

MEDICAL LITERARY MESSENGER

An Artistic Voice for the Healing Arts



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An Artistic Voice for the Healing Arts

With our twelfth edition of the *Medical Literary Messenger*, we are pleased to include so much reflection from health care workers. As providers, we get a glimpse into the deepest, most intense part of patients' lives in ways that are so impactful. A shocking encounter with a grieving father, a difficult conversation had through an electronic translator, the abnormal rhythms of the heart translated beautifully into poetry—moments we often seek out and dread at the same time. We hope you find your own meaning and connection in this edition.

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On a Summer's Day, Oncology Is

a farmer's retaining pond of data stocked with
tadpoles slow growing their legs under
the scum-crud surface, and the percentage chance
one will jump onto the picnic blanket and
splat in your potato salad. However large or small
the aforesaid amphibian, no matter.
Invasive is something you do not wish to entertain.

By Donna Love Wallace

Donna Love Wallace, of Lewisville, North Carolina, received a Wildacres Artist Residency to complete her first book of poetry, titled Between the Stones, about her experience with breast cancer (Hermit Feathers Press, forthcoming fall 2019). Donna served in leadership with Winston Salem Writers and Poetry in Plain Sight. Her work appears in Snapdragon, Hermit Feathers Review, Flying South, Kakalak, The Paddock Review, Wild Goose Poetry Review, Plainsongs, and WestWard Quarterly, among others. Donna is a retired critical care nurse and seminarian and recently learned how to brew a nice cup of coffee out in the middle of nowhere.

Letter to a Mother from Mexico

By Neha Jadhav

I hope you did not mind if the nurse looked resigned while she was wheeling the giant Marti interpreting machine into the room. Or if the residents and I had a look of distinct frustration that often comes with patients like you. I hope that you know that those looks weren't directed toward you; you did nothing wrong. The frustration is with ourselves. That we cannot directly communicate fluently with you, to understand your situation without fear of details lost in translation.

Your husband and twelve-year-old daughter are sitting in the corner of the triage room, staring at you. You are staring at the curtain, trying not to feel your contractions. We are staring at the little blue bar on the Marti screen that says it's still loading, which feels like forever.

A pregnant pause remains. I wonder if you are used to the awkward pauses during your many doctors' visits. I touch your hand, your white knuckles flashing.

"Como te siente?" I ask, hoping you'll respond in words that I know.

I hope the residents are not rolling their eyes at me, like "duh, she's in labor." The baby has spina bifida with widened ventricular defects and holoprosencephaly for which you've been seen by OB/GYN so many times; of course you must be miserable.

Your expression of pain softens, and you suddenly look at me as if you are speaking to a friend. "Mucho dolor," you tell me.

The residents begin to jump in kind, with Spanish questions they practiced in residency. Is your baby moving? Are you leaking fluid? Blood?

You answer back, calmer now. The residents don't know how to ask if you've had a cervical check before today, so I jump in, stuttering and tripping over broken Spanish you somehow understand. The Marti finishes loading and we all breathe a sigh of relief.

As we continue to talk to you, it's clear you are in active labor. You really want a vaginal delivery, but with the fetus's complicated presentation it is completely contraindicated and harmful to the baby. We ask you about a C-section, but you are persistent on the vaginal delivery.

Something seems off. We ask you what your understanding of the situation is.

We find that you had known that there was a fetal spinal defect from your previous visits. But at your last clinic visit you were told that the ultrasound was normal. You had been so relieved since then, as you had understood that the baby was now fine.

But that last ultrasound report did not actually say that. It said that the defects couldn't be evident on the scan. Not that it wasn't there. I think when they told you the results, there was a miscommunication in translation. We were further shocked to learn that you were never told of the need for a C-section. You weren't even fully aware of your baby's condition—what it was, or its implications on the family. Clearly no one had fully explained to you your

own situation. Perhaps it was lack of time. Or patience. Perhaps it was fear of all those awkward pauses from a very long interpreter session.

So the weight of telling you the truth fell squarely on my team's shoulders, and my residents did not want to cut corners this time. Using a live interpreter, my intern explained in simple terms what spina bifida was. That it was a large defect in the back of baby's spine, and delivering her vaginally could cause her paralysis. That there was a space in her brain filled with fluid, and she most likely will have some brain damage as a result. That an immediate C-section would avoid any more harm to the baby, but couldn't undo the baby's birth defects.

We drew you a sketch of what your baby would look like and traced its problems again. We brought in a Spanish-speaking attending from the NICU team who explained to you what the recommendations and plan would be for your baby once she was born.

I can only imagine how overwhelmed you must have been as you signed the consent for your operation. And so did one of my residents, who came back into the room with me after the chief resident, OB-GYN attending, and NICU attending spoke with you individually. He loaded the Marti one more time.

"So I know you've spoken with a lot of people and you've had so much information to process. So I'm not going

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to say anything more.”

A small amount of time, and a few words, but the most powerful ones I had heard. A small pause, and you nodded.

“The nurse will bring you to the OR soon. Your husband will join you a little later, and your daughter will stay here. But if you need anything or have questions or want to discuss anything at all, we are here for you. You can ask us for anything.”

As my resident unplugged the Marti and touched your hand, I told my fellow medical students to check up on your daughter while she was alone in the labor room. In the OR, there was no ability for an interpreter, but nurses with eyes filled with sadness and love held you tightly as you received an epidural on the table. The nurses and I mustered whatever little Spanish we all collectively knew, to ask about your other children, to distract you from the epidural and the slow flooding of gowns and gloves and unknown words.

You looked at me again, the most familiar face to you in the OR in this moment.

“Como te siente?” I asked again. Words of your language, which were the greatest source of our frustration are to you a source of comfort framed in phrases of concern and empathy.

“Mucho dolor,” you told me. “Un poco miedo.”

A little bit scared.

I held your hand in silence. ✧

Neha is a fourth-year medical student hoping to pursue a career in pediatrics. She enjoys the arts, cooking, and reading/writing poetry.

The Evening Shift

I wonder what my patient’s eyes are seeing?

They look up but don’t track my finger.

I wonder how the cancer learned to manufacture

so much pain, now well muted by morphine?

Was it by paying close attention, as if it had eyes, so it could see to light up nerves like they were cigarettes, then letting them do a slow burn? What about the sound

her organs make—are they silent as a smoking gun

as the cancer eats their cells alive until they’re not there?

And I wonder what her eyes saw last? Was it the pink

and white sweet peas outside the hospital? Millions

of pink and white flowers.

I tell her every day the orchid her son sent is sweet

and pretty as a purple gem stone on a stem

and that he’ll be here soon. Can language

move her imagination without the need to listen?

By Mary Sesso

Mary Sesso is a retired nurse whose chapbook, The Open Window, was published last year. Her latest work appeared, or will appear, in Helen Literary Magazine, Comstock Review, Loch Raven Review, and Rat’s Ass Review. She volunteers at the National Children’s Center, where she sits on the Human Rights Committee.

Schizophrenia Ward

Mayview, 09/13/01

Bible naked on the shelf. Sixth-floor windows
forever sealed. Terry tells me most people there
are actors—only a few true patients.

I don't ask what other parts they've played.
I brought him a burger and fries. The food's
bad—he knows that much.

He punctuates his steps in red slippers.
Outside, our country shits in its boots.
Or sneakers. Or sandals.

A fight over cards sent Terry to his room.
The Bible does not talk to him
like his computer does. He inhales the fries

to keep the walls at bay. They keep upping
his meds, hoping to silence the whispered
infestation back in his apartment.

The conspiracy between neighbors,
colleagues, and an old nemesis from Oklahoma,
impressive in its perverse logic.

Outside, TVs splash shocked frenzy, electrified
twitch sets aflame the smugness we'd come
to rely on. Sanity's T-shirt inside out.

Terry asks for his mail, but the world's left
nothing for him. Special sauce stains
his vacant grin. Outside, the sky clear

of planes and reason. Inside,
he licks salt from the bag. Even
God, silent on the shelf.

By Jim Daniels

Jim (Ray) Daniels's sixth book of fiction, The Perp Walk, was published by Michigan State University Press in 2019, along with his coedited anthology, RESPECT: The Poetry of Detroit Music. During his long career, he has warmed up for Lucinda Williams at the Three Rivers Arts Festival, read on Prairie Home Companion, had his poem "Factory Love" displayed on a racecar, and sent poetry to the moon with the Moon Arts Project. Awards include the Tillie Olsen Prize, the Brittingham Prize, the Milton Kessler Poetry Prize, two grants from the National Endowment for the Arts, and many others.

By H R Green

Check the watch. The clock. The phone.
10:35.

Barbara scans the classroom. Most students idle at their desks, phones in hand or eyes half closed. A handful scribble on their pages, thoughtfully or otherwise. She can push the in-class writing another couple of minutes, but there's still fifteen minutes before the end of class. Barbara opens her planner and flips through the pages, hoping she looks as busy as she wants her students to be.

Watch. Clock. Phone.

10:37.

"Right," Barbara addresses the room. "That's it for today. Make sure your name is on the page and send it up front."

Students shuffle to place their writing on her desk and leave. She turns to the whiteboard, runs the eraser across the day's brief notes, frustrated at smudged shadows left by her markers.

"Professor? Excuse me, Professor?"

"Yes?"

"I wanted to ask about my grade?"

She turns to face the student, flipping through her mental photo roster but no names match the face. Amy? Annabelle? Overachiever. Barbara pegged her from day two as the A+ student and Overachiever had yet to disappoint.

"Which grade?"

"For the first essay? I wanted to know when we'd get our grade back?"

"Well, the usual turnaround time is

two weeks."

"So next Monday?"

"Let's make it Thursday."

Barbara shifts on the crinkling wax paper, the examination table warm against her thighs, the air cool against the nape of her neck.

8:15.

"Married?" The nurse's fingers poised above the keyboard.

"No."

"Smoker?"

"Not anymore."

"Do you drink?"

"Nope."

"Any other substances?"

"Any recommendations?"

A pause in the typing as the nurse casts a judgmental glance over her shoulder.

"Yeah, no. No substances."

"First day of your last menstrual cycle?"

"Oh, ah... Couple of weeks ago?"

"So, Tuesday the fourteenth?"

"Yeah, sure."

"Doctor will be right in."

Barbara shifts again, unsure of the need for the gown.

Watch. Clock. Phone.

8:40.

"Hello, Barbara. Can I call you Barbara?" Doctor reaches for the hand sanitizer.

"No problem."

"So," Doctor sits in front of the computer, reviewing the notes. "What brings you here today?"

"I'd like a psychologist referral."

"Any particular reason?"

"I feel like I have sand in my brain."

"Oh," Doctor raises an eyebrow, taps a note in her file. "Okay, well sure, we can do that. I'll put a referral in the system. Call this number to make an appointment."

Open the inbox. Click. Refresh.

Barb sits in her moderately comfortable chair, weary of its low center of gravity as she leans back. She reaches up to scratch the part in her hair.

Click. Refresh. Sigh.

Her sparsely decorated desk holds a chipped, white grammarian's "They're. There. Their." mug, a two-tiered in-and-out tray filled with in-class writing from innumerable classes passed. And a random assortment of used Post-It notes. Back in five. Back in ten. Please knock. Back in five. Out of the office.

Click. Refresh. Empty. Barbara switches browser tabs to look at Blackboard, no new posts in the discussion forum. No replies to the few posts already there. She pulls up the school's library database, intent on finally researching at least one of several projects she has lined up, but checks her inbox instead.

Sixteen ounces of coffee balance precariously in the crook of her arm as she fumbles for the light switch. Several students file in as she unpacks her notes and handouts.

Watch. Clock. Phone.

9:55.

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She surveys the room, totals a quick head count. Twenty-two of twenty-four students seated.

She picks up the handouts, thumbs through them, scratches her left earlobe. The students chat among themselves.

Watch. Scratch. Clock.

9:57.

Number twenty-three arrives and makes a beeline for the open seat at the back.

9:58.

Twenty-four finally shuffles in, regretfully sitting at the last remaining desk. Front row, third from the left.

9:59.

The conversations continue, somewhat jovial for a Monday.

10:00

Barbara smiles at the room. "Good morning."

A handful of grumbles.

"Okay, let's try that again: Good morning."

A handful more.

"Right, okay. So, before we start today's lesson, a pop-quiz."

The mood dampens, heavy like a wet rag.

They all know how the quiz will go.

They all wonder why she bothers.

Mr. Psychologist opens the door, steps aside to let Barbara in. An ergonomic office chair for him. For her, either side of a loveseat or an armchair. Tinted floor-to-ceiling windows turn the sunlight an off-yellow, but the room is pleasant, professional with motivational posters and a potted plant. One clock for him and one for her.

"So," Mr. Psychologist smiles. "What brings you here today?"

"I feel like I have sand in my brain."

"I see. And when did that sand get there?"

"It's not literally in my brain. That's ridiculous. It just feels like it."

"Oh, well, what do you think is causing it?"

"That's what I hope you'll tell me."

Inbox. Itch. Refresh.

With the grades for the second assignment posted, Barbara waits for the inevitable emails. Can I submit my assignment late? I uploaded the wrong document. Can I revise this for a better grade?

She cracks her jaw, moves it side to side to release the day's gritty tension. She leans back in her chair, closes her eyes, and listens to the sounds of the floor. Elevators hum through their shafts. One ding for up, two for down. Smatterings of muted conversations. The occasional opening and closing of doors. And footsteps: The purposeful stride of semiformal teacher shoes. The hesitant squeak of student sneakers.

Inbox. Itch. Refresh.

A shadow pauses in her doorway. She smiles. He frowns. Wrong room.

Another grammar lesson, another day of toilet-tag. Several minutes into her lecture on punctuation and Buzz-Cut-Engineering-Major slinks down the side of the room and out the door. Five minutes later he returns, and His-Name-Is-Sam-But-He-Looks-Like-Frodo follows suit. Nirvana-Shirt is third in line.

There's a brief lull in the back and

forth as she shows real-life examples of missing punctuation in retail signs. Eat here & get gas. Buy bed free one nightstand. Caution pedestrians slippery when wet. The humor holds their attention, but as soon as she starts to recap basic punctuation rules, the game is on.

Jennifer-or-Ashley takes her turn, followed, oddly enough, by Over-achiever.

Barbara distributes punctuation worksheets and circulates among the desks. She pauses by a window.

Watch. Clock. Itch.

She absentmindedly pulls at her left earlobe; the itch jittering in her ear canal. Barbara plugs her ear with her little finger, trying to soothe it with suction. She wiggles it a little. Then a little more. Giggles and whispers. She turns to see a cluster of girls watching her.

"Ear ache." Barbara smiles and wends her way to other side of the room.

Watch. Clock. Itch.

She's lost track of who belongs in the empty seat, decides she's "it," and leaves.

Another office with the loveseat, armchair, office chair setup. Two potted plants in this one, and only one clock. Dr. Psychiatrist stares at her intently.

"And you've never had an MRI?"

"No."

"Or an electroencephalogram?"

"No."

"Well, we're not having much luck with medications, so maybe it's time someone took a look inside."

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“Okay, do all groups have at least one laptop?”

Several students nod.

“I’d like you to log in to Blackboard and follow the link I posted. Evaluate that site using the CRAAP test. Remember, focus on all five parts: Currency, Relevancy, Accuracy, Authority, and Purpose. And give the site a score out of twenty-five. We want to figure out if *Save the Pacific Northwest Tree Octopus* is a reliable website.”

Barbara assumes her position at the front of the room, pleased with her students’ level of engagement today. She sits at the desk and starts commenting on drafts for the third assignment.

Watch. Clock. Itch.

10:25.

Their conversations are still going strong.

Watch. Clock. Sigh.

10:30.

“Okay, let’s chat about the scores each group gave the site. Group one?”

“We gave it twenty-three out of twenty-five.”

“Really?”

“Yes ...”

“Group two?”

“Twenty-two.”

“Oh. Group three?”

“Twenty-five.”

“Seriously? Everyone gave the site more than fifteen?”

“Yeah. It has links to sources.” “And people comment and share other information.” “And there are videos.” “Yeah, real videos.”

“And we’re all talking about the *Save the Pacific Northwest Tree Octopus* site?”

“Yeah!”

“The Pacific. Northwest. Tree Octopus?” Barbara struggles to process their slightly wounded stares and the growing realization that technically the site meets all the criteria for a reliable source.

“Well, has anyone heard of satire?”

More students than she’d like are disappointed to discover that tree octopuses are not a thing.

Dr. Neurologist strides into the examination room, offers a brief greeting, then launches a volley of questions at Barbara.

“So, just to recap,” he pulls down her lower left eyelid, “No major surgeries?”

“Nope.”

He pulls down the right. “Follow this light. To the left. Now the right. Any seizures?”

“No.”

“Arms out straight, press up against my hands. Any out-of-place smells? Oranges? Gasoline?”

“No. I just feel like I have sand in my brain.”

“Stick your tongue out. To the left. To the right. Good.”

“It’s up here,” she rubs the center part in her hair. “Right in the middle.”

“No tremors? Twitching? Stiffness?”

“It’s loose. It itches. It’s right up there, under my skull.”

“Any auras? Ringing sounds, like a telephone?”

“Between my brain and the . . . the brain sack I guess?”

“The dura.”

“Yeah, the dura.”

He pauses, finally looks her in the eye. “So, you’re here just for sand in the brain, eh?”

“Just the feeling.”

“Well, I’ll make a note of that.” He

sits in front of the computer, types for a bit, then chuckles. “Sand, eh? That is interesting.”

“I guess so.”

“You know, I don’t think an MRI would pick up sand. It’s organic you know. We wouldn’t see it. I’ll make a note nonetheless.” He hands her a card. “Call this number to schedule an MRI.” He leaves while still talking. “Sand, eh? Now that would be something.”

Optional in-class work days are, in theory, productive for everyone. In reality, Barbara is obligated to show up to class on the off chance a student stops by.

Watch. Clock.

Wait.

The clock is stopped. The hour hand at three perpendicular to the drooping minute hand at twenty-nine.

Watch. Scratch. Phone.

10:04.

Barbara is almost satisfied no one is coming.

At 10:06 Miss Pegged-for-a-C-but-Earned-Herself-an-A slips into her regular seat at the back of the room.

Barbara sits in the chair and flips through her class folder. Unreturned quizzes, ungraded in-class writing, empty of any value now apart from a miniscule percentage of their final grades.

10:09 sees the arrival of Mr. B-Student-for-Life. He sits quietly in the front row, backpack strapped to his shoulders.

10:11.

“Hey, Professor?”

“Mm-hmmm.”

“How long do we have to stay today?”

“It’s optional, so as long as you’d

Continued, next page

like.”

“Okay. Well, have a good week-end.”

Barbara’s laptop hums in the silence of her office, the closed door cutting out the usual ambient noises of office hours.

Watch. Itch. Click.

She flips through a copy of the MRI images she’d requested. The software shifts to the next series, an axial fast spin echo. This one sections the brain from the bottom up. A mess of dark cavities, grey bones, and the bright white of the first cervical vertebra. Click. The whites, blacks, and greys move and fade as the MRI slices ascend through the cerebellum and occipital lobe. Eyeballs and nasal cavities appear and disappear in three frames, replaced by two distinct halves of her brain. Pause. Zoom. Play. Grey ridges increasingly contrast with the white grooves in the folds of her brain. It ends at the top of the skull.

Scratch. Click. Replay.

A knock at the door goes unheard.

She sits in her office and stares at her new potted plant: green, leafy, nondescript. She pokes a finger deep into the plant’s soil, it comes out damp and grainy. Barbara prods her jaw, stretches it left, rolls it right. She lights a cigarette, inhales, exhales, pulls what tastes like a piece of tobacco off the tip of her tongue and drops the grain into the potted plant.

The classroom is dim, desks and chairs ranked in orderly lines.

The clock’s arms still stagnant at 3:29.

Barbara flips through a stack of unread final assignments, already aware of what grade each student has earned.

The door opens, a student pauses, steps out again.

Muffled conversation in the hallway.

In comes Another Professor, “Hi there.”

Barbara looks at the stopped clock, at the stranger, back at the clock.

“I’ve got a final exam scheduled in here.” Another Professor drops a pile of exam booklets on the desk. “In about ten minutes.”

Barbara stares at the clock, wonders if it stopped in the AM or the PM, decides she’ll never wrap her head around exam scheduling, and cedes her place at the whiteboard.

The disorienting silence muffles the ghosts of footsteps and doors and elevators. Barbara sits in her office, the ever-growing collection of silicate grains lining the edges of her desk. She scratches the part in her hair and she wiggles her finger in her ear and she rolls her jaw and she lights another cigarette. She sits in the silence and cradles the stopped clock, arms still pointing to three and twenty-nine. She sits in the silence and waits. And she sits and waits in the silence. Winter break won’t be that long. ✧

HR Green, born in South Africa, now lives and writes in the Midwest with work appearing in publications such as Pank, The Rumpus, and McSweeney's.

Thirteen

It happened in my grandfather’s bedroom in 1913 where his beloved thirteen singing canaries, which is to say were trying to drown out the siren in his belly, pain that rubbed his eyes raw with salt tears, which is to say his ears were trying to stop listening, though there wasn’t enough cotton in the world to stuff and muffle the sound, which is to say the pain was shouting louder, but comfort from his medicine cabinet over in the corner was shouting even louder, but before he swallowed the last spoonful of opium, and being a pharmacist knowing there’s no walking back, which is to say he opened up the cages and strangled every little bit of yellow fluff.

By Mary M. Sesso*

* Author’s note, page 5

Could Be Anyone

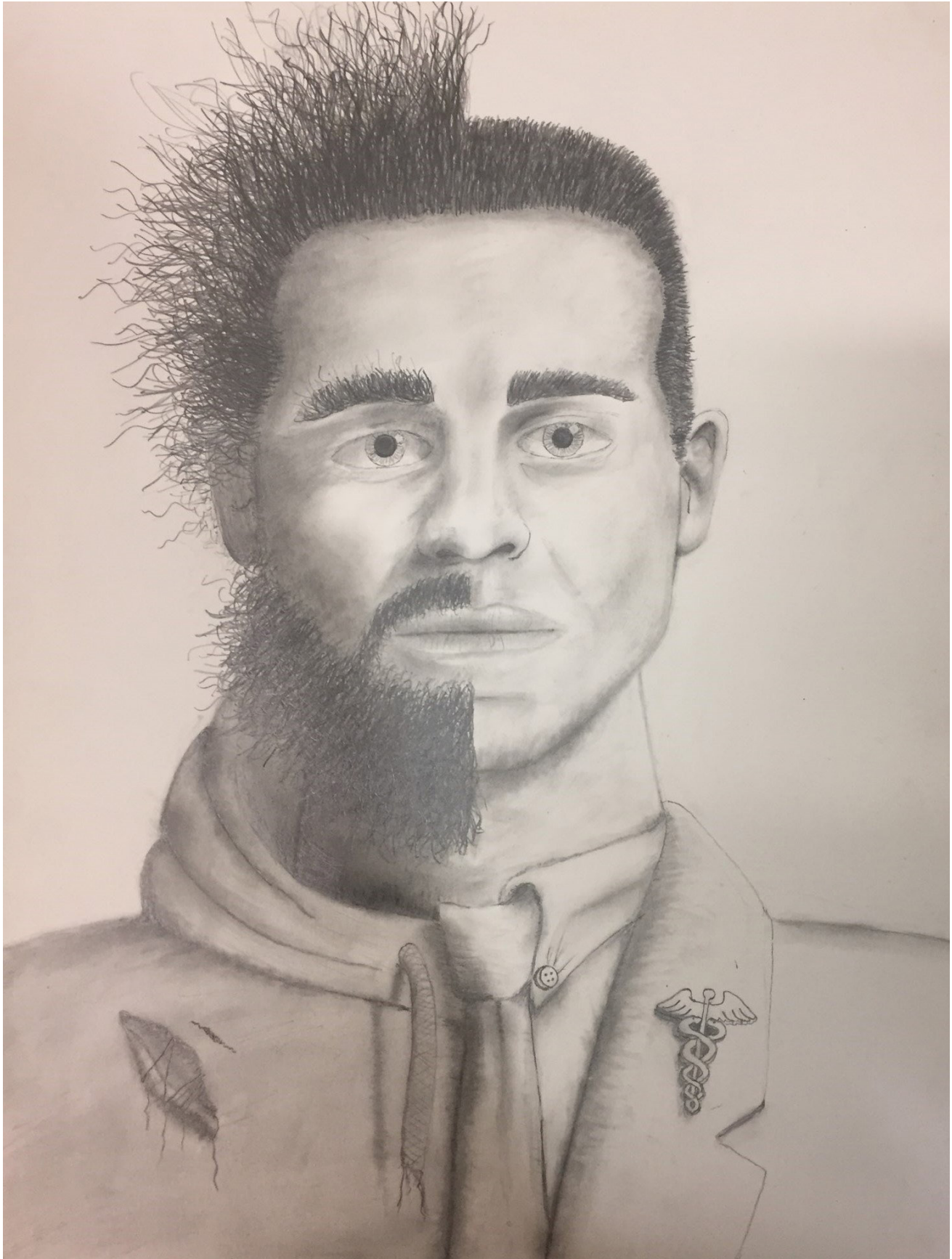


Illustration by Alexander Allen

Alexander Allen is currently a third-year medical student at VCU School of Medicine from Virginia Beach, VA.

The Lump

Doctor 1: *Discovery*

The doctor couldn't unsay it,
once he said it—

words shivered out loud
on the coldest November day
quickly condense into cloud.

Doctor 2: *Work-up*

His hands
he didn't know what to do with his hands—
like bees hiving in & out of his pockets.
He sat, stood,
sat down again and introduced himself
according to the red stitching on his stiff white coat.

How are you? I asked.

*I am fine. I'm here for your biopsy.
The nurse will tell you everything
you need to know. I will go now,
sign some papers and return.*

Doctor 3: *Diagnosis*

Dead weight of medical terms
collapse into themselves—
like aging stars
densely dark they go
clutching all the light they can hold.

By Donna Love Wallace*

* Author's note, page 3

Lab Tech's Flood of Tears

The Chief Researcher stands among flasks,
tells me to build a tear bank—
flash freeze salty drops,
understand why we weep.

*Let's call it a cry-nogenic, he winks,
repository of tears' chemicals
categorized by age, gender, income;
handy data orderable, reasonably, online.*

*Such a tsunami of articles will crash
land from academics.
The more people cry their eyes out
the better
to know how tears well up,
well down, and why.
Do tears of men and women differ?
Does a man's testosterone drop
when a woman cries?*

Easy for him to say. It's tedious collecting tears.
They must be fresh,
bawling donors are rare.
Men hardly ever sign up.

Causes of crying can be simple:
chopped onions, tear gas,
a grease-fire smoke. Or, a tear-jerker.
Tickles titillate into heehaws
that turn into trickling tears
and you wet your pants.
A baby, tilted head up like a red tulip,
wails from hunger, frustration, loneliness.

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Still, what to make of this old woman on stick-frail legs?
She's come, she says, because she needs to cry
after her husband's biopsy,
after the last-ditch surgery, after an excruciating
year fearing not only danger
but his absence without aftermath.

He, she says, has forgotten
how to cry, grown molten
lava eyes, cores from mad Vesuvius.

How to explain this tearing
behind my glasses.
I see them at the movies, a comedy,
with their popcorn and Raisinettes.
They're sitting in shadows
holding hands.
I see clear through the two of them
to the steady pulse of lungs and heart
to where sorrow travels up fast
and lodges in the eyes.
This is now—
what's left of feeling together.

By Geri Radacsi

Geri Radacsi is the author of four collections of poetry. Her prize-winning chapbook, Ancient Music, was published by Pecan Grove Press; her full-length poetry collection, Trapped in Amber, by Connecticut River Press; Tightrope Walker by Antrim House; and Soul and All that Jazz in 2015 by Finishing Line Press. She has been a journalist, English teacher, communication/media specialist, and freelance writer. Currently, she is associate director of university relations, emerita, at Central Connecticut State University in New Britain, Connecticut. Among her publishing credits are The Atlanta Review, Embers, Comstock Review, Connecticut Review, Connecticut River Review, Iron Horse Review, MacGuffin, Nimrod, Karamu, Southern Poetry Review, and The Southern Humanities Review. She has been nominated for a Pushcart Prize, is the 2013 winner of the Connecticut River Review Poetry Prize, and has won several awards from the Connecticut Poetry Society. Her poems, choreographed for dance and cello interpretation, have been featured in live performances at CCSU and at the New Britain Museum of American Art. She has taught memoir-poetry workshops in Central Connecticut.

Old-Timers Disease

By Les Cohen, MD

I'm afraid of what will become of me. I'm losing my memory. I've seen it happen to family, friends, and patients . . . some even younger than me! It's so horrible. What can I do?

Long ago, when I was a medical student, the diagnostic term for elderly patients with significant memory problems was senile dementia.

I'm old . . . but *not* senile or demented. Or am I?

In desperation I called George, a friend since med school, a recently retired academic surgeon. Concerned, he set up an appointment with a Dr. Glenn who he said was an excellent clinician, renowned memory specialist, and chairman of our medical school's neurology department.

A week later, while driving to my appointment, I wondered whether Dr. Glenn had known of a legendary neurologist who we looked upon as a medical Sherlock Holmes, who'd been able to invariably make correct diagnoses by observing how patients maneuvered themselves out of bed, walked across the ward, and answered one or two questions. Amazingly, he rarely needed to look at the patient's chart or X-rays or do a formal neurological exam before he made the diagnosis.

Now . . . what was his name? I forget! Is my mind playing tricks on me again? Am I imagining it? Where has it all gone? Perhaps George might remember.

"On some unsettling days important memories disappeared like grains of sand blown by a desert wind: the names of my grandchildren, my address, my phone number, my birthdate, my Social Security number. It was as if I'd momentarily misplaced them like my eyeglasses, keys, or wallet."

"Dr. Thorne, I'm glad to see you. I remember you as a fine teacher when you were an attending physician during my internship. How can I help you?"

"Yes, that was long ago." There've been so many students and so many house staff over so many years . . . I don't remember him.

Dr. Glenn seemed to be in his fifties; a short, bespectacled balding man with a welcoming smile. His intent gaze took in my coordination, whether my gait was wide-based or Parkinsonian, if my arms swung freely, if I had a tremor and how slowly I turned to sit across from his desk.

"I've had lapses in my memory. It's very worrisome," I replied. "I'd never had any problems like this before . . . but my thought processes, my memory began diminishing soon after my wife, Judith's, funeral last year . . . or was it the year before? Can you believe I'm not exactly sure? I retired a few months later."

"I'm sorry to hear of your loss." He nodded, solemnly.

"I tried to not worry about it," I continued, "but, when I couldn't easily remember *anything* of what I'd read

in the *Globe* or medical journals one morning, I became quite anxious. Some nights I couldn't sleep. There've even been days when I can't recall whether I'd ever written journal articles or chapters in that ancient textbook," I said, turning to scan his bookshelves.

"Yes, it's there. It was an important part of the curriculum," he said. "Please continue."

"One day my mind was so hazy I forgot what I was reading *while* I was reading and couldn't even recall the title of the novel in my hand. On some unsettling days important memories disappeared like grains of sand blown by a desert wind: the names of my grandchildren, my address, my phone number, my birthdate, my Social Security number. It was as if I'd momentarily misplaced them like my eyeglasses, keys, or wallet. Interestingly, I find it easy to recall some grade school classmates, the name of a girl I'd had a crush on in fifth grade, an Atlantic City vacation with my parents, and a few med school colleagues and professors. It's puzzling. Why is that? Isn't that strange?"

"Well, Doctor Thorne, please bear

Continued, next page

with me for a few minutes,” he said. “First I need to go through your full medical history, do mental status and neurological examinations . . . then I can better answer your questions.”

His medical history taking followed the standard system-by-system format. My replies were straightforward, that I’d been very lucky not to have had any chronic illnesses or major surgery, my only medication being a daily baby Aspirin, which hadn’t caused bleeding problems. My parents and sister hadn’t had any neurologic or mental problems, and I’d never had head trauma; severe or recurrent headaches; visual, balancing, or motor symptoms. I hadn’t smoked for fifty years and drank alcohol only at celebrations. I told him that for many years I’d had regular check-ups, labs, X-rays, and endoscopies done by other faculty physicians, and my cardiovascular, bowel, and urinary tracts were always deemed normal for my age.

“Yes, you’ve been quite fortunate, and, it seems, taken good care of yourself. Now I’m going to test your memory. You must be familiar with the mental status exam.”

“Yes, I’ve performed it in my practice.”

It wasn’t as difficult as I feared. He began by asking me to draw clock hands on circles for the various times he stipulated, then to identify pictures of animals and objects. Basic stuff. Almost embarrassingly simple. He had me recite the days of the week, the months, seasons, and year. No problem. Then he asked a series of questions: who was the current and preceding president, the state senators and the current mayor?

Not hard. When he inquired about my birthdate, birthplace, the names and ages of my family, and schools I’d attended, I had to pause a few times. I surprised myself by being able to count back from one hundred by sevens, until he stopped me at seventy-two. However, I couldn’t recall four of the nine words he asked me to repeat after ten minutes. Did that mean what I feared it meant?

Dr. Glenn’s neurological exam was thorough, more extensive than mine used to be.

During his exam I recalled a worried elderly patient who after I examined her asked, “Do I have old-timers disease?”—a very serious question requiring a careful, thoughtful reply. I didn’t smile or correct her. Now *I’m* an old timer! Oh my God, does he think I have Alzheimer’s? I’m afraid to ask.

He paused a moment. “Please tell me a bit more about your wife’s death and your decision to retire.”

What! Why that? Why is a neurologist, a memory expert, bringing it up? It doesn’t seem medically relevant.

I took a deep breath in, then began. “Well, a few years ago, when I turned seventy, I decided to fill out advance directive forms. Judith, an eminently rational person, didn’t want to discuss the matter. I couldn’t convince her. A few years later she had a massive cerebral hemorrhage and died, in just three days!”

He shook his head. “That must have been terrible to live through.”

“Yes, it was. I was devastated . . . We’d been married almost fifty years and had

a son, a daughter, and a few grandchildren scattered around the country. For many years she had run my office; graciously greeting patients, inspiring their confidence, and supplying a warm counterbalance to my crustiness. However, over the last few years my practice dwindled down

to several elderly patients who’d grown old along with me. During office hours I occasionally napped or scanned medical journals waiting for the doorbell to ring, or a phone call from a patient. Without Judith I couldn’t continue to practice. There was no way for me to keep up with all the medical advances. I knew I’d better retire before I made serious mistakes. Years ago she wanted me to retire so we could travel and spend more time with our family. I refused. I can be a stubborn guy.

“If you aren’t aware, Dr. Glenn,” my voice was rising, “I’m *very* proud I spent almost fifty years teaching and practicing medicine. A half-century! Being a doctor gave purpose and meaning to my life. It was hard, very hard, to leave medicine . . . the most difficult decision I’ve ever made.”

He nodded. “Yes, I can understand.”

“Well, after my wife died I didn’t

“During his exam I recalled a worried elderly patient who after I examined her asked, ‘Do I have old-timers disease?’—a very serious question requiring a careful, thoughtful reply.”

Continued, next page

go out for weeks and spent most of my time in bed. For a while I couldn't even watch TV or try to read. My appetite was gone. I lost weight. My only exercise was *if* I went out for the mail or groceries. I tried to keep occupied, but every day seemed the same as the day before. It was awful."

"Did your son and daughter try to help?"

"I didn't ask them. I'd always been so busy, I probably missed much of their early years. They were much closer to their mother. I'd probably been a better doctor than a father. After the funeral my son Eli, a prosperous Miami stock broker, too smooth and self-satisfied for my liking, and his wife, a smug socialite, wanted me to move to Florida. He said he had room in his new home. I never wanted to live in Florida, anyhow. I'd always thought it was a geriatric graveyard, like a cemetery for the living."

He lets me ramble on. I'm annoyed. Why is he doing this? What is the purpose?

"And your daughter?"

"Naomi, of late a yoga instructor, always intent on helping others to 'self-improve,' whether they wanted to or not, *insisted* that I sell the house and move to Dayton with her family. I'd never felt comfortable with her irritating nature, her auto-salesman husband and boisterous kids, and besides, I had no interest in living in Ohio, so I decided to stay where I was, not be a burden to anybody, and make do on my own."

"I take it you live alone."

I nodded.

He got up, walked around his desk,

and sat at my side.

"Dr. Thorne, I want to reassure you, that most probably you do not have any of the various forms of dementia. Most small deficits in memory are in keeping with one's advancing age. I have heard patients refer to that as having a senior moment and . . ."

"Yes, I've heard that expression before. I appreciate what you're telling me. It *is* encouraging, but . . ."

"Please allow me to explain further. As you must realize, the sudden loss of your wife and resultant ending of your beloved career have, of course, had a detrimental effect on your emotional balance and somewhat impaired your memory. Now, do you have any questions?"

"When will I get better? I blurted out. "Are there any medications that can help me? Do I need an MRI?"

"Yes, you will get better, but that takes a bit of time. For now, medications would not be beneficial, and I will schedule an MRI.

"But what can *I* do?" I asked, my anxiety resurfacing.

"First, ask my secretary to make you an appointment with our psychologist, Dr. Stuart, for neuropsychological testing and to schedule an MRI. Then on the way out, stop in the first floor lab for some routine blood tests. I'll go over the results with you in four weeks. In the meantime I'll check if there may be a spot for you in our faculty seminar on the history of medicine. I'm sure you must have much to contribute. I'll let you know. And . . . oh yes, it may be difficult, but you probably should try to talk with your son and daughter. Perhaps it can be helpful."

He offered his hand.

"Thank you very much, Dr. Glenn."

Walking to the parking lot I felt calmer than I'd been for a long time, but I wondered what he meant by "*it would take a bit of time*?" How long is that? I wish, if possible, he could have been more specific. And why did he say "*most probably I didn't have dementia*?" Wasn't he sure?

Driving home my mind wandered. A faculty seminar! I wonder if I'll know any of the others.

The neuropsychological testing is scheduled next week, the MRI the week after. I wonder what that will be like. My next appointment is in four weeks. A long time. Couldn't it have been sooner? It's a beginning . . . a good beginning, I suppose.

Dr. Glenn's irritating line of questioning stirred up feelings I thought I'd buried. I don't understand why he got me talking about Judith's death. Didn't he realize it haunted me like a phantom limb? I wish he hadn't.

I tightened my grip on the steering wheel. This street doesn't look familiar. Where am I? I thought I knew the way home. If Judith were here, she'd know the way. This never happened before. I don't know where I am. I'm lost! I've got to concentrate. Pull over, park a few minutes, a few deep breaths, calm down. I'm perspiring, feeling a bit dizzy. Ask someone walking by, call George. That's what I'll do. Now . . . where's my phone? Did I leave it at home? ✧

Les Cohen is a retired internist who taught and practiced in Boston for half a century. His stories have appeared in national medical journals over the past thirty years. He has had many patients with Alzheimer's disease; however, this story is fictional. Contact him at lgcohen33@hotmail.com.

SVT

Rapid stimulation of tissue
of young, healthy
women

reentry
over and over

paroxysmal
when intermittent

palpitations chest pain
weakness fatigue

S O B !

nervousness *anxiety*

hypotension

syncope

EPS lab

radio vagal maneuvers

carotid sinus massage

resuscitation equipment immediately
available

Adenocard is the card

AV(B) C block

cardioversion

ablation

PVC

Not water pipes
just premature contraction
wide & bizarre

cracks
in your life line

unifocal multifocal
bigeminy *trigeminy* quadri
couplet three's an NSVT

myocardial infarction
failed heart carbon dioxide
retainer
anemia

hypokalemia magnesemia
sympathomimetics
anesthesia *stress*
nicotine caffeine
alcohol *infection*
surgery

more than 5000
beta block

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V-Fib

The dangerous valentine's fib
what she saw—
 toothed *electrical chaos*
hogging oxygen
 no output
rapidly fatal to relationship in
 3-5 minutes

faint *pulseless* apneic
no blood pressure
 absent heart
acidosis
 seizures

fixed, dilated pupils
cold, mottled skin

defibrillate—
won't work if heartless tho

Ventricular Asystole

Standstill
 no impulses left
no depolarization QRS contraction
only P
 sometimes not even that
electrical silence

inadequate cerebral perfusion oxygenation
 unconscious
after cardiac arrest comes respiratory arrest
 resuscitation

CAB it but
 don't shock
 don't shoot
implantable converter
 no magnet
vest that if conscious
 press button to prevent shock
otherwise a donkey's kick to chest
 Versed
 Verse
 V

By Yu-Han Chao

Yu-Han Chao was born and grew up in Taipei, Taiwan, received her MFA from Penn State, and works as a registered nurse. The Backwaters Press published her poetry book, and Dancing Girl Press, Another New Calligraphy, and BOAAT Press published her chapbooks. Red Hen Press published her story collection, Sex & Taipei City, in 2019. She maintains a blog about writing and health topics at www.yuhanchao.com.

A Lingering Encounter at Twenty-two Weeks

By Olaf Kroneman

A recent op-ed piece in the *New England Journal of Medicine* concerns the heartbreak of neonatal organ donation. An infant was terminal. The father of the doomed baby requested that life-saving organs be donated. There was confusion. Over the previous twenty-eight years, only two neonatal organ donations had occurred in the entire New England region, and this would be the first ever in the state of Rhode Island. Finally, a protocol was discovered, and a transplant occurred.

Though one infant died, another was saved. This eased the pain of one family, answered the prayers of another, and attenuated the grief felt by the doctors and nurses who were unable to save a young life.

A barrier to organ donation was the reluctance of the health care team to initiate the conversation. It was assumed it would be too difficult for the family to bear.

The assumption turned out to be incorrect.

In such a situation it is difficult to know what to say.

The op-ed reassured me I was not alone. I was drafted into a similar situation.

Several years ago, as I entered a hospital, late and in a hurry, I was approached by an unkempt, wild-eyed

young man. He physically blocked me from entering the hospital.

"Is life fair? How come there has to be suffering? Why are they putting my wife through this? Where is God? You're a doctor. Tell me," he said.

Schizophrenic speech? Bipolar religious mania? Stopped taking his meds?

"My God, my God. Why could it have not been me?"

I kept walking. I entered the hospital. He was on my heels.

"I'm talking to you, Doctor."

I kept walking.

He raised his voice further.

"I'm talking to you, Doctor. Turn around and talk to me. I asked you, does God exist?"

I didn't need this. Not today. I was in a hurry.

I stopped and turned. He stopped a bit too close.

The man was thin, wore a T-shirt with the old English D. In better times he was a Tigers baseball fan. He had a three-day growth that was still youthful and sparse. He probably shaved every third day. I tried to sidestep him, but he followed my lead. Did he have a gun? A knife?

His eyes were tired and dark and wounded—animal wild. He wasn't going to back down. I realized it was best

to avoid confrontation and maybe find understanding. Religion and anger are a bad combo.

"Yes, I think there's a God."

"Well then, why are they making my wife go through this? She's going through childbirth, labor pain, and when the baby's delivered, they're gonna let it die. It's a little boy."

"What?" I asked.

"They're going to just let it die."

"How many weeks?"

"Twenty-two."

I was silent.

"It's a miscarriage," I said. "A late-term miscarriage."

"It's a human life. Just because it's twenty-two weeks, they're gonna let him die? My wife is in agony for nothing? She was screaming so loud, I had to leave."

"I'm sorry."

"Are they right? It's a human life, isn't it? Here, look at his picture."

He showed me the black and white ultrasound image of the fetus.

"You can see fingers and toes. He's sucking his thumb. Sucking his thumb. My son's alive."

I hesitated. My throat tightened. I directed him to an arrangement of chairs.

Continued, next page

"Let's sit. We can talk in private."

We sat in silence.

Eventually words came.

"Some hospitals will resuscitate a baby at twenty-five weeks, others at twenty-three. This hospital will resuscitate at twenty-three. Our neonatologists are very competent. But not twenty-two weeks," I said.

"Bastards. They probably want to chop his body up for parts, for research. I heard about it. There's big money in that. Hospitals and doctors are greedy."

"Pediatricians aren't. Her obstetricians aren't. Sometimes if you give the doctors permission, they will use the fetal tissue to help others. But you have to allow it."

"Bastards. It's not tissue. It's my son."

"The doctors that are attending your wife are saints. I don't know how they do it. I couldn't live with the heartbreak."

"They better not touch him."

"If your little boy was twenty-three weeks, but twenty-two weeks . . ." I shook my head.

"He can't make it?"

"No," I said.

"My son, my son. Why couldn't God take my life?"

He put his face into his hands. I put an arm on his shoulder. His muscles were taut and contracted with his sobbing.

"Do you have any other children?"

He looked up. His eyes were vacant and bloodshot.

"Yes, a little girl. She wants a brother."

"Then thank God for her. Love her, and your wife, even more than you do now. It will help. It will be difficult for you, but they'll need you to be strong. It'll be tough on your wife."

His hateful eyes became liquid pools.

My eyes became liquid pools.

Minutes passed. It seemed like hours.

He asked, "Can we have a funeral with what's left?"

"Yes," I said.

"Would you like me to call a priest or rabbi?"

"I'm not very religious," he said.

"Can you call both of them?"

"Sure," I said.

"You're young, you'll get your son; your daughter will have a brother."

I directed him to the information desk where he could contact the chaplains.

"Thank you," he said. "If my son can help others, they can use his body. I guess it's all right."

He extended his hand. I shook it.

I left to make rounds on my patients.

I was behind my time.

I looked back at him, slumped, sobbing. I walked on. I had to.

I talked with one of the chaplains over what had transpired. I thought my empathy would be lauded, but instead I was chastised for talking about his other child and his need to be strong for his wife and that he would have the chance to have other children. I was told that I

should have focused on his grief.

I felt stupid.

No good deed goes unpunished. I was just as unprepared as those doctors in Rhode Island.

The episode continued to live in my memory. Years later I had the opportunity to meet Dr. Rana Awdish. Her insightful and informative book *In Shock* described the death of her infant and her near death during that pregnancy. She survived "the Triad of Death" (hypothermia, acidosis, and coagulopathy) and then "a long, painful recovery." (This is a must-read for all health care professionals.)

Dr. Awdish emerged from her coma and learned of her baby's death. She saw her husband's grief and from her ICU bed comforted him and said, "It's okay. We can have other babies."

Thank you, Dr. Awdish. ✧

Olaf Kroneman likes to tell a good story but would also like to expose the reader to a pernicious and perhaps unalterable change in health care. That is the domination of the doctor-patient relationship by bureaucrats. Despite this change he enjoys the practice of medicine and the endless opportunity to help. He and his wife live in Michigan, surrounded by their two children, five grandchildren, and two big dogs. His work has appeared or is forthcoming in Forge, Hawai'i Pacific Review, The Healing Muse, The Helix, inscape, Left Curve, Quiddity International Literary Journal, RiverSedge, Gemini Magazine, Clare, paperplates, and Diverse Voices Quarterly. His story "Fight Night" won the Winning Writers Sports Fiction and Essay Contest, and "The Recidivist" won the Writer's Digest short story contest for popular fiction 2009. His essay "Detroit Golden Gloves" was selected as Editor's Choice by inscape, honoring the top nonfiction piece of the issue in which it was printed. In 2010 He was nominated for a Pushcart Prize for his story "A Battlefield Decision."

Shatter Me



Photo by Kaylee Brendel

Kaylee Brendel is a resilient young girl who is turning her pain into art in hopes of her vulnerability inspiring others to feel and to heal.

Entropy

To say there is choice is false.

Blue. Green. Brown. Hazel. Gray. Liz Taylor's
violet ones. Colors tumble through the gene pool.

Other eye genetics flex muscle

and your age begins to crab what is perfect
Little by little your vision kneels before blindness

and stares into its abyss. Forever dims slowly.

Your marvelous mind, packed with faces, flowers,
words, has to live in a tight little world

made smaller and smaller as new sights refuse to appear.

It's as if they agree to walk away.
Blindness declares victory.

If you're dumb lucky, the last best image standing will be those daisies
under your backyard fence, choked with yellow,
their sultry dark eyes looking back at you.

By Mary Sesso*

* Author's note, page 5

Breathe

Machine-man in a life support mask,
numbed, you cannot speak
so I speak alone
talk and pause, ask
questions I answer myself,
match my breathing
to the breathing of your machine's
eerie, weary, respiratory rasps. I whisper:

Labor on like an oarsman, pulling
the story of desire.
If the monitor wired to your puttied chest
signals choppy waves of flutter and falter—

If the ventilator equipped with alarms,
blares, unrelenting warnings—

If you sense a thunderhead's
approach augured from a mortifying horizon
and claustrophobic,
you cannot reach for meaning
beyond the suck held by a puff of hydrogen and oxygen—

Then, let me be your coxswain barking,
Don't stop this power ride.

I'll beat rhythm with a fist
against our craft's side,
steady your breath through
stutters of ice-chunked currents.

Though your face is a concealed jumble
motionless except for spitting pith,
let your lungs pound in my chest's
hard thump of love.
Gulp the terrible drive of will
and spurt out breath,
first a crackle and whistle
then a basso so loud
over my teeth's chatter.

By Geri Radacsi*

* Author's note, page 14

At the Pain Clinic

By Terry Sanville

My wife has more things wrong with her back than the Trump administration has ethics problems. Her neurologist just shook her head when she spoke of bone spurs, spinal stenosis, scoliosis, herniated disks (yes, plural!), and sciatica. Her primary care physician had a similar response but at least, on request, referred her to a pain clinic for evaluation and treatment.

We're thankful for having access to Medicare and that system has more than once saved our ageing keisters from financial disaster. But even with federal help and gap insurance, our medical expenses last year took more than 30 percent of our pension incomes. And now my wife is faced with another series of chronic conditions that produce copious amounts of pain but might not be fixable.

We arrived at the pain clinic a half hour before her appointed time. It's located along a highway with lots of traffic roaring past. The clinic's parking lot was full, with people double parked in the handicapped zone. I dropped my wife off along with her walker and circled the block, finally finding a vacant space. I had no idea that pain is so prevalent.

The clinic's building is a two-story affair with offices and patient treatment on the second floor (Geez, that's logical. Not!). The cramped elevator might hold two people in wheel chairs or walkers. It's in constant use since most people in pain can't climb stairs. Coming out

"Like the Spartans, I think our culture values stoics, people who internalize their problems and don't bother the rest of us with their issues. But in my father's case, being a stoic probably killed him."

of the elevator, I was shocked to find patients standing and sitting along the breezeway that led to the clinic offices. Inside the cramped waiting room, patients filled the few chairs, many with heads bent, scratching on the thirteen pages of paperwork that first-timers must fill out. Try doing that in your lap without a clipboard.

More people piled into the office. I left my wife to her clerical duties and stood outside in the breezeway, on a pop-out balcony exposed to the raucous din of highway traffic and the cold morning wind. More patients exited the elevator. The place reminded me of an old college stunt of seeing how many students could be crammed into a Volkswagen Bug.

As I stood elbow-to-elbow with patients and their spouses, it was easy to tell that most of us were geezers, many in walkers or wheelchairs, some with canes. They looked resigned to their internal battle with pain. The few younger adults and small children seemed out of place. I was glad for their presence since the kids were the only ones smiling. It's

probably too much to expect smiling faces at a pain clinic. But I did feel an overwhelming sense of empathy and kindness from the group as each made room for the new arrivals. I studied the lined and wrinkled masks, the slumped or standing bodies quietly waiting for their name to be called. I could almost feel that craving for sweet relief that allows clenched jaws to relax, for smiles and maybe even uninterrupted sleep to return.

I stood next to a gray-bearded fellow with an impressive belly covered by a bright print shirt. He recounted how his feet had been mangled while fighting as a Marine in Vietnam. Yet there he stood next to me in the cold wind. He claimed to have so much metal in him that he never could make it through airport security without being thoroughly wanded. A retired college professor with multiple degrees, he taught physics and math at prestigious universities and loved to ramble on about science.

"After forty-two years, I can't stop," he said, grinning.

"Robert," a voice called, and off he trundled for a urine test, then a brief visit with a doctor and the physician assistant.

He'd stood there for thirty minutes, teaching me about the physics of the universe, not complaining about pain or his disabilities, a patient patient, and a true Marine.

My father was also a Marine and a stoic. Like the Spartans, I think our

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culture values stoics, people who internalize their problems and don't bother the rest of us with their issues.

But in my father's case, being a stoic probably killed him. One night he complained about chest pains but wouldn't go to the hospital, claiming it was probably heartburn that would go away. By the next morning, the pain was intolerable, with major parts of his heart muscle destroyed by the attack. If he would have sought treatment immediately . . .

My father's death taught me not to wait. I stared at the pain clinic's patients and wondered how many of them suffered in silence before showing up to crowd into that airy breezeway. Do we look down on people who complain about pain? Do we expect people to just suck it up? And what is the payoff for the persons who maintain their stoicism?

My wife joined me on the breezeway and we waited. A woman leaned toward a man next to her and murmured, "There's only two doctors, you know—and just look at all of us."

By then I had become numb to my surroundings. Finally they called my wife's name. The doctor was the picture of efficiency. He prescribed injections for some parts of her back pain, new meds for nerve pain, low-dosage opioids for when the pain became intoler-

able, and arranged for a consult with a spinal surgeon to address the most serious stenosis problem. The doctor spoke in direct terms, outlining the consequences of not pursuing treatment—all

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in a serious, intense, ten-minute consultation while his assistant furiously typed chart notes into their computer system.

Our morning at the pain clinic made me wonder about the federal government's war on opiates abuse and how many of the abusers began by using the

drugs for legitimate reasons—to treat pain. It scares me that at some moment my wife or I might be refused medications over concern for drug abuse and addiction. I would humbly suggest that the Feds focus more on fostering the development of nonaddictive pain medications and new treatments, especially those that deal with chronic problems. It should not be a crime to want pain to go away. ✧

Terry Sanville lives in San Luis Obispo, California, with his artist-poet wife (his in-house editor) and two plump cats (his in-house critics). He writes full-time, producing short stories, essays, and novels. His stories have been accepted more than 350 times by journals, magazines, and anthologies, including The Potomac Review, The Bryant Literary Review, and Shenandoah. He was nominated twice for Pushcart Prizes and once for inclusion in Best of the Net anthology. Terry is a retired urban planner and an accomplished jazz and blues guitarist—who once played with a symphony orchestra backing up jazz legend George Shearing.

Recovery Bed

Pain and nausea
Nurse asks to switch
from morphine to dilaudid
How you love the soothing
names of soothing drugs,
like characters
in children's books
Nurse helps you
to the toilet, your
non-slip socks
coded red for risk
Surgeon speaks from
foot of the bed
detailing what he did
to your brain while you
slept
Now you sleep between
vitals checks
Packet of crackers,
cup of ginger ale
small blessings on tray table
This is a safe bed
But you keep the call button close

By Kimberly L. Becker

Kimberly L. Becker is author of Words Facing East; The Dividings (WordTech), and Flight (forthcoming, MadHat Press). Her poems appear widely in journals and anthologies, including IDK Magazine, Panoply, and Tending the Fire: Native Voices and Portraits. She has held grants from Maryland, North Carolina, and New Jersey and residencies at Hambidge, Weymouth, and Wildacres. Kimberly has read at venues such as The National Museum of the American Indian, Washington, DC, and Wordfest and served as mentor for PEN America's Prison Writing and AWP's Writer to Writer programs. See www.kimberlylbecker.com.

Sylvia

Resident of Room 106, Resthaven, 1984

She loves the white spaces among glittering green
panels, Vanna's blue dress, and the mystery pie
slice among clickety numbers, loud chances.

Yesterday's breakfast is long forgotten, but
she talks back to Sajak when he gets too chatty:
Just call the letters! Do your job, Pat!

She equally scolds the greedy prolonger
who knows the answer but keeps on spinning;
she giggles when black bankrupt catches them.

Her family won't visit unless it's Christmas,
when they bring her a fruitcake they know
she won't eat—its colorful crumbs too much.

So she turns back to *Wheel*, tuning out before *Jeopardy!*
since all her questions are already answers.
She claps for a long, shiny car, an exotic vacation.

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Preacher Earl

His dentures slip under lips gone thin
from apologetics. He cannot read, even
with large print lensed and highlighted,
but his memory keeps the text vibrant.
Before his teeth went, ministerial
syllables shook sinners like pounds
of the wooden-box pulpit: palms
for attention, fists for emphasis.
Sundays he tries to tell the others
about blind Bartimaeus, long-dead Lazarus,
but the sibilants fail him, and words
of The Word dribble out, leave no stain.

Red the Cartographer

In sand beneath the slow swing, he draws
with his wooden cane: *Our barn was here,*
and the fields beyond were all strawberries
in winter—the ripest and fattest around.

He turns acres to inches, crops into trenches.
His stick taps holes for family dogs, swishes
and scratches for remembered pigs and chickens
penned near the tractor's shaky square.

And this circle—too big and too oval—
is home. Two stories tall, wide porch, flowerbeds.
They'll return him there one day, he swears
as March wind erases it all.

By John Davis Jr.

John Davis Jr. is the author of Hard Inheritance (Five Oaks Press, 2016), Middle Class American Proverb (Negative Capability Press, 2014), and two other collections of poems. His poetry has been published in venues including Nashville Review, The American Journal of Poetry, Barren Magazine, and many, many more. He holds an MFA from the University of Tampa.

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Illustration by Ryan C. Eubank

Ryan Eubank is a VCU School of the Arts alum, a regional Emmy award-winning television producer/director, and a visual artist whose work has been shown at Plaza Art, Urban Artifacts, Art Works, The Camel, The Mix Gallery, on the website, Bohemianizm, and is currently exhibiting at The Visual Art Studio Gallery in downtown Richmond. Prints of his pharmacy and medical-related work can be purchased on Etsy at the UnconditionallyFresh shop.