
MEDICAL LITERARY MESSENGER

An Artistic Voice for the Healing Arts



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An Artistic Voice for the Healing Arts

Our adventure with the *Medical Literary Messenger* continues. We received the largest number of submissions to date and have selected a collection of essays, poems and images that represent both the depth and creativity in which we hope to observe and understand the experience of medicine and disease. Without you, both the readers and contributors of the *Medical Literary Messenger*, the whole of the project would be less than the sum of its parts.

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Quiet Please Sickness

So reads the sign
on the small lawn of a house
where the hedges have been trimmed
to within an inch of their lives
and a prized objet d'art,
some vague aquatic animal, is shown
off in the sole "picture window."
I'm on my way to teach, not thinking
much except I don't want to live here,
don't want bars on my door,
don't want to worry my pipes
might be ripped free in the night.
Though I don't sneer at the sign,
I don't slow down either,
just mutter, "Good luck," because,
sure, those bullies with a bellyful
will muffle their El Caminos,
not bellow at their equally
pissed off wives to open up
the goddamned door already,
bottles will roll on cotton, children
sing only inside their heads, not in
creepy little screeches, even the sun
will set gently on this city street.
Oh, dear deluded caretaker,
don't you know the world
doesn't hush? Won't slow down,
even for Death, who always
unkindly stops for us,
but throbs on, raucous and oblivious?
Life's the guy at Roger Williams Park
polishing his chrome while a boom-box
pounds the very rocks and trees.
But I get your message, friend.
I can see my own signs:

Talk softly. Let us dream.

*If I never return, will someone
please check on my husband?*

See, my own man's home
with pain and morphine as I fly
up 95, pass your eloquent plea,
then make students produce
yet another poem. Today
we're doing Sound and Sense.
Next week: Line and Space.

By Cathleen Calbert

Cathleen Calbert's writing has appeared in many publications, including The New Republic, The New York Times, and The Paris Review. She is the author of three books of poetry: Lessons in Space, Bad Judgment, and Sleeping with a Famous Poet. She has been awarded The Nation Discovery Award, a Pushcart Prize, and the Mary Tucker Thorp Award from Rhode Island College, where she is a Professor of English.

Helping a seven year old with inoperable brain cancer write a poem for her sister

She said orange was like
a door hinge. She said
it wasn't so hard, but
I still couldn't find
words for this.
Sometimes even the perfect sound
doesn't quite say it. Sometimes
you can only cry in your sleep.

You wake wondering
why you can't feel when you're supposed to
or what the sister will say that first night
she stays up late talking to a boy
and he asks her how it felt
when they folded up the hospital bed
and wheeled it away. He will never understand her
and this is what she will like about him.

I go for walks alone through leaves
their death is so beautiful
piling up orange and loud
lifting in the road as cars pass.
Sitting with this child
it's as clear as anything
I've ever seen, the separation
between body and soul.
She said orange was like
a door hinge. I told her that was perfect.

By Kate Peterson*

* Author's note, page 17

Asking My Liver for Forgiveness

By Rob Cook

After a subtly disturbing, two-month illness of fatigue, depression, creepy psychological states, psychotic rage, and tickles of low-grade nausea, I woke up the morning after Thanksgiving, 2013, with an itchy chest and abdomen. My immediate, pre-conscious reaction: liver is hurt, dead in six months.

It was impossible. There couldn't be anything wrong with my liver. Not after a lifetime shunning alcohol, drugs, and for the last few years, even sugar and white bread. My only transgression was the Paxil and Zyprexa I'd taken at low doses for thirteen years during which my psychiatrist never once ordered or even suggested blood tests to check liver function.

I spent the morning searching myself in the mirror for warnings from my liver and gave up, having found nothing. The itching came and went. I was much more sensitive to salt and could not indulge in my characteristic glut-tony at my parents' dinner table. At one point I got up from my chair, went to the living room, sat down and practically listened to my eyes turning yellow, though later I still could not see any jaundice in the mirror.

Instead of immediately scheduling a doctor's appointment, I retreated into denial and rationalization. I procrastinated, changed my diet. I had been indulging in, after a long, self-imposed sugar famine, cinnamon buns, ice cream sandwiches, and peanut M&Ms to ward off the monsters of another

approaching winter. Once I eliminated the sugar, the trans fats, the laughing foods, I started feeling better.

A month went by. I ignored the frequent need for naps as nothing more than an unresolved insomnia. I went to my gym once or twice and wondered why my normally pale skin looked like a Chinese tan in the weight room's mandatory row of mirrors. I also discovered a YouTube video of the prog rock band Porcupine Tree performing "Arriving Somewhere But Not Here," a song whose sound and moods of gentleness and ferocity alternated like the harsh voids and harsher dispatches between blood tests that would become commonplace soon enough. The song, over twelve minutes in duration and haunted with all the voices of my liver's hidden fears and melancholy, became, on the spot, the definitive song of my early 40s.

Again at my parents' house in north-west Jersey, I felt more sympathetic toward Christmas than in recent years. True to form, I attached no significance to this, no sense of the body knowing what was to come. This sense of security did not last because, upon returning to Manhattan via train, my girlfriend, Stephanie, noticed, in the unforgiving fluorescence of the car, that my eyes were yellow, something I'd missed because the yellow only announces it-

self at certain times of day and in odd angles of the mirror where no obvious thing survives. Often I would go searching for evidence of jaundice and return to my delusion of health, convinced my eyes were perfectly white, perfectly clear.

"Often I would go searching for evidence of jaundice and return to my delusion of health, convinced my eyes were perfectly white, perfectly clear."

The next day I made an appointment with Dr. Laura Rice at the Beth Israel Clinic on E. 34th Street. Upon seeing me, the first thing she said, with an almost maternal, protective tone, was, "Oh, you do look very yellow."

The initial blood tests confirmed a malfunctioning liver: ALT and AST levels in the thousands—normal is between fifteen and fifty-eight U/L. My bilirubin was nearly ten times normal, giving itself away in my newfound Banana Beast anti-glare.

The night after I learned exactly how high my enzyme levels were—and the wow-filled person who gave me the numbers over the phone seemed thrilled about it—I started having night sweats. Each morning I woke up drenched and freezing. I thought I might have contracted HIV seventeen years prior, before meeting Stephanie and now it was turning into AIDS, as night sweats are a symptom and I hadn't been screened for HIV since 1994. I was tested on the day of New Years Eve for hepatitis A, B, and C, terrified that I had

Continued, next page

contracted, somehow, hepatitis B or C, which Dr. Rice said were “epidemic” and could be passed on without syringes or, somehow, even sex. I researched and prepared a strategy should I be diagnosed with the unthinkable. I called a friend who’s been fending off hepatitis C-related cirrhosis for over forty years via herbs and diet and acupuncture. When I told him my numbers, he remarked that they were “alarming” and that his weren’t nearly as high. I was hoping for hepatitis A, which enters, causes its suffering, and leaves satisfied, and does no lasting harm. But I tested negative for all three and my anxiety vanished, along with my night sweats. I spent the next two weeks masquerading as a healthy person before going to Bellevue to get the elevated enzyme levels checked. According to the ER nurse, my numbers were “high, but nothing crazy.” She said my AST and ALT levels were in the 500-600 range and bilirubin was down to 5. I was elated. But she insisted I see a specialist the next day, just as a precaution. Thinking nothing of it, I celebrated.

On January 17, at Bellevue Hospital, after a young doctor expressed concern about the size of my liver and spleen, which he said were in early states of inflammation, a technician performed a sonogram and told me to make sure I show up for my appointment a week later. But when I got home, I noticed the answering machine blinking. Menacingly. Four messages, which was unusual and frightened me because at the time I mostly communicated through my cell phone.

I pushed play four times and four doctors told me to report to the emer-

“No one knew what was destroying my liver. They just assured me that yes, it was being destroyed and yes, it would fail sooner than later and my only hope would be an eventual transplant.”

gency room ASAP. I had, according to the first, second, third, and fourth voice, cirrhosis of the liver.

I was hospitalized later that night. My enzyme levels continued to rise at an alarming rate. Oddest of all was that I felt fine. More than fine. Quite good, actually. This would change, but not in terms of physical symptoms. Over the next four days and five nights, I would be destroyed psychologically and this has been, at least to the present time in early June, irreparable. I tested negative for everything that could be tested for. The doctors’ terror entered every cell of my body, every organelle of whatever soul I still believed was intact. And there were teams and teams of doctors to maximize that terror, hordes of polished, disembodied shoes that appeared unannounced and always at the wrong moment below the edge of the curtain drawn around my bed. No one knew what was destroying my liver. They just assured me that yes, it was being destroyed and yes, it would fail sooner than later and my only hope would be an eventual transplant.

The emotional distress, so far, has been the worst part, especially knowing that my illness can get much, much worse. When months go by and no doctor can diagnose and thereby halt or at least slow down what is killing you, and you’ve been taken off psychotropic medications cold turkey, no defenses remain. Still, I am not in hell yet. Just

the antechamber to hell. I spend most days reading, writing, doing research, watching movies, listening to music in its darkness, all its levels that keep their edges hidden until the day when it will be too late to dismantle the tabernacles of incriminating evidence I’ve built with each word, thought, breath, and misguided, self-centered action. But I still am not within site of its walls, its unknowable location.

And though I had to do a lot of talking, I escaped, with one doctor’s permission, from Bellevue on the same day as my liver biopsy, staggering unescorted down to the lobby where I waited for Stephanie to arrive and help me to the cab standing outside on what was the coldest night of one of the coldest years I can remember.

Ten days later I had my follow-up appointment with a boyish, easily panicked thirty-something gastroenterologist at the Bellevue outpatient clinic. He told me the biopsy was inconclusive. My numbers were down and my jaundice was gone. He seemed less panicked and I felt my anxiety plunge to its lowest level in over a month. Then, just as the doctor was suggesting monthly blood work and another sonogram after six months and basically saying I’d be fine, he looked up at the computer screen and his panic returned. I knew what it was. My lab results from two

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days prior had just appeared out of nowhere. I thought he'd already gotten them. "What...I can't believe it...Mr. Cook, your numbers are back in the thousands! What have you been taking?!" And so the monthly blood tests would now be weekly and I faced a month of phone calls from this man informing me each time that my situation was worsening.

Since then, I have been readmitted to the hospital once, spent five days in the transplant ward at Tisch, and been sent home, still not on the transplant list, thankfully. I have tried homeopathic and naturopathic and traditional Western medicine and nothing is working. The doctors at NYU show no interest in listening to the patient. Even my hepatologist has no desire to explore my case beyond medication dosages and the numerical results of liver function tests. Each time I relate some message from deep in my body, a cry for help from a nearby but still ignored organ system, he either glances or does not glance in the direction of my voice after it's landed and disappeared at his feet—undoubtedly nothing more significant than a sigh caught in the throat, another lay person with an opinion bordering on silence. Even more dispiriting, the homeopathic and naturopathic regimens—and I have always been a one-man booster club for alternative medicine—could

have killed me had I not listened to the ineffable friends who still survive in the wastelands of what is left of my liver, and stopped the treatments.

Before receiving, in April, 2014, an official diagnosis of autoimmune hepatitis, an obscure disease that affects one out of ten thousand, the immune system attacking the liver as if the liver were invading the body, I had to wait almost three weeks while the CDC in Atlanta tested my blood for an active hepatitis E virus. But I only tested positive for the antibody; according to the results, I did not have an active infection, which, in retrospect, I now realize I'd already experienced back in February and

March of 2010, stricken at the time by an illness similar to the one I had in November and December of 2013, and which was most likely a trigger for the cirrhosis, as all autoimmune diseases have triggers, including any and all stresses, even those created by the self. In early February of that year, during a particularly brutal evening of psychological self-mutilation, I either advanced to a darker part of the universe, or something from that stillness which I finally disturbed one time too many entered me at every level. I remember a distinct energy displacement, as if all the monsters huddled at the edge of the solar system had found in my rage a long sought-after warmth. This haunts me now. All the time. I keep chastising myself for not seeing a doctor at this

early stage, before the destruction had a chance to mature and grow. I still have difficulty accepting that the liver is just a large malfunctioning piece of meat in the center of my body and not some frightened animal that I've somehow wronged. It would be far easier and more comforting to accept the former.

The world feels alien now. I am physically weaker than I've ever been. Even walking from room to room is difficult and there is pain where before was only a slight clenching in my right side. And on those good days when I have the strength to venture from my apartment and forage for groceries, the sky seems heavier and the ground is something I feel continually slipping away, and I sense the previous selves who have died, but who I am still somehow trying to warn. I remember the person I was last summer, in 2013, filled with the anger of a man who misconstrued life with damnation, bumping into people, insulting men walking alone and women walking alone and men and women holding each others' hands or walking alone together. I recall trying to instigate arguments with random Whole Foods employees—sometimes even the unfortunate individual just off his or her shift and who happened to be nearby—for no longer making the macaroni and cheese available in the hot food bar where I could lop loud, conspicuous spoonfuls onto my salad and devour it while waiting in the checkout line. At one point on an otherwise enjoyable walk during a visit to my parents in Blairstown last autumn, I flared into an even scarier, more inexplicable rage when a leaf had

"I still have difficulty accepting that the liver is just a large malfunctioning piece of meat in the center of my body and not some frightened animal that I've somehow wronged."

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the audacity to fall from its home in the half-depleted foliage and touch down on my hair, which, as I explained to my bewildered mother and father, needed no further complications.

As of June 10, 2014, I am seeing a hepatologist at the NYU/Langone Medical Center, and his contribution to my ravaged body is 30 mg of prednisone, 100 mg of Imuran and 20 mg of Nadolol. I am also seeing a doctor of integrative medicine in Basking Ridge, New Jersey. His contribution is a diet restricted to flaky, wild-caught fish; soft yolk eggs; lecithin; desiccated liver and greens, greens, greens. I would like to say I am hopeful. But after five months of rabbit holes and dead-end suggestions and access roads that lead in their meandering, mocking ways only to the patch of weeds no longer bright with the promises from which they started, I cannot summon up more than the most distant, cautious optimism. But it is still optimism. There is always hope—a mirage of a word if there ever was one—until that human approximation in the sky who comforts everyone eventually by shutting off the lights decides to do so. ✧

Rob Cook lives in New York City's East Village. He is the author of six collections, including Blueprints for a Genocide (Sputen Duvvil, 2012) and Empire in the Shade of a Grass Blade (Bitter Oleander Press, 2013). His work has appeared in Asheville Poetry Review, Caliban, Fence, A cappella Zoo, Zoland Poetry, Tampa Review, Minnesota Review, Aufgabe, Caketrain, Many Mountains Moving, Hampden-Sydney Poetry Review, Harvard Review, Colorado Review, Bomb (online), Sugar House Review, Mudfish, Pleiades, Versal, Weave, Wisconsin Review, Ur Vox, Heavy Feather Review, Phantom Drift, Osiris, etc.

Synesthesia 2

the sounds are too bright and
stage a riot in the booth where
I raise my finger each time I
hear something, a high lonely
sound to the left of me, which
is a dying star; and the yellow
cymbals right in front of me,
red, red to the right, marching
close to my eye, yes

I am at that age when I cannot
hear certain things, certainly not
the sounds of my green years

Speak more clearly, what
you just said is a pile of grey
sitting on the ground
to my right, ash, and the dog
is scratching silver on the door
to go out

By Catherine Harnett

Catherine Harnett is the author of two poetry books, and her short stories, nonfiction, and poetry have appeared in a number of magazines and anthologies. Originally from New York, she's been a Virginia resident for more than thirty years. She wrote this poem from personal experience. Her senses are mixed up, and letters and numbers have colors and specific arrangements in space. Her mother had some synesthesia, but she doesn't think it was quite as deeply rooted as hers. She lives in Fairfax, and has a daughter in college.

Tic

As a baby, I crossed my toes,
so the doctor taped them together
to keep me still.

tic

In Dr. Nalynarayan's office
walking,
at age seven,
heel-toe-heel-toe,
across the straight silver line on the floor.

tic

Opening a wide mouth,
blowing out cheeks,
jaw rocking from side to side.

tic

I was on haldol at age eight
but Mom said it made me weird
and took me off it.

tic

"Why are you doing that?"
"I don't know."

tic

I drew my family on a water slide,
my sister crying.
Looking for deeper meaning,
the psychologist asked why I'd drawn her that way,
But at age nine, who wouldn't take a little
artistic revenge on a pain-in-the-butt sibling?
I played Nintendo with the doctor,
and I never went back.

tic

Tenth grade: it returned,
I started rolling my neck,
circling it around until that satisfying
crack.
In college, there were days when it hurt to hold my head up.
My neck brace is tucked in my drawer.

tic

"What's wrong with your neck?"
"It hurts."

tic

Squeezing my eyes shut,
Tensing my arm
over and over until I need to put on a wrist brace, too.
Wiggling my nose,
scraping my throat with my throat
until it hurts to swallow
and I have to suck cough drops like they're candy
because I can't
stop.
I've given up ever trying to stop biting my nails
or picking at scabs
or chewing the inside of a mouth
that jumbles my words.

tic

tic

tic

tic

"You blink a lot."
"Allergies," is the standard answer.

By Molly Lazer

Molly Lazer is an MFA candidate in Creative Writing at Rosemont College. A former editor at Marvel Comics, she now teaches high school, acts, and directs plays outside of Philadelphia. Her work has appeared in Gingerbread House, The Conium Review Online, Rose Red Review, flashfiction.net, and is forthcoming in Mirror Dance.

The Bridge



Photo by Alexander Schloe

This photograph of the railway bridge in Richmond, VA, was taken at sunset from the bank of the James River on a beautiful summer evening.

“After normal exertion a white crust would appear on Carlos’s forehead, thin and white as a streak of dried milk, a sign that parents knew and feared centuries before...”

Mother’s Milk and Cystic Fibrosis

By **Lizabeth Berkeley**

At the Baby Café I open the door each day to a flood of mothers. It’s common to see dark circles under their worried eyes, uncertain and anxious expressions on their faces, fragile newborns carried in ungainly car seats, and fretful husbands accompanying them like shadows. I also open the door to a wonderful cadre of volunteers: smart, creative women who all started as Baby Café clients themselves. All of this may not sound like an honor, but it is. No matter what mind-bending lactation puzzle confronts me on a particular day, it is a vacation from my other full time medical occupation, which consists of caring for two young-adult sons with Cystic Fibrosis.

The Baby Café is a drop-in support center, a non-clinical setting with upholstered couches, fluffy pillows, appealing photos and art, toys and books for toddlers, snacks, decaf coffee and tea. We have been providing the service in our cozy venue for almost six years at a nursing school in El Paso, Texas. The Baby Café is a place where breastfeeding mothers can find peer support from other mothers and a professional lactation consultant. It is a place where they can find empathy, acceptance, and support for the choices they make about breastfeeding, and all the concerns, both personal and societal, that go along with that decision.

My career in lactation started in New York City when I organized a breastfeeding education and support campaign as part of my Master’s thesis in Public Health. A long and winding road led me to fall in love, move to Texas, and have two adorable boys all in the space of a few years. Before the oldest was four they were both diagnosed with Cystic Fibrosis within the space of a month.

From the moment our first son, Pedro, was weaned from the breast, his weight and height flattened on the standard growth chart. He appeared gaunt and developed a mild, though chronic, wet cough, and had frequent diarrhea. Pediatricians and pediatric sub-specialists came forward with a variety of conflicting diagnoses: short parental stature, lactose intolerance, and cough-variant asthma. Eventually, a pediatric pulmonologist suggested a sweat test, more to exclude Cystic Fibrosis than for any other reason, or so we thought. The sweat test provided us with a definitive answer as to what was wrong with Pedro.

Cystic Fibrosis affects the lungs, pancreas, and a host of other organs, usually leading to heart and lung failure and an early death. Although it is a genetic disease, and my husband and I both came from large families, none of our siblings had been diagnosed as a carrier. And while our younger son Carlos did not exhibit the wasting and cough that afflicted Pedro, we knew even before

he was tested that he was suffering from the same illness. After normal exertion a white crust would appear on Carlos’s forehead, thin and white as a streak of dried milk, a sign that parents knew and feared centuries before the seemingly random complex of symptoms was identified as a single disease. From as far back as the Middle Ages, an infant with a salty forehead was said to be afflicted with “the curse of salt,” a sign that the child was destined to die in a very short time, from the condition we now know as Cystic Fibrosis.

The day the pediatric pulmonologist gave us the news that both of our children had a chronic, potentially fatal disease, I felt that the world was turned upside down. I couldn’t eat, sleep or think. I felt numb, overwhelmed by the gravity of the doctor’s prognosis, and by my own helplessness. The first time I went to pick up the medications that they would both presumably need for the rest of their lives, I was dumbfounded by the sheer volume of pills, elixirs and solutions for nebulization. And the machines. Nebulizers, physiotherapy vests, sterilizers, humidifiers. Beanie babies, puzzles and tricycles were shoved under the bed and into the corners to make room for all of the hardware. (Eva Markvoort, a blogger and activist who suffered from and eventually succumbed to Cystic Fibrosis, said, after a failed

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lung transplant, “Tubes hold you back. Feeding tubes, nebulizer tubes, home IV tubes, oxygen tubes. I think that’s one of the things I’m most scared of. Needing tubes again. Feeling held back.”) I would soon come to understand that along with familiar childhood scents of popcorn, bubble bath, and pizza, our children would always retain the memory of the rotten fish odor of nebulized acetylcystine, which was the only mucolytic available 20 years ago.

The solitary reprieve we received in those days came from a small number of providers who were enthusiastic about advances in gene therapy, an enthusiasm that proved wildly over-optimistic, but which was a source of hope in the early days after our boys were diagnosed. Others gave us less reassurance during that vulnerable time. A respiratory therapist who dropped off the first nebulizer at our house left us angry and alarmed. “Are you sure it’s CF?” were his words to us, “That’s really bad.” Other providers, with the slightest comment or subtle concerned expression, could pierce our hearts like an arrow. I’ll never forget the pediatric infectious disease specialist who wrote in Carlos’ chart during one hospitalization, “very supportive father,” perhaps because it is common for fathers to be the first to exit a CF family. On another occasion, a prominent CF specialist reminded us of a basic truth of living with a chronic disease—that every good day should be appreciated and celebrated. “Look at your sons!” he said. “They’re running around like idiots! They’re survivors.”

Fortunately I was able to keep on working in my field, albeit part time,

for most of the years that my boys were growing up. A break from Cystic Fibrosis was imperative (a guilty admission I was for a long time not ready to make, even to myself). Cystic Fibrosis is a condition that requires daily chest physiotherapy, dozens of medications, hospitalizations, countless tests and diagnostic procedures and sometimes surgery. The psychological pressure of so much medicalization of daily life combines with the stress of battles with insurance companies, hospital bureaucracies, and overly-taxed medical staffs; with the constant unease of an uncertain prognosis; and with the ever present specter of death; to create a perfect storm of worry, depression and fear for both the patient and loved ones.

The Baby Café is a respite from the world of CF. The mother who visits the Baby Café with a failure-to-thrive five-day-old jaundiced baby demands my full attention, as does the military wife who has been trying to get pregnant for five years and finally welcomes a perfect, rosy baby only to find out that her breasts are hypoplastic and can make no milk. The young teenager whose own mother is still profoundly disappointed about her pregnancy and who now has to contend with a three-generation dog-pile of aunts, grandparents, and neighbors who think breastfeeding is obscene demands my total support; at that moment her presence and need fills my mind and heart. I get to hug her and tell her she is doing a great job, which is all that she needs to succeed at breastfeeding. The non-stop, cracked, bleeding, and distorted nipples, the mothers with babies who suffer from tongue-tie and reflux and thrush—they are my salvation. The confidence a mother gains (which is what

they usually need more than anything else) to go one more day or one more hour, helps me survive my own and my children’s situation.

My involvement with the mothers in the Baby Café has helped me to see the experience of caring for two children with Cystic Fibrosis as part of the broader human experience. Mothers feel the joy of parenthood, but they also feel fear, helplessness, disillusionment, pain and vulnerability. Helping young mothers face the challenges of breastfeeding by making myself available and accompanying them through their first uncertain days, teaching about proper latch, helping them to understand what normal weight gain is for a breastfed baby, assisting them in complying with prescribed treatments, and, above all, helping them to take control of their breastfeeding experience, helps me to walk more closely and courageously beside my own children, come what may, and to teach them to take on the difficult responsibility of controlling their disease. In my work and in my life, it has become clear to me that an integral part of the treatment process is affirming that it’s okay to be afraid, to be sad, and to have anxiety about the future, but it is also possible, and indeed necessary, to have hope, courage and confidence that we can become active participants in therapy and healing. ✧

Lizabeth Berkeley, MPH, IBCLC, RLC earned her Master of Public Health from Columbia University. She is a board-certified lactation consultant, and, in addition to running the Baby Café, she is on the faculty of Texas Tech University’s Gayle Greve Hunt School of Nursing. She has published articles and essays in a number of journals, including Clinical Lactation, Southern Medical Journal, Cultural Survival and Mothering.

Fanny Brawne

She and Keats embraced,
then he gave her his
copies of Ovid
and Homer.

He promised to marry
her when he returned,
though he was already
coughing blood into
a pocket rag.

A Roman winter
might save him,
English damp and fog
a death sentence.

And Fanny said goodbye,
would be there waiting
at the dock when
he returned ...

At first, he wanted
to read her letters, then
the doctor bled him
more often.

The sight of those letters
hurt worse than anything,
even the stained blade.

But he asked that one
might be written down,
sent to her.

He told her to stop waiting;
he was never coming home,
by sail or coach.

And he'd written so well
under her wing,
his Hampstead muse ...

She got the letter five days
after he died, read it many times
before the coals burned out.

Soon after, she took down
the books he had given her,
read what he hoped
they'd read together.

Love had many shapes
and now she was alone,
though longing and desire
were strong as ever.

But when that longing
was a broken ship,
she suffered in her flesh
every pain of loss.

On the far side of grief,
she and Keats were
married in memory,
in England even still.

By William Miller

William Miller is the author of five collections of poetry, twelve books for children, and a mystery novel. He lives and writes in the French Quarter of New Orleans.





Artwork by Venus

Venus's journey started with the removal of a Krukenberg tumor; a very rare tumor that originates in the gastric system and inevitably targets women's ovaries during their reproductive years. This type of cancer hits young women who are stressed and not eating right where it hurts—the path to motherhood. She explores this thought: "From plate to body, maybe a cure for women's cancer can be found." You can see more of her artwork at www.bongyongart.com or make a donation toward her treatment at <http://gfwd.at/1q6fH6N>.

Cure

By Anne Spollen

April. Pink light falls through trees. Everything opening at the same time you are closing. We drive past strip malls, houses, through towns where everything moves, normal as water. You cry in the car. I keep giving you tissues. I tell you we are almost there. I don't tell you how I wish you were here with me. I don't tell you how I look at you and can't find you anymore.

The doctor's office is blurred with underwater tones, as if he fears edges. Fish glide inside a tank; the walls are pale green, the furniture is Pottery Barn shabby chic. All soft and muted. Three days to see him and only because it's an emergency. "You're very lucky," his flitter of a secretary tells me, "it's usually a few weeks before you can get an appointment. This is very unusual."

Yes, I want to say, because nothing has been unusual for us lately. She hands me a clipboard containing the Magna Carta.

Four hundred dollars I had to borrow.

Embarrassed, but no choice. The doctor is young and listens to us explain.

"What do you think when you see a dead animal on the road?" the doctor asks. He has a slight accent, as if the foreign is being trained out of him. My son shrugs.

I watch as he inputs my son's responses into the computer. Is this an Internet diagnosis? I think of those tests I took in middle school: *answer these questions and you will discover what kind of flower matches your personality.*

What the fuck? I want to shout this, and shake the doctor. Dead animals? An online diagnostic? He can't sleep, he has forty minute panic attacks and can't remember what day of the week it is without prompting and he was an honor student and we're talking road-kill?

Would you be showy, like a rose? Or shy, like an orchid? Daisies are genial...

The doctor types.

"He can't sleep, he has forty minute panic attacks and can't remember what day of the week it is without prompting and he was a former honor student and we're talking roadkill?"

Outside, clouds move, struck by spring wind. My son watches and I wonder if he is thinking how he has stopped moving.

"Do you want to hurt anyone?" he asks my son. My son looks at him for a long minute.

"Sometimes," my son answers.

"All right then, now, the panic. How does that feel?"

My son tells him how he feels crushed. His eyes water. He can't move or even sit up.

Then a breakthrough: the doctor presses ENTER.

We wait, smiling at each other and I think of Dorothy, moving the curtain

and revealing the disappointment of that wizard.

Here we go, the doctor says, we have a diagnosis.

The doctor gives us a slow eyed glance and says to my son, "You are depressed."

Right, I say, I know, he's also male, but is it bipolarity?

Oh, the doctor says, We don't know that until after adolescence. We can't diagnose that. We'll start conservatively, a low amount of Prozac, see if it helps. He won't see results for at least three weeks.

See if it helps. Three weeks.

He has no life right now, I remind the doctor, is there anything else?

The doctor tells me it all takes time. Can I come back in three weeks?

It's only three hundred dollars the second visit. He smiles.

My son cries in the car on the way home. Darker pink light falls through trees. I give him tissues. It grows colder so I stop to get his jacket from the trunk.

In that moment of unfolding the fabric, the scent of my son rises and I am transfixed, understanding that this is the way things will come to us both now: in silent, enveloping ways as if we are living inside a slow explosion. ✧

Anne Spollen is the mother of three children, a writer and a teacher. She wrote "Cure" in response to an actual event. Currently, she is working on a collection of essays exploring how the concomitant diseases of depression and addiction have affected her family. Anne is also the author of two young adult novels available on amazon.com. She lives in Staten Island.

Gene

if by some western miracle I could spoon out parts of my self to create new life
it would mean that these tiny ribboned gifts would be carried around by some girl baby born with thick black hair
and a love for ponies and the noise that trees make

she would keep them in her pockets her overalls her shoes
she would feel pressure at the base of her spine and find it quite ordinary
for her legs to go numb while sitting on a city bus

she would grow up with little white pains across her head
and in the palms of her hands she would talk to her body
as if it were someone living in her apartment someone behind her
with a sharp hot stick

she would find the flimsy sound of ambulance doors slamming at her cold feet
comforting like sirens and blinking iv poles

her eyes would become closed rooms where she would lie
watching the shadows of the gowns float past the still door

she would recognize the surgeon by the crack of his shoes
know the days of the week by their muffled polypropylene slip down a quiet hall

she would want to be a doctor because of the way they entered rooms
with their eyes down because of the way they held their pens the soft precision

she would not understand the rules of baseball or soccer or where to put her hands
but she could name all the bones in her wrist categorize her friends by their blood type
memorize the western cities because that is where they send the blood

my girl baby would wish for sparrow bones an old soul they would call her
my little miracle my ink blending into the air breathing into the snow

my girl baby would walk with a catch would stop only sporadically
to unclench her jaw open her hands and stare at the speed of the clouds
while others watch her watching the sky

By Kate Peterson

Kate Peterson is a graduate of Eastern Washington University where she earned her MFA in Poetry. She loves teaching composition, but sometimes wishes she had gone into medicine. More of her work can be found in Glassworks, Apiary, Barnstorm, as well as in the anthologies Eat This Poem, and Railtown Almanac. She lives in Spokane, WA.

The Love Song of Elliot Blue

By Jacqueline Kirkpatrick

Four Weeks: Your baby is an embryo. It is the size of a poppy seed. The organs and body parts are beginning to develop.

On the eleventh grade field trip to Salem, I tell Marsha while we sit together on the bus sharing ear buds listening to Nirvana's MTV Unplugged, that I'm pregnant. She cries. I can't tell if she's happy or sad. I can't tell if I am either.

At a tourist shop I buy my child's father a postcard. I write on it that I love him. I tell him we will be fine. There is a bowl at the checkout counter filled with stones. Beside it there is a laminated identification card explaining all the powers of each one. I buy a Moonstone. I write on the back of my receipt that Moonstones are beneficial for a woman's organs, a healthy pregnancy and aides in motherhood.

Six Weeks: Your baby's nose, mouth and ears begin to take shape. The heart is beating about 100 to 160 times a minute. It is the size of a lentil.

My mother brings me to my father's hospice nurse, Bobbi. I sit at her kitchen table. She cradles her coffee in her fat fingers while her Bichon nips at the bottom of her dress. She tells me she can drive me to Planned Parenthood and help me with the paperwork. She assures me that it's all for the best. My mother nods in the background fingering photos of Bobbi's dog on the mantle. I want her to turn around and insist

that we leave.

Instead, she tells Bobbi that my child's father was just arrested.

Ten Weeks: Your baby is the size of a kumquat. The tissues and organs are growing rapidly.

I skip school to go to his house. I find him on his bedroom floor painting a Bible in red oil paint. I sit beside him. He tells me he knows we're having a son. He tells me he has already named him Elliot Blue. We cry together. We agree we will keep the baby. He slides his hands through the oil and then brushes his fingers down my stomach and thighs.

I imagine the paint is blood and that I've lost the baby and it's not my fault.

Eleven Weeks: Your baby is the size of a fig. Its hands will open soon and turn into fists.

He hasn't returned my calls in days. His friends say he is with someone else. I realize that could mean another girl, or heroin. My mother uses this as an opportunity. She calls Bobbi who makes a house visit. We sit in the front yard so my father, who is attached to an oxygen machine, won't see or hear us. We have not told him and he is too sick to notice. I am certain he will die before the baby is even born.

Like a Greek chorus they sing the songs of termination.

Thirteen Weeks – Your baby is the size of a pea pod.

I stop reading the book on what to expect. I sit in a waiting room beside my mother and Bobbi. They talk about Christmas cookie recipes.

I hear a heartbeat and I imagine burning the building down and killing everyone in it for making me listen.

Fourteen Weeks – You throw the book away.

He comes over after my parents are asleep. He sits on my bed. He tells me he's glad I'm doing it. It just isn't right for us. What do I want for Christmas? When can we fuck again after it's all over? Can I drink on New Years Eve? Did I have ten dollars he could borrow for cigarettes and orange juice?

Fifteen Weeks

The IV in my arm makes me nervous. Every time I move it feels like it's scratching an organ. The doctor lets him and my mother come see me before I go in.

My mother kisses me on my cheek and tells me I'll be all right. She repeats that I'm not ready. She says one day I will be. She leaves the room.

He holds my hand. He brushes my hair back from my forehead. He tells me he loves me and that I'm going to do great.

I change my mind. I beg him to let me go home. I tell him that we can do it.

He is silent. He nods. Sympathetically. He pats my head like a dog and

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lets go of my hand. As he walks out of the room the sedation begins. I imagine my front yard. I see my father mowing the lawn. I want to say something to him. I want to

ask him to call the hospital and tell them I fucked up. I want to go home.

I hear a woman's voice asking me if it was all right if they listened to INXS. The doctor, she said, absolutely loves Welcome to Wherever You Are. ✧

Jacqueline Kirkpatrick is currently in the MFA in Creative Writing program at the College of Saint Rose in upstate New York. She has been previously published in South85, Nailed, Mason's Road, and Empty Mirrors.

"Next"



Photo by Michael P. Stevens, MD, MPH

Patients in queue for a clinic in Maralal, Kenya.

Mike Stevens is an Infectious Diseases doctor at Virginia Commonwealth University and spends time working with VCU's Global Health & Health Disparities Program (GH2DP) in rural Honduras.

Structures

We've been taking you apart for weeks now,
Piece by dripping piece

You've come away in layers as we scrape down
down to some meaning we've been told should be there

It might be, or it might not be, people are all different
It's possible I'm not learning from you at all.
That frightens me.

What made you think this was a good idea?
You are so much less now
Visually
Spatially shrunken
A table and bucket and greasy towels

I wonder if you knew what this would be like
If you knew we would circle around you
That the chemical smell would make us hungry

You must have known
One hundred years of truth soaked up
Enough not to care what we do to you now

Given back to us, partially fixed
So much of you already lost

So that's what that looks like
Or maybe that's something else
Decay. Disintegration.

Every time we open the table
I stop myself from grabbing your hand

And then I forget that it's there.

By C.I.L.

This poem was generated during an anatomy lab in which C.I.L. was incredibly frustrated. The poet was bothered—more than anticipated—by the process of dissection.

Autoclave: 1960

By Claude Clayton Smith

In the depths of the hospital was an autoclave. It looked like an enormous iron lung—the kind you used to see on television with someone’s head sticking out, the head of some poor kid with polio. Its large round door opened like a clothes dryer.

The autoclave was a toaster for mattresses. Whenever somebody died on one of the wards or in a private room, the head nurse would put in a request to send the mattress to the autoclave. It was my job to carry it there and stuff it in. Then the autoclave would heat up and disinfect the mattress.

Actually, none of this was necessary. Just because somebody dies on a mattress doesn’t mean that the mattress is infected. It’s all public relations, as Mrs. Olgivie, the head of the Housekeeping Department, pointed out. Still, Mr. Steve—the supervisor of the male Housekeepers—would have me lug the offending mattress to the autoclave. I’d grab it by the side straps and slide it from the bed, once the nurses’ aides had stripped the sheets. Sometimes the sheets were bloody, and sometimes the mattresses were stained. Many of them looked like mattresses at cheap motels—not that I’d ever been to a motel, cheap or otherwise. I was only sixteen and this was my first summer job.

Sometimes I put the mattress on a gurney, if there was a gurney available. Other times I’d just drag it to the elevator, cram it in, and take it down to the bowels of the hospital to the autoclave.

“The autoclave was a toaster for mattresses.

Whenever somebody died on one of the wards or in a private room, the head nurse would put in a request to send the mattress to the autoclave.”

At any point during that summer of my cynical sixteenth year I could have gone through the wards and private rooms and informed patients that the last person to use the mattress they were lying on was now in the morgue—all that sanitary stuff about disinfecting mattresses was just PR. But I said nothing.

One day Rufus got in a fight with a cross-eyed white guy who worked in the main hospital kitchen and tried to stuff him in the autoclave.

Rufus was big and black and took numbers for the local syndicate. He was a general helper in the Housekeeping Department and everyone stood in awe of him.

He always carried a large paper cup with a plastic lid from the Lobby Shop. The plastic lid had a hole in it and a straw sticking out. Rufus would go to the Lobby Shop to get a large soda during the morning coffee break, and the silver-haired country-club volunteers would fill a large paper cup with ice. They always skimped on the soda to make more money for the hospital, but Rufus didn’t care. All he wanted was the paper cup with the plastic lid and the straw sticking out.

He’d chug the soda and spill the ice into a potted plant in the lobby. Then he’d wash out the cup in the men’s room

and dry it with a paper towel. Now he was ready to make his “rounds,” as he said, “just like a doctor.” One of his duties was to check each of the small kitchens on the different floors and wards and make sure the cockroaches were under control. He had to wait until they were unoccupied. Then he’d snap off the lights and pause a few minutes before snapping them back on. If he saw anything scuttling along the floor when the lights came on, he had to note it on his clipboard. The exterminators would follow on the night shift to spray the kitchens he reported.

Rufus kept a pen clipped to the pocket of his brown khaki shirt. He carried his clipboard in his left hand and paper cup in his right. And when he turned the lights off, he was sending a signal. He’d wait for a minute, then anyone on the floor—doctors, nurses, housekeeping personnel, anyone who wanted to play a number—would stroll by the kitchen and hand him a slip of paper. He’d put the slips into his paper cup and give it to a local courier from the Mafia at the end of the day.

The crossed-eyed white guy got in trouble with Rufus when they crossed paths one day. The cross-eyed guy worked in the main kitchen. He

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seemed to have mental problems. He would look at you cross-eyed, but you couldn't tell if he was looking at you or somebody else. You couldn't tell if he was cross-eyed or just nuts. His job was to push the big stainless steel food truck around to all the floors. This container was about ten times the size of the cart that a stewardess pushes down the aisle of an airplane. He was pushing the food truck from the kitchen when he came to a corner where two corridors intersected. There were mirrors on the ceiling, but the cross-eyed guy was too short to see over the top of the truck. So he ran into one of the elderly female housekeepers coming from the other direction and laid her flat.

I just happened to be lugging a mattress down the corridor when the woman got hit. And Rufus just happened to be coming along with his paper cup and clipboard. What da fuck you doin', man? Rufus said, and the cross-eyed guy said, Mind yer own fuckin' business! Rufus put down his paper cup and clipboard and grabbed the cross-eyed guy by the front of the shirt. Meanwhile, a few nurses and a passing doctor stopped to help the flattened housekeeper. She was unconscious and barely breathing.

The collision had caused the doors of the stainless steel container to swing open. Trays of food and silverware had spilled across the floor. The cross-eyed guy picked up a fork and raised his arm, but Rufus hit him in the belly, doubling him up. Then he tossed him over his shoulder and squeezed into the same elevator that I'd just squeezed

into with the mattress. Rufus pushed the button for the basement.

All that was down there was the autoclave.

It was the longest elevator ride of my life. I stared straight ahead while the cross-eyed guy screamed and squirmed on Rufus' broad shoulder.

Fortunately, Mr. Steve was below when the doors opened, waiting to show me some new wrinkle about the dials and thermostat on the autoclave. Rufus dumped the cross-eyed guy on the floor and went back upstairs for his paper cup and clipboard—but not before promising to make toast of him next time.

The following day the cross-eyed guy waited for Rufus outside the Lobby Shop and whacked him across the back of the head with a piece of angle iron. Rufus was taken to the ER for stitches and the cross-eyed guy was fired.

Admitted to a private room in the hospital, the elderly female housekeeper survived. Rufus visited her during his daily rounds. ✧

Professor Emeritus of English at Ohio Northern University, Claude Clayton Smith is co-editor/translator of The Way of Kinship: An Anthology of Native Siberian Literature (2010) and author of Ohio Outback (2010), Lapping America (2006), Red Men in Red Square (1994), Quarter-Acre of Heartache (1985), The Stratford Devil (2007, 1984), The Gull That Lost the Sea (2008, 1984), and The Cow and the Elephant (1983). His work has been translated into French, Danish, Swedish, Russian, and Chinese. He holds a DA from Carnegie-Mellon, MFA from the Writers' Workshop at the University of Iowa, MAT from Yale, and BA from Wesleyan (CT).

Waiting

in a waiting room,
a stationary space
of empty chairs
beneath a framed painting
of a bucolic road,
an interval between rows
of tall trees, oaks
bathed in opalescence,
iridescent white light
the essence of which
one must taste, feel,
walk through, breathe-in
in order to arrive at some
predestined destination,
I wonder
of others
who've mind-wandered as I
down this ribbon of road,
in search of a directing sign,
calling upon their gods,
promising *if only*...
in a room they did not choose,
with little else to do
but wait.

By dl mattila

dl mattila is a linguist and poet residing in the Greater Washington D.C. Metropolitan Area. In addition to print and online publications in the UK, the US, Nepal, and Canada, her work appears on the Maier Museum of Art 2011 Ekphrastic Poetry webpage and at the Fisheries Museum of the Atlantic in Lunenburg, Nova Scotia. She holds an MA in Writing from Johns Hopkins University.

Burning a Hypothetical Helianthus Annuus

I. one ounce:

equivalent to 27 shelled seeds
equivalent to 164 calories
approximately one small handful

And if I run 22 minutes at 5mph,
my body can burn like one small
handful, like one ounce.

II. one head:

an entire sunflower's head,
depending on size, can produce
800-2000 shelled seeds,
approximately 29.6296296 ounces-
74.0740740 ounces,
and therefore contains
4,859 - 12,148 calories

It will take between 10 hours
43 minutes & 26 hours
47 minutes of non stop running
for my body to
burn one head.

III. one speed:

5mph = 12 minutes to complete
a mile
5mph = is my "giddy up" speed
To burn the calories
of my hypothetical flower,
I will need to run

53.58 - 133.92 miles
as I giddy up
into one speed.

IV. one race

Dean Karnazes is a real person
who ran 80 hours and 44 minutes
without sleep, (350 miles),
equivalent to 3 days 8 hours
44 minutes.

Forrest Gump, who is not a real
person, ran 3 years 2 months
14 days and 16 hours.
When Gump got tired he just
went home.

And what will you
decide to do when
it is time to spread
yourself thin?

V. one conclusion:

To determine how many
Americans, if placed on a
calorie conscience diet,
can burn one Kansan field of
sunflowers entirely by
consumption before
the field's germination, typically
within 5-7 days, an improved
equation must be adapted.
It is essential, therefore,

to consider the following factors:

Human death rates caused by
nut allergies, Basal Metabolic Rate
(BMR), hypothetical food
shortages, the average harvest,
natural spoilage, bird
and bug thievery,
Standard American Diet (SAD)
and other catastrophes.

For example, if I ate nothing but
one sunflower on a standard
2000 calorie per day diet,
it would take me days to eat
every seed although I have
problems with leftover dinners and
my nutritionist advised me to
focus on portion control.
I also have poor balance
and cannot run, therefore I will
only consume one ounce of seeds,
one small handful at a time and
formulate new equations

and I watch in horror as I realise
that every sacrificial face in this
field is gazing towards the East,
inspecting Mecca, seeking one
conclusion as they all burn like the
holy hallelujah of the sun.

By Sea Sharp

Sea Sharp is a self-proclaimed "refugee of Kansas" and an American expatriate who resides in Great Britain and works in Adult Social Services. Sharp is a Creative Writing and Literature graduate of Kansas State University with forthcoming or recently published work in Blast Furnace, Three and Half Point 9, Storm Cellar, Flyover Country Review, and NEAT -and previous work performed by MXTW (2004) (2005). Sharp is also a vegan who enjoys "sensible amounts" of scotch and dancing with a hula hoop.



Shot straight in,

the word lodges
like a stone
in a windshield,
spidering cracks
outward.

Cancer.

Pluck the chip
from crackled glass,
the shield
will curl and keel,
cascade
of opalescent beads.
Dislodge the word
and I will shatter,
shards sharp enough
to etch diamonds.

By Joanna White

Joanna White is a music professor. After performing with a poet, she returned to an early love of creative writing and studies poetry with Robert Fanning and Jeffrey Bean. She has discovered poetry can be useful, particularly in dealing with medical situations, and has poems appearing or forthcoming in The Examined Life Journal, Ars Medica, Pulse, Grey Sparrow Journal, and the Milo Review, among other venues, and in the Naugatuck River Review as a finalist in their poetry contest. She lives in Mount Pleasant, MI, with her husband and has a daughter and son in college.

ABOUT THE COVER PHOTO

Clinic in Olanchito



Photo by Michael P. Stevens, MD, MPH

A clinic set up in rural Honduras as part of VCU's Global Health and Disparities Program.