We at MLM have spent the past two years riding the waves of the pandemic. Many of us work on the front lines, and there have been times since our last edition was published where the work has all but swallowed us up. While this edition has been delayed in its publication, it comes as a welcome reprieve and a source of reflection. Finding the narrative connections, the art, provides soothing amid the chaos. In this edition you will find beautiful poems and prose, not just about COVID-19 but about our lives and health. I hope you take some extra time to regard the visual art in this edition. We are especially excited to share the work of a fourth-year medical student at VCU who reflected in cartoons her experience learning medicine in the middle of a pandemic. Encouraging the artistic reflection of learners in medicine is one of my greatest pleasures as an educator, and we hope you enjoy this and all the pieces in this issue as much as we do. Wishing all of our readers good health and clean hands.

Megan Lemay, MD | Associate Editor
Daily Reckonings

By Nancy Naomi Carlson

Sunday morning, and the numbers on the night table clock glow in the curtained dark. My birthday numbers. A good sign for this new day of the Year of the Virus. I scan my body for any ill effects from last night’s two a.m. bedtime: head, intestines, back, all ache-free but all demanding more down time. I sleep another three hours.

I developed the habit of keeping track of things in the third or fourth grade, when we were awarded small oval stickers we’d affix next to our names on a poster board for each book we read. My ovals, lined up like horses in a race, left my closest competitor far behind. My teacher’s reaction? “Quality, not quantity.” I think what I internalized was that they were not necessarily mutually exclusive.

I don’t believe I was or am more competitive toward others than I am toward myself, as evidenced by the fact that I read my way through public school, college, grad school, and beyond with no sticker reinforcements. I even majored in French literature, where my Master’s reading list consisted of one hundred titles, featuring the greatest hits throughout each century, beginning with the chansons de geste—those medieval epic poems written in Old French. Although I was drawn to the theater of the absurd and existentialism, I couldn’t get enough of the French romantic poets. I’d bury myself in poems by Baudelaire, Verlaine, and Rimbaud, whose words swirled in my head like notes of a Schumann piano concerto.

French poetry led me to writing my own poetry, as well as translating contemporary francophone African and Caribbean poets. At last count, I’ve written or translated over nine hundred and thirty-two works of poetry and prose. This number is inexact, as it doesn’t represent the myriad drafts that remain unfinished symphonies. As of today, I have sent out 1,355 batches of work into the void of the publishing world. I’m not always disappointed.

My record keeping has extended its focus into health-related issues. I am a card-carrying grinder of teeth, something to which my worn-down left bottom molars can attest, although I’m never aware of when I’m doing so. Since my early twenties every dentist I’ve ever seen has recommended relaxation techniques to address my stress and anxiety, and some kind of mouthguard to address my TMJ. I’ve tried the kind you buy at the local drugstore and boil into shape. I’ve tried the custom-made ones that snap onto your bottom teeth. I’ve tried the kind that snaps onto your upper teeth, including the ones that also overlap the roof of the mouth and make you drool. I’ve even tried the tiny NTI-tss (Nociceptive Trigeminal Inhibition Tension Suppression System), but quickly discontinued its use for fear of choking to death in my sleep. I’ve kept track of each of these attempts. Typically no mouthguard has survived more than a week with me. However, one of my quarantine resolutions has been to dust off the mouthguard case and give it another go. It’s taken me months to get started, but I’m at seven out of eight days in a row—the one day missed due to bargaining with myself that wearing the mouthguard every other night would be better than nothing.

So how long does it take for a new habit to become standard practice? If it’s a bad one, probably just a day. A case in point: my puppy, left alone for a minute, jumped high enough to score an entire salmon cake from the kitchen counter and now never goes a day without checking the countertop. Common wisdom holds that it takes twenty-one days to cement a new behavior, but a British study found the average length of time to be closer to sixty-six days. About two more months to go!

I’m sure my teeth-grinding ways have contributed to the headaches with which I’ve been plagued for most of my life. Since I have always had a fear of overmedication, about a decade ago I began tracking every NSAID that entered my mouth, studying the data for patterns that could help me avoid triggers.

“Since I have always had a fear of overmedication, about a decade ago I began tracking every NSAID that entered my mouth, studying the data for patterns that could help me avoid triggers.”

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Continued from page 3

culprits (in that order) and I have been able to consistently and significantly lower the frequency of needing a pill to kill the pain, as well as lower its intensity. Since quarantine began I have ingested an average of 1.6081036 NSAIDs per week, as compared to an average of 1.525641 NSAIDs per week during a similar number of prequarantine weeks. Apparently being in quarantine has only increased my NSAID use by one tenth of a tablet—a reassuring finding.

Besides tracking my use of pain medications, I also track my bedtime and weight—a habit I developed five years ago after chemotherapy and radiation treatment for early stage breast cancer. I was convinced that my night owl sleep schedule, which afforded me the opportunity to write without distractions, as well as my weight—not weight per se, but a dependence on sugar—increased the odds of a recurrence. I vowed to keep the former earlier and the latter lower. By January 1, 2020, I’d actually improved on both counts, but now in quarantine, I’ve started to backslide. I seem to be going to bed later than ever and have also developed a new bad habit—staying in bed longer. Sometimes I stay in bed for close to ten hours, which health experts say is too much. I’m also craving more sweets.

I’ve often asked myself what need my daily reckonings fulfill, and the answer seems to be that they are a way to control what seems out of control. They also keep front and center those behaviors I don’t want to forget to change. In addition, by writing things down, I don’t have to hold on to them so tightly. As a school counselor by training and a former diet counselor for Nutrisystem, I used to encourage my clients to keep a journal describing everything they ate, including portion size and how they were feeling at the time, to gain an understanding of what was driving their difficulties in losing weight. (There are now apps that do the same thing.) I think I inherited this record keeping trait from my father, as he daily charted the few stocks he owned, squeezing each number between thin ledger lines. Even at age ninety-three, suffering from Alzheimer’s and no longer able to read newspapers, he persisted in writing down the date and day of the week on scraps of paper.

So it comes as no surprise that I, like many others, are coping with COVID-19 by monitoring the statistics displayed on the Johns Hopkins University pandemic dashboard. I maintain a hand tally of new coronavirus cases and death counts for several jurisdictions, including Maryland, the United States, France, and the world, updating the totals as often as my peace of mind will allow. I look for patterns in the data that can show me how to live. I try to predict when the next wave will hit. Most of all, I look for some semblance of hope.

Hope tethers us to our lives. I remember visiting the mother of one of my students in the final days of her life. She repeatedly asked if she was dying. Unsure of what I should tell her, I consulted with the hospice worker, who advised me not to take away all hope. Unwilling to out-and-out lie, I reassured the mother that none of us know when we’ll die. The mother visibly relaxed, then pumped more morphine into her blood.

Sometimes it’s really hard to find hope—especially in French literature, with its unhappy endings. Camus’s Sisyphus will never manage to roll that great boulder to the top of the slope. Camus’s plague will run its course at its own pace. Beckett’s Winnie, buried in sand to her waist in Act 1, will end up buried up to her neck in Act 2. Still, Pascal, the French philosopher who maintained there was a fifty-fifty chance that God existed, instructed us to bet on God, since the benefits of believing outweighed those of not believing. Since I still haven’t worked out all the spiritual details of my life, I’m not ready to take that particular wager. However, I’m willing to bet there’s a fifty-fifty chance we’ll reach herd immunity within the next year. Going out even more on a limb, I’ll bet there’s more than a fifty-fifty chance that my mouthguard will become an ingrained habit. Writing it down will make it so. ✎
Boston Terriers

At the library, a man sits at public computer number eight.
A regular visitor getting away from the clatter of the streets
while dealing with the chatter in his brain.
He rocks back and forth with his hands gripping the table.
When you walk by, he’s always looking at pictures and videos
of Boston Terriers.
He rents a room off Main Street and eats daily at a
senior center or a soup kitchen.
He has a hot plate for canned soup and instant coffee,
and spends some of his SSI for a monthly treat: a roast beef
sandwich with horseradish sauce.
A Boston Terrier calendar is on the wall above the head of his
metal single bed.
He looks at the dog for February while swallowing a Klonopin
provided by the county health department.

By David Skates

David Skates is a native of Hueytown, Alabama, now living in Hackensack, New Jersey. He’s completing Chuck’s
Motel, a collection of poems. He has been published in Aura and Catskill Mountain Region Guide.
He calls me from his hospital room
“I’m in the street. I’m buying you pears
Because you take good care of me.”

At first I worry. Is he in the street?
“Whose phone are you using?”
“I don’t know. I’ll check.
Hey, who are you?”
A woman’s voice answers.
She is now on the phone.

“So who is this?” she asks.
I’m Cindy, his daughter.
“So your father was worried
So I let him call.”
“Who is this?” she asks.
I’m Cindy, his daughter.

My father’s voice is in the background.
He is now on the phone.
I tell him I’m coming. I tell him two hours.
“Two hours?” he shouts.
“Two hours?” again.

So then I lie.
I will be there soon.
In a couple of minutes.

“I’ll tell her now.”
She answers aside,
“He’s in Montefiore Hospital.
Room 312” and then to his voice,
“She knows where you are.”

Cindy Beer-Fouhy has been writing a collection of poems titled As If It Were True in response to being a caregiver for her dad who had Alzheimer’s and her mom who had a stroke. This is the title poem of that collection. Through that experience she learned the importance of accepting and allowing them their perceptions of reality and adjusting her way of communicating with her parents in order to have a loving and respectful relationship with each of them. Cindy currently teaches Life Stories Writing for Ages 50+ at the Writing Institute at Sarah Lawrence College.
COVID-19 Cells Active

Illustration by Dianne Corbeau

This is a painting done with watercolor and gouache to convey the damage for sold proof in a post-mortem COVID-19 case brain.
Mrs. Sweet Potato Head

Someday, at last, I will chuck my auburn, brunette, and light-ash-with-25-percent-gray wigs as well as my teal, black, and white with silver dots bed caps.

But, for now, I snatch off my wig and look in my bathroom mirror. I realize that I resemble the toddlers and babies in the TV ads for St. Jude’s Hospital, bald because of their cancer treatments. Tears coming now, I continue to stare at myself. With chemo complete, I anticipate some hair so I use my magnifying mirror and peer closely. I detect three hairs about a half-inch long, and a curly one, maybe an inch, mirroring those I ripped off the sweet potatoes on Thanksgiving morning.

I check my eyebrows, spy a few sprouts sticking straight out. Good. And next my eyelashes, some welcome stubs growing there making me as excited as finding the first sprigs of Russian sage and daylilies breaking through in spring. I run my hand over my head and feel a promising softness like gently holding a peach and running my fingers over it. Patting my tears dry, I realize by gaining a half-inch a month, my tresses will be shoulder length by next Christmas. I will toss my head like a model posing for a photo shoot and look damn haute.

By Kay Bosgraaf

* Author’s note, page 16
By Eleanor Austin Guilbert

I.
Not knowing when the dawn will come, I open every door
—Emily Dickinson

The elevator door whispered open. I glanced up from the residents' newsletter to see my friend pushing her walker and herself toward me with difficulty. Her legs short and thick, flesh like wide-wale corduroy. “Hi there, Lavinia.”

“Hi there.” It's the common greeting between residents and associates here at Pearl River Place; it reinforces the Scriptural message that we are all God’s children, one big happy family. Don't we wish!

A heavy book of poetry rested on the tray of her walker. “What are you up to?” I asked as she pushed herself forward. Her plain-featured face still bore the fresh winds of Wisconsin outdoor life, her intent expression framed by a crown of unruly gray hair.

I liked Lavinia and could picture her as a ten-year-old, hopping on a balloon-tired bike. Taking off with the wind at her back, no fear of falling.

“What did you do in the Writers’ Club?” I put the Residents Weekly Update down and moved over to accommodate her on the couch.

“Our teacher asked us to bring in something to read aloud. Some poetry. That was weird for me.” She grinned. “I love poetry, but all I could think to share with the group was limericks or nonsense poems. I decided to go with nursery rhymes.”

“You mean Mother Goose?”

She chuckled and began to recite, swinging my hand in time:

One misty, moisty morning,
When cloudy was the weather,
I chanced to meet an old man clothed all in leather.
He began to compliment,
and I began to grin,
How do you do, and how do you do?
And how do you do again?

Her hand was as warm as a muffin. I was a captive audience. Lavinia reminded me of Emily Mills, our eleventh grade English teacher, a woman with enormous breasts and a gift for theatrics. Miss Mills thrust her lace-trimmed handkerchief between these fleshy mounds when reading Shakespeare’s soliloquies, much to our delight and contagious arousal. During the bleak winter months of our senior year, Miss Mills took her own life. We wept our denial.

Lavinia, puffed up like a pigeon from her performance, closed on a high note. A tear ran down her cheek and dropped off her chin, unnoticed. Her vigor impressed me.

“Thank you,” I applauded. We both giggled. “You are a gift!”

“The class broke out into laughter and How-do-you-dos!” she reported. “Apparently, we crave these old nursery rhymes!” Smiling, she unlocked her walker and navigated the long corridor. Her remaining day would be spent alone in her recliner. Reading, drifting in and out of sleep. Would she dream of the little man dressed all in leather?

First floor residents reported Lavinia's death the next day. A cousin had treated her to an evening at the Black Box Theater that night and she had fallen forward during the encore. The encore—the way Lavinia had lived her life! By affirmation; no fear of falling.

Fear hovers over the heads of Pearl River residents, even at the breakfast table. It did not take me long to realize that. Fear of falling, injury. The transfer to assisted living, incompetence, loss. Fear of death, the end of life. The end of that long corridor.

Four years ago, I moved into Pearl River Place. A galley kitchen, living room, balcony, one bedroom—independent living in miniature. The tangle of mobility equipment in the lobby was shocking. Canes, walkers, wheelchairs. Could I, at 91, be too young for this crowd? I called Ms. Winston, the resident coordinator, to inquire about the criteria for independent living. Safety, she assured me. Safety was the primary concern.

Son Timo and I had made an exhaustive tour of the ‘old people’s homes’ and resolved that Pearl River was the best for me. It offered lifetime security, albeit at an outrageous price. Yet, what is lifetime security at this point? Was I ready to move out of Timo’s spacious

Continued, next page
condo? Selling it would help secure his finances, and there were safety hazards. Steps, zigzag walks. It was time to move me along.

Now, four years later, I am no longer the new girl on the block. I have memorized dozens of fellow residents’ first names. Timo’s condo and the familiar neighborhood, close to church and friends, is no longer mourned. At home in Pearl River, I have learned to pray for residents suffering through illnesses, accidents, and long weeks of rehabilitation and therapy.

The fear of falling is a universal emotion here. In my mind, however, fearlessness has become Lavinia’s Law. In fact, falls send about three million older people to the emergency room each year. There is good reason to be afraid.

Living creatively in a world of old people requires learning to say farewell to many. The ‘transfer notices,’ death notices, are posted daily on the kiosks.

Saying hello to life at Pearl River means acknowledging its currents tugging at all of us. How do you do, and how do you do? And how do you do again?

“Are you ever lonesome?” a friend asked recently.

“Yes,” I’d answered emphatically, remembering the very first night at Pearl River. After that full day of unpacking, I’d joined residents for a five o’clock dinner in the dining room. The hostess guided me to a round table of strangers. All women. We dined and exchanged niceties, but I excused myself early. I needed to go for a walk outside, to get my bearings.

The fresh air and concrete path were inviting and led me to the open-armed statue of Jesus at the crest of the hill. Jesus, a man I loved. I settled on the bench nearby to meditate, to steep in my solitude.

The wind was cool. Should I have worn a sweater, gone back to my new apartment? The sight of my boys waving to me as they drove off, waving until they turned the corner . . . I needed to weep.

Suddenly, I was nine years old at Camp Kitaniwa. My parents had driven off in their old Studebaker, waving until they disappeared. I cried in the dark, alone. A learning week, a week in a cabin with my best friends? My stomach ached. Was it just homesickness? To hell with it, the cabin, the going home, the growing up. To hell with growing up!

“Pleasant evening, isn’t it?” the gruff voice was unexpected. A security guard stood nearby, another silhouette beside Jesus. Replying that I was new, he warmed up. “Big campus. You’ll get used to it though. Remember to walk between the blue lines!”

Left alone at nine, left alone at ninety-one. I needed to share my astonishment that first night, the strange confinement, and the walking between the blue lines. What could be next?

That was four years ago. Now my friend’s question about loneliness reverberates through my ninety-five-year-old self, sitting in front of the television in my favorite wing-backed chair. Bone tired, I am ready for bed. The sirens are no longer howling in the night. Our minister told us years ago: always pray for first responders and for those in need of God’s help. This night, so tired, ready for bed, prayer does not come easily. I am ready to pull my eiderdown up to my chin. It is good to be in my bed, safe and sound. Alone.

I have been a widow for almost two decades and have never felt at ease in this role. Especially when I stretch out and reach for my dead husband’s body. His presence is pure fantasy; he cannot be touched. We cannot connect. I cannot rub his beautiful feet. Yet, we are breath to breath, close as flesh against white linen sheet allows. It is time again to dream.

II.

Friday night’s dream,
On the Saturday told,
Is sure to come true,
Be it never so old.

—Proverb

White sunlight peers through the draperies. Tumbling out of bed, I awakened, eyes open with joy. My brother and I were with our mother, a lucid dream. It was a magical time, we children on either side of the wide wicker rocking chair. We laughed and recited together:

As I was going to St. Ives
I met a man with seven wives
Every wife had seven sacks
Every sack had seven cats
Every cat had seven kits
Kits, cats, sacks, and wives
How many were going to St. Ives?

My brother’s pudgy little hands flew up, counting. Cats, kits, sacks—it was

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hilarious! Mother’s diction was perfect, her voice beguiling.

I had an urge to shake a leg, eat breakfast, and finish the book I was reading. Wide awake and determined that this would be a constructive day.

A newspaper, slipped under the door, bears a headline “Girl Shot at Kitchen Table.” The article describes the shooting, the brutality, another neighborhood tragedy. Within a mile of Pearl River an eleven-year-old girl was doing schoolwork in the kitchen and was hit by a bullet on her shoulder. The story was sickening, overwhelming.

Hungry for cereal, I slid the footstool to the highest cabinet to get a bowl from the top shelf. I am fussy about my Flow Blue bowl and like to eat from certain things. This morning, I found it hidden in the farthest corner of the cupboard and had to push other treasured china aside. My body began to tremble. Damn. I reached for anything to hold on to, lurching forward. There is a rhythm to falling, a sequence. Instinctively, the hands go forward to break the fall. The lack of control. The flying.

I knew I had to retrieve that safety pendant, dangling from the edge of the kitchen table with its panic button. It was not a wise thing to try to get to it but absolutely essential to get help. Lying on the floor, frantic with escalating pain, I gritted my teeth, got to my knees, and was able to stand long enough to grab it and push the button.

Collapsed, on the floor, I allowed for the unforgiving pain to report on my body. A bone-crushing injury, right hip. Wait for help.

Hank appeared. A gentle giant of a man used to these calls. He cradled my head with grace while calling two numbers: 911 and then Timo, my son.

Ⅲ.

For every evil under the sun
There is a remedy, or there is none.
If there be one, seek till you find it;
If there be none, never mind it.
—Mother Goose Nursery Rhymes

The surgeon’s offer was radical. “You have a choice: surgery or being wheelchair-bound for a lifetime.” Timo, looking grave, nodded his head lovingly.

“Surgery,” I said.

Ⅳ.

If wishes were horses,
Beggars would ride.
If turnips were watches,
I would wear one by my side.
And if “ifs” and “ands”
Were pots and pans,
There’d be no work for tinkers!
—Mother Goose Nursery Rhymes

My recovery from surgery was slow.

Wishes and wants cluttered my mind in the room at the health center; there seemed little rest from them. I wanted to move, to walk to the window or bathroom. I wished that the pain would back off. I wanted to be done with the IV apparatus on my arm. I wished that my bed at the apartment could raise and lower at the push of a button. I wanted to talk with the caregivers.

The memories of being a patient in Pearl River’s health department were clouded with hours of loneliness. Moments were brightened by visits from the chaplain, family, and staff. The aids, I realized, were underpaid and resentful. Many were quick to treat me with indifference and unsure of their role. I tried to win their confidence; I know I tried their patience. My own role and future were also uncertain.

What kept me determined to return to my former active self was the alternative: pain that wouldn’t let go despite medication and therapy. One fine morning, my two therapists came in to find me dressed and exercising.

Flanked by PTs on either side, pushing my wheelchair with confidence, I made it to my place at the breakfast table. The others were already at the table and looked up with surprise. They applauded. “Great work! How did you do it? You made it, good for you!” Many might never walk again.

Three weeks to the day, the center’s driver, Don, picked me up and made my journey home as comfortable as possible. I leaned into the experience with a long sigh of relief. I was headed home, free at last!

I shared a box of Belgian chocolates with my round-table friends after dinner that night. They seemed surprised and slightly put off. Had I really broken my hip, had I been out of commission for weeks? I hid my disappointment. Memories are not too sharp among retirement center residents, but never mind—I’d go off to my own room off a quiet corridor.

Day by day I gained strength and

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mobility. One morning, I took my coffee out to the balcony that overlooks Pearl River and the grounds. I watched a group, children leashed together for safety, from a nearby daycare center. They reached the park area below and were freed to romp. One independent little girl smiled and waved to me. We understood each other, mirroring smiles.

I watched my little friend launch her toy sailboat, pushing it free from its mooring under the willow tree. She watched intently as it slowly sailed down the stream and then looked up and waved to me. We began to blow kisses to each other and in the sailboat’s direction, confident that it would stay upright and reach its destination. She then scooted along the riverbank beside the bobbing boat.

The sun shone on the beautiful flower garden across the river. The tulips nodded, the iris stood regal and proud, the carpet of grass was polka-dotted with buttercups. My favorite lilac bushes glowed purple. Pansies covered the ground, nature’s patchwork quilt. It was a glorious preview of summer to come. I closed my eyes, lulled by the sound of water against the riverbanks. I drifted with the toy sailboat to creation’s sweetest gift, the place of light and laughter. ♦

Co-pilot

I was second-in-command at five, to you, dear brother, at nine, behind the corrugated cardboard box top spaceship control panel you drew on a rainy day, our rocket seats two kitchen chairs side by side. Roger, launch, lift. Mars just ahead, Captain. Yup, I see it; cruising speed. Aye aye Captain. I’d press the green crayon knob on the panel.

We’d sit more or less still, imagine flying through our own outer space. I floated along in a wide mystery of walls opening to night sky stars all around, while you fought off aliens ready to cripple the ship. Then we’d land, climb out of the rocket, store the console in grandma’s closet for a future launch.

In a different galaxy light years after disagreements and silence, you called me to help decide on shock treatments for dad. I took a conventional flight to sit beside you before a doctor’s desk. You were quiet as I probed, weighed dad’s age, physical rupture, how long it might last, and you nodded assent to my decision. We were back again reckoning the unknown for a moment first and second mates.

By Lynn Axelrod*

* Author’s note, page 14

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Time is precious. Eleanor Austin Guilbert’s writing as a ninety-seven-year-old is essentially autobiographical; voices from generations come alive and confirm the human aspects of our shared experience. She processes these stories as a woman intent on remaining open to all the cycles in life, intent on addressing women’s core challenges over time.
Social Distancing

Illustration by Fabio Sassi

Fabio Sassi makes photos and acrylics using what is hidden, discarded, or considered to have no worth by the mainstream. Fabio lives in Bologna, Italy. His work can be viewed at www.fabiosassi.foliohd.com.
After the Diagnosis

He keeps hands busy across the page
as synapses try to swing messages
across gaps like trapeze artists
who land through the big top
of his cranium, where he thinks he is
waiting for the show, but numb nerve tips
reach shrinking platforms. Greatest
of ease grows labored, quicksilver
thinking drops tangled in sawdust,
audience works hard to see in silence.

In the closet space between his shirts
hanging around after the diagnosis,
cuffs brush front to back, touch
of reassurance in motionless dark.
Split logs stacked in the living room
rest on each other, await release
into the wood stove, gentle
kindling placement in the black box,
transmuted to flame, they are, and ash,
service of pine beyond its green time.

By Lynn Axelrod

Lynn Axelrod has a BA in literature and taught freshman lit during a two-year graduate fellowship. She is a former lawyer, former weekly newspaper reporter, and now works as a community organizer in her home area along the northern California coast. She has studied with several well-published poets and has been published online and in print, including in the Marin Poetry Center Anthology, Poetry X Hunger, Pandemic, Rumi's Caravan Poem-for-the-Day, Birdland Journal, The Avocet, and forthcoming in Blue Light Press.
The Mommy Within

In her hospital room,
she turned into another person today.
Her color had been drained,
like watermelon flesh sucked dry.

A week after her stroke,
she eked out the word “gooood,”
like a balloon deflating.

Weeks later,
without an arm bracing her waist,
she walked
again.

I read to her,
remembering how mommy read to me
and she learned to read
again.

“Whatever happens, we need happy,” she said.

Before her stroke, her smile was electric.
Years later, reticent and reserved,
her rare grins, hardly arresting.

Once thin, she exists in the mold of her old body—
new layers of fat in clothing too tight,
her gait gangly in heels,
and her hair falling out of clips.

There hides the former mommy,
the beautiful one,
with thick, shiny curls that boing.

The one I see in glints,
in her eyes or the memories she ignites—
a simple hug or kiss does it—
and I want her back, the way she was,
but they are just flashes of her,
small flecks of quartz in stone.
Mommy never stays.

“Whatever happens, we need happy,” I tell myself.

By Miriam Manglani

Miriam Manglani lives in Cambridge, Massachusetts, with her husband and three children. She works full-time as a technical training manager. Her poetry has been published in Poetry Quarterly, Rushing Thru the Dark, Prospectus, Vita Brevis, Cerasus Magazine, Trouvaille Review, Sparks of Calliope, and Spry Lit.
Resemblances

I look like a chef in her toque blanche
when my white night cap rides up.

After I pull my black cap down snugly,
Richard laughs and says, “You are a portrait

of RBG with that cap and your round
glasses frames.” Amazing compliment.

I am fond of my night caps—
they keep my head warm and require

no expertise to slip into as scarves and wigs
entail. I tried but never mastered tying

scarves thus nixing my chance of favoring
Jackie Kennedy. Each day I wear one of four

wigs and portray Raquel Welch, Eva Gabor,
Lauren Bacall, or Ingrid Bergman. Yet under

all of this play acting with head gear designed
to make a woman appear lovely, I am wriggling

my way to a metamorphosis of myself when
I will reveal my own bitchy buzz cut.

By Kay Bosgraaf

Kay Bosgraaf spent 2020 fighting ovarian cancer by having chemotherapy every three weeks for months, taking a break to have a hysterectomy, and finding she was in remission. She could not write during that period but is now able to think about poetry again. At this time she is focusing on writing poems about varying aspects of her illness. She published a book of poetry in 2019 entitled The Fence Lesson and an earlier book, Song of Serenity. She has also been published in numerous poetry magazines and journals.
The All Too Common Tyranny of a Rhinovirus

By Caleb Coy

I write this under duress and with frequent interruption. A microbial infection has colonized my headspace, both prompting the subject at hand and hindering its brisk and erudite articulation.

This cold is supposed to be benign, like a bug bite or a paper cut. Calling it “common” doesn’t make it any less menacing, but rather the common rhinovirus ought to be regarded as a debilitating threat. Sure, future Nobel Prize winners are standing in line with their cures for cancer, AIDS, hunger, poverty, and white fragility, but have you considered the fanfare we ought to give to whoever formulates the cure for the common cold?

“It is not fair that this little agent gets to do whatever it wants once it has us, and what is even less fair is that it does its work without being seen, whilst the victim must go on in a complete wreck, their assailant invisible. A common bruise or cut interrupts the skin and causes often a local, mild irritation of pain and is treated with a bandage or some ice. With a cold there is no single place where it happened to you. When you have a cold you look as absurdly pitiful as someone who walks into a spiderweb nobody can see. Whereas with viral disorders like meningitis or encephalitis the victim is no doubt a victim, the commonality of a rhinovirus renders it as a mere nuisance that a person might carry a couple times in a year, almost as if by choice.

“You don’t have a cold; the cold has you.”

If one were to describe it to you as if you had never had a cold, you would believe it was one of the most debilitating and premodern diseases to haunt the backwaters of regions that do not exist to you outside of books and documentaries. If it were permanent, you would want to apply for disability status.

The rhinovirus attacks your nose, forcing your body to produce histamine, a compound that inflames your nasal passages and makes you secrete mucous. What follows is not so much the fault of the germ itself as it is the fault of your own body’s clumsy response. This is your snot doing this to you. You know it, the public knows it, your friends and family know it, your crush knows it.

If you have a cold and are reading this now, your entire head is under siege. I mean your nose, mouth, throat, larynx, sinuses, and conchae, which are those little tubelike bones behind your nose that are supposed to keep the air in your head at just the right humidity. All of it is swamped. The very feel of your face and skull are incognito. You wear an untrustworthy facade puffy with goo. You might as well be in the body of another, and if you look in the mirror, dumbly the face looks back at you, stricken and pathetic.

“Having a cold” is too innocuous a description of the affliction. You don’t have a cold; the cold has you. The previously sanguine pockets of your face you didn’t know were there are now very much there and filled instead with phlegm. Smiling is a chore like unsticking your foot from quicksand. Your body temperature has changed, and you’ll shiver for no reason in a room of warm bodies. Your mouth is coughing, your nose is running and sneezing, your face is swelling, your eyes water, your throat is sore, and to top it all off you could also be suffering from aching and fatigue in your muscles, a migraine, and a loss of appetite. For anything, not just food.

You might as well be wearing someone else’s face when a cold has you, a burdensome mask glued over your skin that seeps into your skull. Your very life is arrested, so long as this reproducing presence of perpetual goop refuses to leave your mind. You feel gaslighted by your own lack of equilibrium, as if a part of your mind has forgotten how to not let you begin to feel this way. It is not exactly in your face, though you can feel everyone see it, nor is it exactly in your brain, though you can feel it

Continued, next page
taking command from there.

Most irritating is how your nose itches constantly. All medical advice says not to touch it, except to maybe grab a tissue, try to blow the excess snot out of your nostrils, dispose of the tissue, and then vigorously wash your hands again, only for more snot to shove its way back into the same space the snot before it had just vacated. Nothing has changed. When a sneeze appears it is entirely involuntary. You do not get to choose when it happens. Your nose is agitated and rather than let you decide when and where to scratch, your muscles and lungs surrender spasmodically, as if a trigger has been pulled. You may have half a second to cover your mouth. If you’re wearing a face mask, you will be lucky to have enough time to remove it and cover your mouth. Otherwise you risk dampening the mask for the entire day.

Even when you’re not sneezing, your nose can drip or sneeze at any time, with little or no warning. You have lost basic control of your body fluids, and not even where it is private, as in the struggle with incontinence, but out in the bare center of your face. You could be fixing a sandwich and a droplet will fall into the ham. You could be about to sign a court document and a tiny puddle has appeared on the dotted line. A romantic infatuation across the table from you has seen a liquid booger pool at the tip of your nostril and descend onto the table of their workspace, and you wouldn’t even know it.

Your excretions are humiliating, and because the actual cause is infinitesimal, the cause might as well be you. After all, it is not the bug itself that produces your current form, but your immune system’s response to the bug. As a byproduct of your body keeping itself alive, you are gross to yourself and everyone else.

Your excretions are humiliating, and because the actual cause is infinitesimal, the cause might as well be you.

This kind of misery won’t even let you mourn over it with your faculties properly in order. Even if you’re not prone to cry in such distress your eyes will probably water. You groan differently too. You live in a suffocating fog.

It will all go away in a couple days. Or eight. Or twenty. There’s no real way of telling so you can’t plan around it like you would a broken arm. You wouldn’t dare miss too much work over it. But what can you do? Nobody has that many sick days. This will happen to you, on average, about two hundred times in your life. That’s around three times a year for most people, and for many each occurrence will span over a month. Anyone can get it, and most people get it many more times than once. This shared recurrence of the head cold among us who almost always fully recover tends to make us treat it as benign, and maybe it is, but that doesn’t make it feel any less tragic when we’re caught up in the throes of it.

A head cold doesn’t necessarily give you the tangible suffering of pain, although some suffer from headaches. Instead you have this heavy, omnipresent pressure that neither nauseates you nor pokes at your nerves, but dampens your entire state of being with phlegm. You are dull now, and pushed toward indifference of that which you can’t handle alongside this cold.

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antivirals, antihistamines, or chicken noodle soup. Some people talk about a vitamin called zinc, but where has that gotten us? There is no cure. There is no vaccine.

But there are costs. Americans lose over $10 billion dollars a year on medical treatment alone. Meanwhile, our economy loses over $20 billion from all the work missed recovering or taking care of children who are sick.

It’s not just going to go away. It evolves. And considering that about one in three people take antibiotics to try and fight it, antibiotic resistance will guarantee that it will stay around for a long time. And it will ruin us for days, weeks, months at a time.

Consider this, then: People don’t get a cold. They get the cold. Or rather, the cold gets us. Imagine it a singular thing, large and in no way small, grabbing hold of us whenever it pleases, strangling us just enough to dismally throw our mind and body into disarray before letting go. We’ve got to look out for one another when the shadow of phlegm passes through us.

I had thought that more work ought to be put into figuring out some permanent cure for the common rhinovirus, as if there weren’t really worse afflictions out there. Truth be told, however, the commonness of the head cold reminds us of our human condition, if and when we so let it humble us. It is so easy to see the sniveling human with a tissue at their nose making wet, inhuman noises in the corner and think to ourselves that they are a bother . . .

“It is so easy to see the sniveling human with a tissue at their nose making wet, inhuman noises in the corner and think to ourselves that they are a bother . . .”

She pushes something square into a silver machine

and eats it for breakfast. White emptiness where the words should be.

He supplies the word toaster.

She kneels to tighten his shoes.

As they walk around the park they struggle to find the word

for a water bird with a snake-like neck that dips its head below the surface.

They see a lone sailboat moored near the winter shore,

watch gulls crack clams and mussels on the asphalt pier.

Then, in sudden unison shout—cormorant.

By Vera Kewes Salter*

* Author’s note, page 24

This poem originally appeared in Red Eft Review (November 24, 2021).

Caleb Coy is a freelance writer with a Masters in English from Virginia Tech. He lives in Virginia with his wife and two sons. His work has appeared or is forthcoming in Fourth River, Harpur Palate, Flyway, Hippocampus, and The Common.
Man on Ventilator with COVID-19 in Hospital

Illustration by Dianne Corbeau

Watercolor and gouache on Arches paper. Dimensions: 14 x 10 inches.
Infant Baby with COVID-19 in Hospital

Illustration by Dianne Corbeau

Watercolor and goauche on Arches paper. Dimensions: 14 x 10 inches.
“Do you have any concerns?’ her doctor asked.
She worried about her shortness of breath and the circulation in her legs.
She worried about blood thinners, climbing stairs, and dying alone.
Especially dying alone. But the question raised a new concern.
‘You got any idea how used the replacement heart will be?’”

Beaches

By Ramona Reeves

Darla knew her heart would give out. This latest doctor’s visit was to make sure it kept going until they gave her a new one. Even the sun that morning, hotter than usual as she drove to her appointment, seemed to be warning her not to wander far, but she was only sixty-two and longed to drive once again to the beach hours away in South Padre. She felt shrunken and painted over, her hair as gray as the waiting that had marked the last fourteen months of her life.

At the appointment the doctor typed notes into a computer before adjusting her gold wedding band. She wore green scrubs, pink rubber clogs, and a white fitness watch. Darla thought the watch was new.

“No better, no worse,” the doctor said. “Everything is about the same as last time.”

To Darla, the sputtering organ hadn’t been the same in a good, long while. Not since her husband, still in his thirties, went to sleep in their bed and never woke. An aneurism. Not since her children had grown into a twice-divorced daughter and a successful but distant and never-married son.

Not since years working as a sales associate for JCPenney and a part-time party hostess selling kitchenware she couldn’t afford. Especially not since retiring early because she could no longer work. Her original organ had been a tunnel of love, of flowing blood and soothing chambers, but life had reduced her pulse to a spoon erratically banging a tin pan.

“Do you have any concerns?” her doctor asked.
She worried about her shortness of breath and the circulation in her legs. She worried about blood thinners, climbing stairs, and dying alone. Especially dying alone. But the question raised a new concern. “You got any idea how used the replacement heart will be?”

The doctor chuckled and tapped a pink clog on the bright white floor, so clean it seemed alive. “Donors are anonymous, but if I were you, I’d take my chances.”

Darla winced. She’d heard this before. She was well enough to wait at home. But waiting was not living. The sickest patients received organs first, yet the doctor emphasized her words by repeating them another way. “You’re getting close.”

“What’s on your mind?” she asked.
Darla winced. She’d heard this before. She was well enough to wait at home. But waiting was not living. The sickest patients received organs first, yet the doctor emphasized her words by repeating them another way. “You’re getting close.”

“Everyone is,” she answered. She didn’t mean to sound irritated, but the younger and healthier doctor could never understand losing a heart. She wanted to tell the doctor how she’d mostly spent her time watching TV and thinking these last few months.

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She’d thought about her first love, her children when they were young, her mother’s death and the strength her heart had shown. She’d listened for the beat of it, beats buoyed by veins and blood that carried her memories through tiny, swollen chambers where they meted out her stories: her daughter’s distaste for wearing clothes as a toddler, her young son’s fascination with caterpillars, their attempt to bake her a birthday cake after their father’s passing.

“Ms. Hanson?”

She shifted on the exam table, the paper crinkling and making a fuss beneath her. “No heart is perfect,” she said, “but mine has earned its keep.”

Whatever was spoken after that, she didn’t recall. The doctor was only trying to help, but used was used. At least she’d been the sole owner of the heart inside her, held in place by skin and bone—by flesh she had earned.

She left the doctor’s office and gassed up her car. The grit beneath her sandals at the filling station was a poor substitute for the sand of South Padre, but soon she would need no substitute for the sand or for the pulsing waves flowing and pouring over her, one lifetime after the other.

Ramona Reeves resides in Texas and recently won the 2022 Drue Heinz Literature Prize for her short story collection, It Falls Gently All Around and Other Stories (publication date October 4, 2022). Her work also is forthcoming in Bayou Magazine and most recently appeared in Barely South, Ponder Review, Rougarou, New South, Peauxdunque Review, and Texas Highways. You can find her online at www.ramona-reeves.com.

Photograph: COVID-19 in the ICU

An old man, his head bent against an arm. His mass of white hair on the sanguine blue shoulder of a paper gown, his faceless doctor wears a mask and plastic shield. I see my father asking me if he will be alright, asking me if I will be alright.

By Natalie Gloria Marino*
Still Alive

This morning I savor dark
coffee to heal the shadows
and aches of the night.

I browse the name of a man
I slept with decades ago.
Passed away peacefully at age 81.

I miss my friend Carol who refused
nutrition when ALS made it impossible
to talk, swallow, or use her hands.

Before she died she spelled out
love makes everything easier
except leaving.

Outside I see a white October rose
tipped in pale pink that grows
beside rosehips and dead leaves.

By Vera Kewes Salter

Vera Kewes Salter is aging with her husband in New Rochelle, New York. She is recently published in Nixes Mate Review, Prometheus Dreaming, Right Hand Pointing, Red Eft Review, Persimmon Tree, and other publications.
ArthrITis Suite

ArthrITis I
It has struck full-on,  
no longer minor twinge  
now major siege.

A rout arms can’t win, rising only inches.  
Hands can’t grip a knife; certainly not  
a more muscular weapon.

It has banished sleep, batters awake  
by thrumming ache,  
bolts of sudden fire.

No longer like the cat,  
curled, sinuous, lissome,  
embracing my sensuous core,

I lie like a tomb effigy, flat,  
no prayerful, steepled hands, then  
struggle to rise as of and from the stone.

ArthrITis II
It impersonates a draughtsman  
limning with fine steel points  
illustrations of pain.

It emulates an expressionist,  
punches in mordant, bruised colors,  
squeezes thick black pigment through tendons.

Shockingly sudden, the harvest of decades  
walking, building, planting, printing.  
I am now its canvas and its muse.

ArthrITis III
It is the Ringmaster  
commanding a tent of constant pain.

It makes me a grimacing  
uncoordinated clown juggling,  
badly. Objects fall flying, slithering  
from and through hands  
that neither catch nor hold,

stumbling as in massive, broken shoes  
dressed in what I might get on, unreachable mop  
atop a head crooked on a rigid neck.

It cues the music and I, as Grand Guignol,  
make my circuit round the ring.

By Ellen Peckham*

* Author’s note, page 35
Better, Mostly

By Ellen Shriner

The day after my routine mammogram the clinic asks me to return. I have microcalcifications in my left breast. On the X-ray they look like specks of talcum powder, too small to be dangerous. They want to do a stereotactic needle biopsy. I am nervous but not terrified.

When my husband, John, and I return to the breast center, I am fine until they tell me John can’t join me. He helped me get through my previous biopsies and I want him with me. The nurse and radiologist confer and decide John can stay.

I’m not worried about dying of cancer. If I have it, it’s microscopic and we’ll be treating it early. Instead of the trip to San Francisco we planned, I’ll have chemo, but I won’t die. I’ll be sick for six months and then OK. Sort of. Wounded and worried, preoccupied with cancer recurring, but alive, definitely alive.

The stereotactic table looks like something borrowed from the Museum of Questionable Medical Devices—a stretcher with a hole in it for your breast to drop through. It’s raised like an auto hoist with a mammogram machine under it.

I have to lie very still on the stretcher while they position my breast. John’s warm hand on my shoulder is a comfort. Someone turns on instrumental classical music meant to relax us. “Pavanne for a Dead Princess” plays softly. I try not to laugh and jiggle myself out of position.

Under my breath I say to John, “I’m sure they don’t know the name of this one or they wouldn’t be playing it.”

They reposition me three or four times trying to locate the microcalcifications. If they can’t even find them, this can’t be that serious. Why are we doing this? I wonder. I don’t feel the tiny incision for the biopsy needle or the needle itself. They take samples, check the tissue, and unclamp me. I’m exhausted, bruised, and sore, but done.

That afternoon I sink into work, grateful to be distracted. I want to stay as busy as possible, keep panic at bay. Two days later my internist calls to say it’s not cancer. However, there are abnormal cells, and they’ll want another sample. But I stop listening after “not cancer.”

Elated, I call John. I stay euphoric until the specialist calls to explain that I have atypical hyperplasia, and they want to cut out those cells because they could be precursors to cancer, or they could be sitting next to an undetected cancer. What? I don’t have cancer, but they want to cut me as a precaution? Reluctantly, I agree to meet with the surgeon. It can’t hurt to talk.

At the breast center, a thin sallow woman with a scarf over her bald head is making an appointment. I sober up, set aside some of my irritable insistence that further exploration is unnecessary. The doctors are just trying to keep me safe . . . but still.

The surgeon is brusque. “You have atypical cells. We’d like to do an excisional biopsy. We cut out breast tissue around the cells, enough to get a clear margin of healthy cells, then do a thorough biopsy of the sample, then . . . ”

“Wait. How much do you cut out?”

“A piece about the size of your thumb, but a little thicker.”

I look at my thumb, small for a thumb, but large compared to my small breast. I envision a trench in the top of it. Apparently watchful waiting is no longer an option.

“Are you sure this is really necessary? How often do atypical cells turn into cancer?”

He is impatient. “Your risk of developing cancer is four to five times higher.”

“But what’s my risk in the first place? If 1 percent is normal and now my risk is 5 percent . . .”

He’s frustrated. “Well, if you’re really against this, we won’t do it.”

He had me. I don’t have the nerve to refuse this precaution. I have a husband, sons, a family. I have myself.

I’m not convinced it’s necessary, but I’ll do it.

Between three and four a.m. a giant What If looms. No one ever thinks it’s going to be her. My odds are good, but somebody has to be the unlucky X percent. Why not me? My luck may have run out.

By day I’m better, convinced it will be nothing. I should be grateful to have concerned, proactive doctors. They have my best interests at heart. I just don’t want to be disfigured because of a precaution.

Continued, next page
Vanity. At fifty I’m not fighting age tooth and nail with plastic surgery or Botox, but I’m sad I no longer rate a second glance. For the past ten years, it’s been hard to believe I’m desirable. Knowing that my breasts are still small, firm, and high helps me feel attractive. Now my left breast will be scarred and have a trench across the top.

Only John and I see them, and he won’t mind the change, but it pleases me to have one thing that hasn’t aged. I have difficulty explaining my sense of loss. I feel so shallow. Why does it matter so much? I try to tell a friend my feelings. But to her, if the scarring doesn’t show, it’s OK, a small price to pay for being healthy. I know she’s right, and I want to be healthy. But I also want to be intact.

The morning of the surgery the radiologist needs to place a wire in my breast to mark where the microcalcifications are so the surgeon will know where to cut. The radiologist who performed the needle biopsy greets me. He is courtly and kind.

The mammo tech sets me up. I step up, open my starchy raspberry half-gown on one side. It starts to slip off, so I shrug out of it. It’s not worth fussing with. My breast is bruised green and yellow from the needle biopsy. The tech and doctor seem surprised.

The tech positions me and I brace myself for the mammogram’s eye-watering squeeze. They check the mammogram again, the half gown slips off when I open it and step into position. He tries to pull it back around me. I appreciate his kindness but am way beyond modesty.

“I blot my face, but I can’t stop crying.
Embarrassed, I try to be stern with myself.
. . . But I keep crying.”

Whether he wants to help restore my dignity or prevent potential embarrassment if my gown falls open—but I am touched by his solicitude.

“I hope everything turns out for you,” he says.

“Thank you. You’ve been very kind.”

I carry my plastic sack of clothes to the waiting room where John’s pretending to read.

“How’d it go?”

“OK. I’m fine, but I’m not in a hurry to do that again.” He squeezes my arm and we walk to the outpatient surgery waiting room. Suddenly tears are pooling and sliding down my face.

John asks, “What’s wrong?”

“I don’t know. It’s not pain. I think it’s nerves.”

I blot my face, but I can’t stop crying. Embarrassed, I try to be stern with myself: Stop it. Many people in this hospital have much worse things going on. Children or parents dying terrible deaths. You’re going to be OK. There’s no need for these tears. Pull yourself together. But I keep crying.

A nurse leads us to a small curtained room. She notices my tears and hands me a tissue.

“You know, I’m a five-year breast cancer survivor,” she says.

I’m embarrassed to be crying, especially in front of someone who’s really had it. The tears feel disproportionate to my level of worry.

Continued, next page
“Don’t mind me. I’m really OK.”
When she starts my IV, she says, “I’m going to give you something to relax you.”
“Good idea. Thanks.”
As soon as the medication hits, I’m asleep. Next, I’m in the operating room, coming out of the anesthesia.
“How big a hunk did you take out?”
“About the size of a grape,” my surgery nurse says.
I drift off again, relieved that it wasn’t as large as my thumb. A grape is OK. In Recovery I smile at John so he’ll stop looking so worried.
Later I peek under the gauze. The incision is about an inch long and crusty with Superglue instead of stitches as I expected. Because my breast is swollen, I can’t tell if I’ll have a divot.
Since it’s a bigger sample, I have to wait four days for the biopsy results. John and I keep ourselves busy, fill the time.
The day I’m supposed to get results, I work alone in my home office, keeping the line clear for the clinic call. I’m afraid my luck has run out. Even if I get through this episode, I’m likely to have more biopsies. My breast tissue is dense, fibrocystic, and prone to mysterious lumps. Atypical cells could recur.
The training materials I’m writing are so technical that I really have to concentrate, which helps distract me. When my internist calls, she says, “NO CANCER. Just atypical ductile cells with healthy cells at the margin. There’s nothing left to cause trouble.”
I’m elated. I could run screaming into the street. Instead, I call John. We are relieved, euphoric. I’m OK. A huge weight lifted, walking on air—all the clichés apply.

The scar is about an inch long. It’s a blurry red line, like it had been made with a magic marker instead of a scalpel. Even months later it’s bright red, startling against my white skin. The divot isn’t huge, but when I lean down it looks like an overweight person’s belly button, a big puckery dent.
I know I’m lucky. I can hardly grasp how many women go through biopsies—and the rollercoaster of fear—every day. And worse, how many women and their families deal with actual breast cancer every day. I recognize that a woman with cancer would readily trade my scarred breast for her cancer. If I had cancer, I would have had surgery gladly. But I mind being scarred and scared for a diagnostic procedure, even though I agreed to it, even though there was no other way to be sure.
Then and now, I know I’m vain and foolish.
What I’ve finally realized is that I was in mourning for my youthful pretty self.

Ellen Shriner is one of the founders and contributors to WordSisters, a shared blog. Her short memoirs have been published in several anthologies (The Heart of All That Is: Reflections on Home, Mourning Sickness, and It’s About Time). Her personal essays have appeared in The Sunlight Press, BREVI-TY’s Nonfiction Blog, Wisconsin Review, Mothers Always Write, BrainChild, Midwest Home, Minnesota Parent, and elsewhere. She lives in Minneapolis, MN, with her husband, and she has two grown sons.

The Isolated Room

Since midnight, no place to sleep just a coffee machine with no sugar or cream.

My fear tightened, I rushed to his room through hallways that smelled dry and sour.

With urgency, two nurses led me to a wooden chair by his bed, and I so wanted to hold his tiny body; so weak and tender like a seedling soft and pliant dressed in colorful tubes and straps and needles.

I kissed him on his lips and cried. I cried so intensely I almost burned in that cry.

Into his chest I leaned my blood and wishes, so truly so lovingly til all my limbs idled.

By Michal Mahgerefteh

Michal Mahgerefteh is an award-winning poet and artist from Israel, living in Virginia since 1986. She is the author of four poetry collections, two forthcoming in 2022.

Michal is the managing editor of Mizmor Anthology and Poetica Magazine.
KEEP YOUR DISTANCE

Maddy King is an artist and illustrator from Herndon, VA. She is currently an M4 at VCU School of Medicine and will be going to a residency in Emergency Medicine this summer.

Illustrations by Maddy King, M4
"Keep Your Distance" is a series of illustrations created for King’s M4 independent project in medical humanities. The project depicts her firsthand experience of training to become a physician in the midst of an unprecedented global pandemic, and all of the highs and lows along the way.
The Queen

“He claimed I saved him from the damage caused by his ex, but he did the same for me.
Like a mosaic, we used the broken pieces of our lives and blended them together to make a gorgeous picture.
Not everyone could succeed at that.”

By Amelia Coulon

“I like you.”
We laid in bed, he on the phone, me with a book. I could tell I surprised him.
“I like you, too.”
I smiled. “I’m glad you’re stuck with me.”
He leaned over and kissed me.
“No one else would tolerate my shit like you do,” he promised.
“I think it’s the other way around, but okay.”
“Can I go back to my game?” he asked, not rudely, but disinterested.
“Go ahead,” I welcomed.
I would sometimes insist discussing the wonder of how our relationship developed. Louis liked to recall it as well. He claimed I saved him from the damage caused by his ex, but he did the same for me. Like a mosaic, we used the broken pieces of our lives and blended them together to make a gorgeous picture. Not everyone could succeed at that.
“Can we do something together?”
He answered without looking away from his phone. “What do you want to do?”
“Well, the last few times we’ve gone out has been to political rallies, so not really date nights,” I clarified.
“We went to that comedy show last week.”
“The one your brother had tickets to, but couldn’t attend? Yeah, that was—interesting.”
We glanced at each other and laughed.
“It was completely redneck, right up my brother’s alley,” Louis said. “It was terrible.”
“I’d like to do something for ourselves. I like spending time with you.”
“I get that. Why don’t we think about it and figure something out?” he suggested. “Tomorrow.”
I agreed. I could tell he wanted to play his game without interruptions, but I still felt needy.
“Will you cuddle me?” I requested. He looked almost frustrated. “Why don’t you come here and lay your head on my shoulder,” he offered.
I obliged, but it wasn’t exactly satisfying. I could feel every move he made while he tapped away at his screen. I sighed, making my disappointment clear. Either he didn’t hear or was ignoring it. Louis was thoughtful, caring, sweet, and funny. But he could also nettlesome like a giant pain in my ass. Years of study and practice.
Eventually I fell asleep. Louis often joked that I could snore through a zombie apocalypse. When I slept, the only sounds I would hear were those of my children if they needed something. Or if they were getting into trouble. Mom hearing.
I felt when he rolled me off onto my side of the bed. I appreciated the consideration. The man was a furnace of heat. It was great in the middle of winter but not so much any other time.
That night I had a dream about my ex-husband. I became furious with him and lashed out. It felt freeing, fantastic. For a whole second and a half.
When I slammed my fist into Louis’s pillow for the second time, he shot up in bed and shook me awake.
“Whoa. Watch it. You almost got me in the face.”
I found myself sitting up, dream clinging to my consciousness. I shook my head to clear it.
“What happened?” he asked. I hesitated to explain. My husband never liked when I brought up my past.
“My ex was holding my arms, so I punched him in the face.”
I tumbled back into sleep, keeping my fists to myself for the rest of the night. I didn’t realize my explanation was mumbled nonsense until Louis questioned me the next morning. I reluctantly repeated my dream, annoying Louis as I had expected. Mentions of my ex always did.
“It’s been twenty-five years,” he groused. “Why can’t you just let it go?”
“I can’t help what my subconscious does while I’m asleep,” I protested. That seemed very logical to me.

Continued, next page
Apparently, I stood corrected.

“What do you talk about in therapy?” Louis demanded. “You should be discussing this stuff.”

I had problems with anxiety. My childhood had been abusive. My subsequent failed marriage was merely a continuation of a pattern. I fell into the cycle of victim. My therapist had heard enough about my ex-husband to fill an anthology. I wasn’t clinging to my past. I spit it out and stomped on it like active poison.

“It was a dream. He doesn’t have a hold over me. If you saw your ex, wouldn’t you want to verbally smack her in the face?”

“No. I don’t care about her anymore. I have you and our children. Her leaving me was the best thing that has happened to me. You made it so that what she does doesn’t matter anymore.”

He kissed me brusquely.

“I love you,” I promised.

He left the bed and headed to the bathroom. My daughter alerted me to how late it was as she knocked on the bedroom door and poked her head inside.

“Bye, mom. I’m going to school now.”

“I love you,” I told her, reaching out for a hug.

“I love you, too,” she replied and grabbed my hand, kissing it.

She left me to my amusement. She had kissed my knuckles in seeming obsequious deference, as if I were a queen or The Godfather. I knew she just meant it as a goodbye. At thirteen, she could be unintentionally funny.

Louis went into his office to boot up his computer for work. He logged on before going to the kitchen to make coffee. Working at home had its small perks. It was comforting to be lulled by the familiar sounds of the morning routine after a rocky night’s sleep. I debated between getting up and showering or going back to sleep. But first, I needed to take my medication.

Two things remained at my bedside at all times, my pills and bottled water. Morning, noon, and night, I required prescription drugs per my five specialists and primary care doctor. Since no known way existed to heal my ailments, I did a lot of “managing my conditions.” Mostly this involved taking the meds and sleeping it off whenever agony reared its ugly head.

My body required a mental self-examination every morning to monitor my pain threshold. If I hadn’t reached it, then I could get out of bed for the day. When I had worked a job as a paralegal, this became significantly harder every day, until I had to give it up. Working a set schedule did not coincide with my broken body’s needs, and I finally had to listen. Although it actually turned out to be the best thing for me, it really didn’t feel like it at the time. I learned to adjust, just as I learned to deal with the ever-increasing levels of pain as the disease steadily progressed.

On this particular day the shower won out over sleep, and I decided to get some work done. I settled back on my bed and got my laptop out, booting up my email. Every day, the temp agency I worked for sent a request for office work needing completion. Letters, spreadsheets, and outgoing collection calls topped the list of what they asked of me. If I didn’t feel up to it, I would let them know right away, but I wanted to make some money that morning.

In the beginning of my unemployment, I tried to apply for state disability, but they denied all of my appeals. I found out later their policy was to reject all applications except those for people with a terminal illness. My sister had to get a lawyer to sue for her down syndrome child’s benefits. Of course, I imagined the point was that very few people could afford to hire an attorney if they found themselves in a position to need disability funds. Somehow the state got away with it.

I used up most of my savings...
out what to do after I gave up my para-
legal job. No one wanted to hire some-
one who required an unreliable flexible
schedule, unless I desired minimum wage with no benefits. At least with
the temp agency, after a year of working
for them, I earned a little vacation time
and access to basic medical insurance.
Though it was a pittance compared to
what I had before, at least it resulted in
something.

Because I had found the opportu-
nity to again earn my own way, I took
it. Focusing on the assigned work, it
didn’t take much time to finish the doc-
uments the agency gave me. They paid
me by piece rather than my time be-
cause I worked from home, so it went
to my benefit to complete things quickly,
though accurately. After two hours, I had
finished one-third of the documents, so
I took a break to eat. Technically speak-
ing, I still had yet to get out of bed.

The time I spent in the kitchen
was brief, using the blender and wash-
ing it to drip-dry in the dish drainer. I
brought my breakfast shake back to bed
and drank it while relaxing and reading
my book for a little while. When I fin-
ished I turned my attention back to the
computer assignments and remained
working until I completed it. Though it
was still early in the afternoon, I was
contemplating a nap.

Temporary work may have saved
our family from complete financial ruin,
but it did no good helping me get mo-
bile. Louis often left the house to buy
groceries and take our daughter plac-
es or pick her up. He would go out to
get things for fixing the house or cars.
Since he worked from home, he liked
to get away into the real world among
other people.

The few times I left the house to
get a Dunkin’ Donuts coffee were re-
ally just to justify getting out of bed
dressing in something other than
pajamas. The store even sat around the
block from our house, so it was a very
short trip. Plus, I only went into the
drive-through.

Feeling particularly useless, I called
my closest friend and invited myself
over. Such a sweetheart, she welcomed
me right away. We sat in her living
room, watching cheesy Hallmark mov-
ies while eating mushroom and olive
pizza, drinking Dr. Pepper. We sneaked
out onto her porch to smoke cigarettes
(well, I sneaked, she just went out nor-
mally), bundled up against the chilly
January weather.

“How are you feeling?” she asked
me at one point.

“That’s a really good question,” I an-
swered.

“So, not good? I mean, I know
you’re never good, but you know what
I mean?”

“The weather’s been affecting me,” I
mentioned.

“Yeah, well, it’s 60 degrees one
day and snowing the next. It would be nice
if Mother Nature would make up her
damn mind.”

“I know. I think I’m better if it’s cold
all the time or warm all the time, but
not when it’s all over the map.”

“Are you still thinking about mov-
ing?”

“I have to convince Lou, but if it
would mean I could actually work a real
job, wouldn’t he want to?”

“He’s just worried about Susan,” my
friend added, referring to my daugh-
ter. “She’s still got high school to get
through. He doesn’t want to move her
away from her friends.”

“I get it, but what kind of life will
she have if we’re poor? He’s not getting
anywhere with finding a better job. You
two work for the same company, so you
know what it’s like. I mean how many
years did you wait?”

“For a promotion? Seven.”

“Well,” I hedged, “he’s been at this
one for about seven now, so maybe his
luck will change, but it really doesn’t
seem like it.”

“You’re working.”

“Is that what I’m doing?” I asked
somewhat seriously. “I hardly make
anything after taxes. It’s not a very big
contribution.”

“You’re doing the best you can,” she
insisted. “You’ve taken care of him be-
fore when he hasn’t had a job, now it’s
his turn.”

“I know. It’s just hard being the one
who has to rely on someone.”

Afterward, I went home and
climbed into bed—not to sleep—but to
read my book. I honestly felt a little ex-
hausted, which was insane considering
I did next to nothing all day. Louis had
long since finished work for the day, so
he came in to check up on me.
Continued from page 33

“How are you feeling?” he queried. “Okay,” I lied, because I knew he cared and I didn’t want to worry him.

He had more than the financial burdens to deal with in our family. All of the cooking and most of the cleaning fell to him and, on top of that, he felt pressured to take care of Susan and me. Until the age of six my daughter had been the baby monkey clinging to my leg. Then, suddenly, my job demanded more of me and she found her daddy more interesting than I. Talk about developing Daddy’s Girl Syndrome. And I get it when the kid is under the age of eleven, but at some point, she needs to grow up and do things for herself. For myself, I tried never to need anything. If there was nothing to want, I wouldn’t be putting anyone out. It just felt easier that way.

“Can I get you some tea?” he asked. “Only if you’re having some.”

“I’m making hot chocolate for Susan. Do you want tea or not. Don’t be passive aggressive.”

“I’m not being passive aggressive,” I sighed. “I just don’t want you going through any trouble for me.”

“It’s hot water,” he interjected in exasperation. “How is that going through trouble?”

“Whatever,” I replied. It also entailed steeping the tea, fixing it with the right amount of sugar and cream he knew I liked, and bringing it to me, but if he didn’t mind… “I would like some tea, please. Yes.”

“Good,” he returned and left the room.

He came back less than ten minutes later with exactly what I wanted. Really, I could have asked him for roasted chicken breast with cut red potatoes and carrots and he would come back two hours later with exactly that, plus the fresh baked bread I hadn’t mentioned. Or he might have told me we were out of carrots. The point being, he treated me like a queen and our daughter like a little princess. I truly feared Susan would think men should always treat a woman that way.

I warned him repeatedly, but he rarely listened. I told my girl to reach for independence and empowerment. She would agree with me and then let her father take care of most everything. Neither of them seemed to realize the difference between me having an irregular infirmity, not always able to care for myself, and her simply spoiled, entitled behavior. It appeared we were raising a diva.

I felt thankful our son grew up when I had my health. He still acted like a typical lazy twenty-three-year-old, but an independent one who washed his own clothes and made his own meals. He had even finished college and worked a full-time mechanics job, paying rent once a week. He owned a car and his own cell phone. He talked about moving out ‘soon.’ I could only hope for such success with our second child.

That night Louis and I lay in bed—he on his phone, me not reading my book—and I meanly decided to corner him.

“Do you resent me?”

“Really? Is this the conversation you want to have at eleven o’clock at night?”

“Why? Is it going to be a long conversation?”

He huffed out a breath. “I’m sure you’ll make it one.”

“Very funny. So, are you going to answer the question?”

“No, not you. Sometimes I resent the fact that you’re as sick as you are, but that’s life, right? ‘For better and for worse.’ ”

He leaned over and kissed me, his attempt to signal the end of our talk.

“I know you’re not gonna leave me. That doesn’t mean you won’t stay with me and be miserable.”

He sighed again. “If I act miserable, it’s because I have a shitty job with shit pay and I worry about being able to take care of you if you get worse and how we’re going to send our daughter to college.”

“I wish I could promise you I won’t get any worse than this,” I offered ruefully.

“I’m not asking you to. I’ll always love you, whatever happens.”

“I resent me.”

“No you don’t.”

“Okay,” I agreed. “I resent my condition. I hate not being able to just do all the things I used to do.”

“Well, eventually we would have gotten old and not been able to do them anyway.”

Continued, next page
“Yeah,” I argued. “But I’m not old.” He looked pointedly at me and I laughed, smacking him briefly on the bicep. “You’re old,” I accused. “I’m still in my forties.” “I know I’m old. And so are you. We can be old together.” He opened his arms and I crawled into them. He held me tightly and kissed me on the head. “I’m doing the best I can,” I promised him, my words muffled against his chest. “I know you are,” he agreed, his voice rumbly in my ear. “We still haven’t talked about a date night.” “And we will. Just not tonight, okay?” “Okay,” I assented. I knew I’d fall asleep soon, as he picked up his phone and began tapping the screen. Despite his little annoyances, he had proved himself to be an excellent husband. I really did like him.

Continued from page 34

Decline

They say, “he adores you. He never takes his eyes off you.” And I, bitter, to myself, “he did when he remembered who I was.” In his decline I was prompter to his act; when I smiled he did, when I stood he rose too, when I said “goodbye” with a hug he hugged and thanked as well.

I was his robot, cooked when he burnt, forgetting. Drove, marketed, scheduled appointments, not because I had promised but because I remembered. And there is a photo of him adoring me.

By Ellen Peckham

Amelia Coulon is forty-eight and the author of six full-length romantic suspense novels. She has written over one hundred short stories of various genres, many of which are under consideration for publication. Recently, she attended and completed the Publishing On-Ramp Program offered by Roadmap Authors. This summer Aspen House Publishing will be featuring her work, “Awake” alongside the other finalists in the Escape to Reality writing contest. The Journal of Compressed Creative Arts has published her flash-fiction piece entitled “Crazy Love” online. Her work “Morgan” was featured in the Twisted Love Anthology by Jazz House Publications for Valentine’s Day 2021. Joey Tuccio of Roadmap Authors is presently in touch with executives about her novels.

Ellen Peckham has read, published, and exhibited in the United States, Europe, and Latin America. She frequently uses both art forms in a single work, the text decorating and explicating and the image illuminating. Her archives of drafts, edits, and art are collected at the Harry Ransom Center for the Humanities, and a seven-minute visual biography, Parallel Vocabularies, is available on DVD and via her website, www.ellenpeckham.com.
Cloud Room

I’m trying to fathom the sky’s unruliness—
clouds strewn like artifacts of a child’s room:
seahorse nimbus leaning
on cumulus pillows piled in a corner,
cirrus feather splayed to examine later by flashlight,
fluctus bike chain s-t-r-e-t-c-h-e-d across blue,
paper plane nosediving through a gap
in a cirro comb missing teeth.

Evening a glowing copper sheet
tacked to a wood tile,
orange stick my father works,
pressing life to a ballerina silhouette,
only to see her pirouette away in a windstorm;
irate ballet master, grand jeté after,

when nurse, crisp white hat folded
like the face of a dam,
raises the fences of his bed, keeping him
from a final firebird leap
onto mackerel-sky speckled floor,
swimming toward the cloudless shore
of his young mother.

By Lynn Axelrod*
Attendings assembled to talk to us about their practices over Zoom.

A forensic pathologist appeared, along with her birds, screeching, squawking, not singing in the background of her room.

She said, you might hear my birds. Screech. She followed the script.

She is satisfied with her hours, and with her pay. We were muted by the call leader, so we couldn't say we could barely hear her over her birds. Squawk. Yes there is call, she said.

What a gift it is for someone to need and it’s you that pops up in their head.

To be necessary is the best thing on our earth, she said. Screech!

She continued: Yes many night shifts, but it’s better for my birds for me to work while they sleep—they are my babies. Squawk!

Night shifts exist because your work cannot wait for the birds to sing, she chirped. The best part of her job: telling a loving family member, “There is nothing else you could’ve done.”

Was she ever between two specialties?

Screech! Yes, one, just one: pediatrics, but no one wants to see a child sick.

Has practice changed since you began?

Yes, more child suicide.

There is always more that we can do for our children.

Her beak kept moving but we couldn't hear her.

She had been muted by the call leader.

He popped up on screen and said, Dr. Wren, we cannot hear you over your birds.

Thank you, again, for your time.

Please call back.

By Rebecca Rist

Rebecca Rist is an MD student in the United States.
Ebola Attacking Healthy Cell

This painting, done in watercolor and gouache, illustrates the Ebola Virus attacking and alive, taking over a singular cell. This shows the viciousness of the virus and how out of control, so fast, this illness invades the cellular biology and organs, eventually leading to the death of a human being.
Exoskeleton

By Autumn L. Duke

Thirteen is when you’re supposed to try stuff out. You’re supposed to listen to MCR or pretend to care about reality television or the Hunger Games. It’s when your mother lets you wear makeup to school, when your friends start dating, when your body needs a few extra items of clothing. I used to get all my clothes as hand-me-downs from my older sister. She had been cool at thirteen, and pretty, and a little bitchy, and the clothing bin in our attic marked 12–14 was full of American Eagle jeggings and Abercrombie & Fitch camisoles. All of them were useless to me because I spent these formative years with two inches of foam and plastic covering me, hips to arm pits.

My friends called it my “exoskeleton.” One particularly cheesy friend called it “armor.” A cruel boy on my bus referred to it as a “butt pad.” I brought him up on charges of bullying but the principal, predictably, told me there was nothing to be done. This reinforced a long-held opinion of mine that adults were not to be trusted, and the best thing to do in situations like this was issue a scathing rebuttal and, failing that, to whack the offender with something heavy. They would never report me because to do so would be to admit that they were being bullies and that they were hurt by a very small girl, never mind that she was armed with a hardcover copy of the seventh Harry Potter book. Mostly, though, I didn’t care what they said.

The doctors called it a Boston brace. I received a diagnosis of scoliosis at the tender age of eleven from a blunt and balding man at a small country hospital who told me that I was going to need invasive surgery. He was wrong about the surgery but right about the scoliosis, and the next doctor I saw had me fitted for a brace. This was neither blunt nor balding. He was tall, and smart, and he was very handsome. None of that is important, though. What is important is how my exoskeleton affected my fashion.

The brace had to be worn over a tank top (thin enough not to affect how the foam pushed my bones around, thick enough to keep it from burning red marks into my skin) and could only be worn under pants three times too big or over thin leggings. I chose leggings. At eleven this was hardly a major crisis. I hated jeans anyway, they were too tight, too rough, too stiff. I did not care how I looked at this point and besides, an eleven-year-old girl in a baggy t-shirt and black leggings was not too strange a sight. At thirteen, however, things began to change.

I had to buy all new clothes for the first time, which would have been exciting except I couldn’t care too much. The industrial Velcro straps that closed up the brace in the back ripped holes in all of my nice shirts. I had to start wearing a second tank top, over the brace but under the shirt. Because the only bras I could wear were thin sports bras (wires hurt when pressed through the soft flesh and into the hard ribs underneath), I also started to wear flannels or sweaters over the whole ensemble. I was skinny underneath it all, not that I cared too much about that. I had bigger things to worry about where my body was concerned.

Getting dressed in the morning became a simple equation: layer multiplied by six equals no one can see what lies underneath. Trying to get ready for nice events was a lost cause. My body had not blossomed, had not become womanly. It had become a problem to solve.

By Autumn L. Duke

Continued, next page
that I was learning to manipulate and control, this hip in, those ribs out. I was not learning to walk in heels or look beautiful, just learning to make it past twenty without putting metal in my spine.

I was fifteen when I got my first boyfriend. He was a disaster in many ways, starting with the fact that I had never met him before he asked me out and ending with a text that read: I need more time to work on my weightlifting. He thought he was going to be a body builder. He wasn’t. Before that, though, there were a handful of dates. We went straight to his house after school, on the bus, with my brace slung over my arm as casually as possible. We sat on his couch, debating what to do, and he made some kind of comment about my body that I don’t remember. He was trying to teach me to snuggle even though the raw contact made my skin crawl.

“You’ll be lucky if you ever get to see my ankles,” I joked. He didn’t like it, but I didn’t really care. I had only agreed to go out with him because I had to go out with someone, right? And no one else was offering.

I was released from my plastic prison when I was sixteen. Finally free to choose my own fashion, I chose to stay exactly the same. My sister, imagining herself to be helpful, constantly urged me to try on this low-cut blouse or that pair of short shorts. If I did buy new clothes, I still bought them a size too big, terrified of being perceived for what I really was. My brace was a good excuse for the awkward gait, the bodily discomfort, and even my distance from other people. Without it, I felt exposed and naked even under the layers.

I have stood in countless dressing rooms, frantically stripping off items that revealed too much—those that did not cover enough skin and those that gripped my body too tight. There is the dip of deteriorated muscle on my left hip, the uneven distribution of fat on my shoulder blades, the crevice in my right side, all evidence of my body being real and being a problem. My mother would call to me through the locked changing room doors and I would respond with tight words and a tighter throat.

I found a journal of writing I did in freshman year of high school. I was plagued by insomnia back then and anger that bruised my knuckles. In this doodled-in composition notebook, I wrote about being a monster, about venom and vitriol and all the other melodramatic nonsense of a fourteen-year-old. In this one piece, however, there is a line that reads, “the doctors told me I had to be fixed from the inside out.” I stared at the page. In my memory, I had always been hard and unfeeling. I had no recollection of the soft and vulnerable child who wrote those words. It was not until years after I shed my armor that I was able to see myself without it.

Autumn L. Duke is a senior writing, editing, and publishing major at Emmanuel College in Boston. She writes fiction and creative nonfiction, and when she is not writing, she is making art. “Exoskeleton” is her first publication.

How Long?

She came right out and gave an expected time frame.

No one asked that question. The doctor just tossed it in between prescriptions and options one year maybe two.

So now we each measure your days against some sketchy terminus making hope all the harder.

It was better not knowing wrapped in hazy optimism our lives still open to forever.

By Walt Stepahin

Walt Stepahin has lived in San Diego for forty years. He’s written poetry since his college days. When he retired some years ago he joined a poetry workshop to pursue his passion as a writer. He has been published in the Oasis Journal, San Diego Poetry Annual, Dash Literary Journal, and previously in the Medical Literary Messenger.
Bones and Joints

After he looked at the X-rays
of my recently dislocated shoulder
(long story; but trust me on this:
watch where you’re going at all times,
especially at night in the dark!)
and was told I needed an MRI
to see how screwed up the tendons are,
I asked the doctor about taking something
for the osteopenia the first doctor
(the one who got my arm
back in my shoulder) noticed.
At your age, he said, I wouldn’t worry about it.
If you were my age, I thought,
you bloody well might worry a bit.
So I just said, Oh.
And since he seemed in a hurry,
I didn’t ask him what a joint like this
was doing in a nice guy like me.

By C. T. Holte

C. T. Holte grew up in Minnesota without color TV; played along creeks and in cornfields; went to lots of school; and has had gigs as teacher, editor, and less wordy things. He recently migrated to New Mexico with his beautiful partner and got a cool electric chainsaw for Christmas. His poetry has been published in Words, California Quarterly, Months to Years, Pensive, Mediterranean Poetry, and elsewhere, and it has been hung from trees to celebrate the Rio Grande Bosque.
Art enables us to find ourselves and lose ourselves at the same time.

—Thomas Merton

Synaptic connections remap her memories & identity. Her synaptic cleft marks a new path that activates receptors where related neurons connect to form neural networks with thousands of links that become uncharted footpaths leading to lasting—and hopefully unearths lost—memory. As her brain heals, she relearns how to channel her emotions, how to navigate flight-or-fight response, how to let love back into a dark place now covered by cobwebs & chained shut by derailed desire. Memory flickers, flashes a key she’s sure will unlock her imagination before it becomes static nothingness. Her art was once her escape.

Now it’s an apparition—a phantom oasis where calm & joy are a body of potential water waiting to tame her chaos. In more ways than she wants to count, she’s returned to grade school, especially her creative skills. Your own artist ways & escapes offer insight into how deep your daughter’s loss runs.

This loss is a dry riverbed, refusing to open a window the cruel earth has sealed shut.

By Jenifer DeBellis
Robin with Carcinoma

Illustration by Sharon M. Carter

Pigment pen and watercolor drawing. Carter’s father phoned from the United Kingdom one spring. His breathing whistled like an egg was stuck in his bronchi. This is an artistic rendering.
From the Wings

I peer out from behind a stage curtain, see my brother waking me to say the surgeon took our mother’s breast. I dream this way, too. Me watching me, an actor waiting for my cue to go on. When Mother came home from hospital she did what the doctor told her to—faced the wall in the dining room, pressed her left hand against it, and walked her fingers toward the ceiling. I often watched her do the exercise, still see myself watching, listening—Up the wall, she’d say, up the wall, driving me up the wall.

By H.E. Fisher

H.E. Fisher's poetry appears or is forthcoming in Novus Literary Arts Journal, Whale Road Review, At Length, Anti-Heroin Chic, Indianapolis Review, Miracle Monocle, SWWIM, and Canary, among other publications. H.E. is the editor of (Re) An Ideas Journal and the cofounder of Say Ahl, a health literacy organization. H.E.’s first collection, Sterile Field (Free Lines Press), and chapbook, Jane Almost Always Smiles (Moonstone Press), are both forthcoming.
Intern’s Meditation

The hospital’s windowless wards
only let light burn from ceiling bulbs,
night nurses let lavender oil out
in tiny increments.
Brown photographs are fairytales—
brides blooming with lilacs,
new dawn babies, and graduates.
Yesterday I heard whispers
speaking ordinary memories.
Today sweet silence sleeps
inside blue blankets.

By Natalie Gloria Marino

Natalie Marino is a poet and physician. Her work appears in Bitter Oleander, Leon Literary Review, Midway Journal, Shelia-Na-Gig online, The Shore Poetry, The UCity Review, Variant Literature, and elsewhere. Her poetry was nominated for a Pushcart Prize in 2021. Her micro-chapbook, Attachment Theory, was published by Ghost City Press in June 2021. She lives in California.
"Vaccination" is a celebration of all the work exerted to help the world recover from the COVID-19 crisis and a tribute and "thank you" to all the frontline workers who made it happen.

Monty Milne is an author, fine artist, singer-songwriter, musician, husband, brother, son, and grandpop. He is a published poet, award-winning oil painter, recording artist, and enjoys pursuing other artistic disciplines. He currently resides in Port Providence, PA, with his wife, dog, and cat. For more artwork, visit his website: MontyMilne.com.