2008

The Human Touch

University of Colorado Health Sciences Center
The Human Touch
A journal of poetry, prose and pictures

The University of Colorado
Health Sciences Center
Denver/Aurora, Colorado

VOLUME 1, 2008
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Thank you to . . .

- Henry Claman for his constant support, for his enthusiasm, and for all of the time he has spent furthering the education of medical students. Without him, this journal could not have come to fruition.
- Lorraine Adams for her guidance and her kindness. She will be greatly missed following her retirement!
- Jason Miller and Anthony Foianini for being such reliable and invaluable resources (in spite of their busy Third and Fourth Year schedules). And, for all of their work with the Medical Examiner which set the stage for this publication.
- Gail Armstrong, John Freed, and Sandy Hoops for their support as Faculty Advisors.
- Dean and Vice-Chancellor, Richard Krugman for his continued support of the Arts and Humanities on our campus.
- Mark Heckler, University of Colorado Denver Provost and Vice Chancellor of Academic Affairs, for his support of the Arts and Humanities on our campus.
- Denison Memorial Library Director, Jerry Perry for drafting our copyright license, putting up with my surfeit of questions, and always providing excellent advice.
- Lynne Fox, Education Librarian at Denison Memorial Library, for serving as a liaison to the library and advertising the journal on the web.
- Shinjiro Kamaya, Michele Loi, Michael Miller, Alison Montgomery, James Haug, Emily Kauvar, Christina Crumpecker, Alexander Bromfield, Mary Guese, Adrienne Wilson, John Laughlin, Tianna Hicklin, Hannah Townsend, Justine Midgall-Wilson, Brigid Stadinsky, Caitlin Collins, Sruthi Pandipati, Melinda Cushing, Irene Choi, and Krista Hill for doing such a wonderful job editing this journal.
Preface

This, the first volume of THE HUMAN TOUCH, brings together photography, poetry and prose from students, faculty, staff and friends of the University of Colorado’s Health Sciences Center.

It is, in fact, not the first time such a collection has been undertaken. FETISHES was issued for a number of years under the capable guidance and leadership of Dr. Richard Martinez of the Department of Psychiatry. THE MEDICAL EXAMINER, edited by medical students, appeared from time to time, the most recent issue being edited by Anthony Foianini.

THE HUMAN TOUCH continues that tradition, newly dressed up to coincide with the move to the Anschutz Medical Campus and the new Children’s Hospital. It has been sponsored by the Medical Humanities Program of the Center for Bioethics and Humanities.

THE HUMAN TOUCH has been entirely carried forward under the outstanding leadership of Lauren May and her co-editors. Lauren is now finishing her MS II year. How she could find the time and the energy to get THE HUMAN TOUCH out of the starting gate and onto the track is a mystery to me. But we are delighted that she did so!

Henry N. Claman, M.D.
The concept of human, whether or not as self-evident as the pursuit of happiness (1), can be infinitely re-touched, especially concerning the feeling and the delivery of care (2). To inaugurate this current and timely new periodical publication, some linguistic analysis on the notion of touch seemed appropriate.

The noun touch derives from the Latin tactus (3) from which we also have tact (professional etc), tactile, tangible and even contagion and taxes. The verb to touch evokes even more fundamental ideas. The Latin toccare relates to the touching, hence ringing, a bell. That brings us to the significant distinction in modern Spanish between playing – jugar – a game and playing – tocar, to touch – a musical instrument. Why two words? Evidently because playing music implies a response, hopefully harmonious, not harmful! So is human touch, where one’s action anticipates a response and perhaps similarly an audience.

Divine touch came first. The Olympian god, Zeus, touched the runaway Io, a priestess or a nymph (disguised by him as a heifer and endlessly pursued by the gadfly oestrus or estrus – think of estrogens – sent by the jealous wife of Zeus, the goddess Hera) and so begat Epaphus, the “Touch-born”, ancestor of the mainland Greeks. From the Biblical need to touch in order to verify reported miracles, a millennial leap carries us to the incessant advice in consumer-oriented promotions, to
“contact your doctor”. One could only wish that busy physi­cians might not be as “out-of-touch” as so many patients com­plain. Are special courses in medical ethics needed to prompt health care practitioners to answer the telephone?

A final observation pertains to the potential benefits of an empathetic, loving “human touch”. Plato in one of his dia­logues, the Symposium, has one of the participants declare that Love – Eros – is the primary Healer and only the touch of this god makes a person illuminated, hopeful and blissfully touch­able (193D)

References
Upon describing the third year clinical rotations to my non-medical friends and relatives, I often get a similar response, “Wow! Do you love it?” This question never fails to stump me. Instantaneously, images, sounds, smells, and noises spill out of my memory. Simultaneously, emotions arise: energy, excitement and satisfaction collide sharply with insecurity, uncertainty, resentment and fatigue. It is only fractions of a second; I smile and say, “I’m getting through,” diverting the question like a clever medical student on rounds, buying time to come up with the most eloquent way of characterizing my experience.

Do I love it? Do I love what? Are we referring to medical school in general, third year rotations, surviving the lecture frenzy of the first two years, passing step 1? Are we speaking about the accomplishments, the elations, and the discoveries experienced in my clerkships? Are we referring to the clash of priorities which often results in small sacrifices like hobbies, sleeping, or friends and family? Or are we simply speaking about being a physician in the field of medicine? Most likely the latter; I mean, the initial question is innocent, and this year, as I describe it to a complete medical outsider sounds like the first taste of the rest of my life.

Do I love it? Do I love that, which I am doing? That which like the humid, cold of the Midwest slowly penetrates under your jackets and layers, and into your bones until it is inside of you and nothing, not even showers, warm blankets, and tea can get out. It is a profession, and I, diving ever deeper into this profession, begin to eat, sleep and breathe medicine.
I am so drowsy with my medical quest that I begin to float through the other aspects of my life as though I am an observer, as though I am not actually present. Yet, I am barely present even in my medical life. Countless times I have found myself, outside myself, watching myself, as I am the physician. “Follow my finger with your eyes, please, but try not to move your head,” I say to the elderly woman in clinic as I concentrate into her cloudy eyes. I do not recognize myself. But then again, my laugh is barely my laugh when I am at the Thanksgiving table the next day.

Do I love it? I love the return clinic patient who exclaims when I walk into the room, “Oh, it is you! I was so hoping it was going to be you again!” I love the family who stops me in the hallway to say, “Thank you for all of your help and concern, you will be amazing!” I love the demented, little-old-lady in the ICU who every morning innocently exclaims, “Hello! You are so beautiful, what is your name?” I love the sterile serenity of the OR and the knot in my throat that forms when anatomy comes to life. I love a row of neat, even sutures under the watchful eyes of a nervous patient. I love the lub-swish-dub of a heart murmur and turning to my superior to explain my discovery. I love the excitement of laboratory tests suddenly becoming text-book perfect and when the right answer seems to fall out of my mouth. I love the feeling of driving home, absolutely content, proud of myself and euphoric with the day’s experiences.

Do I love it? Sometimes I do not know. I wrestle with the dark, cold mornings and the late nights of reading after the day has drained my energy. I frustrate at my inability to store enough information or to retrieve it at precisely the right moment. I harbor jealousy at my classmates who appear to seamlessly achieve, and stifle resentment towards non-medicals who have copious hours to balance work, pleasure and activities of daily life. I am often confused. I often doubt myself and often doubt my pursuit. I am often full of fear; fear of responsibility, fear of patients and their predicaments, fear of failure. I often do not believe my eyes at mangled bodies, the scourge of illness, and the decimation of dignity. I often experience a
tug-of-war when I seek to make sense of my reality. It is 4 am
and I am doing chest-compressions on a 26 year-old drunk-
driver with a flail chest, splintered arms and legs, and copious
internal wounds. Donor blood is being pumped into her veins.
With every compression I make, that precious blood exits onto
the bed and is soaking into my scrubs, as I am too short and
must kneel beside her. With every compression I feel the creaki­
ness of her broken ribs and clench my teeth anxiously awaiting
her death to be declared. My sympathetic nervous system is on
overdrive and I am exhilarated, but simultaneously, my con­
sciousness is deep in prayer and I am repulsed. Minutes later
my life continues on as before. Do I have multiple personalities,
I wonder? Where do I, as I understand myself, fit into this med­
ical equation?

Do I love it? I am back in Iowa again, driving home on
the two-lane highway heading out to my house. It is pitch dark
as I drive through the corn and soybean fields and the night is
damp and foggy. The highway is straight but rises and falls
along steep hills. The fog settles into the bottom of the hills and
breaks at the tops. I drive down into a layer of haziness and
instant uncertainty. My stomach drops, I breathe in sharply.
Then I am rising again out of the fog, and am at the crest of
the hill. I can see stars in the clear, night sky. I relax, exhale,
and marvel at my surroundings. Then, just as fast as the fog
disappears, so too the enchantment fades, and I am racing back
down again into ambiguity. So has been my third year, so has
been my medical quest thus far.

Flashback to the curious, well-meaning questioner: “Wow,
do you love it?” “Yes,” I say, “some days more than others. I
am still trying to make sense of it all.” “Do you regret your
choice?” They then ask. I respond quickly, “Not at all, but,
nonetheless, I am still struggling to keep a hold on me.”
Dear Third Year Medical Students

Henry Claman

“I hate you!”
You tell me that these were the first words spoken to you by your very first patient on your new rotation, and that it was downhill from there. You tell me how you felt about the severed body on the autopsy table who was your living patient just yesterday.

Then you said that, in spite of it all, among the frustrations and the pimping and the tests, you are starting to learn how to be a doctor.

Yes, I am reading your “reflective writing” assignments from your third year medical clerkships on Medicine. For me, it is the most fascinating hour or two in the month. I have read all 378 efforts contributed since the practice began. As these are coded, I don’t know who you are – just your number.

I am amazed.
(Still, my inner and unrealized English teacher persona cannot help but have a comment or two, such as; “Number 283, you ought to pay more attention to your spelling!”)

You write about your experience with a given patient, which is what we want to know. There is a great variety in the papers because of the various venues you visit – university and community hospitals, private offices, the VA system, area clinics and hospices.

I read of your surprise at the man with multiple myeloma who is losing his muscular power but developing his inner strength instead. I understand your frustrations – not knowing enough medicine, not being able to cure the metastatic cancer,
not finding any diagnosis at all. As a born "fixer", you are learning about what can be fixed and what can't, such as Mr. X's many problems — mostly psychosocial, and not fixable — at least now.

Your patients are teaching you the meaning of courage, and you are grateful. You are touched by Mrs. W's sadness at her prognosis and you are angered by that young man who refuses to take his medications.

(You sometimes complain about the impersonality of "the system" yet you frequently refer to "the patient" who has this or that. Doesn't "the patient" have a name — a personal one? Why not use it, or — deferring to HIPAA — a pseudonym?)

Many of the patients you write about are dying, some slower, some faster, and it is not surprising that you choose to write about them so often. You can't forget how scared you were about giving bad news — or the worst news — but you learned to do it. And you mourn your losses. You wonder if you will ever get used to taking care of the dying; sometimes you wonder if you want to get used to it.

Many of your contributions have no title. (I am not sure why this is; a good title can often enhance the text.) Most are in narrative prose. (This is good. Haiku are much more difficult than you think. I also suggest that unless you are experienced, your poetry is likely to be more effective when not in rhyme.) A very few of you have taken the challenge of putting the words into the patient's mouth — empathy is a noble feeling.

I am impressed by your strength and your humanity, which are two of the sources of your frustrations. And you are not sure. "Did we do the right thing?" Realize that you will be asking that question for years to come. Get used to it.

Now, looking ahead, I wonder:

Which one of you will be my doctor?
What will you think of me — and vice versa?
What will we say to each other?
Will you refer to me as "the patient" in your presentation?
Will we discuss the diagnosis, the treatment, the prognosis?
The DNR?
Will we talk about my family, or yours, or
Beethoven, or T and B lymphocytes, or
Rembrandt?
Who will be more scared – you or I?
Can I still be your teacher?

Will you try a piece of reflective writing when it is all over?

“Hold on,” Tina’s mother says. She takes her right hand from the motorboat’s steering wheel and points. “You see that sign? After that we can go.”

Tina and her boyfriend Steven tighten their grips on the metal frame of the boat’s windshield. In front of one of the pastel stuccoed hotels that flank the channel, Tina sees a wooden board jutting out of the water on two poles. She squints trying to read it, but in the glare of the sun all she can make out is a large red circle on a white background. After the sign, the channel widens before narrowing again under another bridge. “What does it say?” she asks.

“It ends the No Wake Zone.” Tina’s mother looks over her shoulder. “You have to keep an eye out for the cops.” She edges the throttle a tad forward. The boat’s engine revs faster.
Tina looks over her shoulder: A house boat lumbers in the distance; the sky over Miami has darkened. They are heading north towards Ft. Lauderdale.

"Are you ready?" Tina's mother asks.
Tina nods.
"Steven?"
"Okay," he says. "Let's go."
"Here, Tina look, you have to trim the engine at the same time." Tina watches as her mother pushes the throttle forward, using her thumb to adjust a small lever on the throttle's handle. The boat's bow raises as the speedometer inches up: 15, 20, 30, 35, 40, 45. Her mother grips the steering wheel firmly. The three of them lean into the wind, bending at the knees to cushion the bounce of the boat over the waves.

"I love this," Tina's mother says loudly. "The water, the sun, the wind."

Tina watches her mother staring forward, her short blond hair pushed back by the wind, alive and in control. She can see the release in her mother's face as her jaw slackens and her mouth opens slightly. She picture the wind rushing into her mother's lungs. Her mother breathes deeply as if trying to catch as much air as possible; as if she could store air like a squirrel stores nuts in its cheeks; as if the wind could help her.

Seeing her mother handling the boat, Tina wonders how serious it can really be. The only reason Steven and her have flown down is to cheer her mother up after the week's bad test results. All her mother's phone calls with talk of experimental lung reductions, risky lung transplants, diminishing lung capacity, suffocation, death: Then the fear in her eyes that morning when she had picked them up at the airport.

I want to live.

And now here is her mother standing in the sun, sprayed by the ocean's mist, strong hands steering. Tina is tempted to disregard the fear still clouding her mother's eyes and to be angry that her mother has alarmed her again. But Tina's sister, a doctor, had told her: It's bad. And she had used a tone she never uses when talking of their mother's frequent ailments.

It's bad.
Tina's mother begins to lower the throttle, trimming the engine down. She points to another sign on the right: This time there is a line crossing the circle. The engine quiets to a putter. They all loosen their grips. "So what do you think?" she asks.

"I thought it'd be loud and obnoxious." Tina had never been in a motorboat before; just sailboats, rowboats, kayaks, canoes.

"Oh, who are you kidding? You love anything that goes fast. You're just like your mother," Steven interrupts.

Tina and her mother look at each other: It's true.

"Well, how about a piña colada?" her mother asks.

"There's a place after the bridge."

Tina and Steven look up at the cars overhead on I-95 and listen to the creaking of the metal under speeding tires. After the bridge, the channel opens to the left; to the right, wooden docks and restaurants edge the water.

"There's Giorgio's, Billy's, Joe's," Tina's mother says, pointing. One is more weatherworn than the other: unpretentious, comfortable, inviting. They chuckle as they pass the Lucky Boy Motel. They decide on Sally's, an aqua blue shack with a thatched awning over a wooden deck.

"It's not that easy to park with all the currents," Tina's mother says as she skillfully steers the boat, easing it in.

They tie the boat to the dock; the sound of Simon and Garfunkle singing "Homeward Bound" makes them look up. A one-man fishing boat is motoring by. Its balding captain stands under a striped canopy singing along with his radio. A little American flag attached to the stern gently flaps behind him. He continues to sing as he waves; Tina, her mother, and Steven wave back. Once he passes, they see the name of his boat: Moby Dink. Laughing, they sit down at one of the picnic tables in the sun. They watch Moby Dink turn off to the right, his song fading. Looking south towards Miami, they see the storm clouds approaching.

"No problem," Tina's mother says. "We'll just sit and have a few drinks while it passes."

They order three piña coladas, some Cajun shrimp, and a bowl of steamers. As they talk, the gentle water breezes gather
into a wind. A kayaker, who they assume is trying to outrun the storm, paddles by the restaurant but then turns facing south and drifts in the water just beyond the shack’s dock. He is wearing a red poncho. All they can see of his face is a brown beard. They sip their drinks wondering what he will do. It begins to drizzle, and they move under the thatched awning just before the drizzle turns into a humid sunless downpour. Tina and her mother are facing the water and see the kayak flip; Steven turns; Tina and her mother hold their drinks still; the waitress, about to put the food on the table, stares. Should they do something? The kayak rolls back up popping the red dripping poncho out of the water. They all sigh. The waitress puts the food on the table. The kayak flips again; he is submerged longer this time; Tina and her mother lean forward as if to get up.

“This really makes me nervous,” Tina’s mother says.

Then the red poncho bobs up again. They see the man’s mouth open and gasp for air. He smiles before flipping again. They now know he is playing a game, but it still makes them nervous. What if they don’t do anything, and he doesn’t come back up? What if they wait too long? Tina and her mother try not to look as the red poncho disappears in the water yet again. They angle their chairs towards each other; they focus on each other, but the overturned kayak stays in the corner of their eyes. They know it is there even though they talk and they laugh.

*I want to live.*

*It’s bad.*

Tina and her mother continue to talk and laugh anyway. Again the kayaker gasps for air before flipping; they gasp for time. It does not bother them that the rainstorm has settled over the channel. All the better. They order another round. They are not in a rush.
"Just got out of jail"
"Why?" "Murdered a man". I gasped.
"He raped my daughter."

Goodbye, Joe, time's come.
No more tubes, off with the vent.
Breath easy at last.
On Diagnosis 1

Audrey Yee

Choke, drool, thenar twitch
"We think you have ALS"
Wails shattering air.

Last Train Gone, Madrid, New Mexico, Daniel Teitelbaum
Amy started missing our nightly meetings in late July. First she was just late, “fashionably late,” as she would say, crashing into my impatient arms, out of breath. It made sense to me, at first, and I never stopped to think why the climb up to the tree house didn’t leave me panting for the next ten minutes (hadn’t she always been a little out of shape?). By the time she didn’t show up one night at all, I’d made up my mind that she hated me, that some burly boy up the street had finally given her everything I couldn’t (cigarettes, for one). She was waiting for me the next night though, apologizing before I could even act surprised.

When you’re young, and in love, you tend to see only the best in the world. From the time Amy and I started “dating,” I was literally skipping through every day, mowing down fields of weeds with a grin wider than my stride. The drudgery that had tugged me, barely conscious, through another teenage summer of sweat and haze, was instantly gone. My parents, stunned at the change, remarked that they’d never seen me healthier (I took it to mean that they were happy that I was actually wearing pants, and not sleeping until noon). I don’t mean to say that everything I touched turned to roses, or that a fatherly son winked down on me, or that birds flitted about on my shoulder and whispered their secrets to me. Not quite – but damned close.

So forgive me if I was too busy congratulating myself on living every 14-year-old American boy’s dream to notice that the girl I was sharing it with was growing steadily weaker. To me, every time I saw her she was more beautiful than the last – more alive, more real, more wholly mine. It was as if she’d
stepped off some poster, or movie, and into a reality that I couldn’t believe I’d actually earned. She was a goddess, a vision, a celestial body that had somehow mistakenly found her way down to my earth, my life — and I never wanted to let her go.

One night she called up from below the tree house, asking me to come down. She’d been doing that a lot lately, and I’d have to say that it was beginning to piss me off. In the tree house we pretend we were home, letting inflated visions of our burgeoning maturity guide frantic hands in fulfilling (at least partially) adolescent fantasies. On the ground it was different. We were alone, the two of us, exposed to a world that saw us for what we were – two kids who didn’t know that teenage love was as permanent as last year’s jeans.

I dropped to the ground that night, annoyed, and met her with something droll.

“So, the ol’ game leg’s keeping us on the ground again tonight, huh? I’m surprised that you could maneuver the walker through the brush around here.”

Laughter from Amy, more than a little strained.

“Sorry, Ian. I have to keep off this thing, or it’s never going to heal.”

This conversation had been played out, almost verbatim, ever since Amy had slid too hard into second base during a slow-pitch softball game, spraining her left ankle. The injury had happened in early June; it was now late August. Amy hadn’t played softball since; and, if I’d thought hard about it, I would have realized that she’d stopped limping a week after the incident happened. But hey, I was probably too busy idealizing her to notice something as silly as a limp. Or pale skin. Or sunken eyes. Or why she’d taken to wearing an old Washington Senators hat that was entirely too big for her head.

“When are you going to let me get you a real hat, Amy?” I recall asking that night, trying to cover my disappointment at our being grounded. “The Senators don’t even exist anymore. It’s like wearing a hat that shows the sun revolving around the earth.”

“Now that would make an awesome hat,” she said.

“Maybe they could have an icon of Galileo burning at the stake on the back – as a reminder not to get to full of yourself.”
She was a funny girl. Again, if I'd been anything less than a smitten kitten, I probably would have picked up on the fact that her jokes had become as rare as, well, novel theories on astrophysics. But there we are again, assuming that a 14-year-old in the throws of puppy love can see anywhere past his own ego. Every day was roses, remember. The birds, they were hanging out on my shoulders.

"Ian," she said, after we'd been sitting on the damp grass for 20-30 minutes. "We need to talk about something."

Oh boy, I thought. Here it is— the part where she tells me about how she's starting high school in the fall and she's going to be too busy to hang out with somebody who doesn't have a car, or a moustache, or pees that can do a little dance.

"Right," I said, gulping down the last bit of pride I had, fully preparing myself to grovel at her feet if need be. I wouldn't let my vision go that easily.

"No," she said, "It's not that."

"Okay, than what is it?"

"Well," she started, twirling an errant blade of grass between fingers. "I wanted to talk to you about why I haven't come up to the treehouse lately— why I'm always so tired."

"Oh." Too late to cover the surprise in my voice.

"I'm kind of sick," she said, watching me carefully. "And I've been taking medicine that's made me really tired."

All I remember at that point is babbling out some nonsense about her leg, and how it was so shitty that the second basemen hadn't gotten out of the way of her slide. I was 2-3 minutes into a scathing indictment of the state of orthopedic medicine in this day and age (I'm surprised, actually, that I knew enough as a 14-year-old to say anything about medicine) when she stopped me cold.

"It's not my leg, Ian. That thing was fine two weeks after it happened."

Then things finally clicked. I looked at Amy, her features framed by an August moon, and I began to really see her. I saw the strain in her eyes, the tight lines that struggled to meet across her glistening forehead. I saw the makeup— the first I'd noticed it— thick and cracking, poured on to fill the gaps that pain had dug
out of her. I saw the tears—a lifetime’s worth of them—
stauched just under the surface, waiting for me to say good-
night, every night. And when she took off that tattered sport’s
cap a second later, I finally saw her hair, thin, lifeless, and
almost gone.

Of course, I didn’t know what any of this meant. Two
minutes earlier, I had thought that there was something the
matter with me. Now, reeling, I struggled to understand how
and why everything had gone so suddenly and terribly wrong.
Shock and horror must have crawled its way onto my face.

“It’s not that bad,” she said, making me suddenly and
painfully aware of the look that I must have been giving her. I
was instantly ashamed.

“No,” I stammered, “You look great...to me. I was just
thinking about how I hadn’t noticed that you were looking
so... so...tired.”

She continued pulling at the grass, her eyes skirting every-
where but near my own. No tears, though, nothing for me to
grab on to, nothing that I could possibly fix.

She told me everything after that—the details of her ill-
ness, the cures that she’d been promised, the unspeakable hor-
rors that she’d seen. She talked about her dreams, her hopes,
and how saturated they’d become with the spectre of more
suffering. She told me how she couldn’t bear to look at her par-
ents, how often they looked at her with a mix of pity and fear.

Through it all, I just listened. I heard her lament with frus-
tration a youth that had been stolen from her, heard her flailing
and beating every night against the wild evil thing that was
growing insider her. I felt her promising, pleading, praying—
and finally cursing whatever God had let such a thing happen.

When it was over, she seemed deflated, smaller—almost as
if whatever she’d cast out had left behind a shell of itself. She
rolled onto her back, taking a long, hard look at the moon and
the stars. I knew she was thinking about them, about where
that place is if it’s not in the heavens.

“I want you to know something,” she said, finally, squee-
ing my hand. “The only time in the last 2 months that I haven’t
felt sick—it was with you.”
I didn't know what to say. I still don't. I just sat there, my arm around her thinning frame, gently rocking her back and forth. I nodded when she smiled, cried when she cried, and laughed enough to keep us both warm – knowing, all the while, that our night was almost over.

**Paradise Lost**

*Meredith Bannon*

I was hesitant to take off my flip-flops as I stood on the littered shoreline. A smattering of bottle caps and rusted cans dotted the narrow beach that stretched along the shoulder of the road. Small currents lapped on the edge of the sand where an abandoned t-shirt swayed in the murky shallows. Looking out, the wide hallway of water was held in by cement shores on either side. The marine body was in the shape of a rectangle, perfectly symmetrical on either side. To the right, a uniform group of waterfront properties defaced the tropical landscape. The pastel walls rose high from gardened yards, with white rooftops that were blinding in the midday sun. The stately landscaping managed to arrange the most luscious vegetation into straight lines. Palm trees formed corridors between perfectly flat sections of sod. There was no evidence of human life, no sun bathing residents or dogs romping in the yards. The homes stood like dimensionless shells from a TV-set neighborhood.

On the opposite shore, a sprawling mall tarnished the skyline, with a solid network of buildings. The gray brick walls
were monotonous in color, interrupted by bright neon signs that advertised specific stores. In the middle of the wide strip of water sat an island. A small oasis, five hundred feet away, it was round with white sand edges. The center had a thick bramble of crippled trees, with wide leaves and several birds just visible in the tops. A large sandy horn spun off the main body of the island jutting out in a graceful arc.

Had it not been for my irrational heart, I would have never waded out to the island. In fact, I would never have gone to Florida at all. But love has a way of leading us to these places; so I waded onwards following my adventurous darling, through the thick ooze that rose between my toes. A pervasive sense of doom seeped into me. The dark-brown hue of the water made my feet and legs disappear beneath the surface. Slowly, I dipped my shoulders under as the floor beneath me lowered and slanted off to some unknown depth. Using my arms and feet in unison, I paddled as close to the surface as possible, with my head held up high, retriever-style. As I approached the sandy horn, the water lightened to the point of transparency. Within moments of crawling up the bank of the horn, I was dry from the soothing heat of the sun.

We felt like castaways, exploring the vacant island as if we were the first to ever see it. We discovered nature, despite the muffled sound of traffic from the shore. While venturing into the craggy glen, I scared up a group of thirty or-so-birds. Large black crows, and some speckled sea gulls rose from their roosts and circled above the island. They crowded the sky above in a flurry of circular patterns, cawing angrily. I covered my head with my hands, running over the root-covered ground as fast as my bare feet would allow. My tract of paradise suddenly contained the bedlam of a Hitchcock movie. As I headed for the safety of the beach, fleeing like a horrified damsel, I heard a great swooping sound behind me. Turning, I watched as the birds returned to their places. Their wings folded slowly at their sides as their caws quieted. The number of them was terrifying. They crowded the craggy bows of the trees, dotted the
bark with layers of white dung. Not a single bird flew outwards over the water, or dared to settle on the man-made shoreline. I escaped to the refuge of the beach unscathed and wholly disheartened. It was then when I realized that the birds had nowhere else to go.

Post 9-11 Nighttime Flight

Meredith Bannon

Fear humming in my ears,
Vibrating the cold insoles of my shoes,
The lights beneath me appear,
A flickering sheen of nighttime views.

The quivering gleam below me bright,
With space between where blackness pools,
And only a few trails of light,
Connecting the ornate cluster of jewels.

I am a passenger turned dare-devil,
The captive crowd of strangers seated around me,
No wonder for weightless ascension revels,
As I pretend fear has never found me.

But we are all too much alike here in flight,
The view has lost its mysterious allure,
Only morbid mortal thoughts ignite,
And no one sees the cities sparkle anymore.
Honeysuckle

Van Cranston

They say that the olfactory is the strongest of the associative senses, simple and silent but searing to the mind; Any pregnant woman attests to that.

Perhaps that is why every time I stumble on the scent of honeysuckle, I drift away on odiferous clouds of childhood remembrance to northern Carolina’s sandy shores, where great grandma’s honeysuckle bushes mingle with fishy-fresh salt air and the dead shark that washed on shore.

Onward I waft to redolent remembrances of the gazebo—post hurricane. Gnarled, torn tree limbs grasping sun-wearied white arches housed seagull survivors of the recent tempest. Couched in this now abandoned home three eggs delicately lie having rotted from within since their parent’s departure—long since forgotten. Small fingers cradled the decaying lives with youthful gentility, but as is wont with many ruined lives all erupted in a nauseating spatter of rotten egg on a little boy’s face.

A deep breath of spring breeze awakens me to my Sunday stroll, realizing the time it has been since I remembered great grandma’s.
Leaving and forgetting are
too often unconscionably synonymous.
And that is why "everyone should smell the lilacs before they leave."

So as you leave this year turn into last,
becoming part of the conglomeration called your past,
Don’t bereave that time has passed, and
don’t forget to smell the lilacs.

Professional

*Laura Hays*

The nurse
  Beginning was milieu
Then rigid steel boxes to contain
  Information

Through turmoil
  A foundational pillar grew
Into instruments of hands
  Holding the bowl
   Of Humanity
A husband is leaving his house, as he does every morning, brown briefcase in hand, brown-suited shoulders slouched, brown-shod feet shuffling, when his wife says, “On your way home, don’t forget to pick up the soap.” The husband, thinking nothing in particular, his morning worries in mind, is it raining? will the car start? will traffic be bad? what will be for lunch? will the day pass fast?, does not exactly hear what the wife says, but not wanting to ask, replies, “Of course dear,” gives her her kiss—now a mere brush of the air on the side of her face—and leaves thinking she had said, “Hope.”

The day passes; the husband is driving home, it didn’t rain, the car started, the traffic was the same, egg salad lunch, the day dragged, when he remembers the wife. “Damn, I forgot to pick up the Hope,” he grumbles and makes a U-turn, accelerating towards the A&P. It must be some kind of detergent.

He parks the car. Once inside he asks a red-aproned pimply-faced boy, “Which aisle is Hope in?”

“Nothing called Hope here.”

“Are you sure you don’t have anything called Hope?”

“Sir, I’m sure. There’s no Hope at A&P.” The red boy rolls his eyes.

The husband gets back in his car. Where to? He starts the car. I know. Sam’s Discount Wholesale Club. He speeds off. Perhaps Hope Non-Drowsy Antihistamine Allergy Relief, Hope Fat-Free Fried Potato Chips, Hope Angel-Soft—whatever the hell Angel-Soft means—Quilted Triple-Layered Toilet Tissue. Whatever it is, Sam’s is sure to have some Hope. Cases of it.

He parks the car. Once inside he asks an orange-aproned pink-haired girl, “Where do I find Hope?”

“Try aisle seventy-seven.” Her sparkly-tipped fingers point the way.

Out of breath he reaches aisle seventy-seven. He turns the corner and sneezes; his eyelids flutter from the fluorescent glow; it takes him a few seconds to make out the shapely bottles littered across the counter. Of course, Hope perfume, I should have known. That must be what she uses these days. He picks up bottles, reading each label: Desire, Anticipation, Utopia, Pollyanna, Daydream, Silver Lining.

He motions to the purple-aproned thick-lashed lady behind the counter. “Do you have Hope?”

“Sorry sir, I’ve never heard of Hope. Eau de toilette or perfume.”

On the way out he passes the candy aisle. Perhaps? A pig-tailed tie-dyed-shirted girl stands eyeing the jujubes. “Hey, do you know if they have any Hope candy here?”

She looks at him and giggles. “Don’t be silly. Hope isn’t a candy bar. Hope is...”
A spandex-clad mother grabs the girl’s arm. “Hey, what are you doing. Get away from her. You should be ashamed of yourself.” She drags the tie-dyed girl away.

The husband gets back in his car and drives home. He parks in the garage, enters his house, brown briefcase in hand, brown-suited shoulders slouched, brown-shod feet shuffling.

“Honey, I wanted to ask you...”

“Did you get the soap?”

“You wanted soap?”

“Of course, what did you think?”

“I thought you said Hope.”

“What do you mean hope. Can’t you ever get anything right? Can’t you...”

“Honey, I actually went to A&P and Sam’s and tried to buy hope.”

“You did what? You tried to buy hope?” She is smirking now. “At Sam’s and the A&P,” she stammers, as laughter overcomes her, and then him.

Their laughter continues as the husband recounts his search for hope: the red boy, the sparkly girl, the purple lady, the tie-dyed child, the spandex mother. Once he finishes his tale, the husband asks, “Do you know how long it’s been since we’ve laughed?”

The wife kisses him. “You really are quite hopeless.”

They look at each other, wipe their tears, and then, hugging, break into laughter once more.
A Wilted Implosion

Gail Waldstein

time hangs for her
like the weight
of an old man’s balls
almost completely severed
weight once majestic
now a sin in her palm

as separate as her body
sturdy voluptuous secure
years of promise loosened
dangles rheumy
the strum of beer gone flat

everything twilight
littered with release
lavender after orgasm

she dreams her pen purpling pages
writing down the days
the morphine mounts she stays in bed
once the site of so much pleasure

A Wilted Implosion — honorable mention Pablo Neruda Prize for Poetry; published Nimrod 1996 re-publication Slipstream, spring 2000
each wish becomes distant as the bathroom
at the end of the hall
she no longer negotiates
stuffed as she is
with the paraphernalia of dying

it spread during pregnancy they said
*wildfire*
crimson word yellow edges orange heart
tongues of heat to her bones: a blue abyss
but the pain is char
a cinder in her heart
all those cells gone mad
to her marrow
one breast removed
nodes
then the other might have suckled
she watches her body
dismantle

Be brave, I say, do not move, I'm sorry to hurt you.

She’s limp tiny too quiet
the ER’s aflame of activity and there’s
no nurse’s note
the young mother weeps wrings her hands
the knot of her curls over her child
in the curtained space

ER Euphemism — honorable mention Explorations 2000; re-publication Times of Sorrow, Times of Grace (anthology) 2002
I cup my hand under the child's head
the size of a small cantaloupe  the same
woody skin pliable doughy interior
it's hard to remove the tangle of her
from her mother's limbs

*It's dark, Mommy.*
  *Mommy, where are you?*

touch the occipital curve and the child's face shutters
a wrinkled map
pain fear compliance
there is a strong family resemblance
the lift of the eyes  the set of the mouths
only the child is so much thinner
  her cheeks mold in
she asks again for light

the nurse appears now  sterile gauze to the wound
under pressure  something congeals on the scalp
something knots behind my eyes
*Suspect NAT* the nurse whispers medical code and
conspiracy  non accidental trauma

I strap her to the gurney
swab her elbow hollow
fresh alcohol careens through
Saturday night's arena

the IV runs in  a lullaby leaks
from my lips  and I tell her
*What*
*what can I possibly say*
What to Do About Mom

John Neal

Mom lay comatose on the hospital bed — head tilted back on the pillow, eyes closed, mouth open, nose pointed at the ceiling. Only her chest moved, slightly, when she took a shallow breath. In fact, it seemed as though each tentative breath might be her last.

Her skinny arms were bruised from puncture wounds, where nurses had tried to find veins that wouldn’t collapse. A successfully placed needle had, finally, been taped to the back of her wrist, with the plastic tubing connected to a saline drip. Another tube, a catheter, ran from under the sheet to a urine collection bag hanging on the bed rail. And yet another, oxygen, circled her ears and looped under her nose, with two little prongs pointing up into her nostrils.

Poor Mom. Her hair was frizzed and matted, her lips were chapped, her liver-spotted skin greenish in the florescent light. If she could have seen herself, she would have been appalled at her appearance. She’d always been a beautiful woman, even as she aged. With a sigh, I picked up the sponge-cube-on-a-stick thingee and dabbed at her dry, cracked lips.

“If I ever get like that, just shoot me,” said my brother. Logan was a no-nonsense rancher with rugged features, a workman’s tan and a faint aroma of manure.

My sister frowned. Sheila didn’t like Logan’s forthright approach to life, what she considered ‘brutal.’ Sheila much preferred that everything be nice and pleasant, genteel and polite. She didn’t watch the TV news for that very reason.

Just then the doctor came in, followed closely by the Hospice nurse, Dale. I liked Dale, despite his tendency to
preach a bit. I’d heard he took a 50% cut in pay to work for Hospice. I admired his commitment and his obvious caring.

Dr. Harkins flipped through Mom’s chart. “Vitals look fine,” he mumbled, as though to himself. He often seemed distracted to me. But then he’d nail you with a piercing stare, all focused and intense. It was like a light switch had been flipped.

“So,” said Logan, “how long’s she got?”

“Hard to tell. She could hang on for days or weeks or ...” He drifted off, nebulous. “These cases are, um, tough to predict.” Abruptly he bent over and thumbed one of Mom’s eyelids back. He seemed to be looking inside to see if anyone was home.

“I’m sure it’s just temporary,” Sheila asserted. “She could come out of it any time, right? Isn’t that what you said?”

“No telling,” Dr. Harkins muttered. Then he straightened up and looked around at the three of us siblings with that unsettling intensity. “But I’d prepare for the worst, if I were you. The likelihood of recovery is virtually nil.”

Sheila sucked in a sudden gasp. Not what she wanted to hear. And it certainly wasn’t sugar-coated.

Dale stepped over and put his arm around her shoulders for a few moments.

“So all this,” said Logan, waving around at the monitors and the IV stand and the stomach feeding tube apparatus and the other medical paraphernalia, “is just a big waste?”

Sheila flared. “It is not a waste! She’s our mother!”

“Look,” said Logan. “There’s lots of other people who could use this medical stuff. People who could benefit.”

“Mom can benefit.”

Logan rolled his eyes. “All I’m sayin’ is, at three grand a day, what’s the point?”

“Money doesn’t matter,” Sheila said. “Don’t you care?”

Her lower lip started to tremble. I sensed another round of sobbing coming on.

Logan looked annoyed. “Of course I care. But why blow her life savings just to prolong her suffering? What good’s it doing her? Money may not matter to you, but I sure as hell could use some.”
Sheila’s eyes slitted. “You greedy bastard. You want her dead so you can—”

“Uh,” interrupted Dr. Harkins, “I’ve got to continue my rounds.” He gave Dale a laser look that said ‘take over’ and hustled out of the room.

But before Dale could open his mouth, Logan blasted, “She’s already dead! Don’t you get it? She’s gone. All that’s left is this . . . this body. This mechanism. Why keep it going?”

“She is not a mechanism. She’s my mother.” Sheila turned to me, beseeching. “She’s not dead. Tell him. Tell him she’s not dead.”

Caught in the crossfire, as usual, I was the middle child, the mediator. All my life I’d been the buffer between my older sister and my younger brother. “Well,” I equivocated, “technically she’s not dead – there’s still some brain activity – but I can see Logan’s point of view as well.” I was good at equivocating. “What do you think, Dale?” I was good at passing the buck, too.

Again, Dale didn’t have a chance to open his mouth. “You see?” Sheila crowed to Logan. “She’s not dead. There’s brain activity.”

“Not much,” growled Logan. I could tell he was getting pissed off. He had that dangerous glint in his eyes.

Finally Dale said something. “There’s more to life and death than, um, chemical and electrical and biological processes. Perhaps there’s a reason your mother’s spirit hasn’t left yet. We just don’t see the Big Picture.” You could practically hear the capital letters.

Sheila was riveted. She respected Dale and hung on his every word.

To Logan, philosophy was all bull crap. What counted was what was real. “Looks to me like her spirit’s been gone for days. I say, give her some extra morphine and get it over with.”

Sheila was horrified. “You’d murder her?”

“It ain’t murder. It’s – what do they call it – ‘assisted suicide.’ It’d be a mercy killing. Like puttin’ down an old dog that’s sick and sufferin’. Shoot, I’ve put down lots of animals in my time.”
“Mom’s not an animal.”
Logan sighed. “Sure she is. We’re all animals. We eat, we—”
“You’re so gross. You may be an animal, but the rest of us are spiritual beings.” Sheila peered down her nose at him smugly, proud of her witty come-back. Logan looked like he wanted to haul off and smack her up side the head. I figured I’d better step in. “The point is, is Mom suffering? Would she be better off, um, letting go and, you know, going to the light? Joining Dad and her folks and everybody? Or is there, like Dale said, a reason she’s hanging on?”
Everyone was quiet for a moment. Logan shook his head and stared down at the floor. He’d obviously decided to let me try to placate Sheila, as I’d done so many times before.
Finally Sheila said in a small voice, “Maybe she’s scared.” It was her own fear of death coming out, it seemed to me.
“Maybe she is,” I said, taking her hand. “But she doesn’t have to be afraid. Right, Dale?”
“Right. She’d be going Home. Safe and warm and free. God’s love is all-embracing.”
I knew I could count on his inner preacher to step up to the plate. “Going home,” I echoed in my mellowest voice, trying to underscore the tone of safety and love, trying to make death sound like a good thing, a desirable thing. Maybe it was – who knows?
Sheila sniffled – a good sign. I wanted to help her grieve instead of clinging so desperately to the empty hope that Mom would suddenly sit up and say ‘good morning.’
As though everything were now settled, Logan said to Dale, “So, you gonna give her some extra morphine or what?” Sheila gagged and her knees buckled. I steadied her with an arm around her waist.
Dale cleared his throat. “I’m afraid I can’t do that.”
“Why not? It ain’t legal?”
“Legally it’s a gray area. There are some court cases, but . . . Basically, I can’t do it on moral grounds. It’s not my decision to make. It’s God’s.”
“Oh.” Logan looked deep into my eyes. He might as well have said it out loud, that if it were his decision, there’d be no hesitation. Then he glanced at Sheila. “So, legally, what if the three of us came to a decision unanimously to, um, give you – or some other nurse – the okay to, uh, go ahead and give her an out, could you—”

“What?!” Sheila was flabbergasted.

Dale shrugged. “I wouldn’t do it in any event – and nurses generally have to follow doctor’s orders – but there could be a doctor out there who might be sympathetic. As to the legal ramifications, I really don’t know. Since you’re the beneficiaries of her estate, it might seem, um, self-serving. On the other hand, if your mother has a living will, or if any of you were appointed as a guardian or had medical power of attorney or something – I don’t know. You’d best consult an attorney.”

Logan looked at me with raised eyebrows.

I shook my head. “No living will that I know of.” I do wish Mom had signed a living will, but even then, it would only have addressed stopping treatment. That would have helped with the feeding tube – a major issue. The issue of euthanasia was still on the table, however, and as far as I knew, wasn’t included in a regular living will.

“You can’t be serious!” exclaimed Sheila.

I turned to her. “What would Mom want? What if she wants to go, but the body won’t let her, ’cause it just keeps on pumping blood and whatnot.”

“Like a mechanism,” said Logan.

Sheila stiffened.

I shot Logan a warning glance and he resumed staring at the floor. “The problem is,” I continued to Sheila, “Mom can’t communicate with us. We don’t know what she wants. So what are we supposed to do? Keep on, um, utilizing resources to keep her body functioning? Resources that other people need? Would Mom want other people to suffer on her account?”

Tears brimming, Sheila shook her head minutely.

“So what are we supposed to do?”

“I don’t know,” she wailed.

The truth was, I didn’t either.
1)
I trample hundreds—
red saffron ocher cover
the path, shiny
with rain leaves, fallen
oak maple sumac
layer thick, down from branches
I walk under retrieve
vibrant ones to stack on my palm
smothe guard sprinkle
with water until I can pack them
I push toward the top, breathe
fast and shallow

2)
four weeks ago mother
struggles for breath

3)
I can’t see who she is
memories rush like mercury
forward, back

silver flashes up, down the column

is she 7 87 or 3
newborn  just married

4)
at home I lift
out leaves thin as paper
edges fold in at my touch
some break down like limbs

a hike to a waterfall in Ithaca four weeks after (continued)

nothing, not even water restores
centers intact

5)
denim color suffuses
her face

she gasps five more times
after her heart stops

curls into herself her face
leaves regret

fear grief
I can’t ask her which

6)
in the end the whole leaf

stills
sotto voce

Connie Boyle

she leans in from her
chair his bed raised
to her level she holds his

hand with her good one, body
turned to him takes in any
breath eyelid flicker

she leans down kisses his
hand his cheek practiced
fifty-eight years

murmurs hard to believe
it doesn't seem possible
they can't hear each other—

he touches her shawled
arm lets his
hand fall she watches

his face, chest to catch
any change tells the nurse he won't
eat wonders why he's so still why
he is dying
his half breathed
*thank you* swallowed
by air

she can't pick up the *love-you* dying
on his lips  she sits  waiting

*Veterans Day, Noel Copeland*
For those who have never witnessed a child being brought into the world, birth, the miracle of life, can be surprisingly profane. Blood, shit, piss, and the unique smell of the placental are all more suited for Punch and Judy than Handel’s Messiah.

But by and by, most of the time, the temporary mess gets cleaned up, the cheese gets wiped off of the baby. Dad smiles. Mom smiles. The baby cries. Grandmother cries. Hands are shaken. Congratulations! Felicidades! And the universe spirals on, without sentiment. As they say, “when in Rome...” so we, the brave agents of the universe patrolling the labor and delivery deck, spiral on to the next round of baby-catching, also with a frugality of sentiment—though even the most efficient agents of the universe are allowed to relish in some of the joy of these moments on occasion. Peccadilloes are forgiven if handled with discretion. As a student on the labor and delivery deck, I enjoyed playing part of this process. I enjoyed it quite a bit. But in all honesty, I could never do this job.

You see, babies are clever wee devils, and can foil the plans of even the smartest of physicians. They can come too soon. They can come too late. They can come on time, but in the wrong position. They can decide they don’t want to cry, or find the Denver air disagreeable and not be very interested in breathing. Sometimes they don’t want to come at all. Usually, the brave agents of the universe patrolling the labor and delivery deck can spot these recalcitrant babies ahead of time and call on a valiant
ally: pediatrics, or for utmost efficiency, peds—pronounced pëdz.

I don’t know how things work elsewhere, but where I was, recalcitrant babies were handled as such. When the time was right, peds would be called. In curtain that separates her and the birthing team from the rest of the world.

The pediatric team calls through the curtain, “It’s peds, what is the story here?” “All the info is on the card on the warmer,” or “We’ve got a G2P1 at 39 and 1 who SROMed at 09:33 with mec-stained fluids...” or some other magical incantation that sets peds into motion. Inevitably mom gets reassured, “Mom, that’s peds behind the curtain. They’re just here as a precaution. Usually there is nothing to worry about.” This is true, but everyone’s sweat has already turned sour and betrays the calm voices and calm smiles.

Ooze Rock, Joe Hughes
Tears, prayers, and eponymous maneuvers lubricate that process. Baby arrives and if things look suspicious is quickly shown to mom, and whisked through the curtain to the pediatric team. Most of the time, baby quickly falls in line, starts behaving perfectly babily, and is brought back to mom with no further thought to peds, and everyone’s sweat unsours: *Felicidades!* And the universe spirals on, without sentiment. The alternative is heartbreaking. Baby is not brought back to mom, and she is left instead with a lost look, unmistakable for anything but despair.

But despair is doable. I wouldn’t be in medical school if despair were too daunting. In fact, despair is something I feel I know how to do something about. It is one of the reasons I signed up to be a brave agent of the universe: to alleviate despair. So, no it is not the tragic heartbreak of a sick neonate that will keep me out of obstetrics. Strangely, it is the exact opposite.

Every once in a while, a first-time mother goes through a labor which is tough, but not too tough, painful, but not too painful, and out comes a terribly cute, healthy baby with perfect little toes. It’s those toes, impossibly perfect, impossibly precious. Mom is smitten. You look up at this new mother, and in her face you see hope like you have never seen before.

I never imagined hope could be so fierce. I had always thought hope to be a polite emotion, far too subdued and proper to fraternize with lust or elation, and far to gentle to have tea with revenge. Hope was the quiet girl with mousy hair who volunteered in the library on Tuesday afternoons. Hope was a little sparrow that fluttered from tree to tree with little encouraging little sparrow song when you needed some extra cheer. I simply had no idea of the truth.

You see, I’ve spent time in South Jersey. I know what went on in The Oasis Motel before it burnt down. I’ve been to the Pennsauken Mart with its giant spinning ‘M’ keeping a watch on the second-rate crap being sold below. I’ve watched the

You look at this new mother and see that in her hope there is no possibility for pain or disappointment or unfulfilled dreams. In her hope there is no South Jersey; the two cannot coexist. Her hope is white-hot and blinding. The truth withers before it. You wither before it. It is unfair. It is too much to behold.

*Et illa spe despero,* and in that hope I despair. This is why I cannot do obstetrics.

"I hate when he does that," I whisper to my husband Ron, nudging him with my shoulder. "You should say something to him. It's disgusting. He's your father." My father-in-law slips his dentures forward again, clicking them back, slipping them forward, as he decides which flowers he wants. The florist tries to ignore the clacking gummy teeth.

"What's your problem?" Ron mutters, then shushes me.

He knows I hate when he shushes me. "You just had to do that, didn't you?" I mutter back.

"Not now." He shushes me again.

Great. Another perfectly good Sunday shot to shit. And it's only getting better: My father-in-law is now stamping his
wooden cane onto the floor. “No. Those aren’t okay. It’s our anniversary. Our fifty-sixth anniversary. Don’t you understand?”

“But sir, these are the ones you picked,” the florist says, holding a bouquet of daffodils and irises.

“Those in there. I want those.” He points with a trembling hand.

“The carnations?” the florist asks.

“Are you blind or something? That’s what I’m pointing to, isn’t it?”

The florist lays the bouquet on a table and begins plucking red carnations from a silver vase in the refrigerator.

“Not those, goddamn it.” His cane hits the floor loudly.

“The yellow ones. Mary only likes yellow ones.”

The florist looks to me for help; there is nothing I can do; I elbow my husband in the side.

“Dad, why don’t I help?” Ron finally steps forward.

“I’m going to wait outside while you finish,” I say.

“Fine,” Ron says, without looking at me.

“I don’t know what the fuss is,” I mumble, before walking out of the store to the car parked in front. I lean on the car and light a cigarette. I inhale deeply, then exhale slowly watching the thin stream of smoke in the sun. Another perfectly good Sunday. I inhale again, close my eyes, and feel the sun on my face. It’s only a few hours; then you will be home. I exhale. Bells jingle: I open my eyes. Ron and his father are coming out of the store. Ron is holding a bunch of carnations—all yellow tied together with a sun yellow ribbon—upside down in one hand. I never knew my mother-in-law had such a thing for yellow carnations.

“Can’t you be careful?” my father-in-law chides him.

“You’re dragging the ribbon.” Ron turns the bunch upright—a scolded boy.

“I’ll drive,” I say.

Ron tosses me the keys.

“You’re going to let her drive,” his father says loud enough for me to hear.

“Yeah dad, I am.”

His father mutters something about ‘in his day,’ gets in the car.
“Pop, isn’t it a beautiful day?” Ron says.
“Mary always wanted it to be sunny for her anniversary,” his father says.
We all agree that it is a beautiful day for an anniversary. We turn through the iron gates of the cemetery and pass by Mike, the security guard, who waves us on up the hill past the mausoleums and oak trees.
“Make a left at the fork,” Ron says.
“I know, Ron.”
“I can’t believe how much I had to pay to get her in here,” my father-in-law says. “And I paid all cash.”
“Then a right by that old rotting tree.”
“I know Ron.”
“It’s just on the left then. We can stop here.”
“I know.”
“Okay Dad, are you ready? We’re here.” Ron gets out of the car and opens the door for his father. He hands the carnations to him, then slams both doors and stands outside leaning on the car.
I light a cigarette and watch my father-in-law struggle with his cane and the flowers up a small hill to the grave, then drop the carnations onto the budding spring grass. He kicks at the ground with his right foot: A clump of sod lands on the ends of the precious sun yellow ribbon. I smile and take another drag. I turn to exhale through the window. When I look back, my father-in-law is leaning on his cane with both hands, mouthing something. He picks up his cane pointing its rubber stopper towards where the gravestone is to be placed once it is engraved: Loving Wife, Loving Mother, Loving Grandmother. “I yelled at them Mary,” he says. “Just a few more months.” He stares at the ground and begins knocking his cane onto the soft earth with both hands: slowly, heavily, mutely. Mary, Mary, he mouthes. His dentures peek out of his lips, then snap back into place. Mary. His cane knocks at her. He faces the rows of graves that have followed hers: A tractor rests before four warm mounds of earth at the end.
“Let’s go,” my father-in-law suddenly says, turning around. “It’s time to go to the club.”
I watch him stumble, then catch himself. He sighs. I look away: Rows of quiet graves scream out before me. Perhaps I should get out of the car to help him back in. Or something. I’m about to open the door when my father-in-law tells Ron, “Have her stop at the bodega on the way”; so I mutter, “He could just ask me, I am sitting right here”; to which Ron turns around, bends down towards the open passenger window, shushes me again, then hisses, “Can’t you just cool it today?”

Totally shot to shit. Why bother? Just get in, so we can get this over with. Let’s go.

Ron gives me directions out of the cemetery: Turn around, I know; left at the old rotting tree, I know; right at the fork, I know; past the oak trees, the mausoleums, and Mike, I KNOW. “It’s a beautiful day, isn’t it pop?” Ron says.

“Don’t forget the bodega,” my father-in-law says. “It’s on the right.”

God forbid we would forget that. I pull over, and my father-in-law gets out and shuffles into the bodega. I sit next to Ron in the car. He stares out his window, silent. Typical. It only takes a few minutes for his father to come out. “I bought ten today since it’s our anniversary,” he says, as he gets back in the car. “Plus one for you.” He leans forward and hands Ron the pink lottery ticket.

“Thanks dad.”

All we need now is the comment about missing her lasagna. I drive to my father-in-law’s social club and pull up in front.

“Bye Sue,” my father-in-law says, as he gets out of the car. “See you next Sunday?”

“Of course, dad,” I say, and then just because, “Perhaps we’ll go to dinner.”

“What’s the point?” he says. “No one cooks like Mary.”

“I know.”

“I’m going in with him for a moment,” Ron says, getting out of the car. He slams his door.

I light another cigarette and stare at my warped image in the mirrored window of the brownstone. I stick out my tongue at myself; I stick it out again at the old men on the other side...
of the mirror, whom I can’t see: No women allowed. I picture them—my father-in-law is one of the “kids”—wrinkled elbows propped on wobbly folding card tables, gummed cigars teetering on the rims of plastic ashtrays, piles of discarded arthritic-fingered cards. Dusty men with time to play pinochle in a windowless room.

Ron comes out of the club. His right hand is tugging at his earlobe: He’s pissed. “What’s your problem?” he says, as he gets into the car. “My father was upset enough without worrying about you.”

“When did he ever worry about me? All he was worried about is playing his goddamn numbers.”

“So what if he bought some tickets on his anniversary?”

“He bought tickets on the way to her funeral. He brought tickets for you the day I gave birth to Rosemary. I was still bleeding, for christ’s sake. Anytime there’s anything he’s got to play the numbers.”

“What’s the big deal?”

“You just don’t get it do you?”

“What is your problem?” Ron asks again.

“And what’s up with the flowers?” I drive faster.

“He can’t bring flowers to his dead wife’s grave?”

“What good is it now? He never bought her any when she was alive.”

Ron lights a cigarette; we both have started smoking again in the last few months; ever since the wake. “What the hell are you talking about?”

“Well did he?”

“I don’t know,” Ron mutters, then says louder, “And what if he didn’t? What’s the difference?”

Not much: She’s dead. I continue anyway, “That’s exactly the point. And do we have to hear every time how much he had to pay to get her in there? Does it always have to be about money?”

“Can’t you see he was upset?”

“And what about you? You don’t even go up to her grave. What about when I kick the bucket? Are you going to run to play my numbers and buy me flowers then?”
"What do you want? Do you want me to buy you flowers? That's what this is about, me buying you flowers?" He flicks his cigarette stub out the window.

"No goddamn it. It is not about you buying flowers."

"Well that's what you said."

"That is not what I said. Like flowers could fix everything."

"Everything what. What the hell are you talking about?"

"This. Just this. Another goddamn Sunday shot to shit."

He lights another cigarette. He starts tugging his ear again.

"You certainly have," he says.

"That's right. I shot it to shit. All by myself. It's all my fault again," I yell.

We don't say anything the rest of the way home, until I pull into the driveway, and Ron says, "Did you ever think all this is hard for me?" He gets out of the car, slams the door, then bends down towards the window, "She's dead, you know." He turns around. I see him bring his hand to his face, before he tramps into the house.

I sit in the car smoking. It's screaming in my head again. We can't keep going on like this. What am I doing? What in the hell have I been sitting around waiting for? Like those dusty men. I get out of the car; I tug some crocuses from the side of our front steps; and I go to him.
My band was done
    playing, so
        I walked out into the ocean air
            to be thrilled by the moonlight

    Behind me the nightclub worked
        its dubious magic: musicians
who didn't dance,
        dancers who couldn't play,
            some happy doing neither,
                some who might rather be somewhere else,
                but somehow, for richer or poorer,
        everyone's soul was getting worked out.

Mine said simplify,
    and the moon looked delicious.

        Shoes off, pants rolled up,
            a wet, cool wind,
        and before me a three-quarter moon
            impossibly bright and always
        beyond my left shoulder and
            above the ocean no matter
            how fast I ran.

        In no time my breath burned,
            my muscles said enough, but my mind raced
and I thought of Elijah and Elisha
and reincarnation and what
ancient history and metaphysics
could possibly have to do with my life,

and still, there was that moon
completely itself,
yet orbiting something bigger,
and all of it floating in space,
but sensibly, or so we’ve decided
after all these years of figuring.

_Holy holy_ I said to the moon,
and then wondered,
why not these clouds?
why not the stars?
why not the foam-edged tongues of waves
trying to lick my feet?

The questions quickly rolled away.
The moon called me,
seduced me,
and sat there shining,
a reminder by its very nature
of the space between us.

But this is no sad story.

I opened my arms to the invitation
and danced to the music
of silence,
of luminosity,
of the strangeness of a man’s shadow
surrounded by moonlight.

I opened my mouth
and sent my voice
on a straight line moonward:
not a howl, but
more like an *om*.

Sufficiently simplified,
I began my return and
found my eyes caught
by a glowing in the sand.

*Moonstone*, I thought, even before
I could be surprised, and
the thought that the moon had
presented me with a gift
didn't surprise or frighten me,
or seem necessarily true or false:

Just a gift,
simple and miraculous,
or a donation, the price of
admission for one
man's song and dance
to the lunatic crowd.

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**The White Coat Way**

*By Sara Jumping Eagle, MD*

They taught me everyday
In every single moment
To look the other way
Hustle, bustle
Pimp and grunt
Title matters here
on the defensive
watch your back

I learned what not to do
No time to listen
No time to pray
They taught me everyday

Of my own
self-importance
medical degree
MD, PhD, BS, MSPH.....

It wore me down
I questioned
my own
beliefs
My healing path

Everyone suspect
Hierarchy
White Coats
Unquestionable
Facts
football and golf
conversations
at the expense of others

A world I never fit in
I learned what not to do
what not to say
Now those in need ask me
Help me
Show me
A wholeness

I come back
to my healing path
The power we have
within
To be human

no school could teach

Listen, caring, holding, sharing
I don’t know
I’ll help you as I can
I’ll be there

Finally
now
Maybe
you are learning
traditional ways
Touted as new and innovative
Yet thousands of years
we knew

Still
you turn away
Those healers
who cannot take

The White Coat Way
To Heal

_Sara Jumping Eagle, MD_

To heal
Listen to me
See me
    All of me
    My history
    My family
    My dreams

Feel the pain and joy of my life

Help me navigate
    Through sometimes
    Dark paths and ways

Listen to me
Put your hand on mine

Pray with me
    Cry with me
    Laughter

To heal

Wokisuye
    To remember
Wicozani
    A wholeness of being
To heal
Listen to my heart
As I breathe
I may cry
        or smile
Put your hands on me
        In a sacred way

Sage and sweetgrass smoke
        In the air
Pejuta
        Medicine
Holding our prayers
To heal

A healer
A whole person
A confidante
A friend

To heal
To honor
To respect
Wokiksuye
Wicozani
One Somber Sunday

Kortnee Hein

I hear your tiny footsteps,
They echo in the halls.
I see your tiny handprints,
They decorate the walls.

I see you kneeling by your bed
Your head bowed down to pray.
I watch your chest rise and fall
Gently as you lay.

Moonlight falls across your face,
You rustle as you sleep.
I long to place the sweetest kiss
Gently on your cheek.

Instead I wipe the teardrops
Swelling in my eyes,
Because daughter, your bed is empty,
And you live in the sky,

I wanted to keep you with me,
Instead you had to go.
I wanted to tie your ribbons,
And watch you learn and grow.

I had so many dreams for you,
My heart was filled with love.
But you quietly passed from this world
Into the one above.

For God made you an angel
On the day that you were born.
Our hearts still miss you deeply
And forever will they mourn.

Written On-location

Richard Fisher, MD

I am sitting in a concrete air-conditioned auditorium in a small
hospital in the mountainous interior of this small country. The
auditorium contains nurses, a few physicians, some birth attend­
dants, and 5 speakers. The topic is neonatal resuscitation. The
language is Sinhala; the slides are in English.

I have learned so far that 39% of births in this district are
unattended.

Out of the window are tress containing bananas, papaya, man­
goess, and coconuts mixed in the distance with chaotic jungle
growth. The next building has white, blue, and yellow clothes
drying on the line. The tiles roofs have a dark mold stain simi­
lar to the buff colored buildings.
I now understand the heart rate and PO2 fall at the time of delivery but normally increase again in few minutes. If the delivery is prolonged, they don’t respond so well.

More people are slowly coming into the room. Some now wearing yellow dresses. The nurses are in blue and white with tight folds in their hats.

The first inspiration is the trigger to reversing the hypoxia – if it doesn’t happen within a few moments after birth, resuscitation efforts need to begin.

Getting here we drove along the Kelani River climbing higher and higher – first past rice fields, then rubber estates, and finally through tea cover hillsides. These are beautifully organized, trimmed and terraced vineyards. Women with backsacs anchored around their foreheads pick only the top most leaves. I was told their pay is less than the cost of living. Their children are the topic of the workshop today.

The first talk on physiology has concluded; few questions are asked.

On the way we stopped for breakfast at a guesthouse overlooking the river. It was the temporary home for the film crew from ‘Bridge on the river Kwai’. The film is shown nightly to their guests. Breakfast was traditional string hoppers, curried fish, dhal, bread, and sambol. Probably more than a tea worker will eat in 2 days. I was advised to “avoid the sambol and to learn to eat with my fingers.”

We are now resuscitating the newborn. This lecture seems bilingual. Instructions to chest thump, dry the baby, and avoid flexing the neck are clear. Some I can’t understand. As we go along it gets clearer until it seems mostly English. This happens often. It takes a while for my auditory - cerebral circuits to get rewired each day. With few native English speakers nearby, it is like relearning my own language each day. The Sinhala is too complex for me.
We move to the workstation portion. Participants gather around 4 tables containing breathing bags, airways, umbilical catheters, and infant simulators. Above the clatter the resuscitation rhythm emerges: 123 - 223 - 323 - 423 - 523 - then listen. Umbilical catheters are placed; two fingered heart pumps are practiced. It seems effective – like more children will survive, I have learned much also.

The rhythm stays with me - 123 - 223 - 323 —

Will they go to school? Will they learn to count - to say for themselves these first sounds they have heard in their lives - 123 - 223 - 323 ?

Will they pick tea leaves for wages below the cost of living?

Eric killed himself yesterday. I was going to use a pseudonym to tell you the story, but that somehow seemed a violation of his identity, and if he didn’t have that at least, he’d only be a memory. The first thing I felt was the crushing heartache—for his mom, for Paul, for his fiancé, for me, for anyone who had to tell or hear the news. Is it morbid that my next thought was for details? Not as morbid as the details themselves I suppose. He shut himself up in his car, in his garage, and shot himself in
the head. Just like that. He was 23. They said he was taking medication for bipolar disorder. Is that supposed to make it better? That now we have a reason? I wonder if his doctor just threw pills at him. Did he even try to understand the pain in this young man’s heart? Did he care? Did anyone?

Eric’s funeral was this morning. I couldn’t go. Emotionally, I mean, I knew I couldn’t handle it. His poor mom and little brother. His friends and family. I’d been at one funeral for someone who died too young—a stranger, a car accident. That was almost unbearable. This would be worse. It was too much. Mom said it was nice. Said Paul looked grown up. How could he? He’s only 13. But death does that sometimes. ‘I’ll miss you, bro.’ That’s what he said. Mom was mad. How could he leave behind a fiancé? How could he not see any other way? How could he do this? How could he? And I thought...You don’t put a bullet in your head unless you’re absolutely convinced that the bullet won’t hurt as much as the pain inside.

It’s raining today. Studying carbon monoxide makes me think of suicide, makes me think of Eric. Now I wish I’d gone to the funeral. But I know that then I couldn’t have. I wish I had that memory though. Some warped kind of closure. Maybe that’s what this is. So at least you’ll know about Eric. That he was in need. That he was needed. And that somehow, those truths were never shared.
Waiting for a bus on an exposed corner during a Chicago winter simplifies your thoughts and needs. Everything reduces to just noticeable changes in the intensity of wind gusts, forcing you to seek warmth by nestling your face within a sheltering coat collar.

Gwen doesn’t react to the cold. Her immense frame is used by others to shield themselves from the wind off the lake, but she doesn’t bother to turn her face away from the force. She evinces no sign that she is any more animate than the
mailbox and wonders at the skinnies, *i.e.*, at everyone who isn’t Gwen, how they squeal after a vicious blast, jumping up and down, flapping their arms, smiling, groaning, laughing.

Gwen is cold now, but when the bus comes she will be warm. At the stop just in front of her house she will be cold again. It takes her a long time to lumber down the bus’s two steps to the sidewalk and then cross the eleven sidewalk squares to her door. Inside, she keeps the thermometer set always at 72. There, she will be warm again, or actually, hot. She likes melting into the couch, sweat lining her cracks and crevasses, the television on, watching the skinnies pursue all manner of incomprehensible things in cars, chairs, beds, on the beach. She steadily plows through large bags of potato chips, transfixed.

She understands the cycle of cold, warmth, cold, heat as seasons of a winter’s day. Don’t the skinnies know about these oscillations? Why do they rail against them when change will soon occur?

The bus comes. Gwen doesn’t have a favorite place to wait if there is a line. She’ll plow on first, in the middle of the pack, or last, it’s all the same to her. If kids follow her they often giggle, trying to emulate the jelly-like waves of her ass and thighs as she mounts the steps. One foot up, then the other laboriously lifting the rest of her onto the same step. At the top she shows her bus pass and collapses down into one of the bench-like seats facing each other at the front. She travels at off-peak hours to go food shopping because these front seats are always empty then and she would have a hard time squeezing into the two-seaters in the rest of the bus.

She can recognize her stop: small houses along a treeless stretch of street, lawns cemented over to avoid upkeep, occasional pieces of garbage to be picked up by someone else. She has never ridden the bus past this stop, nor has she passed by her house in any other vehicle. Gwen has no spark of interest in what might lie beyond; probably more skinnies doing unfathomable things. She regards them as no more similar to herself than other species, birds, cats, dogs, skinnies.

She alights and crosses the eleven squares, unaware of
the man who also debussed at her stop. He is thin and shivers with the cold. He looks toward Gwen’s back, then at the unattractive houses to either side of him, the unplowed street, retreating bus, and back to Gwen. He sees her approach a door, open it, and go in. Continuing to hunch his shoulders and rub his arms, he follows her to the same door and knocks. It’s a pathetic knock, weak, barely audible. He is flagging fast.

It took all of David’s energy to journey the eleven squares. These were Last Days, and this was to be his last venture into the world. He couldn’t partake but would merely observe. He wanted Last Days to be rich in perceptions, but misjudged his strength. Now he realized that this was the finality, Day o’ Death. He wanted, had expected, to die with Mark there beside him. Mark was probably, no, undoubtedly, waiting for him at home, uneasily pacing. He damned his decision to make this last foray, because now both of them would be forever disappointed, Mark’s ‘forever’ lasting much longer than his. He thought he could make it, take one last look around and then go back, but he was wrong.

He hadn’t thought to dress warmly and was clad only in a light sport coat and scarf. His head leaned against the bus window, his shuddering marking a disjointed beat against the background rhythms of the bus. Then he had seen her. She took up almost the whole three-person front seat, a monster. Fat stolid features under stringy unmade hair, wearing a tent of a dress and huge rubber boots with the buckles undone, Babe the Blue Ox sans a Bunyan. Her girth, her folds of adipose tissue almost mocked his boniness. Between the two of them their average weight would still be over two hundred pounds. How does one gauge that kind of heft? Where to practice making behemoth estimates? She was a thing, her eyes barely flickered, showed no intelligence. He was several seats away and her body odor wasn’t strong enough to reach him, but she probably smelled. Yet, she was alive. He was both repelled and fascinated. Though less animated than all around her, the enormity of her mass, all those living cells created in him a feeling of enhanced vitality. On impulse he had followed her off the bus, obeying
some peculiar magnet.

There was no bell or door knocker, and his weak knocking, like bits of sand thrown against the wooden surface, was for naught. He started to slide down onto the cold cement. Crumpled in a heap, he scratched at the door with his fingernails until he was unable even to do this. He couldn’t lift his head but managed to move his hand up along the door’s surface, a reflexive gesture with no apparent purpose, until he found a metal declivity. It was a mail drop, a thin sheet of bronze that formed a flap. His fingers poked through, feebly waving to whomever was inside, a mute semaphore.

There was someone inside; Gwen. She saw fingers inside her house, and was appalled. She had heard his initial noises because she was standing just on the other side of the door taking off her coat. They puzzled her for no one ever knocked at her door. It wasn’t that Gwen seldom entertained, that this was a lean year for social engagements. A community worker had come a few times to help her plan menus and give her directions on where to shop, but was transferred and the paperwork got lost. Gwen still received a medical disability from the state but no one made even yearly visits, not for the past five years. So she was alarmed by the scratchings at the door, first near the middle of the door and then little sounds at the bottom. Now these fingers were invading her home. All very frightening.

She hadn’t taken her boots off yet and tried kicking at the fingers to make them go away, but couldn’t lift her leg that high so she watched them with a kind of awe. They seemed so purposeless. They fluttered and waved, at first as individual entities, and then together as a group. Then they disappeared.

After the fingers went away, she thought she heard a groan outside at the bottom of the door. Should she ignore it and turn on the TV extra loud to drown out any future groans, or see what it was? No stranger had ever tried to harm her, so she wasn’t afraid of physical danger but more from any jolt to her routine.

She waited and then slowly tried to open the door. Something impeded its path so she pushed harder, pulling it back towards her and then shoving it forward against the
blocking thing. When she had made a wide enough opening, she stuck her head through and saw a man lying halfway off the stoop. His head was bleeding from where she had slammed into him with the door. His knuckles were also bleeding, but she didn’t know that it was from his knocking at the door.

She stared down at him. Again she was strongly tempted to close the door and pretend he wasn’t there. She had done that with a cat once. The cat had followed her into the house and became a pet. She let him eat some of her food. He went in and out of a broken window and never made much of a mess. One day she found him dead in the kitchen. She placed him in a paper bag and left it in a corner. She ate what the social worker had taught her how to cook, washed the dishes immediately after each meal as instructed, and ignored the dead cat. When it started to smell, she added the body to her garbage. After the garbage men removed it that Monday morning, she could no longer pretend that the cat hadn’t died. He was gone and she had cried for a long time.

Was this man dead? Would he also stink if she left him there? Reaching down, she bunched up his shirt to lift the top half of his body off the ground and dragged him inside. She pulled him into the living room. She tried to arrange him in a sitting position on the couch, but he couldn’t maintain it and his head dropped onto a half-full bag of potato chips lying on the couch.

She stared down at him, not knowing if he was dead or not. He wasn’t moving. Then she saw his lips open but couldn’t hear any sounds. So she moved her easy chair over, sat down on it, and leaned toward him as best she could, but still couldn’t hear what he was trying to say. She grabbed his shirt and brought his head up so his lips were next to her ear.

“Please...Mark...Water...A pen...Write...Message for Mark...Water”

She understood “water”. She let him drop back onto the potato chip bag and a few of them got into his hair. She didn’t attempt to be gentle nor had she pushed him down roughly. She just let gravity determine the pace of his fall.

Leaving him, she went into the kitchen, ran water into her
glass from the tap, and carried it back to him. She pushed it toward him but he didn’t move. She picked him up by his shirt again and, leaning over, put the glass to his lips without jam­ming it too hard against his mouth. She tilted his head back so he could swallow. When he coughed she took it away, but he whispered “more” and she let him drink some more.

He emptied the glass. Some of the water spilled down his chin, some got into his mouth, and of that fraction, a bit went down his throat rather than into his lungs.

While his head was raised, he whispered again, this time more coherently.

“Dying. I’m dying. Please, let me write down Mark’s phone number. Call him. Tell him to come here.”

David looked into her face. He couldn’t tell what she was capable of understanding and what passed her by. She never made a sound. Lifting his upper body, she turned him around in a circle very slowly. He was so light she could move him around like a big doll. He divined that she was displaying the room to him. He saw no telephone. He guessed there was no phone in the rest of the house either. Why do you need a telephone if you’re mute? Why do you want a telephone if no one will ever call?

He was certain now that he would not see Mark again before he died, that this woman, this large, strange, silent woman was the last person he would ever see. He would die in her house. She would notify Mark that he was dead, and Mark could then do the funeral thing and grieve.

“A pen. Please bring a pen and paper. Mark’s address.”

Gwen let him drop back down again, but this time moved the potato chip bag away so he wouldn’t hit it when he landed. She left and returned with a green crayon and a pad of brown drawing paper, the kind that children use. Gwen couldn’t write, but the social worker many years ago had tried to interest her in something besides television. Outside the kitchen window in the small backyard she never entered grew a little tree. She had shown Gwen how to draw the tree, and Gwen had dutifully continued doing so after the social worker left. Soon she had improved upon the single line with a circle at the top, drawing
a more textured stalk with irregular branching and leaves. She enjoyed this and sketched the tree many times until there was a tree on both sides of each page in the drawing book. But then the pages were full. What then? The grocery store where she bought her food had writing tablets but no drawing pads. She didn’t make the connection between them, didn’t realize that she could also use this smaller white lined paper or that other stores might sell the same brand of drawing paper. So she stopped drawing, years ago.

This is what she brought to David, the pad with a tree on each page and a crayon. If these were her writing implements, he thought, she would probably be incapable of transducing his verbal message into written form. He tried to hold the crayon, but it kept slipping and falling to the floor. Each time Gwen picked it up and put it back into his hand. Then she closed his fingers around the crayon and encircled his fingers with hers, guiding them to the paper. Above the tree, which accounted for a fraction of the page, the two of them wrote “1157 Wabash Mark Goodbye David”. Then he stopped trying to print anymore and she knew he was done.

By inclining his head slightly he gestured that he wanted to speak, and she moved his face back to her ear.

"Thank you. Sorry to trouble you so. Please. Tell Mark. I love him. Mark. 1157 Wabash.” Then he closed his eyes.

Gwen recognized the stillness and knew he was dead. She carefully let his body drop backwards. Now what? She looked at what he had written. She couldn’t decipher the letters but she knew numbers. “1157.” He had said “Wabash”. She lived on Wabash, 638 Wabash. So Mark was at 1157 Wabash. That was five bus stops from here but in a direction she never took. She crossed the street when she went shopping, and the numbers on the houses she could see from the bus window got smaller. When she returned, she alighted directly in front of her house, 638 Wabash. She never left Wabash and she never went beyond 638.

She looked down at her feet, surprised she still had her boots on. The events at the door had stopped her from removing them to pad around the house in bare feet the way
she liked.

She sat for awhile looking at the body, wondering when it would start to smell, knowing she shouldn’t put it with the refuse the way she had done with the cat. Then she looked again at her boots. She was halfway dressed for outside. If she put her coat on, she could go outside again. He had told her before he died what to do with his body. Bring it to 1157 Wabash.

Gwen put her coat back on and, picking David up by his arms, wrapped her arm around his chest. She dragged him outside to the bench in front of her house, the one for busses going in the wrong direction. They sat, or rather she sat hugging this former person to her, and waited. No one was around. Few cars passed and those that did apparently took no notice. Busses arrived at thirty-minute intervals. At last one stopped and the doors opened.

Wiley Watkins recognized Gwen immediately. He had been on this route nearly a year and she was his passenger a few times each week. If he had seen her once, ever, he would have recognized her.

“Say, ain’t you goin’ the wrong way? Don’t you want to cross the street and catch me when I return? Who you got there, big sister?”

As he was saying this, Gwen was moving up the stairs onto the bus, dragging David’s body with her like an awkward sack of potatoes.

“Hey, get off this here bus. That man’s dead. He dead. He ain’t getting on my bus. Dead people don’t ride on this bus. We used to have a sign, “No dead people on this bus”, but we took it down ‘cause it was so obvious everyone knew that. Get the hell off.”

Unperturbed, Gwen pulled the disability card from her coat pocket and flashed it at Wiley like she always did. He talked to her and everyone else who came onto the bus, but she never understood what he said. The only people she ever listened to carefully were on television, and all of them were white and sounded the same. If someone had a dialect, a white person from the deep south or from New England, a black person or
anyone with any kind of foreign accent, she couldn’t make it out. There was one way a word sounded and she didn’t recognize it as the same word if it was pronounced any other way.

Gwen sat with David on her lap. She had forgotten to button up her coat in all the excitement of deciding to go to a new place, so it was open. The dress was a single huge piece of fabric that went from her neck to her ankles and down her arms to her wrists. David’s head conveniently lodged between her breasts. She sat, waiting for the bus to move.

But Wiley’s ravings were escalating. “You don’t get off, this bus ain’t travellin’. I don’t know what you did to that man. Did you kill him? This ain’t no hearse. Wiley Watkins don’t drive no death wagon. We gonna sit here and the police gonna come and take you off this bus. These people here, they goin’ be mad at you ‘cause they ain’t goin’ to where they want to go ‘cause of you. I ain’t drivin’ till you and that body is walkin’.”

He looked back at the passengers for support, a united front commending his decision. Four people were on board. A homeless drunk was sleeping, keeping warm by resting on this intermittently mobile oasis. Two teenage girls stared wonderingly at Gwen and David. When they first spotted Gwen, they were going to try to outdo each other saying nasty things about fat people to make her feel bad. But David’s presence threw them off. How do you react when you share a bus with a dead person? If they later told their friends, would this somehow taint them? Would they themselves come to be made fun of?

The fourth passenger was Mrs. Park, a comfortably middle-class woman who had never ridden a bus prior to a few weeks ago when she was diagnosed with epilepsy and the doctor forbade her to drive.

She was new to all this. How often did dead people ride the bus? Never? Simply not as often as the living? The assured calm with which the big woman ignored that horrid little man’s whining convinced her that this is what poor people did when a family member died. They took them to the funeral parlor by bus, thereby saving the expense of having a hearse pick the body up.

“Driver,” addressed Mrs. Park. “Driver, how long do you
intend to just sit here without moving?"

"I ain’t goin’ nowhere and you ain’t goin’ nowhere until she takes that stiff off my bus. I know this lady. I’m in a rap group, well, my bro’ and me we talking about setting one up, and the first song we gonna sing be called ‘Big Fat Ugly White Lady’ and it’s, you know, her. This one. She rides my route all the time. She goes to the Red and White on Wabash and Linden; that’s ten stops. Then she comes back here. She never goes farther in either direction. She always alone, never had anyone with her before. And she still alone. You call being with a dead person ‘with’ someone? She ain’t with no one now and she...

Gwen suddenly made the most horrible sound any of them had ever heard. The driver was not starting the bus and the body would start to smell. She wanted to go to a new place, go in a different direction, see 1157 Wabash. It had been a difficult decision to make, but she had made it and now it wasn’t happening. The bus wasn’t moving. Her perception of outside her home was a series of well-scheduled arrivals and departures of this bus. What the skinnies did in the street, in the store, on the bus, was beyond her ken. But she could rely on the timeliness of busses to move her along her constricted paths.

No one who heard the sound could decipher it. Gwen hadn’t spoken since her drunken father had mutilated the inside of her mouth when she was a child. It was obvious that his fat daughter would grow into a fat woman. In some deranged fantasy he had tried to slow down her eating by cutting up her tongue and palate. The result was that they were both institutionalized, she in a succession of state-run orphanages, later in mental hospitals, and finally in county-subsidized low-income housing with occasional help from social workers. Her father would have been put back onto the street a few days later since this was his first felony charge, but his cellmate learned what he had done. With a shank made from a bedspring, he made sure that this father wouldn’t do anything to his daughter or to anyone else again.

Gwen had tried to yell "Mark." It emerged from her mouth as a mangled groan, a cry. This silenced the girls and Mrs. Park, and the bus driver put the bus in gear and it started
to roll forward. He never again wanted to hear that sound. If the bus moved, maybe she wouldn't do that again. The dead man didn't matter any more. The main thing was to keep her silent. He had never heard her make any sound before, and wanted to make sure he never would.

Gwen, satisfied with the result of calling Mark's name, rode contentedly. She didn't think about the fact that she had used her voice for the first time in over thirty years. She didn't know whether the head between her breasts was Mark or whether they were going to see Mark. She just liked the adventure. Swaying slightly with the rhythm of the bus, her fingers drummed lightly on David's face. She looked at the new vistas, houses she had never seen before, and counted the numbers. After each intersection they jumped up, from the 600's to the 700's. At the 1100's, she and Mark would get off to see someone new, or she and this dead person would meet Mark. She was happy.

I Danced With Death

Caroline Hedges

I danced with death today....
Death led. I had to follow.

I held the hand of a man I never knew as his heart stopped beating, his lungs stopped breathing. His eyes wide open, staring at the unseen.
All I know of him is that his name is Bill. That he didn’t want us to tell his family he was in the hospital, even the ICU. He asked this week for postcards to write them to tell. He didn’t look like a Bill, he looked like Kris Kringle, white hair, long beard. He died almost alone; with twenty people around his bed. I know that to those who dance with death every day that I must seem silly or naive, misty-eyed holding the hand of a naked man on a bed as they all pack up their tools for giving life. But what kind of life can you give without holding someone as they journey from life through death to the life beyond? Brian came to the other side of the bed as his heart rate dropped to forty, thirty, ten, nothing. He too felt the sadness, and held the shoulder of Kris Kringle as the world moved on.

As I typed the last few lines, I heard from Death again. “Roy is gone.” My patient just diagnosed with pancreatic cancer three days ago unexpectedly went into renal failure. And now he’s gone. I hang up the phone, I put my scrubs back on and get in the car with wet hair to go cry more tears. I hold more hands. This time with one already dead, and with those left behind. Left with the shock and emptiness. Left with an empty pillow tonight as she sleeps. Left without Grandpa’s knee to play on. Left without the father so dearly loved. I fell in love with Roy these past few days. Not in living, but in dying. Musician, tender heart, lover of green chili and tortillas, father, brother. Rough around the edges, known and loved. I had to go back to the hospital for myself as much as for the family. I could cry here by myself, or cry with them. I had to say goodbye. To Roy, to these intimate strangers. I had to say hello to death. Again.

So how do you learn to dance these steps? What do you do when someone dies? I cried. I asked a stranger for a hug. She said she doesn’t “do hugs,” but that she’d make an exception today. I ate a piece of chocolate. Two. I told my husband Jeremy that we needed to have some chocolate around the house since these latter days have been hard ones. Good thing. I needed a little chocolate love tonight. I’m finding myself
showering all the time just like my surgeon husband. Now I get it. It’s a literal washing off of the hospital film, but also a spiritual symbol. There’s something to cleansing your soul in that hot water. Tonight it’s two showers. But there’s not enough heat, not enough water to wash off these tears. I search for the fuzziest pajamas I might own. I even put on my big cozy slippers, seeking some comfort. This is new. And of course, not enough.

I’m thinking tomorrow of asking the doctors how to dance with death. But I don’t know if they can tell me. It’s hard enough to show someone how to dance with life.

Roy’s wife held my hand and told me to stay soft. To keep compassion.

I will fight for it.
I will fight too for life.

I will fight in pregnant patience as I wait for the day death will die.

Someday we will dance upon death. We will lead. Death will follow.
Prayer for the Light Baby

Gail Waldstein

My Pilates teacher says think
of sleeping babies, how heavy
they feel dead
weight. Tense those gluts
pecs, abs, make them work.
I squeeze even eyelids see light
babies from my medical practice
years I did post mortems
bad days up to five.
My breath draws
her instructions in.

The awake baby is light.
I remember mine
writhing squirming seeking
to get down keep those butts up, she commands.
The heft of them from the car
late nights how easy in the morning
arms stretched up from the crib.
They weigh less and I believe her as if it's true
scaled, verifiable. All those autopsies
you'd have to pace yourself
because the morgue was hot
or cold, your bent back strained

Prayer for the Light Baby — 1st place Milton Kessler Contest & pub.
Harpur Palate vol. 4; issue 2; 2005
into dark cavities.
Small torsos flexed:
preemies don’t get rigor mortis
muscle mass too small
to stiffen. You need breaks
to keep records straight, the hair: texture
pattern on scalp, eye color, ear
anatomy, skin hydration. You need
time to summarize charts, call clinicians
gather notes keep going engage every muscle
they’ll hold your body up.

We weighed each organ, took
tissues for chemistry, blood for
chromosomes, cultures.
Gross malformations named: major and minor
preliminary diagnoses scribbled
as if a baby could be cubbyholed.

Lift, she drones.

You and your secretary trade: your notes
the next chart, which you skim. The day thins
the morgue’s clean clorox and steel light
flood stainless tables. Another
naked body, too little food, too much coffee
your hands tremble. Pull in
with each exhale belly to spine she shouts.
Exertion shakes you
bone-saw vibrates tiny vertebral columns.
All too automatic sterility cloaks the room
like an infection.

By day’s last post I’m exhausted
my children’s dinner
late. It’s en-block evisceration the very
word the world *curl tighter, harder.*
Night: refrigerate organs
release body to mortuary.
By morning *you’ll be fresh* though
corrosive fixatives will chew
nasal nerves like leprosy
all meals tasting tin even your baby’s
powdery bottom tainted
till midweek. Sorrow
seeps through gloves
a firm handshake

until one Saturday night around eleven
grandparents from Wyoming
want to hold their son’s newborn
before embalming, want to touch

baby flesh. In the morgue
you place
fresh cotton batting in the skull
clean white pads in chest and abdomen weeping
blood-soaked originals removed. No baseball
quick stitch in black cord tonight.
Fine catgut, hair wet-combed over scalp seams.
A kimono on the body
limp arms pushed through.

She’s inactive
in her pink blanket
and you think *how to explain lightness*
to these ranchers *why
she’s feathery as down.*
Leaving Pathology

Gail Waldstein

small corpses lie
pale against the glare
of stainless steel tables strewn with
knives, forceps, saws, a scale, measuring
tape and diminutive, fine-honed scissors
for this delicate task
dissecting bodies
of children thumb-sized fetuses

I trace paths of disease
mark each tributary
on the journey to inexorable premature
dead the weight of dead babies
crib deaths, cancer, brain hemorrhages
knots my hands

there are the infants
beaten to death
and certain faces
after all these years stain my memory

Leaving Pathology — 3rd honorable mention & pub Explorations 1998
republished Sandburg-Livesay Award Anthology No Choice but to Trust 2000
Grainscape 7, Ryan Honaker

the freckled five year old whose
Dad called him chicken so he picked up
his go-cart and fear hemisected
his liver in a brick wall
his body unclaimed five months

the three month old brown hair stiff
haloing the concave face
mouth still screaming
saucer blue eyes, wide in surprise
at death's speed

my hands ache with accumulated dross
30 years carving my fingers are steady
my technique's precise as a vascular surgeon's
it's just my heart flutters these days

there are other duties
interpretation of slides where
infection melts tissue demands a name
my hands move these slides, adjust the focus
of the microscope scribble notes, write diagnoses
phone surgeons, sign reports
these hands diapered
my children caressed husbands
should have numbed with profane repetition

instead they grow gnarled
I hide them in public
the horror of what we do
under the name of science, contributions

I develop arthritis
a coward’s way to quit
this calling

Not So Cut and Dried

Joan Ringel

I don’t have breast cancer, and I never will. Or at least that’s what I believe with conviction until I read a newspaper article that reminds me that women who have had bilateral mastectomies still have a five per cent chance of getting breast cancer.
How can that be possible? A dry, mostly comprehensible newspaper article tells me that a typical mastectomy inevitably leaves breast tissue that is vulnerable to cancer. But, now fourteen years since my surgery, that cold wave of fear ebbs remarkably quickly. It wasn’t always so.

“I can’t have the biopsy next Monday, I have to testify before the Senate Business Affairs Committee.”
“You’re crazy. Your mammogram has suspicious findings, and you’re going off to testify?”
“Look, what if I have breast cancer. After Monday, I don’t have to give any more testimony this session. I can clear my desk and focus on whatever’s ahead.”

I didn’t hear the unease in my husband’s sharp comment to me. I heard instead the controlling behavior of the “doctors’ club.” My surgeon hadn’t even called me to give me my mammogram results; he’d called my husband, one member of the club to another. But I’m getting ahead of myself.

It all started in 1983 when my mother’s cancer returned and my physician husband suggested that, given my family history, I needed to be followed more closely than my monthly self-breast exams. God, I hated those exams. Am I really supposed to knead my breasts with great care to find my own tumor? How can I think of my breasts as anything more than traitors who are going to betray me? No, everything didn’t start in 1983. I forgot the mammogram in 1969 when I discovered a lump four months after my first son was born.

“Put your breast on the table,” a matter-of-fact, male radiology tech said.
“It is on the table,” I responded shivering from the cold metal table he had motioned to. Having returned to my flat-chested self, even I realized it was difficult to tell whether or not I had put my breast on the table. The days of Rubenesque pregnancy and nursing breasts were now over.
“Probably a clogged milk duct” an unemotional radiologist told me.

No need to worry, I thought. Although my grandmother had died of breast cancer when she was 69, it never occurred to me that this breast cancer thing was truly going to be a family affair.

Even when the reality of family history sunk in more than twenty years later, I never bothered to have the gene test. What was the point? My grandmother had breast cancer at 60. Then my mother, also at 60, and then bone cancer at 69. My sister had two bouts of breast cancer in her 50’s. What was there to check – I was only 39?

My academic husband went on his promised reconnaissance expedition to help me decide if it would be best for me to see a gyn, a surgeon, a radiologist, or an oncologist

“...to follow you prophalactically. I want to find someone in the community who isn’t likely to move to another medical school. And, I want that person to be conservative, not an alarmist. I’d like you to see a seasoned, general surgeon, who is not surgery-happy—one who won’t jump to conclusions.”

“Okay,” said I, not yet willing to take responsibility for my own health care.

After all, why did I endure five cross country moves in ten years and the second hand rigors of medical school, internship, residency and the military with an academic-physician-to-be husband if he wasn’t going to take care of my health? I’ve since changed my mind about who’s in charge, but then it was his job – one which he took on energetically and thoughtfully.

My first appointment with the congenial, well-respected surgeon he chose was not at all what I expected. I wasn’t surprised or even uncomfortable going alone. There was certainly no need for a doctor husband to accompany his wife when she showed no external anxiety. Inside, I was terrified.
"It’s only a routine examination." Did he say that, or did I?

The routine part was the now familiar breast exam which revealed nothing. The caring part was the doctor’s telling me he would be happy to examine me every month or quarterly if doing so would make me less anxious. The surprising part was our conversation after the exam.

“If you were my wife, given your family history, I would want you to have prophylactic mastectomies.”

I was stunned. I never dreamed even in the depths of my most irrational, cancer phobic moments that he would recommend such an extreme option. Totally forgetting my prep school, white glove manners, I blurted out,

“You have a better chance of getting prostate cancer than I do breast cancer. What are you doing prophylactically?”

Thus began my ten year odyssey with a genial, caring, conservative surgeon along with eleven biopsies sometimes for lumps, sometimes for calcifications, sometimes in an outpatient surgical suite, and sometimes in a radiologist’s office for a stereotactic biopsy.

The climax arrived during a summer’s routine mammogram. Atheist or agnostic that I am (I can never remember which) I don’t pray very often – except of course when the mammogram machine rolls back and smashes my now 49-year-old breasts into painful pancakes. Please g-d, don’t let them find anything. But “they” did. Of course I knew that something was up when I needed extra pictures and a sonogram. The expected call from my surgeon came the next day saying I needed to have a stereotactic biopsy; the mammogram showed another ring of calcifications.

The preppy, talkative radiologist I had seen before was out of town and wouldn’t be able to see me for a week. So now, the
day of apprehension that always preceded my mammograms would be extended for seven more days.

I suddenly flashed on a conversation I had with a physician who spoke along with me at a health care reform summit. Ironically, at the time, I represented an insurance company and often had to lobby against mandated benefits—you know like required PSA tests for men over 50 and mammograms for women over 40. He and I had a side bar conversation about the Canadian health system. We talked about how Americans wanted their tests and surgical procedures performed instantly. He offered that, by contrast, in Canada, women may wait six months for mammograms and then another six months for biopsies. I asked how they could stand the mental anguish waiting so long. He glibly shrugged saying that the Canadian outcomes for breast cancer survival differed little from ours even if the tests were spread out over a prolonged time.

Well, Canadian stalwarts notwithstanding, I knew I would be anxious every one of those seven days. I knew intuitively then, and experientially now, that survival rates pale when someone is facing a dreaded disease. What I didn’t know was that my husband and 20-year-old son (who was then living at home) were as uneasy as I. This journey hadn’t really been a solo experience. Our conversations were stilted. Worried facial expressions abounded. Finally, the test day arrived and with it a report that all was fine.

A week later, a totally unexpected call from my surgeon shocked me. It seemed that he had sent my slides to Vanderbilt University to be re-examined. Guess what? All was not so fine. In Nashville, a well-known breast cancer Mecca, my slides were read as atypical hyperplasia—a precursor to cancer 50% of the time.

Imagine my disbelief after my week of jubilation and reprieve! Imagine my family’s. Unlike my sister who believed that getting breast cancer was inevitable, helpful therapy had tilted me to the side of being determined that I was going to be cancer free. My shield of invincibility soon gave way to the ambivalence of what to do.
"You can wait and continue with mammograms every six months," my surgeon said. Or, you can have prophylactic mastectomies." He didn’t feel the need to remind me that the surgical route was the course he had recommended ten years before. But when an oncologist friend—another non-alarmist—said,

"If you’re going to wait to decide—even for six months, I want you to start Taxol immediately."

"But Taxol will throw me into menopause," I countered.

I had not yet started going through menopause which seemed fine to me. Why would I voluntarily want to take on hot flashes and irritable mood swings? All right, I already had mood swings but they weren’t always irritable ones.

Ultimately, I had to be the person who made my own health care decisions. I went into research-mode, reading everything I could find and talking to several physicians.

"I don’t want to influence your decision," my husband said. "I’ll be comfortable with whatever decision you make."

But I remembered his excruciating disquiet before the biopsy and knew he wanted me to have the surgery. I finally recognized that I wasn’t in this odyssey alone—my family was absorbing every anxiety I experienced.

I decided to have the surgery, and I’ve been glad ever since. In the hospital after the surgery, I learned that nurses treat you very differently when your mastectomies are prophylactic than if you really “had cancer.” They found little reason to check on me during their shifts. Why should they; I wasn’t “sick.” It wasn’t as though I was having plastic surgery to trade up or down after all. My chest hurt more than I anticipated. No one bothered to talk to me about the emotional costs of losing body parts—not even the plastic surgeon that my general
surgeon recommended for his “people skills.” So there I was with a tight bandage across my chest. No breasts, apparently no big deal. Neither my friends nor family broached emotional concerns and instead offered some variation of, “The point is that you’re not going to get breast cancer. What a relief.”

From my rigorous, totally unscientific observations, I learned that well-endowed friends would never contemplate this kind of surgery for themselves and that flat-chested friends would, in a heartbeat. I learned, too, that statistics were only numbers which had little to do with me, my specific history, and more importantly, my emotions. I entered the hospital with breasts that were erotically sensitive. No one mentioned that the one-inch band where the mastectomy incision crossed my chest was unlikely to have any sensation. Even now, fourteen years after my surgery, when my husband caresses my surgically recreated breasts, before I allow any pleasure to register, thoughts of cancer and more frequently that he’s caressing implants—which I’ve come to call water bags—come to mind.

I realized anew that our medical system is remarkable, albeit not fool proof. My medical professionals had the science down; it was the art of dealing with emotions that was wanting. I’ve stopped having mammograms. I was once told by a surgeon that he wasn’t sure what a mammogram with implants would show, and wouldn’t that be a great question for surgical board exams?

And, I have discovered how to live happily ever after except for those brief moments when I read an article saying that women with mastectomies have a 5 per cent chance of having breast cancer.
Neoplasia

J. Joseph Marr

Time to come
Is compressed into
Now.
As ominous diagnosis
Defines
Nature gone awry.
A parasite slinks
Within the darkness
Of the vessel that gave it life
Fated
To consume its benefactor
Horrifying
In its indifference.

Then,
The subliminal urgency
Of life,
Aroused,
Pervades the consciousness
Of the host
To demand a hearing
And to rearrange the

Dross of existence
Into a monolith
With life alone
Shining at the top
Surrounded by its own
Fear of the dark.

**His Gown**

*Eric Young*

He wears his
Gown,
Without complaint.
It covers him
Barely,
Despite the stains.
It is helplessly thin
And frail
And useless.
It reminds him of
Where he is.

Our coats are white
And thick,
Emblazoned with emblems
And auras
That protect us from
Fear and Doubt.

"Morning Doc,"
He says again.
"Let's lift that up,"
Our standard reply.
We grab his gown
And leave him
Bare.
Post-op day thirteen
And he knows,
He wears the gown
But it is not
His own.

We own our coats.
We own their pearly-white
Vanity.
We own their
Pride.
But gowns are humble
And humility
Divine.
To heal we too must be
Humble,
And respect the gowns
Our patients wear.
Where Do I Stand?

Eric Young

Where do I stand,
With my short white coat
And eager heart,
As the alarms sound
And the ventilator pumps
And the nurses float by
In this just-too-small room
Where my patient is going to die?
Algorithms dance across my mind
Each with a beginning
And an end.

Lone Horse, Theresa Diamond
Meanwhile,
I step here and there
As those in-the-know
Dance some chaotic dance.
I feel helpless and alone
Relegated to the corner
To await the inevitable.
If only someone would just tell me
Where I do stand?
I choose instead to kneel,
Humbly at his wife’s feet
As she sits outside the room,
Collapsed and frail,
Eyes burnt red with tears
Pleading with me for something more,
Another option,
Anything besides this.
“I don’t know how to do this,
I don’t know how to do this”
She whimpers.
Neither do I.
So I hold her hand
And rub her back
And say nothing.
Silence falls between us
And I know
That we may never know where,
But eventually,
We all must stand.
It was the last room we were supposed to rotate through at the dermatology clinic as first years. In each of the previous examination rooms, we stared at the patient, inhumanely, while the resident explained in sophisticated medical terminology the disease from which the patient suffered. At times, per her instruction, we were also allowed to reach out and briefly brush our fingers on an abnormal lesion. The patients would oftentimes gently close their eyes when we touched them. A brisk knock on the door after each 5 minute session signaled that the next group was waiting outside and we were to move on—repeat.

As we had observed art, we observed these patients in a similar manner. We carefully examined the texture and color of their skin, drawing quiet conclusions about the underlying origin, the “meaning” of the pathology. We intermittently forgot, while mechanically rotating through the clinical rooms, the discomfort these patients must feel while inexperienced medical students were prodding their lesions without even asking their names. Like paintings, everything about their condition without a layer of clothes, was exposed on the surface, naked, incapable of being hidden. It didn’t take medical school to tell us that each patient had an illness, but nothing could prepare us for the last room we entered.

We stood in the last small physical examination room, awkwardly, 9 of us in short white coats. Lying on the examination table was Abby, a young girl with dystrophic epidermolysis bullosa. Her green eyes were fiercely focused on the TV set to her right, their color sharply contrasted by the scarlet rosacea on her cheeks. The thinness and delicacy of her skin resembled rice
paper that easily disintegrated with the smallest amount of friction. Her extremities were heavily bandaged except for her hands and portions of her left leg, which revealed a raw looking pink rod ending in a slightly redder stump with peeling skin. They were remnants of toes and a foot that was taken by the disease. As she raised her left ankle to rest on her opposite knee, the posterior portion of her thigh exposed a sizeable ulceration that resembled textbook diagrams depicting a cross section of the skin layers. Because of her disease, she could not generate new skin and will slowly witness the deterioration of her digits.

Abby did not make a sound during the first few minutes we were in the room. The resident told us that her defect in collagen VII was a result of a recessively inherited chromosomal flaw. In addition to observing the spasticity of her hand movements, I foolishly assumed that her genetic abnormality also meant she was mentally retarded. I was wrong. After five minutes of listening to the resident present her case, she interjected- a small, very determined voice wanting to be heard. She spoke candidly of her daily routines, her baths, her bandaging and her mom’s role in her treatment. Her eyes scanned the room at our faces, observing us. In realizing her coherence, I ironically stumbled upon an uncomfortable contemplation. She was cognizant of everything going on. As her skin gradually erodes, she knows that she will one day no longer have fingers. She is aware of what is happening when she looks down at her left leg and sees the erythema and a projection of where her toes used to be. She knows that, one day, she will likely die of squamous cell carcinoma. Would it be better if she did not have the mental capacity to realize these things? I left with no conclusions, but many unsettling thoughts.

The next morning, I flipped on the T.V. and there was Abby. With the same determined voice she spoke about her condition to raise funds on the news channel for epidermolysis bullosa research and treatments. Again, I was proven wrong- she was able to empower herself. I cannot believe I wondered whether she would be better off had she been mentally incapacitated. I remain an inexperienced medical student, but I am learning. This small experience taught me that much.
Baby Almost

Laura Hays

The bonds of the group were fused
The journey of the Solace Neonatal Loss group included Tears, Pain, Anger...even escape by alcohol was understood...

Although not excused

I reverently kept the infant’s picture in my heart
Until the moment I sought to recapture
A mother’s prize denied, her love and protection fervent

Baby Almost was

Ethereal mother will comfort the cold angel
...yet, what can possibly soothe Earthly mother’s empty arms...and heart?

It is a privilege to follow in the shadow of those broken
Please keep my heart humble in the midst of what is required of them

to survive
the pain

As I now hold Baby Almost close to my mind
May I honor this family...by being aware of...

my own brokenness
I gaze above my hearth...and the ethereal faces gaze back
  Teaching me of the vulnerability and fragile
  Care needed

White

Laura Hays

Pristine  Pure  Innocent
UNtouched..............Isolated

White reflects away all color ...is impervious
White is the uniform of the nurse past
  Inchoate, Blank, any smudge = dirty...leading to
  Boring Beige

My parallel personal growth is suspiciously similar to the
  nursing profession’s growth
Was I born a nurse; a rescue medic-dog in preschool,
  a Halloween nurse at age 5?
  However, I was never truly a nurse...until the
  absorption of colors

Follow this journey beyond the bottom corner smudges;
  follow upward to a time of Gray
A time of no beauty, rather Grief
  The wounds of mine are Humanity’s
The Traumatic Red...pain...loss...emotions revealed, colors evoked

Black Becomes, the absorption of all colors; the full encounter of Humanity
...I Belong to this Humanity

These Wounds and Grief grew feathers for flight...yet,
freedom aborted the flight
Instead I choose grounding, to water Humanity with
Intentional Nurturance
   Droplets of Healing and Care hope biogenesis
   for another’s pattern of growth

I am, Nursing is, part of a larger purer pandimensional pattern
....yet I am honored to be part gray,
part hated-pigeon,
...come from the less-thans

Humanity is watered, I am fed; a Relationship of Healing and Growth
My humanity requires my humanitarian action,...for

    Belonging precedes Being

    Clouds will come, yet the beauty of the sun
    brings warmth and music to all

Rogerian patterns are not predictable; for All Humanity is unique
   Yet any addition or loss affects the
   pandimensional landscape...thus my mandate
   To Heal in all aspects

Black is the color of all colors, a dichotomy from the past
Absorbing and mirroring, all at the same time
I lay in my bed staring at the pasty white ceiling. I notice a cobweb draped in the corner against the wall. What are cobwebs anyway? And why is the paint starting to chip again? I thought I just put a fresh coat on. I can’t help but notice the little things. I lay in my bed and, while I don’t feel especially tired, try to sleep. It is dark outside so I guess that’s what you’re supposed to do.

I don’t lie here peacefully; I’m in pain. I’m seventy-four years old and I recently lost my wife. I say recently, but it’s been over six years now. You’re supposed to be in pain. Losing something that you value so deeply causes pain. But you should also move on. So do I lament the past and what was, or embrace the future and what could be? For now, lamentation reigns. I don’t want to move on.

My physician says I look good. That was almost a year ago, the last time I saw him. He can’t see me now. For years I’ve been compliant with what my physician wanted me to do. But not anymore, I’m tired. I was on all sorts of medications for all sorts of conditions. I had a little pill organizer sitting on
my kitchen table: Monday, Tuesday, Wednesday, and on. Each container for each individual day was filled to the brim with medication. I couldn't choke down all those pills with a single glass of water if I wanted to. No, it took an effort and multiple glasses of water for me to ingest all of the pills. Really, it felt like an accomplishment every time I took them all. But, like I said, I'm tired of taking pills.

The pain of losing my wife is not the only pain I feel daily. I have cancer. The physicians thought they had fought it off into remission. Apparently they were mistaken. Another round of treatment is on the horizon. I prefer the night with no sun to shine. I don't want to lose my hair again, although I don't have much to lose to begin with. It's the constant, severe nausea that I can't deal with. I don't want to deal with it. That alone will probably kill me.
The first time I had signs of cancer, about 4 years ago, I felt strong like I wanted to fight this thing off and keep on going with my life. Yeah, I was without any close family and my wife had passed on only two years earlier, but I wanted to keep living my life. The pain in my stomach that the cancer was causing was minimal to the pain I would feel if I allowed myself to simply give up. I had nothing to prove to anyone but myself. I honestly thought I could do it, so I decided to take the challenge and see where it lead me.

I did everything my doctor prescribed I do. I went through multiple rounds of chemotherapy. It was hell. I'm not sure you can actually imagine what's it's like without ever having really gone through it yourself. The side effects are nothing short of brutal. I would have thought that by now some smart person would have came up with, or stumbled upon, a new more user friendly drug to use for my condition. From everything I could tell I was getting worse, not better. But I continued to fight; for some reason I wouldn't give in. And I won, or so I thought.

When my cancer appeared to be gone, I was able to pick up my life again. Well, I did the best I could. I joined a tennis league, I played bingo on a regular basis, and I even cut my own lawn. Oddly enough, I felt most alive while cutting the grass. Despite the fact that I had to contend with persistent allergies, being outside and working left me with a sense of pride and gave meaning to my elderly life. I had no one to take care of, and there was no one to care for me. So I cared of the grass and that took care of me.

Unfortunately, gratification from mowing the lawn was only a novelty, a passing therapy. Winter came and the grass didn’t grow. Winter was the hardest of months and I wasn’t about to start shoveling snow. Somehow I made it through several winters. Obviously it helped that the cancer was gone both in my mind and my body. But now it’s back again.

The last time I saw my physician we talked about treatment options. He suggested more chemotherapy but I wasn’t on board. Instead he gave me some medication I could take at home. Some was for the cancer, some for the pain. I guess it all was supposed to keep me living. Lately I’ve been thinking that
these drugs aren’t doing anything. And it’s winter again, the hardest of months.

My stomach has been kind of upset like I’ve been doing cartwheels right after eating. Most people would probably take some of that pink liquid stuff to help settle it, but I have none. How could I have any of it, I had never bought any before and I wouldn’t use it if I did. I’m done taking drugs. So I just have to tough it out, not unlike everything else in my life. Trying times call for tough guts, and mine must be made of diamond-plated titanium because after all I’ve been through I’m still here and surprisingly coherent.

Anyway, I’m sure this stomach ache can’t be quelled by some smooth, bitter solution. This stomach ache is the result of the proliferation of terrorist cells within my body. It’s not pleasant.

I don’t lay here prostrate and motionless in my bed because I’m cold, helpless, or in too great of pain to reach for the magic pills from the doctor. I lay here in my bed, in my house, quietly waiting to return home; home into my wife’s loving arms so I can live again.

No Label Can Quite Capture

Roger Helfrich

No label can quite capture
The agony or the rapture,
Nor does it begin to make us aware
Of the endless boundaries of despair.
No numerical diagnosis
Can touch the terrors of psychosis.
Of voices haunting in the wind,
Of demons dancing deep within.

No narrow category
Begins to tell a person’s story.
It does but barely mention,
Only one dimension.

To know the suffering,
To see the whole,
You must sound the depths,
Of the soul.

The Tempest
Roger Helfrich

So insidiously strikes this malady
To catch him unaware,
To sink him ever slowly,
Before he knows its there.

Gridlock strikes all streams of thought,
Slows the mind beyond belief.
Energy dwindles near to naught,
With nary a sign of relief.
Color fades from life’s great visions.
Sounds once sweet assault the ear.
Trapped in a world of two dimensions,
All life’s textures disappear.

Limbs of lead weigh him down.
All his world runs uphill.
He’s three of six beneath the ground,
Sinking ever still.

Though he be statuesque,
He swirls with agitation,
And in the hollows of his chest,
He churns with trepidation.

Guilt descends to condemn his failings,
Throws perspective to the wind,
Shows no quarter though he be wailing,
Then runs its spear through him.

If only his mind could drop to sleep,
In refuge from this anxious dread.
Insomnia’s curse staves off relief,
From the tempest in his head.

His wan and wasted countenance,
Skeletal dark eyes,
His lost desire for sustenance,
Portend his slow demise.

How he hungers, longs for peace,
Any comfort he can find,
For whatever might release,
This tempest of the mind.

As silent screams besiege his brain,
He retreats from those held dear.
Forsaken by pleasure, captive of pain,
Specters of doom appear.
No sense of purpose, no way of being,
Despair does seize his broken spirit,
Death itself would be so freeing-
No longer does he fear it.

Slumped in melancholic pose,
Lines of anguish seer his face,
Prisoner of eternal woes,
He stares hopelessly into space.

Dark demons drop undaunted,
To siphon and to drain,
To leave him feeling haunted,
By the ghost of his remains.

Night Rounds

J. Joseph Marr, M.D.

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Night Rounds — Reprinted from The Pharos Volume 68, No. 2.
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When the intensity of the day subsides, the physician and patient reunite. This is when the touch and the voice can work magic even as the tenuous web of life is tightened and strained by the opposing pulls of death and life.

It was that way one night, late, as I walked along the beds on the open ward for a final check. It was the time when the restless susurration of heart valves and the tumult of the inflamed site gave way to introspection. The interval when physician and patient were as equals, joined in confronting a sometimes implacable process that had invaded the sanctity of the soul. This was the best part of my domain; I walked it alone each evening.

The ward was as silent as the tomb it sometimes was. Here the alcoholic, in to revive his liver before going out to pummel it again. Next someone with pneumonia breathing rapidly but not as fast as yesterday. Others with umbilicals moving fluids of various types: replacement, addition, and precaution. All was in order as I turned the corner and came back the other side. Here lay the conundrum. She had a disease known and described in terms of its nomenclature, signs, and symptoms, but not its mechanism. We had knowledge but no wisdom. We treated it with the agents of the day, and she and we slowly lost ground as it took cell after cell to its demise. Cell death now is apoptosis, but this really tells us nothing more. We thought that certain of her cells were dying and we were right. But we were shadow boxing with the devil and could not halt the process.

She was awake, a young woman, lying quietly, knowing she would sleep soon enough. The disease was pulling at her with its hands clenched into her vital places and its face gradually replacing her own. She would never know the joys and pain of family and children. Neither the dross of life nor its sunshine would be hers. She did not understand why this should be. Her failing system caused her to breathe deeply and she appeared to gulp in the darkness, as though pulling it within her would make it a friend. I paused and we began to talk across a chasm. It began as innocuous pleasantries, then more serious questions. Why can you not do more? Why is this happening? The unspoken question: Why to me?
So then I broke my rule and sat on the edge of her bed. A patient's bed is a refuge and physicians do not violate that. But this was the meeting of two equally confused humans, so I took her hand and we talked about her short life and why it would not grow long. And in the corner, death stood by quietly while attending another, but glancing carefully at her so as not to forget who and where she was.

Then, on panicked impulse, she reached up suddenly and hugged my neck, pulling my head down alongside her own. She held on fiercely for several long moments, trying to seize some connection with life and health; to get close to another human and free herself from the beast within. It was a desperate attempt to siphon strength from one who had it yet could not give it, and to capture some human solace before the door closed.

I made no movement to pull away and after some moments she let me go. There were tears and trembling on her face, and I knew that in those moments she had accepted the barrier between her bed and the rest of the world. I continued to hold her hand and we sat for a long time without speaking. Then I got up slowly and moved reluctantly down the row of beds, looking at those for whom I could do something. It was the pragmatism of the physician, perhaps, or the need to finally conclude the day. More probably, it was a tacit acknowledgement that neither of us knew exactly how to manage a process that would not be managed.

The door did close on her after several days. It closed slowly but inexorably and quietly. Death did not storm the castle; he simply infiltrated the corridors of the tissues, locking one exit after another until there was only one. Then she left with him.

*The rhythm of life*
*Maintains its weakening pulse*
*The dank fog slips in*

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The Fragility of Place

Gail Waldstein

for my partner's son David

the sea begins in the sky here
there is no horizon
the moon lowers pulling surf
in huge irregular crescents
vibrations full as
a round from a cannon an AK 47

pale powdery sand stretches
miles sculpts a bowl

19 the age his father went to Nam
his great great grandfather Vicksberg

19,000 miles west to east
long distance calls begin:

to his roommate
clothes unpacked
toothbrush in the cup on the sink
where water spins backward

to the registrar

Fragility of Place — honorable mention & pub. Explorations '99
classes begin the nineteenth
the beach would draw him
a boy from mountains

the surf the sharks his Mother’s fear
pound powder sculpt sound
a shoreline against her ear
waves atonal as bombs

the roommate cannot find his backpack

they call leave message after message
until time collides with information
the police report
    a red day pack
    propped in sand
    glass bottle juice fermented
under pressure

a week before the body washes ashore

the father gathers
dental records
metal placed in teeth
where sweets eroded enamel
rewards for emptying
    the garbage
faxes them

constructs of their life
compressed in an urn
the service on the high plains
outside Denver
spring snow so granular
it covers the mourners the mother
in total silence
the earth dark and cracked
as ponderosa bark

born December 19th
near the winter solstice
his head covered then
in a film of fur
the fawn shade of his father
his eyes surfaced
through the opaque blue of birth
the butterscotch grain of
his mother
far far behind the irises
With the hallucinatory exactitude of its species, the Olympus video gastroscope scrutinizes the nap of the worn hospital towel on which it rests. The overwashed square inch of American cotton appears on the screen as a badlands of white, teetering cliffs of lint, thready falls of fraying fiber, and tufted cascades of loosening weave.

After the procedure, the instrument’s tip continues to swing above the floor, elaborating the similarities and differences between two adjacent squares of green tile and slightly chipped grouting.

She’s wide-eyed. “I don’t remember a thing!”
I held your heart and lungs in my hands yesterday

The first incision along your back was difficult
it felt surreal, almost inhumane
The tissue was tough
the muscle so thin
I had no idea what to anticipate
Biology fascinates me, but you were once a living body
Your skin used to sweat
Your muscles once helped you hold your child

I am grateful that your body does not emit the experiences of your life
If it did, I would not have been able to make the first cut
Instead, I’ve discovered the nerves that gave you touch
I have seen with my eyes how your back muscles lie perfectly to carry out movements of precision
I have felt with my fingers
The path of a nerve from your neck to your finger

I held your heart and lungs in my hands yesterday
The beauty is breathtaking
Did you know your lungs and heart fit perfectly under your ribs?
Are you aware of the artistic network of tubes and sacs that let you breathe?
Thank you for allowing me to relish your sculpture
Although I can not yet think about your journey
your moments of laughter
the people you touched
the tears you may have cried
I know their importance and anticipate revering your soul after
the final incision

For now, I am still fascinated by the privilege
of holding your heart and lungs in my hands yesterday

No One Is Beyond Sympathy

Elizabeth Grevengoed

The frost is still melting at the edges of the passenger windows. I wonder how anyone could survive a single night on the streets in this weather, let alone an entire season. Considering what this man has done, however, the chill seems like appropriate justice. Just for having those thoughts, my own “justice” this morning is that the heat just starts to work after I arrive at my destination.

The Cherry Creek Parkway sleeps soundly at this hour of the day. There is little movement under the 14th Street bridge. According to the social workers, that was the last place they saw him. I am preparing myself for the intense smell of urine and the battles of irrationality that await me. I used to walk
this pathway on my way to class and I remember holding my breath and swerving towards the creek while going under the bridge. I never knew what might await me – a woman with a shopping cart full of her belongings having an elaborate conversation with her shadow, or the stench of alcohol mixed with bodily fluids leftover from last night’s gathering.

Mark Johnson was released from prison three days ago. His convicted child molester status needed to be registered with the county within a week of his release. Before that could happen, however, he needed medical attention. He had been released with no medication or supplies to monitor his diabetes. Perhaps, for many reasons, prison was not such a bad place for this man.

I was informed of his situation just as I was leaving the office last night. The prospect of visiting him prevented the wave of deep breathing and refreshing sleep that normally washed over
me every evening. How could I possibly give unbiased medical attention to someone that had been locked behind bars for damaging a perfectly innocent child? What does a molester look like? Does evil come with a certain haircut?

The image burned into my brain as I finally fell asleep was an unclean man with callused hands.

The smells intensify as I near the bridge. I can see four or five people huddled in sleeping bags and trash bags. A pair of sad eyes meets my gaze as I approach. This man’s bone structure is angular and strong, and he has a full head of wavy salt and pepper hair. I am struck: this was once an attractive man. He resembles my next door neighbor – a police officer and a father of three children. I call out for Mark Johnson and that same pair of sad eyes widens as a grateful smile spreads across his face.

“Mr. Johnson, how are you feeling today?” I ask somewhat sternly, as I gesture for him to walk a few steps away from the huddled group so I can perform a physical examination. He rises slowly and pauses when he is fully standing. He is thin and weak. He shuffles toward me and comments that he has had better days. I test his blood sugar and it registers 72. “When was the last time you ate anything, Mr. Johnson?” I ask.

“Some guy gave me a ham sandwich yesterday. He said I looked like I needed a snack.”

I carry on with my physical exam as if he were any other patient. I stop abruptly, however, when he asks “Why did you come out in this weather to check on me? My own mother would never have done that?”

I am momentarily frozen and not because of the 30 degree temperatures. This man has a mother and a father. He may even have a sibling or two. Did they love him when he was a child,
or are they the reason he evolved into an abuser? Are the people we see on the street – the ones holding up misspelled signs begging for food, money or transportation – victims of their own abusive or neglected childhoods? Did their abusers have to register their convicted status with the local officials? When Mr. Johnson molested that child or even children, was he simply acting out the only affection he was ever shown?

No words seem an appropriate response to his question. I am not sure it is possible to explain to someone who may never have experienced genuine love or respect that everyone has a right to good health care.

After collecting my thoughts, I finish Mr. Johnson’s examination. I contact my supervising physician to update her on Mr. Johnson’s status. We decide that he needs to be taken to a facility where his glucose levels can be monitored. Chances are that he is already experiencing kidney failure; further tests will need to be done to determine how ravaged his body has become by the disease.

I turn back to Mr. Johnson to let him know that I have found a place for him to stay where his illness will be monitored more closely. My delivery is softer. I elaborate that he will have a warm place to rest tonight and there will be plenty of food. He seems confused and asks how long he will be able to stay. I tell him that we can discuss it in my car on the ride over.

As I prepare to leave, I reach for my bag. Mr. Johnson reaches out to my hand. He takes my right hand in his and gently places his left hand over both. “I do not understand” he says, “but I am grateful.” I notice that his hands are not callused.
I was 20 years old, a full-time college student, and minutes away from meeting Terry, one of the greatest friends I would ever have. I pulled up to his beautiful house in a neighborhood nestled against the foothills on the West side of Denver and got out of the car. I was nervous about interviewing for a job so unlike any job I'd applied for before. Terry, who was in a wheelchair, and his wife, needed help. They were hiring someone who would clean, cook, take care of the yard, and do physical therapy exercises with Terry. The pay was double my part-time job hourly rate at the convenience store, and this job sounded much more fulfilling than mopping floors and working a cash register. I had always wanted to work in a helping profession and this was a wonderful chance to help someone who needed me.

As I walked to the front door, I thought about the phone conversation I had with Terry the night before; he sounded friendly, kind and intelligent. I was a bit nervous, hoping we would like each other. I didn’t have long to wonder. When I rang his doorbell, Terry came to the door riding his scooter and for some reason we knew instinctively the situation was going to work out well. Were we right! That day was a new beginning in my life—I spent the next 6 years by Terry’s side.

Terry was in his early forties, balding, with a full beard and mustache sporting a bit of gray. He had a deep voice, a friendly, smiling face and a twinkle in his eye. Sometimes he’d laugh so softly, you’d have to listen very carefully and look in his eyes to tell if he was really laughing. He was wearing sporty
slacks and a golf shirt. His scooter-like wheelchair had three wheels and was powered by a car-sized battery with a quiet whirr wherever he went. On the handlebars of the wheelchair Terry had a basket with all his accessories—a portable phone, a folding multi-tool, and his wallet.

Terry was 28 years old when he was diagnosed with Multiple Sclerosis. When Terry tried to re-enlist in the Air Force, he failed his physical. They claimed he failed the hearing test—he knows now it was the “move your leg around in a circle” test that he really failed. He said his leg was supposed to move smoothly, but the movement was staggered during the test. Months later, he began falling now and then for no reason. After a few good falls, it became clear that something really was wrong with his nervous system and Terry went to a doctor. After many tests, they gave him the dreaded diagnosis. Having MS meant never having full control over his body, watching his ability to walk fade away, and wondering some days whether he would have the physical strength to pull himself out of bed. Terry lost his career with the military, lost his marriage, and later in life, lost his career in the auto industry, each loss a direct result of his illness—and all in the prime of his life.

Terry had been in a wheelchair for about eight years when I met him. I never sensed anger or bitterness about his loss of a healthy body—instead he possessed a joy for life that is rare in most people. Working with Terry every day offered me a new and powerful perspective on life.

Terry treated me more like a team-mate or family, and not so much like an employee. Every day I’d get to work and say, “What are we doing today?” Terry would pull out his list and we’d get to work. We would spend our days working on the house, listening to music, getting to know one another, waiting for his wife to come home from work so that we could eat the dinner I had prepared with Terry’s guidance. Terry was the mind and I was the body. He verbally walked me through fixing the closet door, changing the oil in the snow blower, hooking up new stereo components, and numerous other handyman tasks around the house. My favorite thing was working in the yard. Terry would sip his iced tea on the porch
and tap his foot to the music playing over the outside speakers while I worked.

When we weren’t working, we were philosophizing about life and love and death. I’d read books aloud to him after doing physical therapy exercises. Or we’d fall into a trance listening to a new CD we had discovered earlier that week. Terry introduced me, a very culturally sheltered young woman, to many things in life I had never experienced—new genres of music, elegant restaurants and new foods, and the theater—my first performance was Phantom of the Opera.

Our Fridays were spent visiting museums, state parks, and quaint little shops looking for books, or incense or enlightenment of some sort. We would drive to Boulder and watch the street performers on the Pearl Street Mall and eat cheese fondue at my favorite restaurant. Those were the happiest days in my memory and that was when I learned to live in the present moment. I didn’t worry about school, or making ends meet—I only lived in that glorious moment—Terry did, too.

Terry showed me the world—more importantly, he showed me myself. He was the first person that ever demonstrated compassion and total acceptance of me on a daily basis. He would tell me I was one of the most passionate people he’d ever met, that I was good-hearted, and when I felt bad about things, he’d look at me with love in his eyes and tell me he understood me, that I was a good person. He had a way of pointing out the truth to me without making me feel defensive. I became more self-aware. He was a mirror, reflecting my true, wonderful self. Soon, I began to see myself through Terry’s eyes, and although I battled with a fragile self-esteem, each day I grew into a more loving, compassionate, aware, and self-assured person. I had intended on helping him that day I walked up to his door. Instead, he gave a much bigger gift to a young woman fighting so hard to figure out life—a love for the world and a love of myself.
do not go lightly into dark

Connie Boyle

thank you Dad breathes
we listen to staccato notes
a runner on tiptoe he approaches
the pool of cool water
unwilling to step in

breaths slow
shifting in the sheets
water he whispers his
eyes open plead
to stay lips close around
a moistened swab
wringing what he can
from the cotton

another another
he can no longer swallow
he can not relax nor
turn himself over
to the watering hole
in two days he will snuff out
dark
Snow Fields, Alex Bromfield
an alley cat walks the ledge
green eyes shine through boards

Nana’s woodshed musty dark
the cat inches forward

black fur on edge
dad’s hose stuns her

cats
   kittens
   kittens
   cats

dad drowns four one by one
in a bucket they’re blind

cat eyes glare in the woodpile no windows
cobwebs hang stroke no warning
   I will not look

two kittens sleep heedless of dad
early morning terror tomcat in pursuit
dad the Bronx Zoo large cats moving
patterns spotted hides brown eyes

butchered bloody steaks in the foreground
how long before a cat springs at me

college anatomy: I cut out the heart and great
vessels encased in a cat's stiff carcass hands

numb from formaldehyde
his touches in the shed

did you know kittens are born blind

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Educational Debt

David Franckum

I was told my large loan debt must in the end be paid.
There'll be scores of thousands of dollars—plus interest—piling
on along the way.
The balance must be levied each taxing month, 'till the ink
bleeds red no more;
But I've a feeling when the last cent's paid, there's still a debt in
store.
For though with cash and coin and check finally banished will be the bill,
The amount I'll owe in another way is far away from nil.
Hours, days, and years have been spent by those who've invested in me—
Preparing, teaching, showing, explaining: founding the knowledge I've received;

The sun I sweat under is shaded by the sacrifice of those who fore have sown.
Their help and deeds all springing leaves; yet their shadow is under loan.
And the list of those who've helped me spread as roots of that growing tree,
Can I possibly completely pay in full all those in the community?

My charge then is to not allow what's been learned to wilt, corrode, decay,
Foolishly keeping it to myself, or using it just for selfish pay.
Rather this knowledge should be nourished and shared, and put to use to serve;
Doing all I can within my scope: Only my best they all deserve.

So when the day at long last comes when the bank's balance has been met,
Let me smile wide,
But keep in mind—
There's more than one kind of educational debt.
Sara turned her car into the driveway. She hadn’t been here in over nine months. Her home.

She put the car in park and sat, her fingers gripping the steering wheel. Nerves twisted her stomach. A fine bead of sweat journeyed down her back. She chewed on her lip. She needed to get control of herself. Closing her eyes she took several deep breaths. She could do this. Steeling herself against her nerves she reached into the back seat for her bag and got out. She climbed the steps, crossed the old porch and rang the door bell.

When she left this house she truly didn’t think she’d ever be back.

She could hear the stiff thump of footsteps and the sad stomp of a cane coming from the back of the house, growing louder as it neared the door. The deadbolt turned and the door opened.

The weary gray eyes of her husband peered out at her.

“Sara.” This one word, her name, he uttered on a breath, a sigh. His guard momentarily down, she glimpsed something in his usually unreadable face. Was it shame, sadness, both? Her heart clenched and her arms itched to hold him. But, just as quickly she watched his eyes turn severe, the familiar walls back in place. He attempted to cross his arms defensively across his chest, but the necessity of the cane wouldn’t allow it. He, instead, settled into a wide-leg, tri-pod stance.

“Why’d you come, Sara? I don’t need your help, your charity, or your pity.” His voice was raw and filled with
loathing. For himself or for her, she wondered?

Oh really?, she thought. From were she was standing he needed all three. She could also see that more was hurting on her estranged husband than a shattered leg. His eyes, though fierce, hinted at a well-hidden sadness, which bore into her. His soul was damaged. He was far from whole.

Several days’ worth of hair covered his chin, and his thick blond hair stuck out in all directions except the back. There it was flat against his head. He wore the Carlos and Charlie’s t-shirt they picked up while on their honeymoon—now faded and worn but once white with the signature green frog. On his legs he wore cut off gray sweats that looked to be on day four or five of wear. If he took them off, they’d probably walk themselves to the washing machine.

Sara studied Christopher’s face. Harsh features, thin straight nose, wide forehead, square-set jaw, and high cheekbones. Not Hollywood handsome, but a face she’d always found beautiful. Now, it just looked plain scary.

“May I come in?”

Chris scowled and shrugged. “It’s your house, too.” He backed away to leave room for her to enter. His movements slow, jerky and uncoordinated. Chris wasn’t following the doctor’s orders; it showed in his slow progress.

Sara moved through the front entry and stood next to him, but Chris turned away from her and hobbled through the small living area to the galley kitchen. Sara followed.

Oh my. A week’s worth of dishes littered the countertops and filled the sink. The houseplants she’d once nurtured were crisp and brown, shrunken in their little pots. Cabinet doors were opened halfway, in various stages of being closed, as if the energy required to close them fully was just too much. Or he didn’t care. Cereal boxes lay on their sides in the open shelf pantry, Fruity Pebbles and Frosted Flakes puddled on the floor.

Sara took a deep breath and turned to face Chris. “How are you?”

“Fucking great. You?”

Sara narrowed her eyes a bit and scrutinized her husband. “You don’t look great. How is the leg?”
“Come on, babe, you didn’t come here to ask about my leg. What gives?”
“Your father called me.”
“Shit.”
“Yep.”

Chris looked away disgusted, but then he turned his head and eyed her cautiously, holding her gaze for several long moments. Sara didn’t look away. She stared back, loving him but hating what he’d become. She willed him to get better, to take the steps necessary to stop this deadly spiral he was in.

At last he looked away, and, shaking he limped out of the kitchen towards the back bedroom. Their bedroom.

Sara started to follow, but stopped abruptly when he shut the bedroom door behind him. Great.

She exhaled loudly, blowing her bangs off of her forehead and went to the kitchen.

She ran water in the side of the sink that was the least full, steam from the hot water floating up in front of her. She didn’t need this heartache. As if the last nine months hadn’t been painful enough. Damn you Frank and damn you Christopher.

While the sink filled Sara drifted back to Frank’s call...

“Sara, it’s Frank. We need to talk.”

Sara closed her eyes at his voice, her shoulders slumping. She knew. She knew. Christopher was dead. He had finally succeeded in killing himself. She swallowed around the lump in her throat and searched for her voice. It took a couple of attempts, but then she asked, “Is he...is he dead?” She drew her fist to her mouth stifling a cry. Cold dread enveloped her.

“No, honey. Not yet. But, he’s certainly not helping the situation. Sara? He needs you. The hospital sent him home, and his rehab, well, it isn’t going too good.”

“I...I don’t know what you expect me to do. I can’t make him stop drinking. And I can’t make him go to PT. Frank, I can’t make him better. He needs to do that for himself.”

“Sara, please, I need you to do this for me. Just this one favor for me... and for Chris. I’m asking for you to give just a little bit of help and time to him. I’ve never asked you for
anything before, but now it’s different. He’s your family. And, he needs you. You’re still married, remember?”

That was low, she thought. Of course she still remembered. Christopher held her heart. But, for the last several years, he’d done nothing but abuse it with his drinking and dishonesty.

“Frank, I’ll...I’ll stop by the house and see if I can help. He’s not going to want me there, but I’ll make the offer anyway.” What was one more fist to her bruised heart?

“Sara, thank you. I won’t forget this.”

And, here she was, standing in the kitchen of her former home, getting the cold shoulder from her estranged husband and thinking she never should’ve answered Frank’s call.

She picked up the dirty dishes from around the house. In the small family room, under a crusty dish she noticed the photos from their wedding, honeymoon, and hiking trips. They were all stacked neatly in the corner of the table, not standing up, but stacked as if someone had gone through them, cataloged them, studied them. Sara’s eyes moistened as she looked through them then placed each back where they had been, stacked in the corner. She swallowed hard and finished straightening. Memories, rigorously suppressed, surfaced.

They had met in college. To help pay tuition Sara worked at a local pizza and beer chain. Chris had come in on a date. One look at him and his date and she knew that girl was all wrong for him.

Chris sat uncomfortably in the booth wearing jeans and a casual button-down shirt, sleeves rolled up over smooth, toned forearms. His date sat across from him, looking for all the world like she’d be more comfortable in a jazzy bar, not a sports pub, wearing a red fitted halter top, hair styled and sprayed within an inch of its life, giving her a good three inches in height, fitted dark blue jeans and heeled sandals. They just didn’t seem to...go. Perhaps it was the glitter lip gloss.

Sara took their drink order: beer for him and a wine cooler for her. Sara bit the inside of her cheek to hide a smile and managed instead to say, “Coming right up.”

When she returned to their table with the drinks, Chris’s date was gone and Chris was holding his head in his hands.
“Bad date?”
“Uh...yeah. The worst. Is it that obvious?”
“She’s not really your type. How much longer do you got? Did you promise her a movie or anything else?”
“Nope.” Then, “Thank God. I’m hoping she’s going to come back to the table with some excuse that she’s got to go.” He frowned, “I must sound really awful, hoping she has an emergency, huh?”
Sara laughed softly, shaking her head. “No, not really. Just pray that it’s low grade. Like a sale on hair spray or lip gloss.”
They both laughed. Chris nodded. “One can only hope.”
“I’ll be back to get your food order.” She winked at him and sauntered off. Sara could still remember the feel of his eyes on her backside as she headed away from their table. That was when she started falling. That precise moment.
Chris’s date never returned to the table. They would find out later, from Chris’s roommate’s girlfriend, the one guilty of the initial set up, that there wasn’t an emergency; the date wasn’t working for her either. Chris was relieved. Sara was glad. And Chris was smitten, not with the glitter-gloss gal, but with the cute blond that had brought him a beer and accurately pegged his blind date a bust.
They married right out of college and were three years into their marriage when the drinking became too much. Chris had always been the consummate social drinker, the life of the party, the one you wanted to hang out with. Of course, the liquid lunches and happy hours lasting into the early morning had taken over. When Sara learned that Chris had stopped going to work and was very close to losing his job—a job they needed to keep their home and groceries on the table, she was furious and scared. Her salary helped and would keep them afloat, but only barely, and only if they picked one: food or shelter, not both. They knew this when they bought the modest home in the up-and-coming city neighborhood. Their house wasn’t brand new, but several in the neighborhood were coming down and brand new contemporary-stucco style models were going up in their place.
This house meant so much to them, but even more to Chris. Having his own home was very important to him. He never knew
his parents. He was the product of a one-night stand. Evidently, 
his mother had had trouble with alcohol, too. Frequent, 
unnamed, faceless lovers were common for her. And, one of her 
drunken trysts resulted in Christopher. She carried him to term, 
but after delivery, took one look, nodded, then closed her eyes 
and made a shooing motion with her hand: take him away. 

Chris was in and out of foster homes until he was fourteen. That’s when Frank found him, a punk kid, angry, beaten 
down, abused and ready to take on any one or anything, no 
matter how big or small. 

Frank took Christopher out of the last foster home, fed 
him, clothed him, enrolled him in school, and taught him how 
to use a hammer. 

Thus, buying this fixer-upper seemed like a good idea. 
Christopher knew his way around power tools and wood 
working supplies. He could miter the perfect corner, expertly 
plane a table top and sand it down to a fine finish. 

When they’d moved to the city after college, she fully 
expected Christopher to start his own furniture restoration 
shop. But money was tight and it wasn’t the right time. His 
sentiments, not hers. So, instead he’d taken a job in business, 
doing something where he could use his degree. Christopher’s 
smarts and charm landed him a job in advertising and he liked 
it. Or so he’d told Sara when she asked. 

Of course, when their marriage had started to fail the truth 
came out, in any number of heated arguments. “I hate that damn 
job! I’ve never liked it. It was all for you. All for this lifestyle.” 

Sara had flinched every time. She hadn’t known at all. She 
didn’t need the house or the lifestyle. She needed him— 
Christopher, in a house in the city, a rental in the suburbs, a 
tent in the mountains. It didn’t matter to her. He was what 
mattered. 

Sara wiped the tears from her eyes with the back of her 
hand. These strolls down memory lane were a killer. She could 
keep the memories at bay when she was at work and at her 
new apartment with nothing from this life around her, but not 
when she was here, in a home she adored, with a man she still 
loved and missed very much.
This wasn’t going to work. She loved him but she wasn’t strong enough to help him, and more importantly, she couldn’t help him. Christopher needed to do it for himself. He needed to take the steps for his own recovery: from the physical wounds of the car accident and from his addiction to alcohol.

Christopher was in this predicament because of his drinking. Drinking that had cost them their marriage and sent her packing nine months ago.

She headed towards the back bedroom. Fully prepared to tell Christopher she couldn’t help him, she knocked on the closed door.

“It’s open.”

Sara turned the knob and entered. Her breath caught.

Christopher sat on the edge of the bed, freshly showered and dressed. He wore clean sweats and a navy tee shirt; the cane leaned prominently on the bed next to him. His hair was combed and he had shaved. The clean lines of his strong jaw were once again visible. The hard glint remained in his eyes, but the lines around his mouth softened as he watched her take in his appearance.

“Better?”

“Yes.” She whispered. So much better. Then clearing her throat, she said, “What’s the occasion?”

“Sara, would you give me a ride?”

Cautiously, she asked, “Where?”

“I’ve been putting this off for way too long. The first is physical therapy and the second is to the church next door. They hold AA meetings at noon during the week. If we leave now, I can get in an hour of PT.” He winced and made a sour face. “And then I can go to a meeting.”

Sara tried to hold back the tears. This was great news, but would it last? Oh God how she hoped. “What brought this on? You’ve been home for weeks. What made you change your mind?”

“Your eyes.”

“My eyes?” Sara was puzzled. She looked at him quizzi- cally, her head tilted to the side.
“Your angel eyes, honey.” She still looked confused, so he continued on, “I’ve only ever wanted for you to be proud of me. You and Frank. This,” he gestured to his surroundings, himself, “this is nothing to be proud of. I almost killed myself in that accident. I was damn lucky I only hit a pole and not another car or worse some innocent bystander on the street. I’ll likely never get car insurance again, hell, I may never walk right again.” He shook his head, holding Sara’s gaze, the hard edge dropping from his stare. “Doesn’t matter though. I need to get better. This is it. The bottom. I’ve lost my job, my life and, most importantly, my wife.”

Tears streamed down Sara’s cheeks, slipping over her lips.

“I hate that it had to come to this. I’m not the man you thought you signed up with and this isn’t the life you signed up for. I’m a mess. A class-A fuck-up. He grinned, a humorless tilt of his lips. “But not anymore. Take me to the meeting. Drop me off. I’ll be fine. I want my life back. And, most importantly I want you back. I can’t do it unless I take these steps,” he rolled his eyes at the pun, “myself.”

He lifted himself off the bed, using the cane, and came to stand in front of her. Standing at his full height he had several inches on her and she tilted her head back to look up at him. She didn’t step back though. He wasn’t a threat.

Sara sniffed and wiped futilely at her face.

“Hey babe, don’t cry. This is me getting better.” Holding the cane with one hand to maintain his balance, he gently placed his other hand on her cheek, cupping the side of her face. The warmth from his hand heated her skin, sending tingles to her midsection. It had been a long time since he’d touched her.

“What do you say? Can I get a lift?” He held himself very still, everything hinging on her reply.

Through her tears she smiled a wet, sloppy smile. “Oh yeah.”

“Yeah?”

“Yeah.”
Twelve Months Later...

“Party of one, Miss?”

“Actually, I’m meeting someone.” She leaned in and whispered, “It’s a blind date.” Inside she grimaced. Sara wasn’t interested in dating, but Frank had insisted. He’d told her she needed to meet this new guy he’d hired. He’d told her to go meet him. If it works out it does: if not, what had she to lose?

“Ah yes. Will you follow me?”

Sara followed, wondering why she’d agreed to this.

As Sara drew near, she couldn’t help the bubble of joy that erupted within her or the moisture that seeped from her eyes. There, sitting at the table, was Christopher.

He was drinking iced tea, a lemon perched on the rim of the glass.

Christopher stood up as they approached, “Ah, my blind date.” He held out his hand and introduced himself, “I’m Christopher. You must be...Sara?” He winked at her and held the chair for her.

“What are you doing?” Sara asked – love, laughter and light in her eyes.

“Starting over.”
My Gift

Eric Young

I would offer you
A warm embrace.
I would shake
Your hand and
Look deep in your eyes.
I would tell you
How I loved and lived
And laughed and cried.
And of course,
I’d tell you how I died.

But breath has left
And spirit moved on,
So I leave to you
My body foregone.
That you might
Grasp life from my veins.
That my nerves
Might excite
A lifelong passion.
That my heart
Might beat once more
In your hands.
And you will
Live and love
And laugh and cry
And move forth
Through the world
With clarity and vision
And hope.

On the First Month of
Gross Anatomy

Eric Young

If you look closely,
You’ll see it.
Anxiety.
Medial to my aspirations,
But superior to all
Facets and processes
Of the life I knew before.
It palpates the
Butterflies in my stomach.
It anastamoses with
Vessels of self-doubt.
It innervates my
Inner demons.
It courses deep,
Deep to all
Outward expressions of
Calm.
I became
a scientist
(by choice)
so I could look
for
truth.
Now,
I find
one must prostitute
his time,
must write
about things
already done
or to please a paradigm,
must spend
expensive thoughts
and energy
to obtain funding
for a few precious moments
of what
constitutes
real
science.
We all know who they are.
Using,
misusing,
eggo begets stress.
Assholes are worse
as caregivers.
They care less,
they aren't care full.
We know them,
they have an odor
of self about them,
and have lost
the sense
of smell.
The Helmut-Maker’s Wife

Rodin, 1990-1883
Sherry Leonard

Drooping flesh
fallen from
years of use,
bones
jutting sharply
into the day,
I am yet
beautiful
to this sculptor
who sees in me
new angles of light.
Whatever the source
of the indentations,
I have
more surface and shape
and
grow
forever
more interesting.
Sunrise and Sunset

Jason Roosa

"Which creature in the morning goes on four feet, at noon on two, and in the evening on three?"

-Sphinx's riddle to Oedipus

The work of medicine begins early and ends late. I am at work long before many people get out of bed, and I frequently return home after the sun has set. One reward for this schedule is that I have seen the sunrise more in the past two years than in the thirty years before. The late winter and early spring sunrises have been stunning. While the sun is still below the horizon, it shines a brilliant orange light on the undersides of the clouds in the east over the prairie. These clouds reflect the light, illuminating the rest of the sky and the western mountains an impossibly soft and warm sunlight. For a few minutes in the morning it is disorienting; the colors of sunrise fill the sky in all directions. Breaking the horizon, the sun’s effect is lost. These few minutes are part of my reward for a few hours of missed sleep in a warm bed.

The walk to my car in the cold, quiet, dark of pre-dawn sends me back to my childhood. My father worked construction, and he left the house before dawn most days. He felt contempt for those who slept while the sun was up; staying up late and sleeping in was a sure sign of laziness. I can smell his coffee and see its steam rising in the still morning air, lit by the porch light as he walked to his truck. I thought it was unfortunate to have to go to work so early, but he certainly didn’t think the same. On his days off, hunting and fishing trips began even earlier. Joining him for these early morning forays permanently associates cold mornings, hot coffee, and Dad.

I used to take advantage of starting the day late whenever I could. I relished sleeping late, but the extra rest was tempered by a barely noticeable shame—Dad’s been up for hours already.
Sometimes I complain to my friends in other careers about my schedule. I do no such thing when talking to my brothers or my father. “Work starts at six” isn’t a complaint in my family. It’s a boast, an unquestionable claim of doing important work, and it’s another benefit of an early start.

The drive to work reminds me of my dad, but so do the men his age I see as patients. These men are closer to dusk than dawn, and they uniformly regard me with doubt when we first meet. Do they see something of their sons in me? It’s hard to know. Invariably, at some point during their hospital stay, the
conversation turns to me. “You sure are here a lot. What time do they make you come in? How many hours do they make you work?” It’s a test, I’m certain. They are tempting me to complain. These gray, sometimes addle-minded, avuncular men suddenly become razor sharp. They want to know if I’m to be trusted. They want to know if I’m serious or if I’m just a hack playing at being a doctor. They ask these questions in a nonchalant way, off-hand, but they give away their fears with their attention to the answer. Am I being paranoid? Am I projecting some Oedipal complex onto unsuspecting octogenarians? No. I know this from their reaction to my reply. They aren’t asking the same way the older women do. The women ask, as my mother would, out of a genuine grandmotherly concern for my well-being, and they follow my answer with, “Oh, you poor dear.” Instead, these men respond with a reflective “Hmm,” as they visibly relax. They respond the same way I’m sure my father would to a medical student standing bedside in a short white coat. He’d respond with a thoughtful grunt and think to himself, “This kid’s ok.” These tiny grunts of respect, imagined or not, are the most satisfying payment for missing a little sleep.

Writing of dawn, dusk, beginnings, endings, fathers, and sons leads to thoughts of my daughter. Will her childhood memories of me be anything like mine of my father? What will she think of early rising and long hours at work? Will I be a good dad too? These questions fill my head during the drive home in the dark.
A Discombobulation of the Senses

Hung N. Tran

Four types of Love sat together like gossiping housewives, buzzing.
Self Love, Family Love, Friendship Love, and Romantic Love are relentless,
Like water statues, constantly changing and exchanging. If it flows it must be water right?

Love of the Self is most important. Without it, you cannot begin to love others.
This love gives you the confidence to be able to fly to the moon.
It’s like licking your forearm and tasting a sonic boom, so go ahead and stick out your tongue!

The Family is more important than the Self. You could not be who, and what you are today without them.
This love gives you the support needed when you are weaksauce.
It’s like wearing whitey-tighties, the support is there, but only you can feel it, and no...don’t stick out your tongue. And don’t touch me there!! (You’re weird Self!).

“What’s $60 times 20%?” Friendship Love. Give a generous but set amount, and I won’t hurt you – too much.
And don’t give your love to everyone either, silly!! Remember PT from Denver? His friends gave him so much love, he could be seen walking sideways up an intelligent
three story apartment complex.
So eat your heart out Chuck Norris! Pull it out, and take a
bite of the soft, velvety bicuspid valves with your
Godlike nose.

Romantic Love is the most intoxicating and contradicting.
   Rational is irrational, and irrational is irrational.
   You can’t live without it!
A telephone cord could rendezvous with the charming firstborn
   of Medusa, and intertwine like the staff of Aesculapius,
   if bitten by Romance.
So liberate your ears and hear red, but wear earmuffs for
   protection...if this is your first time.

Warning: alternative lighting and snuffing of passion
can cause disillusionment of the mind.
Remember PT from Denver? Yea, he’s the one. I told him not
to auto-cast his love to all...
I told him I’d hurt him. And I did, I am, I are.
To love is to be drunk, to love is to be confined, to love is to
   be supportive, to love is to be confident.
A discombobulation of the senses.
I lied about her weight on the form. I knew it was important to them, but I lied anyway. I knew her so well, I could tell if she was up or down by one pound. But today I put the weight I wanted.

The goal had been simple: accompany a friend to the Humane Society so he could decide if he wanted a dog or a puppy. This dog had been there four months; they called her “Psycho.” She bent down and poked her head through the slot for her water bowl. We had a dog “Pooder” who was intolerant of other dogs, but she liked this one.

One week later this grey, black striped, life force was named “Tigger.” She was pure joy. She climbed mountains, flew in airplanes, ran through snowstorms, and kept us from any hint of unhappiness.

When I decided at mid-life to go to medical school, I was rejected two years in a row. Prior to this, Tigger and I had done special training and visited patients in the hospital weekly. People from ranches and farms 500 miles away would let her jump up on their beds and cheer them, even after surgery. Children who had been in pain for days would get out of bed just to pet her in the hallway. When I didn’t get into medical school the second time, I decided to change direction, but kept visiting people in the hospital with Tigger. One month we spent so much time there, a local TV station gave us their volunteer
award. After considering this, I re-applied to Medical School. I still say “My dog got me in.”

Tigger and I continued to visit patients when I could get a break from class. I remember the first time someone said “Oh, she’s an old dog.” Nine years had gone somewhere, but “Old”?

“Dogs vomit,” we told ourselves, but this seemed too frequent. A belly scan and a spleen tumor...take out the spleen...biopsy something somewhere... My sister the veterinarian said, “If she is going to have cancer, this is the one to have.”

She responded to chemotherapy, but “we don’t go for five year survival in dogs.” When I wasn’t too busy with medical school, the two of us would still visit the hospital. She put on twelve pounds that the cancer had taken. We jogged and hiked and played in the snow. She had been with her best friend, Pooder, for over a decade now.

A March morning snow, a cold nose at 3 AM, and I take her out to throw up again. The bottom of the report said, “We are SO sad that Tigger is out of remission. With chemo we may be able to keep her comfortable for four months.”

Five months later, I had become the Pill Master. I could see she was still bleeding intestinally, but decided she would let us know. We drove to Lake Michigan and her breathing was so rapid I took her to a vet there. She had less than one-quarter the normal amount of blood: 14%. 10% was “incompatible with life.” She played and swam in Lake Michigan, and we made it back to Denver. Her walks grew shorter, but she still enjoyed being with us. By October, I wondered how much time was left. Her heart strained against her anemia, her belly filled with fluid. The vet took off about a quart, but warned, “In a week or two it’ll be back.”

Then it was Pooder’s turn. I knew she was older, but she had become a tank. I took her in when she no longer came to greet
me when I got home. "This is a bad day for you." She had a cancer in her heart that caused blood to pool around it. Her heart could hardly beat. Our beloved vet drained away the blood but warned "it’ll come back in a week or two." The oncologist said, "We can do chemo, but it is around $3,500 and the best outcome is six more months if we can stop the bleeding." For two weeks Pooder played hockey, chased the mailman, and walked more slowly with Tigger. She died in my arms two weeks later. We drove an hour to have her cremated, and we brought Tigger with us.

We had learned to take Tigger’s belly water off with a syringe. She was weaker and still bleeding, but she did all she could to comfort us. She walked around the block, chased toys in the backyard, and let us pet her; she licked away our tears. She could only eat a little baby food.

A cold nose at 4 AM. I carried her, now fifteen pounds lighter, outside and stood barefoot in the snow, holding her while she peed. When she vomited red, we knew it was time. I was grateful for euthanasia. Our vets came to the parking lot. All of us cried. We drove that same hour to have her cremated.

On the way up, I thought “Pooder probably went first to show Tigger is was OK, and Tigger stuck around for four days to make sure WE were OK.”

When I read the cremation form I lied about her weight. I put down what I wanted to see. I went to the back room and petted her and smelled the grassy smell on her feet - feet that had climbed a dozen 14,000 foot peaks, run for miles, and pawed me awake. I felt the little cut in her ear she had had forever. I remembered the noble dog that kids would get out of their hospital beds to pet. I thought of the joy she had given us over eleven and a half years, and that because of her, in six months I would become a doctor at 43.
Love Me For My Brain

Joshua Potocko

Don’t love me cuz I’m beautiful
Don’t admire the way I dance in the rain
Just commit to lovin me darling
Because you simply can’t resist my brain

Don’t worship my body
Don’t marvel at the way I sing this refrain
Just give me all you got baby
Because you’re so in love with my brain

OH- this mind of mine
Is at the top of the evolutionary ladder
So don’t look me over
Without considerin’ my gray matter

OH- this heart of mine
Beats on frantically for days
Just to supply me with the oxygen
To run all of my cortical pathways

Don’t love me for my money
Don’t pick a superficial reason
Just give yourself to me
Cuz you can’t help but love my cerebrum

Don’t bring me flowers
Don’t write me any songs
Just love me for my midbrain
Medulla oblongata and my pons

OH- this mind of mine
Is at the top of the evolutionary ladder
So don’t look me over
Without considering my gray matter

OH- this heart of mine
Beats on frantically for days
Just to supply me with the oxygen
To run all of my cortical pathways

OH- this mind of mine
Is at the top of the evolutionary ladder
So don’t look me over
Without considering...what really matters!

She cannot feed herself.
Too weak, too palsied,
or unwilling: I do not know.

Ask a question clearly.
Give much time for reply.
Be ready to ask again.

Her words come slowly
and often incorrectly.
You must fill the gaps.

Trying to decipher, focus on every detail:
questing hand, shaking-weak and aimless
rough-cut hair, grimy with clumsy washing
inconstant gaze, recognizing in fits and starts

The strawberries are good
and she’ll drink the milk,
but slowly, just a bit.

Use your fingers,
red and tacky,
damp from her lips.

Half an hour
for a third of a meal,
three times a day.

Here are no heroics of a cure
nor the body as wondrous machine.
Here is only simple need
and the need to meet it.
You wish you could change it

Ryan Bender

Let's hear it for too-late.
For no one catching you.
For no one watching you,
who couldn't watch yourself.

Let's hear it for too-little.
For you out there alone,
no one tending the nicks and cuts
that grew to take both legs.

Let's hear it for too-late.
For the home we give you now.
For the nurse and the wheelchair,
and the bedsore open to the bone.

Let's hear it for the new legs we can't give you.
For the lucidity you can't regain.
For all the years of your too-hard life.

Let's hear it for your new life.
For the injustice of the old one
and the inadequacy of this one,
even as it's winding down.

Let's hear it for rage.
For the fury you have every right to
and the scorn for what you have left.
And let's hear it for me.
For my feeble hand on your useless arm.
For the words of comfort you ignore
and the apologies that can't change anything.

Cold Days
Lauren May

She rides the bus on cold days, when the sidewalks are covered in blackened snow, and the cars drive fast to splash unwitting pedestrians. She rides the number 40 route, back and forth, south to the north, and around again – always the same route, the same drivers, the same blank faces. She boards and makes a show of rummaging through her sieve-like pockets, dropping dirt and lint and bits of colored paper, but never coins. It is all part of a well-played challenge, one that no self-respecting, schedule-bound bus driver will take on. She looks at her graying pockets and shrugs her shoulders at the fruitlessness of her search. The driver waves her brusquely down the aisle. “It’s cold. Gotta close these doors!”

Though there are several open seats, she chooses the one by me, pointing vehemently at the backpack I’ve placed there to passively ward off just such an encounter. She sits, begins lowering her bulk before the seat is even clear. I find myself wedged between the window and her stench, amongst other things. Our thighs touch, my left shoulder disappears in what I
believe is a fleshy cleft between her right arm and her uncom-
promising right breast. She turns to me and smiles, a childish
grin, her wide eyes tilted down and shaded by a mess of hair.
Maintaining her gaze, she deftly twists a corner of her right
sleeve into a spike and, without a moment’s hesitation, sticks it
up a flared nostril. I turn to the window, contemplate the end-
less line of traffic, and marvel that I’ve chosen to enter a pro-
fession in which I will voluntarily touch and probe and care for
potentially loathsome people who sit too close and like sticking
things up their noses.

In my periphery, I see her arm lower. I resist the urge to
gawk at the glistening line of snot that now hangs, suspended
and jiggling, between her nose and wrist.

“Where do you ride?” She looks at me and sniffs.
“Over to the Health Sciences Center.”
“I’ve seen you. I know where almost everyone rides.” She
looks to the rows of passengers behind us, twists her body, and
nearly crushes me against the wall of the bus. “That man,” she
points, “He rides to Colfax. Can you see him?”
Yep.” I lie, hoping my acquiescence will induce her to sit
straight.

“You have a backpack so you go to school. You rich or
poor?” She looks me up and down.
“Somewhere in between, I guess.”
“You’re a rich one if you get to go to that big school.
What’s in the backpack?”
“Books and class notes, things like that.”
“What books? I have a red backpack, but it’s smaller than
yours. Must be big books.”
“They’re for Immunology.”
“What?”
“It’s about how people get sick.”
“I’m sick.”
“I’m sorry to hear that. I hope you feel better.”
“I won’t.” She pulls the corners of her mouth down into a
pout. “It’s a disease. I have a disease.”
I try not to breathe. “I’m sorry.”
“There’s no one to help me.”
“Have you seen a doctor?”

“Yeah. Ok. But they don’t know me. They don’t know anything and they don’t care. I’m fine. Look! I haven’t seen a doctor in years and years and I’m fine.”

She looks around the bus. Again, her eyes settle on my backpack; they narrow. “Hey. You must be a doctor or something to be looking at that book about sick.”

“I’ll be one someday.”

She laughs, shakes her head at me, “Won’t see you on the bus anymore then. You’ll be in one of those,” she points to a car outside the window, “thinking you’re very special.” She sticks her nose in the air.

“I hope not!”

“You will. You won’t ride the bus. Oh no. You won’t help people like me.”

“I hope that’s not true.” Her words make me indignant. “Why do you think that?”

“Because that’s what happens. That’s what you doctors do.”

“I’m sorry you’ve never had a good doctor.”

“Yeah... I don’t know.” She reaches over me and pushes the yellow strip on the wall. The bell dings, signaling the bus driver to stop. “Your stop is next,” she says.

“Thank you!” I pull my backpack up, zip my coat, and stand.

“Will we sit together tomorrow?” She puts one hand lightly on my backpack and looks up at me, expressionless. “That would be nice.”

“Then you have to save a seat for me.”

“I’ll do my best.”

She shakes her head and turns the corners of her mouth down into a pout, “No. Promise.”

“Sure. I’ll save a seat for you.”

Wiping the hair from her eyes, she smiles. “Oh good.” I start to walk down the aisle when she shouts after me,

“Do you think my disease is in that book?”

Waving, I shout back. “You never know! We’ll look tomorrow.”
The doors of the bus close behind me. And, as it pulls away from the curb, I glimpse a pair of waving hands, and two eyes searching for mine through the grime covered windows.

The Cliff

Christopher Koski

The great face
A vast expanse of stone
A colossal distance
Masked by mist
Time is there
Slow erosion of greatness
A sealed eternity
Undying yet
Time has taken a hold
On a mystic object
Composed as a symphony
By falling fire
And the grip of glaciers
A vanishing wonder
Of time
The sun had just begun to pierce the dark sky behind the Gore mountain range. And as the sun’s rays melted the frosted dew during my drive through Vail Valley to the OB clinic, I thought about the joy I shared with the women who were preparing to bring new life into the world. It was compelling to witness the womb’s metamorphosis, and in a way I could vicariously experience my own pregnancy by sharing such feelings of elation, nervousness, and even fear.

My first few patients of the day were pre-natal checkups, just quick visits to make sure the moms were doing fine and the babies’ hearts were beating strong. As I checked with each, some talked about how enthralled they were to finally have a girl or boy, and all were relieved to be able to fit into their cute jeans again. And as I walked into Sara’s room, things were not much different.

“Hey there, how are you doing? Can you believe you’re only one week away from having your baby?” I said with glee.

“I know,” beamed Sara, “my husband and I worked so hard to get pregnant and we are just ecstatic to finally be parents! And we finally decided on a name...we’re going to name him Benjamin after my husband’s grandpa.”

It was a pleasure for me to share the past five weeks with this delightful young woman who was both anxious and euphoric to welcome a new life into her own.

“Well,” I said, “let me just check the baby’s heart and then I’ll get the doctor so you can be on your way to enjoy this beautiful spring day.”
As she lay down, I put gel on the Doppler and pushed it to her protuberant belly, searching for that little one's heartbeat. But the search was more difficult than usual, and I couldn't find it. I became a little worried since after five weeks of OB I was always able to find the heartbeat. I said, "I'm having a difficult time finding this little guy's heartbeat, so I'm going to step out and get my doctor."

"Should I be worried?" Sara replied anxiously.

"No, don't worry. I'm sure his little heartbeat is just hiding somewhere."

As I stepped outside, I reassured myself of my inadequacy. "Of course this baby's heartbeat is still there. I just saw her six days ago, and the baby's heart was beating fine. Surely the doctor will find it. She will confirm my incompetence and reassure both Sara and me that the child is healthy."

As the doctor walked in she said, "Let's find out where this little guy's heart is hiding." And so she placed the Doppler again on mom's bulging abdomen. But as I watched the doctor moving the device from side to side, her face suddenly turned pallid with fear. It was a look I had never seen before in a doctor...it was one of despair. "We need to do an ultrasound right now."

"What's the matter," trembled Sara. "Is my Benjamin ok?"

"I don't know, but I can't find his heartbeat with the Doppler and we need to look with the ultrasound to make sure he's okay."

"Should I be worried?" mom voiced with quivering lips. "Not yet," the doctor replied, "don't worry until I tell you to."

I helped Sara over to the ultrasound room since she was uneasy on her feet, and I embraced her petite hand in mine as the doctor maneuvered the machine to find the baby's heart. All our eyes were locked on the screen. She squeezed my hand tighter, and I stroked her shoulder in comfort. All our hearts were hoping for the best, but once the image on the ultrasound was clear, we suddenly realized the worst.

"I'm sorry sweetie, but your baby is dead."
Sara began to wail. She clutched my hand tighter now, and as I helped her to the chair she embraced me, crying in my arms. I began to weep too, and for twenty minutes we cried together. We sobbed together until her husband arrived. And when he did, I left them with each other, and together they cried alone.

As I exited the room, questions flooded my mind. “Why could this happen? Why to a woman with a perfect pregnancy? Why to a couple so excited to be parents?” But I had to suppress these questions temporarily because Sara had now become the priority. And although it was difficult to broach, the doctor and I needed to advise them of the urgency for delivery in order to preserve her health.

“We’re going to have to deliver the baby tonight. I’m sorry, but it needs to be done.” The family held back their sobs for a few moments. The task seemed insurmountable to them, but after a few minutes of rumination they agreed and I led them to the labor department.

That evening I experienced the most difficult and heartrending labor I had never wanted to see. But I had to be there: It was a burden I needed to share. When the child was born still, we were still also. Again we cried together, and again the sun set in the west as the dew frosted the spring leaves in Vail Valley. Everything was quiet that night. Everyone was still.
Ice blue eyes that sparkle and dance
In a face scarred by age and illness.
To see you is to realize the long term effect of
Chronic illness on a physical body.
To know you is so much more.
Born healthy and beautiful.
Measles and whooping cough ravaged your
18 month old body.
Your Mother (my Granny) refused to accept
The doctor’s pronouncement of death.
Early, lay person CPR with a huge helping of Faith.
And you stayed in this place to complete your life work.
(Did Granny know how much we would need you?)
Your body would always bear the marks of that time.
Meant to be? Maybe, who can know?
Epilepsy and mental retardation.
Forever to be a child of 7 or 8.
Your Spirit declared it as Freedom.
Never held back by the demand to “Grow up!”
I wonder if your brother (my Daddy) knew
The blessing he gave his four children
When he settled into a house next door to you?
You were our friend, our playmate, our teacher, our mentor.
So wise, teaching us our letters and numbers.
Reading stories. Singing songs.
Explaining about trees and flowers, bees and butterflies.
So big and strong, at over six feet tall you were a giant to us.
You could reach everything and do everything.
Long summer days filled with walks and playing.
Rainy days when we sat on the porch and you taught us to
Whistle and play string games with our hands.
You taught us to fly,
Perched on the handlebars of your bicycle.
At the top of Kickapoo hill.
“Hold tight” you said and pushed off.
Eyes squinted shut and breath held.
Total faith in the one pumping the bike.
Wind in our faces and unrestrained joy.
Gravity released its hold and we flew!

We grew up. You stayed put.
Your Mother died. (How could that be?)
Then one by one your two sisters, your brother, and your father.
You who were not expected to survive childhood
Living past all your immediate family.
Now 79 years old, your body shows
Signs of your long journey.
Your legs no longer hold you.
Your hands tremble so that you can no longer
Play your games or your harmonica.
You have begun to cry for the family you miss.
You say you want to be with them.
The doctors say “Cancer.”

We who love you stand around you
With our hands joined.
We pledge to protect you as we can.
To honor your life.
To preserve your dignity.
We will not try to hold you here.
Instead, we place you on the handlebars of our heart.
We pedal with all of our strength
And shout with joy and exhilaration...
“Fly Uncle Herbie!”
“Fly!”
Though the soft spoken miss
moved through the trees like sunlight,
her mind was awake with the chatter of trees.
Their voices blended like the gold and russet colors of autumn.

Like a dense canopy,
the old giants
protected her from the chaos
of the day.

Every branch was there
to support her every step;
allowing her room to move.

She knew every crevice, every discoloration
as well as the best places to stop for a rest.

Every stem was a companion.
Every leaf a long-lost friend.

The forest spoke to her and
comforted her with its universal song.

Unlike the people in her real life,
the forest never asked for more than she could give.
Their relationship was beautifully balanced.
The awaiting arms of the trees
never demanded,
ever stole,
ever took,
ever judged.

She could simply walk the path at her own pace.

Her fingers brushed against the bark
as she moved through the path.
The distant chords of birds
followed her every movement.
The moment slowed and time danced
with the song of the meadow-lark.

Soon the magic ended and
the soft-spoken miss
left the overgrown path
and stepped into the world again
and the sun was blinding.
Some days I wake in the morning
and my back is not stiff
and my belly has no rumbling
and I jump up and then the dog
jumps up too, having slept
next to me right on the bed
and I kiss my sweet darling as she
wakes too and stretches and looks
at me like a chipmunk might
and I hum a little tune as
Max and I leave to sort out
the neighborhood and the sky is
clear and the sun just coming up
and Venus is only barely visible
and the world is fine, so fine
you might imagine no one anywhere
has it in for his neighbor or for us
and those days I know I'm going
to do something right and
off I go, but first,
a little breakfast.
I can say it now—
This medical career—
That's how we put a name
to something that went in
no straight direction,
blundered around, sometimes
feeling right and sometimes
fitting no part of me, no life
I could recognize.
But here, at the end, it seems
a sum of fear and joy, of knowing
I was exactly where I should be and
other times, maybe the same time,
feeling totally unfit for the task.
I can say that patients came to me
and that once in a while
I cured something
but much more often
I comforted. And maybe that's all
we ever can do and that is what
being a doctor is all about.
So now I can look back on almost
fifty years and remember
patients and what they said,
from the first who gasped for breath
and promised me that we would
have a conversation
as soon as he could get his breath
To the last who tells me how much
she will miss me and how much
my presence has meant to her.
and under all the stories, I can
hardly find myself, but somehow
I know that I was there.
Yes, I was there.

Bliss

Henry Claman

How delicious
to scratch
what itches

Pumacillo Range, Peruvian Andes, Jeunesse Grenoble
Practice of Medicine, Grant Young
May the souls of the faithful..., Joe Hughes

Brothers, Mark Earnest (Cover photo)
First Days, Mark Earnest

Remy 1, Mark Earnest
Sandscape 9, Ryan Honaker

Autumn Orange, Alex Bromfield
Monsieur Escalier, playing with Van Gogh, Ana Hoffenberg

Porto Seguro, beach, in Brazil, Ana Hoffenberg
Farce, David Nak

Minority tribe woman from the China border of Vietnam, aged by the harsh weather and hard work, Carl Bartecchi
Mother mollifying a young child with some sugar cane while waiting in line to have him seen by me, Carl Bartecchi
Woman selling fish and brushing away the flies,
Carl Bartecchi
Talking Drum, Debra Brownfield
Skull, Debra Miller
Rapunzel's Last Dawn, Donald Backos

Cepillo de Dientes, Douglas Melzer
Shy and Curious, Douglas Melzer
This self-portrait is a visual manifestation and expression of the random, relatively rare, and jackpot nature of genetic mutations over time. The highly repetitive and frequent occurrence of cellular replication inevitably allows for mutations, or alterations in the DNA, to randomly occur according to a small statistical probability that is embedded in every juncture of replication. In turn, these mutations are passed on, resulting in a jackpot or concentrated distribution in successive generations.

My grade school pictures stand in for replicating cells, as they document my physical progression in a relatively standard, uniform format. Successive generations accumulate in a linear fashion, from left to right, then top to bottom. The content of the images is used to delineate the potentially positive, negative, and neutral effects of innate spontaneous mutations, prompted by a random number generator with a mutation rate of 0.2% for each type of mutation. The model for positive change includes growth and positive evolution, as illustrated by the next year’s school picture. The model for negative change involves regression and deviation from the standard pose, as expressed by an earlier age’s formal portrait. The model for neutral change involves an alteration in the image that does not palpably change the visual information, as delineated by flipping the image across the vertical axis. An external mutagen was also introduced by blurring an
image every time my phone rang during the production process. As a final piece, it is the random, rare, and jackpot nature of mutations that create the art and visual pattern.

Previous Publication:

A Self Portrait, Emily Kauvar
Sunrise, Salar de Uyuni, Jeunesse Grenoble

Fossil Ridge, John Wilkinson
Berries, Kathy Illian

White, Laura Hays
Fall, Lauren May

Snaggle Tooth, Mark Earnest
Prism, Michael Erlanger

This is a shard of glass lodged in the cornea as viewed with retroillumination. The patient is seeing 20/20 but has glare and difficulty driving at night. Worldwide over 500,000 blinding eye injuries occur annually and trauma is the second leading cause of visual impairment only surpassed by cataracts.
Blue Woman, Michelle Sleater
Julia, Michelle Sleater
Season of Change, Jonathan Hook

Kenya, Stacey Pfannenstiel
Strong, Melissa Wright
An Autobiography, The Veil, acrylic on canvas
9 x 6 feet, Theresa Anderson
Mount Elbert, Theresa Diamond

No Coffee, Thomas Maddox
Waiting, Thomas Maddox
Solitary Suzy, Van Cranston Willis
For a couple of weeks I'd been watching the progress of one little tulip which was coming up in the raised flower bed at the east entrance of the School of Nursing. Finally there was a bud – the promise of a flower. Then, last Tuesday when I left for the day, I noticed that the stem appeared to be broken, the bud now bent down against the stem. But, on Wednesday morning, to my amazement, there was the little red tulip standing up straight, in bloom. In the middle of this campus which is occupied with the care and patching-up of human beings, some caring flower lover took a minute to patch up a little flower.
My tooth was exploding in my mouth in the car ride to the dentist.
The germs were attacking my tooth with a sugar hammer.
We arrived at the evil dentist's office. I heard a high-pitched scream.
Then I heard electric tools hammering along. It was scary.
I went to my seat. I saw a hook and a saw. It was creepy.
In came an evil dentist. She was evil and she had an evil helper. They got a needle and they put it in my mouth. They shot the medicine into my mouth. It hurt. They were pushing as hard as two rams fighting against each other. Then they pulled my tooth out. It flung across the room like a jet. My mouth was gushing with blood.

Then I realized she was not evil. It was just my imagination. I was in so much pain I thought that she was evil. Then they cleaned me up. Then we left and they gave me a sticker. I was so relieved to be done with the evil dentist.
Untitled, a digital composite photograph, William Reiquam and Lisa Litzenberger
I met this model,  
    man was she compartmentalized;  
A chill went up my spline,  
    when I looked analyze.  

I asked her for a data.  
    She said with power:  
    “You’re a robust Chi- 
        square I hope you’re not.”  

“Do you like bias?” she said.  
    “With certainty!” I exclaimed.  
She asked, “Why are you so GLIM?”  
    I was sure my answer would probit deviance.  

I sought an implicit relationship,  
    but I didn’t want to outlier:  
Redundantly, I told her I was idempotent,  
    that my likelihood was restricted.  

Wald, I just couldn’t think logistically—  
    X to the point!  
Y do we continuous game,  
    when as a pair, we are disjoint?  

Hypothesizing, she asked if I’d ever leave her for ANOVA.  
    I responded, “Nuisance, parameter! You simulate me!"
Don’t be stochastic, you’ve had other MANOVA.
    Though you’ve Markov the years, I’ve forgotten the past.”

With time & series discussion,
    we settled our finite differences.
There was no longer a trace of those ill conditions,
    no residual of the pure errors we’d made.

She was on to matrix, and I’d seen her be mean.
    So I put my ARMA round her, as she regressed my hair;
Without constraints, I iterate:
    There’s no stopping rules now!

*     *     *

The Department of Preventive Medicine and Biometrics of the University of Colorado Denver Health Sciences Center, the Colorado Wyoming Chapter of the American Statistical Association, and the many friends, students, and colleagues of David Albin Young wish to mourn his death and celebrate his life.

David Young was no ordinary statistician. At age 19 David Young was left paralyzed when he ran his 1965 Chevy Impala into a tree and broke his neck. He was on his way to deliver a speech as Salutiorian at Newton Jr. College in the graduating class of 1975. Hence a quadraplegic, highly dependent on an electric wheel chair, a mouth stick and computers, David proceeded to graduate magna cum laude with the degree BA from the University of Massachusetts in 1979. He studied graduate level physiology at Harvard Medical School and at the University of Colorado Medical School culminating in an MS degree in 1985. His knowledge of physiology and excellent blend of interpersonal skills were to later become major assets in communicating and collaborating as a statistician with medical investigators at the University of Colorado Health Sciences Center.
David graduated with a Ph.D. in Biometrics at the University of Colorado Health Sciences Center in 1992 after having been acknowledged by his Biometrics faculty and the Graduate School with the Strother Walker Award for the outstanding Ph.D. student and a Merit Fellowship.

David joined the faculty of the Department of Preventive Medicine and Biometrics at the University of Colorado Health Sciences Center in 1992 as an Assistant Professor and was promoted to Associate Professor in 1999, a position he held until deteriorating health forced him to retire in 2005. David passed away during the night of Tuesday, December 4. He is survived by a brother and innumerable friends.

During his brief, but colorful career, he did everything a health sciences center statistician was supposed to do. He covered most of his salary with grant money, he collaborated with many medical investigators resulting in many peer reviewed manuscripts, some first author in the statistical literature. He presented papers at national and international conferences; he reviewed manuscripts and books; he taught and developed graduate level courses; he mentored students; he participated in innumerable local, national, and international committees.

But unlike most of us, he always did it with a smile that was an inspiration to us all.

His research interests were functional-form and change point regression models; maximum likelihood, bootstrap and likelihood profile approaches to simultaneous inference in linear and nonlinear mixed-effects models; use of mixed models and best linear unbiased predictors as measures of correlation between behavioral and physiological processes of aging and development.

Some of his peer reviewed publications are listed below. David was probably most proud of some of his lighter publications such as his poem ‘the Unbearable Likelihood of EM’ (Young; 1991). He was well known for articles by him and about him (Corbet; 1991) in New Mobility Magazine for which he was a contributing editor.

His hobbies were writing, bi-skiing, film, music, skydiving, and earnest conversation.
David was a pleasure to work with. He was witty and enjoyed life, including dancing in a wheelchair, attending football games, skiing, sky diving, and drinking with friends. His antics have been noted by the local news media and written up in Time (Sept 22, 1986) “the best part is I can do it all”.

References:
Submissions for *The Human Touch*

Please send your art, photography, poetry, and prose to the humantouchjournal@gmail.com by January 14th, 2009.

Submissions will be reviewed by the editorial board following the submission deadline on January 14th, 2009. Final decisions will be made by March 1st, 2009.

Though it is expected that some aspect of health care will provide the subject for most entries, submissions on all topics are encouraged.

**Guidelines:**

Up to 5 works may be submitted by each author or artist.

All submissions should include the name of artist, the title of the submission, mailing address, and email address. We also request a short biographical paragraph (no more than 50 words), though it is not required.

Poetry and prose submissions should not exceed 3,000 words.

Visual artists should submit work in a digital format (preferably JPEG). If scanned, please ensure that the resolution is 300 dpi or greater. We also request that you do not send files greater than 30 MB.

Previously published work will be considered, but a citation is required in order to recognize the original publication.

Any work that is edited or altered will be returned to the author for approval prior to publication.

No work will be accepted that compromises the privacy of patients or health care providers. Names and identifying characteristics or details should be altered prior to submission.
Submissions must be received by January 14th, 2008 in order to be considered for the Spring 2008 publication.

Questions can be emailed to TheHumanTouchJournal@gmail.com or to Christina.Crumpecker@uchsc.edu.
Biographies

Theresa Anderson
Born in St. Paul, Minnesota, Theresa Radke Anderson was raised in an eight sibling, strict, Roman Catholic family. Anderson graduates from UCDHSC in 2007 with a BFA in painting. Recently included in the international publication, Creative Quarterly, Anderson received a merit honor for her painting, The Veil.

Nicole Arevalo
Although Nicole has written poetic pieces dealing with science, her passion has always been emotion and nature. She is currently pursuing a graduate degree at Regis University in Creative Writing. Her aspirations include spiritual writing, poetry, and offering hope through emotional release. She considers writing to be a means to learn about the human condition.

Donald Backos
Donald Backos is a 3rd year Ph.D. student in the Toxicology department at the University of Colorado School of Pharmacy. He works under Dr. Chris Franklin.

Meredith Bannon
Ditty Bannon is a second year PA student originally from New Hampshire. During her undergraduate studies at Middlebury College in Vermont, she spent most of her time working on creative writing and music. She loves PA school and is thrilled to be starting her third year clinical internship this May.

Carl Bartecchi
Carl Bartecchi is an amateur (point and shoot, inexpensive Japanese “film” camera, Kodak, ASA 400 film) photographer in love with all views of Southeast Asia. Money from the sales of his pictures goes to the Bach Mai Hospital Project (Hanoi, Vietnam)

Cathy Bell
Cathy Bell has her Master’s degree in Applied Health Psychology. She has worked for UCD’s Department of Psychiatry’s American Indian and Alaska Natives Programs for over 9 years as a Senior Professional Research Assistant.

Ryan Bender
Ryan Bender grew up in Aberdeen, SD and Lafayette, CO. He graduated in Chemical Engineering from the University of Colorado. He is considering Internal or Emergency Medicine.
Constance Boyle

Constance E. Boyle was born in Jersey City and lives in Arvada, with her husband, George. She has an MFA in Creative Writing from Goddard College. An Associate Clinical Professor of Pediatrics, UCHSC, her publications include So to Speak, (George Mason University) and 13th Moon, State University New York, Albany. Her book, Double Exposure, won the 2005 Plan B Press poetry competition.

Alex Bromfield

A first year medical student, Alex developed a love for photography, desiring to preserve those fleeting moments of beauty and inspiration the world provides. He has had many jobs, from racing mountain bikes to being a chef, but medicine and photography have always been constants. He has started a company, ALX Photography.

Debra Brownfield

Debra is a Pharm-D candidate in the school of pharmacy. She has an Art degree which is one of her true callings. She molds, sculpts, sews, paints, and creates the sculptures of Indian elders.

Henry Claman

Henry N. Claman, M.D., has been on the CU faculty since 1961 in Medicine and Immunology. He is involved in the Medical Humanities Program. He writes poems occasionally, and is the author of JEWISH IMAGES IN THE CHRISTIAN CHURCH: Art As the Mirror of the Jewish-Christian Conflict - a study of European Medieval art.

Robert Cooley

Robert has been a PA for nearly 19 years. He graduated from the CHA Program in 1989. He has worked in the Spine Center with Dr Evalina Burger for the past year. He and his wife have two grandsons whom they love. Other hobbies include woodworking, photography, camping, hiking, travel, and biking.

Kathryn Dragone

Kathryn “Katie” Dragone is a 2nd grader at Bill Roberts Elementary School. She is the daughter of Virginia D. Winn (OB/GYN) and Lenny Dragone (Peds). She wrote this story in Ms. Willett’s class for an author’s tea. The story is about her tooth extraction that she had done at Healthy Smiles located at UCD.

Anthony Edelblute

Tony Edelblute, LPC, MT-BC, has worked as a Music Therapist at The Children’s Hospital since 2003. As a member of the Ponzio Creative Arts Therapies Program, he has worked primarily with children with psychiatric diagnoses. He currently is the lead singer, saxophonist & principal songwriter for the Denver-based band Enzo.
Tim Erpelding
Tim is a 3rd year medical student at University of Colorado who is from Billings, Montana. His hobbies include fly-fishing, guitar, and hiking. He is interested in Surgery and Anesthesiology and hopes to return to Montana and join his father in private practice.

Constantine John Falliers
Constantine John Falliers [Konstantinos Fallieros in Greek] born in Athens in 1924, came to Denver as a Fulbright Fellow after graduating from Medical School in 1951. He took an allergy fellowship at CARIH in Denver, where he became medical director 1963-68. In private allergy practice and clinical research until his semi-retirement in 2007, he published over 200 scientific articles and six non-medical books, three of them poetry, with adopted noms de plume such as Inos Phos [Computerus], Delos Thalpor and Idyllia d’Erg [Self-serve Island].

David Franckum
David Franckum was born and raised in Loveland, Colorado and is a third year dental student at the University of Colorado School of Dental Medicine.

Vincent Fulginiti
Dr. Vincent A. Fulginiti is currently Professor Emeritus, at both Departments of Pediatrics, School of Medicine, University of Colorado Health Sciences Center and the University of Arizona College of Medicine, AHSC.

Jeunesse Grenoble
Jeunesse Grenoble is a first year medical student at the University of Colorado. She is originally from Durango, Colorado. She loves to be in the mountains, and to travel – both of which inspire her painting and her photography.

Elizabeth Grevengoed
Elizabeth is a second year PA student. She is grateful for the opportunity to pursue a career that fuses her love of science with her adoration for people. Having moved to Colorado from the East coast, however, relishing the mountains is as much a priority as studying medicine.

Laura Hays
Laura’s 29 year nursing career continues, taking time for her evolution of awareness. She completed her MS in Nursing, Psychiatric Mental Health Nurse Practitioner in 2006, and is now in the PhD program. She has had 25 years in NICU, 4 years as a Sexual Assault Nurse Examiner, Clinical Adjunct Faculty for psychiatric nurse rotations, and presentations on sexual trauma at conferences.
Caroline Hedges
Caroline is a fourth year medical student going into obstetrics and gynecology. She wrote this piece during her Medicine rotation in her third year after she witnessed a “code” and after one of her patients died in renal failure. She will always remember Roy and Bill and the impact they made on her heart and mind.

Roger Helfrich
Dr. Helfrich is a psychiatrist, trained at the CU residency program. For twenty-five years he worked at Denver Health, directing a multidisciplinary team concerned with chronic mental illness. Now on the Denver VA staff, he sees patients in the Outpatient Mental Health Clinic and is Medical Director of a new program designed to integrate the physical and mental health needs of patients.

Analice Hoffenberg
Since very young, Dr. Ana Hoffenberg has always found immense pleasure among pens and paints. Her self-instructed art had an important boost when she started taking lessons at the Art Students’ League of Denver from renowned artists. She has been awarded several times by the Children’s Hospital Art Guild.

Ryan Honaker
Ryan is a third year graduate student in the microbiology program where he is pursuing research related to bacterial dormancy in tuberculosis. Creatively, aside from photography, Ryan is also interested in writing and music composition and performance.

Kathy Illian
Kathy Illian serves as the Financial Services Trainer for UCD, and has been active as a fiber artist and photographer for many years. Currently she is experimenting with capturing digital video and “discovering” the vibrant still photographs that live inside the video frames.

Ellen Janasko
Ellen Janasko is an Administrative Assistant in the School of Nursing. She is a serious amateur photographer, although in her submission published in this issue, photography is secondary to story.

Sara Jumping Eagle
Dr. Sara Jumping Eagle is a Pediatrician and Adolescent Medicine Specialist within the American Indian Alaska Native Programs in the Psychiatry and Pediatrics Departments at UCDHSC. She is Oglala Lakota from the Pine Ridge Reservation in South Dakota. Sara is a wife and mother of two who enjoys photography, poetry, and going to pow-wows.
Michael Erlanger
Dr. Michael Erlanger is Assistant Professor in the Department of Ophthalmology at the CU Rocky Mountain Lions Eye Institute and is a specialist in corneal transplantation, refractive surgery and cataract surgery. His research interests include corneal prosthesis implantation, and corneal graft development.

Emily Kauvar
Emily Kauvar is a 2nd year medical student, who grew up in Denver. As an undergraduate at The University of Pennsylvania, she majored in Visual Studies: Art and the Culture of Seeing.

Pamela Lake
Pamela is a PhD student enrolled in the University of Colorado School of Nursing. She earned her BSN from Texas Woman's University in 1975. After 25 years in practice she returned to school and earned a MSN in Nursing Education in 2004. She has been a Nurse Educator for 9 years.

Sherry Leonard
Dr. Leonard received her Ph.D. in Biochemistry in 1986 from the University of Colorado. She is currently a Professor in the Department of Psychiatry where her laboratory studies nicotine addiction in the mentally ill. She has always written poetry and some short stories, and has just completed a novel.

Lisa Litzenberger and William Reiquam
Dr. William Reiquam is a clinical pathologist in the University of Colorado Hospital. He has had – in twelve years – two photography exhibits in Denison Library. Currently, some collaborative work with Lisa Litzenberger, an arts professional in the Department of Pathology, is presented in the new HSC Library. He feels that a guiding light in photography is to think in terms of making pictures, not taking them.

Thomas Maddox
A native Colorado Boulderite, Thomas has, it seems, always had a camera if not in hand, then nearby. He takes pictures of natural settings and portraiture of “normal” settings but in a perspective not usually encountered, or at least remembered. He says, “What I see is what you get.”

Jennifer Maiden
A Colorado native, Jennifer went to college at both CSU and CU. She graduated from CU's school of nursing eight years ago. She has been with the Clinical Investigations Core for seven years. She is married with two young sons. Although her family is her first love, her second is reading.
A.T. Mango
A.T. Mango is the pseudonym of a scientist who lives in the west. He has previously published stories in the online crime magazine, Thuglit.com.

Joseph Marr
Dr. Marr is a General Partner with Pacific Rim Ventures. Prior to this, he was in biotechnology, ending as CEO of Immulogic, in Boston. Dr. Marr had a prior twenty year career in academic medicine, completing that as Professor of Medicine and Biochemistry. He obtained his MD from the Johns Hopkins University.

Lauren May
Lauren is a 2nd year medical student who, when not studying, finds joy in writing and photography. She also loves spending time with her father, her family, and her friends, playing with the med school soccer team, and romping outside with her delightful puppy, Josephine.

Debra Miller
Debra graduated in 2003 with a BFA in Fine Art at MSCD. However, her job is with the Health Sciences Library as a Library Tech II. The images included here were drawn in 2003 with colored pencil, graphite, and acrylic on wood. To view her other work visit Denverartists.com.

John Neal
In his spare time during the past thirty years, John Neal has written six novels, a dozen short stories and several screenplays. For details, visit www.jNeal.com. Nothing has been published yet – know any agents or editors? To discuss the story published here, please feel free to email John.Neal@uchsc.edu.

Stacey Pfannenstiel
Stacey was a physical therapist for 14 years specializing in spinal cord injury until she decided to go back to school to become a physician assistant. She recently graduated from the CHAPA program and has started her first job at the level 1 nursery at University Colorado Hospital.

Frederic Platt
Fred Platt is a newly retired physician who has practiced primary care internal medicine in central Denver for the last 37 years. He entered medical school in 1959 and thus counts “almost 50 years” in the profession. He writes widely, mostly about physician-patient communication, some fiction, and occasional poetry.

Joshua Potocko
Before medical school, Josh was in grad school studying neuroscience. He also played guitar and sang at various venues around New Orleans. One late night while studying, he wrote this song: an attempt to answer the question, what if Johnny Cash had studied neuroanatomy? Hear it at: www.joeschwaw.com
William Rector
Bill Rector is a physician in Denver whose poetry has appeared in a variety of literary journals. He recently published a volume of poetry, bill, through Proem Press (www.proempress.com).

Joan Ringel
Ringel’s public policy and lobbying career has repurposed into writing and entertaining a granddaughter and Bernese Mountain dog. Married to a neurologist on faculty, she has two sons and finally a daughter (-in-law.) Her credits include non-fiction work, editorials, ghosting for elected officials and a sketch for Colorado Public Radio.

Jason Roosa
Jason Roosa is a 4th year medical student at the University of Colorado School of Medicine. He plans to specialize in Emergency Medicine.

Katrina Schmidt
Katrina graduated from the University of Denver with a degree in Molecular Biology and German Language. She is an MSIII and still technically an “undecided.” However, she is leaning towards surgical specialties. Her research interests include medical education and health systems. She enjoys skiing, sport-climbing, mountain biking, camping, and running.

Michelle Sleater
Michelle Sleater is a UCHSC student who received her PhD in Immunology in 2006 and will receive her MD in May of 2008. A confessed voyeur of humanity, her watercolors and photographs are inspired by the strength and beauty she sees in her patients and in the world.

Daniel Teitaulbaum
Daniel Teitelbaum is adjunct professor of occupational and environmental medicine in the new School of Public Health, CU, Denver. He has been a street photographer for more than 50 years. He works in silver and digital media, and recently has begun to render his images through polymer plate printing.

Theresa VanderHeiden
Theresa VanderHeiden is a professional research assistant in the infectious disease department at UCDHSC. She chose to take pictures of nature as they remind her that only God is capable of such magnificence! John Fielder, Annie Leibovitz and Anne Geddes are her favorite photographers.
**Gail Waldstein**


**John Wilkinson**

I am a student doing clinical research at the Barbara Davis Center for Childhood Diabetes. As often as possible, I try to visit new places and try new things. My photographs reflect my passion for travel and urge to see and experience everything I can.

**Van Cranston Willis**

Van grew up in Utah and enjoys outdoor activities as well as music. He is currently enjoying married life and pursuing graduate studies in molecular biology at the University of Colorado Denver. When there is time he loves to take pictures and occasionally dabble in the writing scene.

**Lisa Wilson**

Lisa is a Neuroscience PhD student working in the Neuromagnetic Imaging Center under the mentorship of Dr. Don Rojas. Her research interests are in using MEG and MRI to investigate the language deficits found in autism. In addition to writing short stories, she is working on her first novel.

**Audrey Yee**

Dr. Yee is an Assistant Professor in Pediatrics, Neurology Section. In her clinical world, she cares for teens with neurological conditions. As a scientist, she studies the cellular mechanisms of epilepsy and epileptogenesis.

**Eric Young**

Eric is a 4th year med student who grew up in Phoenix and got his undergrad degree in History from the University of San Diego. He is applying to residency programs in Internal Medicine and would like to pursue a career in Cardiology. He spends his free time skiing, rock climbing and writing.

**Laura Zapapas**

A native Coloradan, Laura Zapapas loves the outdoors and is an avid hiker and flag football enthusiast. Other interests include reading, soccer, drinking coffee, and spending time with her family. As a current MSII, Laura looks forward to her rotations and a career in pediatric medicine.