrong.

"I think I have endometriosis," I said to my gynecologist.

"You know you have endometriosis," screamed the voice in my head.

"No, you don't," she told me. "You're on the pill. You have been on the pill for a long time now. It can't be endometriosis. If it was endometriosis, the pill would have stopped it."

I protested, cited all of the research that I'd found.

"It's not endometriosis. You just need your pill adjusted."

I had had my pill adjusted already. Multiple times. I had been switched to different brands, different dosages, pills with different hormone quantities, pills that made me menstruate every month, others once every three months.

Around and around I went, pleading my case, relating my ever-worsening condition and trying treatments that did about as much to alleviate my symptoms as a tic-tac. And still, my symptoms persisted. The spasms that radiated white hot pain and threatened to claw me open from the inside out intensified. The fatigue that left me numb seemed to grow heavier with each day that passed.

I knew that none of the doctors who treated me were right. But I also knew that I was supposed to trust them. They had the experience and the expensive extra letters after their names to show that they knew what they were doing.

So, I listened. I waited. I tried. I trusted.

Until I couldn't anymore.

Until the night I went to slide down off my bed and got stuck there, unable to move as a white-hot pain clawed me open from the inside out. It radiated in spasms throughout my abdomen and I was stuck. I had to lay there and ride it out. And it was while I was stuck there, stomach ballooned out in a mockery of pregnancy, fatigue suffocating me in a weighted blanket I couldn't remove, that I decided I was done. This wasn't normal. It wasn't a phase or gas or whatever other bullshit a million different doctors had tried to pass it off as. There was something wrong. Something seriously, epically wrong.

And if no one else was going to help me, then goddamn it I was going to help myself.

So back to Google I went.

With a few clicks, I was linked to the Boston Center for Endometriosis. I found out that there was a team of endometriosis specialists who split their time between Boston Children's Hospital and Brigham and Women's, helping to pioneer endometriosis treatment and research. I made the call and was offered a consultation appointment for the next month without hesitation.

Walking into the appointment, I prayed that this time would be different, that this time someone would listen to me, and yet not quite believing I'd be that lucky. I sat down in the latex covered chair, listed out the same symptoms, concerns, medical history, procedures and medications that I'd relayed to 100 doctors and nurses by now. I listened to the clicking of the keyboard and the plastic whir of the mouse. The lump of disappointment lay curled in my stomach and I mentally started going through the next options, "Where I'd go, what I'd do. Were there even any options left if she couldn't help me?"

I don't think I quite heard her right the first time she said it, my ears so conditioned toward the usual diatribe.

"I'm sorry, what?"

"A laparoscopy? You'd like one, right? Surgery to look for endometriosis?"

I swear that the world stopped spinning for a second.

"God, yes."

I could've thrown up right then and there, I was so happy. There had been no physical, no dismissive comments or convoluted treatment trials. I had told this woman what I'd been going through and she'd believed me without a second thought.

I was over the moon. I booked the surgery date, collected and read the procedure information sheets and post-op expectations. For the first time, there was a definitive endgame, a point on the calendar heavy with the weight of actual answers. They would either find the rogue tissue or they wouldn't. It was out of my hands. All I could do now was wait. Hoping for the best, and yet somehow still expecting the worst.

What no one tells you about constantly being told that you're wrong is that no matter how confident you are, some part of you will always be eaten away by doubt. Up until the second the sedation kicked in and they wheeled me into the operating room, a part of me believed that they wouldn't find anything. That it was all in my head. That I was a hypochondriac who had fought so hard and worked my way up only for the utmost authority on the matter to tell me I was wrong.

As they administered the anesthesia, I made one quick plea to whatever almighty power might be listening before unconsciousness overtook me.

Please let her find it. Please. Let her find something.

After the surgery, I woke up partially a few times while the sedation was wearing off. Every time I woke up, I asked if they had found it. Every time, I was told that yes, they did, and not an insignificant amount. But even that assurance couldn't put my unconscious worries to rest.

It wasn't until they showed me the photos, showed me the spots where tissue had been taken out, burned and obliterated, that I felt my doubts die too. It was right there, just below the surface, angry, agitated and waiting to be found. Waiting for someone who would take the time to look.

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TERRY SANVILLE

Midnight Tornado

"They're twice as deadly because you can't see them coming."

Jack's wife lowered her morning newspaper and stared at him. "What, pray tell, are you talking about?"

"Tornadoes that strike late at night, when everybody's at home sleeping."

"Why are you worried about tornadoes? Santa Barbara's never had one. And Calle Poniente is in a valley. I think they like flatlands. You know, Oklahoma."

"They're everywhere."

"Look honey, we've got enough to worry about with earthquakes, polio and Korea. Quit dreaming up new disasters." Elaine leaned back in her chair and studied the above-the-fold stories, frowning.

With a shaking hand, Jack set his coffee cup on the Formica table. "You're right. Just had this weird dream that seemed real. You, me and the kids were watching TV."

Elaine lowered her paper, rolled her eyes and sighed as her husband continued his monologue.

"Jack Benny had just finished making fun of Rochester. Then this roar blotted out the TV. The ceiling and roof peeled away and we got sucked into the sky. I saw you and the kids get slowly shredded by the debris. Your head was…the screams from the kids…then a crash and I woke."

"You fell outta bed, silly. Don't you remember?"

"No, just the alarm going off." Jack reached for his coffee cup, held it with both hands to keep it from spilling, and took a noisy gulp.

"You okay?" Elaine asked.

"Yeah. These past couple weeks have been strange, like I'm pushing through glue. Then everything speeds up and I can't focus. People at the office gossip about me."

"You've been working too hard, honey. Those contracts are gonna kill you, leave me with the kids and a mortgage. You gotta slow down and take it easy. Please, do it for us."

"Yes. I'll do it for you guys. Starting now. I'm going back to bed."

***

A full moon cast a blue pale over the fields. Jack pushed through chest-high wheat toward the horizon. The air popped with electricity. In the distance, a freight train rumbled. He reached a farm road and turned toward a ghostly white house and beckoning barn lights. Something dark blotted out the moon. A strange wind tore at his pajamas. He pulled his bathrobe tight around himself.

The train sound grew louder. The wind howled, ripped the clothes from his body and knocked him to the ground. He felt dazed, yet free and aroused. The moon reappeared. A woman walked toward him, her naked body sparked like fireflies on a hot Pennsylvania night. Three children trailed her.

"Hey, I'm here." Jack stood and waved his arms above his head.

"I'm coming, I'm coming," the woman answered.

She had large breasts and broad hips that swayed as she moved. He tried to cover himself. She grinned and turned off the road into the field. Her head and shoulders bobbed above the wheat. He chased her, amazed at how fast he could move, and caught her, encircled her waist with his arms. They kissed.

Nearby, her children, their children giggled. "Tag, you're it," one of them called and they tore off across the field.

Jack lowered his wife to the ground. She encircled him with her legs. He struggled to keep pace with her passion. Nearby, the children's laughter turned to screams. Pieces of bodies flew overhead: arms, legs, feet, hands, fingers, toes, noses, eyes, ears. They circled above, turning slowly, as if in some gruesome Salvador Dali mobile. Yet the shrieks continued, echoing along a dark corridor. Jack clutched Elaine tightly, buried his face in her tangled hair. She shuddered.

“Get off me?” Elaine whispered.

He opened his eyes to the morning light. The alarm clock ticked on the nightstand, ready to discharge its duty. Below him his wife lay panting.

She scraped hair away from her eyes. “And be quiet. The kids will hear. What the hell’s gotten into you?”

“I…I…we were in a field and the tornado…”

“Are you telling me, we made love in your sleep?”

“No, of course not.”

“It was that damn dream again, wasn’t it?”

“Well…”

“Can’t say I mind too much. But ya gotta give a gal some warning.”

He bent and kissed her then rolled onto his side, dizzy, his heart thundering. The light slid sideways, like a thick liquid poured from a crystal decanter.

The alarm blasted.

“You want pancakes?” she asked. “They’ll give you energy. You might need it.”

“No. I wish I didn’t have to leave you.”

Elaine snuggled against his side. “I can write your boss a note, tell him you’re late because…” She broke into laughter, climbed from bed and ducked into the bathroom.

***

At the office, Jack went to a file cabinet and pulled out two thick folders. The draft contracts from the Department of Defense taunted him. He had one more day to complete his review, a complex job that he should handle easily. But somehow, they pushed back against his resolve. At his cluttered desk, he opened the first folder, rifled its pages and tried to focus, his mind vectoring in multiple directions. He struggled to get through the boilerplate hold harmless clauses, red pencil in hand, legs jouncing. After a few minutes, he bolted to his feet and headed to the break room.

Other attorneys crowded the place, their conversations a steady rattle. Jack couldn't make out what they said as if they spoke in foreign languages. They stared at him, eyes wide. He cupped his chin. He'd forgotten to shave. The coarse whiskers tickled his palm. In the men's room, he stared into the mirror at someone resembling himself. The memory of making love with his wife filled him. He pushed into a stall, closed the door and dropped his trousers.

In the background, something rumbled, sounding like a troop transport preparing to take off from the Santa Barbara Airport, like the one that had brought him home from Korea. The office building vibrated with a low buzz. His teeth hurt. The men's room door burst open. Hard footsteps, like those from high heels, approached his stall. He stepped back just as its door swung inward.

Bonnie, a blonde tax attorney from corporate, stared at him and laughed. "Come on, Mr. Quick Draw, let's do this giraffe right…and tell that big cat to get lost."

A mountain lion licked its face then sniffed her bare calf. She bent and scratched it behind the ears and it purred. Jack understood none of it.

Bonnie hauled him from the stall and shoved him to the floor. The roaring grew louder. She pulled up her skirt and dropped on top of him, pinning him to the cold tiles. The fumes from urinal cakes and Pine-Sol burned his nose and eyes.

The wall of mirrors and washbasins buckled inward, spraying them with silver shards, bits of tile and plaster. Water pipes broke and flooded the room. Jack struggled to raise his head above the tide. A weight lifted. Bonnie fled. He closed his eyes, his mind full of images of her bouncing body. The walls collapsed, the floor opened up and he fell in slow motion, joined by a constellation of gray-suited lawyers in a whirlwind of papers. The descent continued, with Bonnie, his wife and children joining, all falling down into darkness, screaming.

***

The alarm clock blasted. Jack stretched an arm into space, groping until he found its off-button. Opening his eyes, he found Elaine snoring softly, a smile curling her lips. Orange sunlight poured into their hot bedroom through venetian blinds. His Timex showed two 2:00. A chill ran through him at the thought of missing work and maybe getting fired. He tore back the covers and stopped. Scars covered his arms and torso, the thick skin purple at the edges where puncture wounds once had been. *What? How the hell?*

Jack slid from bed, took a quick shower, donned clean underwear, socks and shirt, then dressed in a fresh suit. Grabbing his fedora, he opened the bedroom door and peered out. A long corridor extended into the distance. Sunlight streamed through windows along a thick white wall. Jack looked back into the shadowy bedroom. Elaine had vanished. He tightened his tie and pushed into the too-bright light, his wingtips smacking smartly against the immaculate floor tiles.

Two men dressed in white and pushing a wheeled stretcher approached. “Jack, are you ready for treatment?” the plump one asked.

The tornado caught him by surprise, spun him so fast that all light vanished. After what seemed like days, or maybe even years, he came to. Two men slid him from a table surrounded by machines and strapped him to a gurney. A chorus of voices assaulted him, seeming to come from everywhere. He called out to his wife but got no response. Rolling along, Jack counted the ceiling lights until turning down another hallway and entering a room through a heavy door. The men transferred him to a bed with squeaky springs and left. The door closed with a solid thunk.

Jack slept, then woke sometime in the afternoon. He struggled to stand and moved to a Naugahyde chair near the window. He reached for his cigarettes in the inside pocket of his suit coat but found they had taken his clothes and given him simple white shirt and slacks to wear. His hands and spotted arms seemed strangely wrinkled, fingers crooked and aching. He touched his face and discovered valleys and ridges where none had existed.

Outside, oaks, sycamores and tall palms shaded a lawn enclosed by a white Spanish-style wall. A barred gate led to a parking lot crowded with strange-looking cars. Mourning doves cooed and shadows on the lawn grew long. He breathed in and out steadily, strangely calm, the mental fog starting to lift.

A thick journal of some sort rested on the deep-set windowsill. Jack's often-illegible scrawl covered its pages with a date next to each entry, the first being Sept. 12, 1955. He studied the writing, felt himself drift into that scary place where speech and language made no sense. But this time it felt different. He knew the writer was crazy while the reader had regained some level of sanity.

He read more entries. Every few pages someone, maybe himself, had scotch-taped a letter from Elaine. Sometimes they included snapshots. In a photograph from Feb. 22, 1967, his wife looked drained, old, the girls in their early 20s, the boy leaning against a racy-looking car. Ghost images of his family's visits to CAM came back to him: foggy days on the lawn under the trees, a blanket spread out, picnic basket open, no booze. *CAM, yes, I know what that means – Camarillo State Hospital.*

A calendar hung on the wall above an unpainted dresser with each day crossed off. It displayed the month of August, the year 1995. Jack's heart thundered. He felt like Rip Van Winkle waking from a long strange sleep. Only Jack had slept 40 years, not 20. He continued to read his journal. More photos of Elaine, the last one dated Jan. 21, 1975. Dressed in a wedding gown and looking beautiful, she stood kissing a distinguished-looking man, with palm trees and Santa Barbara's East Beach in the background and a festive crowd gathered around.

Jack closed the journal, stared out the window and sobbed. He had returned, but to whom or what?

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In June 1997, Camarillo State Hospital closed. Weeping psychiatric technicians loaded long-stay patients into vans headed for other facilities. The lucky ones had been evaluated and released into the community. Jack had regained his luck.

His eldest daughter, Sarah, had contacted him. Her family lived in the old house on Calle Poniente on Santa Barbara's West Side. His other children had scattered. Cancer had taken Elaine the year before.

He stayed with Sarah for a short while, but felt he didn't fit and he didn't want to fit. At 77, he knew little about modern life, but was eager to learn as the world headed toward a new millennium. Sarah found a ground floor apartment near the lower end of State Street, in an old Spanish-style building with a shaded courtyard that had survived earthquakes.

Jack loved the place, knowing it would be his last residence. He spent his days walking State Street and camping at the public library, reading old newspapers and magazines. He learned about Presidents, drugs, space flight, the computer revolution and wars that had come and gone without adding to his aging scars. For Jack, the past felt like the future, out in front of him, not yet discovered. But the holes in his life's fabric–watching his children grow, loving Elaine–could never be repaired.

Sarah visited him often. She'd saved all of his old clothes: wide-lapelled suits, starched shirts, expensive fedoras, silk ties and wingtip shoes in brown and black. As years passed, he became known as Crazy Jack, a State Street fixture noted for his dapper dress and a silver cane that he used to steady himself on windy winter days. At night, he listened to coastal freight trains pull through the nearby station, engines thundering in the dark. And every so often, that sound took him back to a moonlit field in summer, where he watched Elaine's head and bare shoulders bounce above the wheat, as he gave chase. He always caught her. On those nights he never slept until dawn.

Terry Sanville lives in San Luis Obispo, CA, with his artist-poet wife (his in-house editor) and two plump cats (his in-house critics). He writes full time, producing short stories, essays and novels. Since 2005, his short stories have been accepted more than 400 times by journals, magazines and anthologies. Terry is also a retired urban planner and an accomplished jazz and blues guitarist.

RHEMA SAYERS

Three Margarets and a Mary

Actually, they were Margaret, Maggie, Margarita and Mary, four women who lived in a small town and had never met. One night they all came together in a collision of personalities and fates.

Margaret Hendersen was a misplaced Swede from Bemidji, MN. 45 years ago, she'd fallen in love with a tall, dark and handsome Mexican, who'd come up north for business. When he headed back home, she went with him. Four days after they arrived in a small town in Arizona on the Mexican border, the dandy disappeared into Mexico. Margaret was left stranded in a land of Spanglish with a Minnesota accent.

But she was nothing, if not resourceful. She found a job as a teacher, back when teachers were required to be able to read and write and little else. A woman who could quote Shakespeare and Tennyson and knew the difference between the War of 1812 and the Mexican-American War was pure gold. And she was a very good teacher. She learned Spanish and could yell at her kids in both languages. Her tirades were always humorous. She could put the misbehaving child in his place and have everyone laughing and in a good mood when she finished.

She never married, even though she was an attractive blonde, a rarity in that town. Her heart had been broken once and she never gave it away again. Cigarettes were her only vice. They destroyed her lungs and damaged her heart. In her 60s, she finally stopped smoking after she discovered that she could smoke or she could breathe, but not both. By the time I became her doctor, she couldn't go to the bathroom without oxygen. She hated her life. She'd lived too long. Between her painful bowel problems and her chronic lung disease, she wheezed and suffered through her days.

The only light in her life was a big black mutt, named Summer, that she had found shivering in the rain in front of Safeway. She and that dog were inseparable.

Maggie Brown was African American, one of the sweetest women I'd ever met. She had picked up her family and moved to Arizona from Chicago when her man deserted them. A little stocky, standing about

5’4”, she was not an imposing figure in her black dresses that almost reached her ankles, black hose with lots of holes and black, sturdy, old lady shoes. But when you looked into those old, wise eyes, you could see the strength, the determination, the steel in her, as well as the compassion.

She’d raised eight kids, mostly by herself, usually working two jobs. She’d raised them well. Two were doctors, one a CFO, three teachers and one a stay-at-home Mom. She had one failure, Billy Brown. I knew Billy well. Maggie had done her best, but Billy was a loser–by choice and by drugs. He caused his mother more grief than all the rest put together. Yet she was always there for him, whenever he needed her.

If ever a human had a black cloud hanging over their head, it was Margarita Sanchez. If you got too close to her, that cloud would stretch out over your head, too. One glorious spring day, I stopped by Margarita’s home to check on her. (Yes, I made house calls.) She was sitting outside for a change. The sky was a deep cobalt blue. The trees were greening out. Daffodils and crocuses, creosote bushes and prickly pear, all were blooming. A mild breeze ruffled my hair.

It was a little hard to see Margarita under the blanket, which covered a black shawl, which went over a heavy cardigan. She wore a full-length brown skirt with a navy blue throw across her knees. A porch swing hung not 10 feet away, but she sat in a rickety lawn chair, which listed dangerously to port.

I commented, “Isn’t it a beautiful day?”

She looked around, staring up at the few fleecy white clouds which scudded across the blue sky. “It’s too cold and it’ll probably rain late,” she sniffed.

A little bird of a woman, she was thin and frail with a slightly hooked beak of a nose. Her beady little black eyes saw nothing but bad–in the world and in people. Somehow, somewhere along the way, she had missed the beauty and the joy and the love and the peace that life can offer. And in place she had gathered bitterness and resentment. A five-minute conversation with Margarita could leave you depressed for an entire afternoon.

And Mary Jackson was just a pain in the ass. Short, stout, she bustled around, poking her nose into everybody's business. Then she would broadcast the good gossip. She was a hypochondriac and she drove me berserk. Prone to panic attacks, she interpreted them as asthma or heart attacks. She'd call me late at night, talking at lightspeed, complaining of shortness of breath. When I pointed out that she couldn't talk that fast if she were truly short of breath, she'd start to calm down. She was a missionary. She and her husband would spend weeks in Mexico, spreading the Word. I wondered if some of the people ran when they saw her coming. I would have.

Late one night, I was awakened by a phone call. I picked up and said "Hello?" I heard heavy breathing – nothing more. I repeated "Hello?" More heavy breathing. I was about to hang up when a thought occurred to me.

"Margaret?" I asked.

She managed to get out "Yes."

"I'm coming." I said and hung up. Throwing on some clothes, I drove madly through the dark streets to Margaret Hendersen's house. She had crawled to the door and unlocked it. I supported her down the steps to my car. Another mad dash through darkened neighborhoods to the emergency department. Why? Because Margaret would have died before she called the ambulance.

In the emergency department, we started an intravenous line, gave her medications and breathing treatments. I glanced at the clock. It was 2:30 a.m. This would take at least another two hours or so.

The radio squawked. The ambulance was coming in with a 43-year-old male, who was having chest pain and shortness of breath. The paramedics were unable to get an intravenous line in him. I knew it would be Billy Brown.

His face and torso were dripping with sweat as they rolled him in the door. His respirations were rapid and gasping. He was clutching his chest and his skin was as cold as ice. He had no veins left after years of intravenous drug abuse and he was still using whatever drugs he could get his hands on.

Maggie Brown was with him. I gave her a smile and my eyes blurred as I watched her face crumple. We shared a quick hug and I turned to Billy.

I put in a subclavian line, a big intravenous catheter that slipped into the vein under his collarbone with ease. I wonder if they use those anymore. His vital signs were unstable. Rapid heartbeat, nearly non-existent blood pressure. He was barely conscious. He'd been snorting cocaine earlier that night. The electrocardiogram showed a huge myocardial infarction (heart attack), and I started intravenous fluids and medications, sent blood for labs and called for emergency transport to Tucson. Maggie had come in quietly and was standing beside his bed, holding his hand as we worked. One of the nurses looked at me and raised an eyebrow. I shook my head slightly. Maggie would not be a problem.

I heard Margarita Sanchez before I saw her. She was complaining about the ambulance ride and how long she had had to wait for them to reach her at home. She had fallen and was complaining of right hip and back pain. I was praying that I'd be able to send her home, but then I pulled the sheet back and looked at her feet. The right leg was shortened and rotated. Even without an X-ray, I could tell that she had broken her hip. My stomach sank. It was 4 a.m.

Margarita kept up a nonstop monologue, criticizing the hospital, the emergency department, the nurses. Surprisingly, she didn't say anything about me. I could hear her down the hall in the X-ray department, complaining bitterly. She didn't cease even when I gave her some morphine for pain.

I was starting to write up charts when the emergency department doors swished open and Mary Jackson came in, shrieking that she had poisoned herself. Then I heard her tell her story to the nurse. She had mistaken Preparation H for her Chapstick and had slathered it on her lips. I put my head down on the desk and banged it on the charts a few times.

Margaret Hendersen was starting to breathe better, finally. I knew she wouldn't let me admit her. I thought she had turned the corner.

I stepped over to see Mary Jackson and explained that Preparation H is basically harmless. She began to calm down. Pointing at the next curtain, where Margarita was denigrating every aspect of her medical care, I whispered, “Hang on. I need to see her.” I rolled my eyes. Mary nodded, delighted to be included in a secret.

Margarita had stepped up her diatribe in both volume and venom.

Billy Brown coded.

I intubated him quickly. We gave the right meds, defibrillated as needed. The nurses and paramedics took turns doing CPR, pushing on his chest. He had a rhythm again for a short time, but no pulse. Then it was gone again. I finally called an end to the resuscitation attempt at 5:12 a.m. I looked up and saw Maggie, standing back out of the way. She had tears pouring down her face. She raised her eyes to me and nodded. Then she stepped over to her son and kissed him.

The helicopter team had arrived during the code and had been helping. Now they gathered their equipment, wrote up their charts and left. As the whup whup whup of the blades faded, Margaret Hendersen called to me. She was leaning forward and didn’t look good. There’s a particular look to a patient who’s going downhill fast. “Make sure Donna gets Summer,” she whispered. I raised an eyebrow. She smiled sadly. “And don’t you dare do to me what you did to him.” A hand waved vaguely in the direction of Billy Brown and the recent code.

Then she leaned back on her pillow, closed her eyes and died.

At first, I didn’t believe the straight line on the monitor. I thought she had loosened a monitor lead when she sat forward.

The nurses came running as she flatlined. I held up a hand and placed my stethoscope on her chest. No heart sounds. No breath sounds. She had a little smile on her face.

I pronounced her dead at 5:27 a.m.

Margarita had never slowed down her harangue, even during the code. She continued to escalate as I went to evaluate Mary Jackson. I was about to explode. When she suddenly became quiet, I took a quick look at her, worried that she had lost consciousness. She was talking to

Maggie Brown. Actually, she was listening to Maggie Brown. Extraordinary.

For the next half an hour, I listened to Mary rant about her problems: marital, financial, social. That was the real reason she had come to the emergency department. She needed someone to listen to her. When she began delineating the illnesses of her Chihuahua, I cut her off. Reassured that she wasn't going to die from Preparation H poisoning, she left after wishing me luck with "all your crazy patients."

I had already called the orthopedic surgeon about Margarita's hip. I sat down and wrote up the chart and the orders. She'd go to surgery about 11:00 a.m. When I walked back across the hall to the emergency department, I found Maggie and Margarita still talking. Margarita had her hands wrapped around Maggie's. She was pouring out her life story to this woman whose son had just died. I stood beside them for a few moments, listening. Maggie glanced at me and smiled, then turned her sympathetic eyes back to Margarita. Margarita never even noticed me. I put a hand on Maggie's shoulder and squeezed.

It was 6:00 a.m. and I still had to take care of Summer, Margaret's dog. I called Donna, a young woman in her 20s, who had developed a close relationship with Margaret. I told her that Margaret had died. Her reaction was much the same as mine. We were saddened. We'd miss her. But we were also glad that her struggle and pain were over. Donna told me to go home. She had a key and would go get Summer immediately.

I got home in time to shower, get dressed and go to the office. I sat down at my desk at 7:45 a.m. and looked at the schedule. First patient: Lulu Andrews. Oh, shit. I started banging my head on the charts again.

Rhema Sayers, M.D., retired after a long career as a family physician at first and then as an emergency doctor several years ago. She turned an old passion, writing, into a second career. She has been somewhat successful as an author with over 70 short stories and articles published. Now she lives in the desert near Tucson with three dogs and one husband.

ANTHONY SCHLAFF

I've Got You.

It was a beginning. My first day of junior residency. I had just finished a grueling, but thrilling year as a medical intern and was now facing new challenges and different work. More thinking, more supervision, more responsibility, but having someone else to rely on to do the "scut" work. I was starting the new year on the cancer service and that had its special challenges. The patients were as sick as any outside of intensive care, not only from their disease but from the poisons called chemotherapy that could kill patients as readily as the cancer itself. The interns I was supervising were new as well. They'd started internship three days before and still looked like deer caught in the headlights.

I spent the first day getting to know my two interns and the 25 patients they cared for. Reading the charts, I was most concerned about Mr. Wallace, a 58-year-old man with an unusual leukemia who was just finishing a particularly brutal cocktail of chemotherapy. All his blood cell counts were dangerously low–the red blood cells that carry oxygen, the white blood cells that fight infection and the platelets that allow blood to clot. He'd also received cisplatinum, a drug that could poison the kidney, so he was being given large amounts of fluid intravenously to flush the kidneys and reduce the risk of kidney failure. He was a disaster waiting to happen and my job was to be prepared for any one of them.

Leslie, the intern caring for Mr. Wallace, was well-trained and bright, but she was a mess. Overwhelmed by the work and the responsibility, she leaned heavily on her new junior resident, asking all sorts of questions she already knew the answer to—or should have known. Ah well, holding a new intern's hands is part of the job. At least she understood how sick Mr. Wallace was. I could count on her to watch him carefully.

By 11:00 p.m., everything seemed in order and there were no new admissions waiting. I checked in with Leslie and Janet, the other intern, and went to bed.

At 2:00 a.m., my beeper went off. It was Leslie, sounding worried. "It's Mr. Wallace. He seems to have developed asthma. I've been giving him treatment after treatment with bronchodilators, but they don't seem to be working and he's getting worse. He looks awful." Even half asleep, I knew what was going on. I had been taught, "All that wheezes is not asthma," and the phrase echoed in my head. Leslie should have known it too. Mr. Wallace had heart failure. The massive volumes of fluid being poured into his bloodstream were more than his heart could pump, and the fluid was backing up into his lungs, narrowing the air passages so that he wheezed. "I'll be right there," I grunted. I swung my legs off the bed, slipped on my shoes, grabbed my stethoscope and started toward the cancer unit.

Halfway there, the overhead operator announced a code red and gave Mr. Wallace's room number. I broke into a run, dashed down the stairs and arrived breathless in the doorframe of Mr. Wallace's room. "He's looking worse," Leslie explained. "I panicked and called a code."

I looked at Mr. Wallace and our eyes met. Mr. Wallace was not in respiratory arrest, but Leslie hadn't been wrong to call the code. He was in extremis and clearly could arrest at any moment. He was wide awake, sitting bolt upright with his hands on his knees and his eyes showed panic. I met his gaze. "I've got you. I've got this," I thought, and my eyes held Mr. Wallace's gaze.

In my memory, my gaze never broke from Mr. Wallace, and Mr. Wallace's eyes never left mine, even in the pandemonium that broke out as those called to the code rushed into the room.

The anesthesia resident, two years my senior in training, entered the room and stood next to me, surveying the scene. "He's about to code," the resident said, "I'm going to tube him." Somewhere out of me came the reply, "His platelet count is 5,000. You're not going to touch him. We'll do this medically." The resident may have had seniority, but this was my patient, one that I had spent the day getting to know. And I knew that, with such a low platelet count, the trauma of pushing an endotracheal tube into his throat could cause uncontrollable bleeding that could drown him. Intubating would be necessary if he arrested, but too dangerous to do short of that, and I was not going to let Mr. Wallace drown—not tonight and not on my watch.

By now, other staff had entered the room and were doing their jobs – putting in extra intravenous lines, hooking up a cardiogram, fitting an oxygen mask. Keeping eye contact with Mr. Wallace, somehow still and calm in the bedlam around me, I started to give orders: increased oxygen, stop the intravenous fluid, two different diuretics, rotating tourniquets. For 45 minutes, Mr. Wallace and I watched each other as the team moved around us in response to my orders. Gradually, the hunched shoulders of Mr. Wallace relaxed, and the panic left his eyes. "Thank you," they said. "I told you, I've got this," my eyes replied.

Mr. Wallace, I later learned, died about eight months later. I hoped he had been able to cherish those months as much as I cherished my role in giving them. Mr. Wallace's eyes never left me; they were fixed on me throughout the emergency, and they remained fixed in my memory now, even 35 years later on the eve of retirement. They were reason enough for all the work I've done in the years between.

Dr. Schlaff is the Director of the Public Health Program and Professor in the Department of Public Health and Community Medicine at Tufts University School of Medicine. He received a Bachelor of Arts in history from Yale University, a Doctor of Medicine from Columbia College of Physicians and Surgeons and a Master of Public Health from the Harvard School of Public Health. He trained in internal medicine at Boston City Hospital and in preventive medicine at Carney Hospital in Boston and is board certified in both specialties. After several decades as a primary care clinician, he now does his clinical work in addiction medicine.

BILLIE HOLLADAY SKELLEY

Dark Star, Bright Light

Born two months early, he struggled for weeks to simply breathe. Diagnosed at three months with retinoblastoma and leukemia, he spent more days of his life inside the hospital than out. At times, his frail body writhed in pain and the weight of the world could be seen in his eyes. But, on other occasions, he would flash a smile that could erase the darkest thoughts and melt the coldest hearts. At six months, surrounded by his parents, grandparents and the ICU staff, he took his last breath. Strange how a child born under such a dark star could forever light so many lives.

Billie Holladay Skelley received her bachelor and master 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. Billie has written several health-related articles for both professional and lay journals, but her writing crosses several different genres and has appeared in various journals, magazines and anthologies in print and online, ranging from the American Journal of Nursing to Chicken Soup for the Soul. An award-winning author, she also has written eight books for children and teens.

KATIE STAIRS

A Bundle of Emotions

It was a few days after their honeymoon, when Raymond called his lovely wife over to the dining room table. His sculpted features uplifted into a half-smile after she took her seat with a handful of junk mail. The slightly crumpled letters from Harvard were on the top addressed to her.

“Natalie?” His voice was etched with a serious tone, “What did the test say?”

“It was negative.” She answered and his eyes softened before he sighed.

“Damn.”

“Did you want it to be positive, dear?” The young woman asked, her grip on the letters tightening.

“Yes, Nat. I did.”

Natalie bit her lip and forced herself to look him in the eyes. “Don’t you think it’s a bit too soon to start a family?”

“No, in fact, I feel we’ll be much happier with a baby crawling around.” He smiled again. “After all, a child is supposed to bring us closer together.”

“Didn’t marriage already do that?”

“Well I’m not saying it didn’t, but it would be nice if we were more...” Ray trailed off.

“If that’s what makes you happy,” Natalie said, keeping her tone light, but she could already feel nausea kicking in.

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She walked into that clinic with an air of certainty, but the hour of waiting had worn her down. The silver ring on her finger burned the more she twisted it and the ticking of the clock, in the back of the room, thundered in her ears. Natalie crossed and uncrossed her legs, as much as her tight skirt would allow, trying to get comfortable, but the cushion she sat on felt as if it were made of needles. Her neck craned to the side, her eyes focusing on a woman who sat near the door that would change them for better or for worse. This petite brunette was all bones except for the makings of a neat little bump on her tummy. She couldn't have been more than 11 weeks in. Letting out a long breath, Natalie looked out the window hearing the muffled cadence of pro-life protests. If today were Tuesday, her mother would be standing there in that crowd. Preaching as usual. The thought of the older woman catching her here was enough to make her blood run cold and dread settle in her stomach.

At that moment, Natalie wanted to leave. Throw herself out the door and never look back, but the soft throbbing in her abdomen plastered her in place. Soot-like vermin nipped the edges of her thoughts, reminding her why she was there in the first place. Her teeth sunk into her lower lip, the taste of iron slowly filling her taste buds. Everything should be better after this. Ray would never know and they'd continue to live in bliss like when they first moved in together.

"Natalie Lamour?" A small nurse stepped out from behind the door, holding a clipboard. "The doctor will see you now." Natalie rose from her seat, her gut twisting into a tight knot.

"Alright." Nat's voice was a ghost's whisper and it was easily faded out by the clicking of her silver stilettos. Though the noise wasn't loud enough to drown out her memories.

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Those 15 minutes felt like a century. Nat didn't bat an eye during the procedure and although the doctors hadn't drugged her, she felt completely numb. The procedure went well but what she didn't expect was the gaping void it left in her abdomen. Biting her lip, she left the clinic with jittery legs. The chants of the protestors drowned her mind as she walked through the group to get to her deep blue corvette with the Alabama license plate that shouted louder than the crowd. She hid her face with a hand, but the scorning looks burned into the back of her head. Slipping her hand into her pocket, she pulled out her keys and forced them into the lock of the car door. After a click, she threw herself into the driver's seat and turned on the ignition. The second her foot hit the pedal, she was out of there. All of her nerves burned as she pulled onto the main road and tears already threatened her eyes. Biting her lip, she pressed the gas pedal a bit harder ,even as the light turned red. Her grip on the steering wheel tightened when red and blue flashing lights filled her vision and, in an instant, she pulled over. Reeling down her window, she found herself looking into the green eyes of the man dressed in blue. A notebook already pulled out along with his cherry red pencil.

“Do you know why I pulled you over?”

“I do…” Her voice trailed and she held both her hands up. She felt the warm sheet of paper slide into her hand. Clutching it, she put the ticket in her purse before offering her usual fake smile to the officer. “It won’t happen again.”

“It better not.” He paused and noticed the shake in her fingers. “Have a good day.” She nodded, reeling her window back up before driving off. Ray was definitely going to lose it.

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The house was silent when she walked in. Raymond must have been out knocking back a beer or two with his buddies. Sighing in relief, she stashed the ticket in the foyer drawer, the one that only held dust bunnies, and fled to the bathroom. Her heart was running miles in her chest as her hands gripped the sink. It took all of her power to look up at the mirror. Two sunken-in hazel eyes stared back at her. “This was the right decision.” She tried to remind herself, “Now everything will be alright.” But her stomach ached. Holding her breath, she fixed her brown curls into a tight bun and splashed cold water against her face before looking back up with a smile. “This is fine, right?” The corners of her lips twitched, however, a whimper spilled from her throat.

“Oh God, what have I gotten myself into?” Her knees buckled and she rested her head against the edge of the sink. The black hole in her abdomen was growing, waiting to swallow her whole.

Katie is an English major at Flagler College, and during her first year, she worked as a poetry editor on the Flare Literary Magazine. Her work has been published in Synapse, Blood and Thunder and New York Literary Magazine for poetry and the Sagebrush Review and Zimbell Publishing House for prose.

HARLAN YARBROUGH

Surcease

Ward looked into Bart's blue eyes and said, "That isn't okay, Bart. You're amazingly healthy. You have decades of life left."

"I hope not," Bart replied. "You're right though; I'm too damned healthy. And I sure as hell don't want decades of life."

"Besides, you have two kids to take care of."

"Yeah, I know. I worry about that a lot. I don't like the idea of leaving them, Ward, but I'm no good to them now anyway."

"Nonsense! You're a strong and talented guy. You have so much to give them—and the world, for that matter."

"No, I used to be strong and confident. I don't know where that's gone, but it has. Ivana says I gave a lot of my strength to her and maybe that's true. I don't feel strong now. I feel like an empty, discarded husk, used up, past my use-by date."

"N—"

"My music sucks. I've hardly touched the fiddle or the mandolin since . . ." Bart paused and took several steadying breaths. "Since . . ." Two more deep breaths. "For the past eight months. I think I've played the guitar maybe three or four times for a couple of minutes. My skills have all evaporated. I can't play for shit."

"But that will all come back, when you start play—"

"Maybe, maybe not. It doesn't matter. The pain is just too intense. I can't focus on anything."

"Come on, man! What about your friends? What about your writing?"

"Same. The pain distracts me, so I can't write. Doesn't matter—nobody wants to buy my writing anyway."

"Don't give me that. You told me you've already had, what, 30 stories published."

"Yeah, and made a total of 85 dollars. And I still haven't found an agent to represent any of my novels."

"But you *will*."

"Not worth it. I just want the pain to stop."

"And it will, Bart. Give it time. You'll meet some young lovely, who'll knock your socks off. You can start over; you've done that before."

"If I were 30 or 35, or even 40, I'd agree with you. Now, no. I'm too old to start over. Young lovelies wouldn't even look at me. Even if they did, I can't get interested. None of them are Ivana."

"Oh, f'r cryin' *out loud*, man! Get a grip! What about *me*, f'r crissake. I'm your friend, and I don't want you to do this. It would make me very sad, and a lot of other people, too. I don't want you to hurt yourself."

"I'm not going to hurt myself," Bart said. "I told you that already. I'm going to fly to Europe, where people and governments are evidently more compassionate, and do this properly. I'm not going to jump in front of a truck or slash my carotid arteries—at least I don't plan to. I don't intend to do anything precipitous or impulsive. I mean, organizing the whole thing takes time: flight tickets and reservations, renting a place over there, establishing myself as a patient of a doctor there. The new year will be half over before I can finally bring the pain to an end."

"That's good. It'll give you time to see that you really can feel better, that the pain will grow less over a few months."

"Maybe. I'm open to that. If at any point I sense a reduction in the level of my pain, I will take that as an indication that it might not be a permanent condition and I'll put my plans on hold. If."

Ward remonstrated with his friend for another half hour, then took his leave. Bart watched him drive down the long, steep driveway, then heard the echo bouncing off the bluffs as Ward's van ground its way up their remote and usually peaceful valley. Bart hadn't told Ward about the tickets to Amsterdam nestled in the top drawer of the Scotch chest in the office upstairs.

Bart met Ivana a little more than 24 years prior to that conversation, while he was performing at a festival in her native Sweden, and had fallen in love almost immediately. In the course of their quarter century together, he somehow continued to be in love with her—or, as some students of emotions suggested, fell in love with her over and over again—and also grew to love Ivana in a different, very deep and very intense way in parallel with his other feelings for her. Sharing with Ivana became the center of Bart's life and a great source of pleasure. Making Ivana happy became Bart's greatest joy.

41 weeks prior to Bart's conversation with his neighbor Ward, Ivana had fallen in love with Albie, a fellow she had met at a meeting in town. After a few weeks of inventing excuses to go into town and spend time with Albie, Ivana told Bart of her infatuation with the new man in her life. Bart, who valued Ivana's happiness above all else, wanted to persuade his wife to remain with him and at the same time wanted to facilitate her happiness in her new relationship. The ache Bart experienced was more intense than any pain he had ever felt before, physical or emotional, yet he still wanted not to interfere with her newfound joy.

For five months, Ivana lived a dual life, spending her days with Albie and returning at night to her husband and children. Bart ached, but knowing she was coming home allowed him to manage the pain. Then, for four months, she had spent most of her nights at home but a few with Albie. First, one night every couple of weeks, then sometimes two, then one night every week—and all the while, Bart coped, because she assured him she would return. Bart and Ivana discussed the situation daily; he still loved her and wanted to make her life as good as it could be, and she cared about Bart and didn't like that she was hurting him. They also continued their exceptionally good love-making every day she was at home, because both of them enjoyed that part of their relationship and drew comfort from it.

Bart himself well and knew that, if Ivana ultimately decided to end their marriage, the pain must grow even worse. He therefore began considering his options and exploring the possibilities open to him. Recognizing that the pain was likely to become unendurable if Ivana moved out, Bart sought ways of bringing the pain to an end. His research showed that the laws allowing voluntary euthanasia in the Western states and elsewhere in North America all lacked compassion for many sufferers and placed inappropriate limitations on eligibility.

The laws in those two jurisdictions failed to recognize that emotional pain is just as real as physical pain. Even for those suffering physical pain, the laws lacked compassion, specifying that people seeking end-of-life help from a doctor must have a terminal illness that will kill them within six months.

“So, it isn’t okay to let someone suffer for five months,” Bart said to Ward in another of their conversations, “but it’s okay to let them suffer for seven months?”

Finding no legal avenues open in or near his home, Bart researched the rest of the world and found what he sought in Switzerland, Belgium and the Netherlands. He discovered and contacted the Levenseindekliniek and obtained useful information from their compassionate staff.

Wanting to remain as honest and open as he had always been with his wife, Bart discussed his research and his tentative plans with Ivana. She objected strenuously. “I love you,” she told Bart. “I want you to be happy.”

“Then live with me and be my wife for another 30 or 40 years.”

“I can’t promise that.”

They repeated such exchanges almost daily with variations.

“You have so much to live for.”

“No, if I’m not with you, I don’t.”

Sometimes, Ivana said, “I need you to be alive. I love you.”

Bart countered with, “No, you don’t. You’ll be enjoying Albie's company too much to notice,” or “Yeah, you’ll be sad for a couple of weeks, but after that you’ll be fine.”

Often, she said, "The kids need you. They need their dad."

Bart was extremely sensitive to that argument but expected the pain to be too great for him to serve his family that way. He felt bad about leaving his children. After a life lived much more responsibly than most, he hated the thought of being remembered as someone who acted irresponsibly. At the same time, he knew the already debilitating pain would be intense enough to render him unable to be a good father—and, besides, the oldest was preparing to move out anyway.

Twice, Ivana invoked their children in a way that seemed to reveal a subconscious ulterior motive of which Bart thought she was probably unaware. "I need you to be alive. I need you to look after the kids." The unavoidable conclusion that she wanted to enjoy her new relationship free of parental responsibilities upset Bart but couldn't induce him to suffer any longer than necessary.

By persistence and judicious use of materials from such groups as Compassion & Choices, Bart gradually educated Ivana about compassionate end-of-life assistance. He pointed out, too, that as a widow she could retain all of their assets, that they didn't have to sell the homestead they had built up over most of a decade and split the proceeds. "Besides," he reminded her many times, "you say you love me. Do you *want* me to suffer?"

"No, of course not," Ivana said every time, "but the pain won't last. You'll be happy again."

"Maybe, but probably not," Bart insisted every time. "I think that's a rationalization, to make what you're doing seem okay. And don't you agree that making me suffer would be cruel?"

Bart never obtained Ivana's enthusiastic agreement, but with a promise to suspend his plans if the pain ever lessened, he persuaded her to accept his approach to ending his pain. He made one final request of her, which she resisted for many weeks. In the end, and after he showed her the tickets he had already bought for her and the kids, she agreed to accompany him to Europe if their situation finally came to that point.

In the 39th week of Ivana's new relationship, she told Bart she wanted them to get a divorce. He pointed out that a divorce wasn't necessary and that the money he had paid for their airfares amounted to less than the cost of a lawyer. The next week, she moved in with Albie. The day she moved, Bart rang their friend Jeske in Leiden to ask for her help in finding a furnished apartment he could rent for a month or two and then again rang the Levenseindekliniek in The Hague.

Because Ivana didn't feel comfortable traveling long distances without Bart, he arranged to fly with her to Malmö and leave her and the children for an extended visit with Ivana's parents. He planned to return to Malmö so they could fly together back to Amsterdam, once he made all the necessary arrangements and fulfilled the requirement of being a regular patient of his chosen physician. The kids could stay with their grandmother, and Jeske could take Ivana to Schipol to fly back to Malmö and her parents.

Bart's neighbor Ward visited one last time to try to talk his friend out of making the fatal trip. Bart thanked his friend but remained obdurate. Among many other things, Ward said, "It sure seems like a lot of bother and expense. I can't see why you have to go all the way to Europe." Bart reminded Ward about the restrictions that prohibited carrying out his intentions nearer home and added, "Yeah, a D.I.Y. job would be a lot cheaper, but it's so messy. And more likely to be painful and I'm pain-averse. It'd be harder on Ivana and the kids, too. No, it's worth spending the money to do it right."

As Ward left, he hugged Bart and said, "Well, my friend, I hope you'll change your mind and come home."

Four days later, Ivana and the kids relaxed in her mother's home and company, and Bart flew back to Schipol, the first time in his adult life he had flown anywhere without his instruments, and caught a train to Leiden. He stopped by Jeske's office at Universiteit Leiden and picked up keys and directions to his apartment, arranged to have dinner with Jeske and followed Jeske's directions to his new and temporary abode.

After dinner and two hours of conversation, Jeske invited Bart into her bed, and they consummated a desire each had carried secretly for 25 years. Bart surprised Jeske with his enthusiasm and vigor, and they enjoyed three hours of conjugal activity before falling asleep nested like spoons and still connected. A shorter session the next morning left Jeske hurrying to get to work on time and left Bart feeling surprised, and even disappointed, that the long-deferred pleasures had utterly failed to quell the ache in his heart.

Bart followed Jeske out the door and walked to the office of a doctor she had recommended. There, Bart underwent a physical exam—for no good reason other than to give de heer dokter something to do—and talked with him for several minutes. As Bart left, he made an appointment to see the doctor again the following week.

Over the next three weeks, Bart established himself as a regular patient of that doctor. At the same time, Bart convinced the dokter of his, Bart's, mental competence. The doctor told Bart that his, the doctor's, approval of end-of-life assistance required the concurrence of a second physician. Bart's doctor provided a referral to another doctor, and Bart saw him two days later. An hour-long discussion led the second doctor to approve of Bart's plans and to transmit that approval to Bart's primary doctor.

At the end of his third week in Leiden, Bart had everything arranged, including a room with a double bed a few doors from the clinic. A last night with Jeske left Bart no more consoled than their first and left Jeske in tears, as he departed to catch a train to Schipol. That afternoon and evening, he shared long talks with Ivana and their children and shorter talks with her mother and her mother's partner. The next morning, he assured his children of his love and said long and loving goodbyes before taking Ivana to Malmö's airport in an expensive taxi.

Husband and wife shared a last night of connubial bliss—or at least physical pleasure—at his little apartment. Bart took Ivana out for a fancy breakfast the next morning and then on to the clinic. He took care of all the final paperwork then led her to his last bedroom. Once they lay together on the double bed, Bart turned his attention entirely to Ivana's body.

Their activity of the night before meant he reached orgasm a little later than usual. That was good, though, because the circumstances distracted Ivana and delayed hers as well. Once they both climaxed, almost together, Bart swallowed the pills the doctor had given him, then hugged and kissed Ivana and thanked her and turned over and fell asleep with her curled around him.

After Bart fell asleep and before he stopped breathing, Ivana slipped her arms from around him and rose from the bed. She donned her clothes and walked outside to find Jeske waiting for her in front of the clinic. Neither spoke much on the half hour drive to the airport. At the "Passengers Only" security barrier in Schipol's terminal, the two women embraced. Jeske's tears flowed freely, as she said, "I tried to talk him out of it."

"I did, too," Ivana said, squeezing Jeske's hand before walking through the scanner and toward the gate for her flight to Sweden.

Educated as a scientist and graduated as a mathematician, Harlan Yarbrough has earned his living as a full-time professional entertainer most of his life, including a stint as a regular performer on the prestigious Grand Ole Opry. Harlan's repeated attempts to escape the entertainment industry have brought work as a librarian, physics teacher, syndicated newspaper columnist and city planner, among other occupations. He lives, writes and continues to improve his dzonkha vocabulary and pronunciation in Bhutan but still needs to visit North America, Europe or Australia occasionally to perform and thereby to recharge his bank account. Harlan has written five novels, three novellas (one published, one appearing soon in a major anthology), three novelettes (two published) and about 40 short stories, of which 30 have been published in six countries and one has won the 2019 Fair Australia Prize.

JACOB ROGERS

Jacob Rogers is a third-year medical student at the University of Oklahoma. He greatly enjoys spending time out in nature, and whenever possible, incorporating those sights into his drawings and carvings. Upon graduation, he hopes to pursue a residency in family medicine at a program with plenty of green spaces nearby.

About the Executive Team

Ashten Duncan, MPH, CPH | Editor-in-Chief, 2019 - 2020

Ashten is a fourth-year medical student at the University of Oklahoma-University of Tulsa School of Community Medicine in Tulsa, OK. He has published a number of different written works and has collaborated on several major writing projects like this journal. In his role as Editor-in-Chief, Ashten established a new organizational structure for this student-run humanities initiative and directed the Executive Team through the entire process of creating what you see in front of you.

Ellie Hummel | Content Managing Editor, 2019 - 2020

Ellie is a fourth-year medical student at the University of Oklahoma College of Medicine in Oklahoma City. Outside of her interest in medicine, Ellie is passionate about the outdoors, health advocacy and promotion, and animals and animal rights. In her role as Content Managing Editor, she led the editorial team in developing consistency and clarity throughout the journal. She, along with Madeleine, coordinated the selection process by leading the selection committee.

Madeleine Duarte | Design Managing Editor, 2019 – 2020

Madeleine is a third-year medical student at the University of Oklahoma College of Medicine in Oklahoma City. Her interests include reproductive health access, LGBTQ+ healthcare and wilderness medicine. She enjoys climbing, biking and any time spent outdoors! In her role as Design Editor, she worked to create a cohesive style and layout for the journal. She also played a role in coordinating the selection process by managing a team of editors.

Daniel Pham | Director of Communications, 2019 - 2020

Daniel is a second-year medical student at the University of Oklahoma College of Medicine in Oklahoma City. Prior to medical school, he studied chemical biosciences, psychology and philosophy, synthesizing his interests at the intersection of the sciences and humanities. In his role as Director of Communications, Daniel was the liaison between the journal and the public, ensuring potential authors and artists a professional and seamless experience during the submission process.

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