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# MEDICAL LITERARY MESSENGER

*An Artistic Voice for the Healing Arts*

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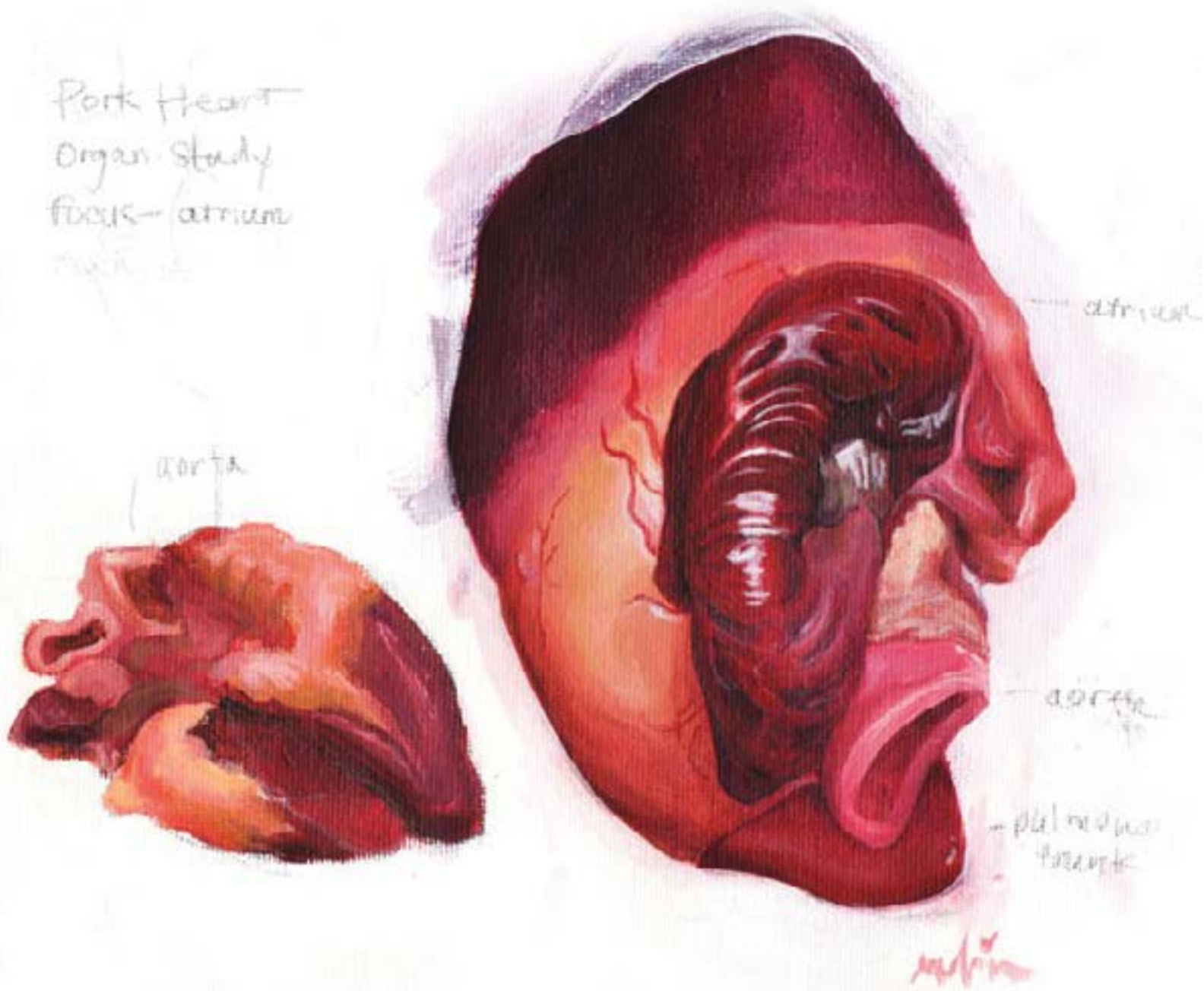


Illustration by Adrienne Enriquez (page 13)

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*An Artistic Voice for the Healing Arts*

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**W**e are proud to present the second edition of the Medical Literary Messenger. We explore medicine and the healing arts through diverse submissions of poetry, prose, and images. Again, our contributors come from diverse backgrounds allowing us to publish the perspectives of patients, students, teachers, health care providers, and practicing physicians. We hope that you are moved by their experiences, expressions and meditations such that we learn from each other, we learn from our patients, and we learn from ourselves.

Gonzalo Bearman, MD  
Editor in Chief

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# Ether

By Anne Leitch

Skipping in the playground, we are nine years old, Ellen, and I. The ropes loop and hiss as we bounce in perfect synchronicity, beaming and chanting the count. “Twenty two, twenty three,” and just as we are about to attempt a figure of eight, the hand bell rings. Groaning, we wind up our precious ropes, and speed toward the flapping arms of Miss Munro.

“Mum told me there is an audition for a ballet class on Saturday at the Caledonian Hotel. Would you like to come with me?” asked Ellen.

“I’ll ask my parents,” I yelled excitedly, as we followed the wavy patterns of our “Fair Isle” clad teacher into the perennially unfathomable joys of knitting.

“Mum, Ellen has asked if I can go to an audition for a new ballet class at the Caley on Saturday?” I was clapping around the kitchen in a pair of her stilettoes.

“Off with those my girl, before you ruin them. Well, I seem to remember you went to ballet before with your sister and loathed it. That’s why you skate and she took up gymnastics.”

“Please Mum, I really want to go with Ellen, I’ll stick to it this time if we get in, I promise. Can you ask Dad?”

“Enough wheedling now, you’re giving me an earache.”

Ellen and I are standing in line come Saturday morning. Her dark hair neatly pulled into a sleek bun, freckle faced, pug nosed, hazel eyed she frowns as she tries to flatten my mop.

“Have you used your hairbrush this week?”

Miss Lawson, the ballet teacher, a strikingly beautiful blond, undulates rather than walks toward the line and calls us in. We note our accompanying fathers’ gaze. They are uncomfortably pinned against the rear wall, mortified, marooned in a crush of women. We stand side-by-side, Ellen calm and focused.

“Just do what she does, Lydia, you’ll be fine,” she whispers.

After a brief try out, we are awarded pink ribbons and, high as kites, screech out to find our respective dads, who, now excruciatingly embarrassed, need to negotiate the purchase of turquoise leotards, pink tights, and soft leather ballet shoes that have been cannily transported up from London.

“Lydia, are you absolutely certain?” “Yes, Dad I love it. Look, First Position.”

To this day, I only have to hear a note of Chopin: Mrs Anderson is playing, turban on head, Miss Lawson is demonstrating and Ellen’s neat form is there in front of me, hand on the barre. Her elegant head poised, feet and arms beautifully positioned, from fingertip to toe her movement flows into every note. She is a “natural.” Far beyond pure technique, she instinctively has that uniquely spiritual connection to ballet.

We labour, but dance is oxygen to her, she hovers in the ether. I try to emulate her grace, and she spends many, many hours, at our homes, patiently showing me how to execute these

steps.

A year passes and my parents and I are driving through a mirthless maze of pines towards a black, tin hut in the grounds of Culduthel Hospital.

“Mum, what’s rheumatoid arthritis?” I have been earwiggling.

I hug my ballet books as we walk into the antiseptic, aridity of the ward. Ellen’s small, dark head turns to me, deep in a blizzard of white linen, her beautiful legs swollen by bandages, mummified. I run to her and we hug.

“Tell me all about dance class, and I want to know when you are going to London to audition for ballet school.” My eyes are shiny and I quickly droop my head.

“Don’t tell me you’re not going!” she gasped. “Promise me, Lydia, I want you to go. You are good, don’t miss this chance.”

Your family moved far from our small, Highland town so that you could receive the best possible treatment. I know you worked hard, had a good job, got married, have two children, and years later moved your parents close to look after them. You never once allowed your cruel illness to fetter you. But what I really want you to know is that I never forgot your words. Class after grinding class, followed by rehearsal after slogging rehearsal, and then, at last, the euphoric release of performance.

Ellen, you did dance. I carried you with me. I danced for both of us. ❖

## *Pharmacy and Fotography*



**Photo by Lulú De Panbehchi**

The photographer works with analog photography, in which she will damage the film with a liquid, let it dry, then shoot the photos. The photo above was damaged with iron, a supplement the photographer was given when she twice battled breast cancer. More photos manipulated with iron can be viewed at [www.flickr.com/photos/notascari/sets/72157629790265743/](http://www.flickr.com/photos/notascari/sets/72157629790265743/), and a set manipulated with Taxol, a chemotherapy drug, can be viewed at [www.flickr.com/photos/notascari/sets/72157633164097607/](http://www.flickr.com/photos/notascari/sets/72157633164097607/).

*Lulú De Panbehchi was born in Guasave, in northwestern Mexico. She is a Spanish instructor and a PhD candidate in Media, Art, & Text at Virginia Commonwealth University. Lulú works with analog, digital, cyanotype, and iPhone photography. Her research focuses on iPhoneography and teaching foreign languages with technology.*

# Had Mariam Been Watching Through a Crack in the Door

She would have seen her lying on her back,  
her golden hair fanned out around her.  
Her legs parted, a thin white sheet draped  
over her threadbare clothes, the rags  
too tight to cover her growing belly.  
She would have heard her sucking gulps  
of air through clenched teeth,  
eyes fixed on the paint that peeled  
from the ceiling. She would have seen  
her fist closed tight around the spoke  
of a bicycle wheel, slightly bent and rusted,  
positioned between her legs,  
where her flesh began to  
part. But then she would have seen  
her breathing begin to slow,  
and the spoke drop from her small hand.  
She would have seen her stand too quickly,  
and fall back to her knees, whispering  
a prayer under her breath, her voice shaking.  
And finally she would have  
watched as she stood again, leaving  
the rusted spoke on the empty floor,  
and walked halfway to the door  
before she stopped, and returned to pick it up  
so that she could hide it back where it was found,  
in a dark alley behind the house.

By Natalie Sterrett

*Natalie Sterrett is a junior at Emory University. She is currently pursuing a degree in math, and competes on the school's equestrian team. She enjoys reading and writing poetry in her free time. This piece was also published recently in Alloy Literary Magazine, Emory's student-run literary journal featuring undergraduate writing.*

# Teachings from a 15-year-old “drug seeker”

By Larry Istrail

A hospital is not the homiest of establishments. The bright neon lights, strange smells and piercing high-pitched beeps that radiate from the rooms of dormant patients fill the halls in a symphony of annoying sensory stimulation. But to someone recovering from an ended relationship, hospitals are heavenly. When the lonely silence of your one bedroom apartment is overwhelmingly loud, beeping IV lines and incoherent mumbles are surprisingly therapeutic.

As a physician or medical student, we have a responsibility to compartmentalize our lives and provide each patient our undivided attention. But like a speck of gathered dust on my unclean glasses, reminders of my dissolved relationship were annoyingly ever-present.

My patient on the first day of pediatrics was a 15-year-old, I'll call him Joe, who boasted a terribly tragic and challengingly complex medical history and hospital course. With a formerly abusive, currently deceased father, and a mother sadly addicted to meth, his childhood—populated by multiple suicide attempts and run-ins with the law—was anything but normal. In a seemingly inexplicable course of events, a stubbed toe from a skateboarding accident led him to a podiatrist for a steroid injection to mitigate his pain. This introduced an inoculation of bacteria into his bloodstream, eventually

leading to sepsis and acute respiratory distress as the malicious bacteria multiplied throughout his frail, teenage body. Joe's breathing continued to worsen and he was put on ECMO, a method by which blood is drained from the venous system, oxygenated outside of the body and returned for tissue delivery, bypassing the lungs entirely. Regrettably during this procedure, his femoral nerve was compromised resulting in permanent nerve damage and decreased lower leg mobility. After a month long, medically induced, coma, his lungs recovered and Joe was finally stable enough to leave the hospital and enter physical rehab. Unfortunately a few days later he was readmitted for uncontrolled nausea and vomiting, which is when I had the opportunity to meet him for the first time.

“Don't choose that patient,” my resident said. “He is rude, complicated, and may be a drug seeker.” As a medical student new to inpatient medicine, Joe's medical history was vast and overwhelming, but I decided to take the plunge.

As we walked up to Joe's bed on our first morning rounds, he did not embody the stereotypical drug seeker image molded by my preconceived

notions. A thin boy with floppy brown hair sporting a conniving smirk greeted our team, just an average high school kid to the uninformed eye.

As the days progressed, I visited Joe each afternoon to chat. Speaking with him really put my sadness into perspective. He had experienced the equivalent of a 42-car pile up. And me? Just a minor fender bender.

We became closer, and Joe told me the story of how in his sepsis-induced stupor preparing to die, he whispered to his sobbing 11-year-old brother that everything was going to be ok, even if he didn't make it. He described how his grandparents eventually agreed to take him in again and give him

a second chance, since God gave him a second chance at life. And through these stories I realized that in some ways, he is mature beyond his years, and no matter how upset I may be, I am unimaginably fortunate.

Spending time with critically ill patients shines a spotlight on the uncomfortable truth of how fragile and fleeting human life can be. Amidst the terrible diseases threatening patient mortality that comprise the haystack of

*“Speaking with him really put my sadness into perspective. He had experienced the equivalent of a 42-car pile up. And me? Just a minor fender bender.”*

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inpatient problems, surely a simple broken heart is the proverbial hidden needle. We normally don't think of a hospital as a place where patients can provide therapy to their healthcare providers, but in my case this was a blissful reality. For getting my mind off of my personal life, talking with Joe was certainly the drug of choice.

There are mountains of frustrations that compromise the medical system's delivery of care. Medical record requests through anachronistic fax machines that put patients at risk of excess testing, and mind-numbingly frustrating bureaucracy are urgently in need of real reform. Yet all these frustrations are trumped by our unique opportunity to enter the sacred world of a patient's battle with death, to stand on the side of modern medicine as it grapples with the threat of the grim reaper's scythe.

The long hours and accrued debt suddenly seem worthwhile when that one patient in need looks deep into my eyes and conveys their genuine gratitude through two simple words. That bone-tingling fulfillment that crawls over me when "thank you" comes out of their mouth is the ultimate reward. Joe reminded me of this when I needed it most and for that, I'd like to return the favor: Thank you, Joe. ✨

*Larry Istrail is a medical student, entrepreneur, and writer who will be pursuing a career in internal medicine. He has founded or co-founded two healthcare companies related to obesity research and enjoys writing about his experiences as a medical student. You can read more about him on his website, [www.larryistrail.com](http://www.larryistrail.com).*

# Annie O'Malley

My sister is weeping for Annie O'Malley.  
They left her here, alone and weak,  
No one pays attention when she complains that her head hurts.  
They feed her three meals,  
They tend to the basics.  
But when she complains, well,

Annie is invisible.

No one comes to visit anymore.  
No one brings an aspirin,  
so my sister sits with Annie.  
For ten minutes she rubs her head,  
she listens to her sigh,  
she wonders how long it will be  
Before this happens to her.

She calls me in tears and begs me  
Never to leave her in a place like that.

My sister knows their names,  
every one of them.  
Philomena, Margaret, Mary, Agnes,  
Judy, Mary Jean, Annie O'Malley.  
She has come only to see Pauline,  
our Grandma, 102,  
but she does not know how to look away,  
and so she knows all of these ladies of the floor,  
all of these forgotten ones.  
She has no time, but she stays to visit, to clean,  
to let the staff know that someone is watching.

My sister is weeping for Annie O'Malley,  
and for herself,  
and for you and for me.

By Mary Ellen Olbrisch\*

\* Author's note, page 16



WHY DIDN'T YOU SEE ME BEFORE THIS?

Cartoon by David James Bromley

*David J. Bromley has taught various drawing classes in the VCU School of the Arts and taught "The History of Cartoon Drawing" in the VCU Honors College. He is currently employed as an actor in the Standardized Patient Program with the School of Medicine.*



# YCCOM: You Can Count on Me

— *Odyssey Health Care motto*

Concave queen with the peroxide up-do  
is still immaculate—age is just a number  
and white blood cells are bound to multiply  
so nothing beats the quickening revelation

of a Camel inhaled on taboo blacktop  
outside her husband's hospice in Warwick,  
Rhode Island. Bad habits are a delicate business  
but so was learning to master the saltine challenge—

eat 6 in 60 seconds—which she did, waiting  
at his bedside for some tendon to twitch. The key  
is “chunking,” a technique she picked up  
on this thing called the Internet: eat 3,

then 2, then 1. She almost exhausted her supply of  
saliva and unconditional love trying to practice  
as much as possible, eating crackers  
and nothing else as the sun rose through the crack

in the blackout curtains, throughout afternoon  
and night shifts, the changing of the sheets  
which, believe her, has just much pomp  
and circumstance as the changing of the guard,

and he looks just as stalwart  
as any member of the St. James's Palace  
detachment: hers 'til death, so handsome,  
all propped up and stony-eyed

in that mechanized bed. Now she goes outside  
to occupy her mouth, knowing he probably won't  
lecture her this time, or the next. In the parking lot,  
hospice is about living.

**By Colleen Gallagher**

# Clock Clock Clock

By Rita Ciresi

We are brothers, sisters, husbands, wives. The emaciated faces and bald heads of our family members grace those guilt-inducing tin cans parked by the cash registers at drug and convenience stores. The spare change of strangers—and hundreds of five-buck car washes and ten-dollar pledges to half-marathons—have paid for our loved ones' plane tickets to Houston and helped defray the cost of our extended stays in the (aptly-named) Extended Stay.

We have run out of options elsewhere. And so we have come to this hospital whose optimistic logo—The End of ~~Cancer~~—is plastered everywhere: on shuttle buses and billboards, lavatory doors, T-shirts sold in the gift shop, cafeteria trays.

I am terrified to try new things. Dying is number-one on the list. But I

*“I’d like to bring my frog upstairs. Give him to my nephew who now has been confined to a hospital room for almost two out of the twenty-six years he has been on the planet. I’d like to give him the chance to hear it clock clock clock.”*

accompany my sister—whose youngest son lies upstairs, depleted from his thirteenth round of chemo—to the Integrative Medicine Center’s two p.m. therapeutic drumming class. For just one hour we need to strip off our paper gowns, breathe without a mask, touch the elevator button without latex gloves. We need to walk off the ward. Slap our anger into submission and pound out our grief.

We need to have fun.

There’s a long waiting list for such fun. But we arrive right when the class is about to start and take the place of two no-shows.

Why these folks didn’t show is not something I want to think about.

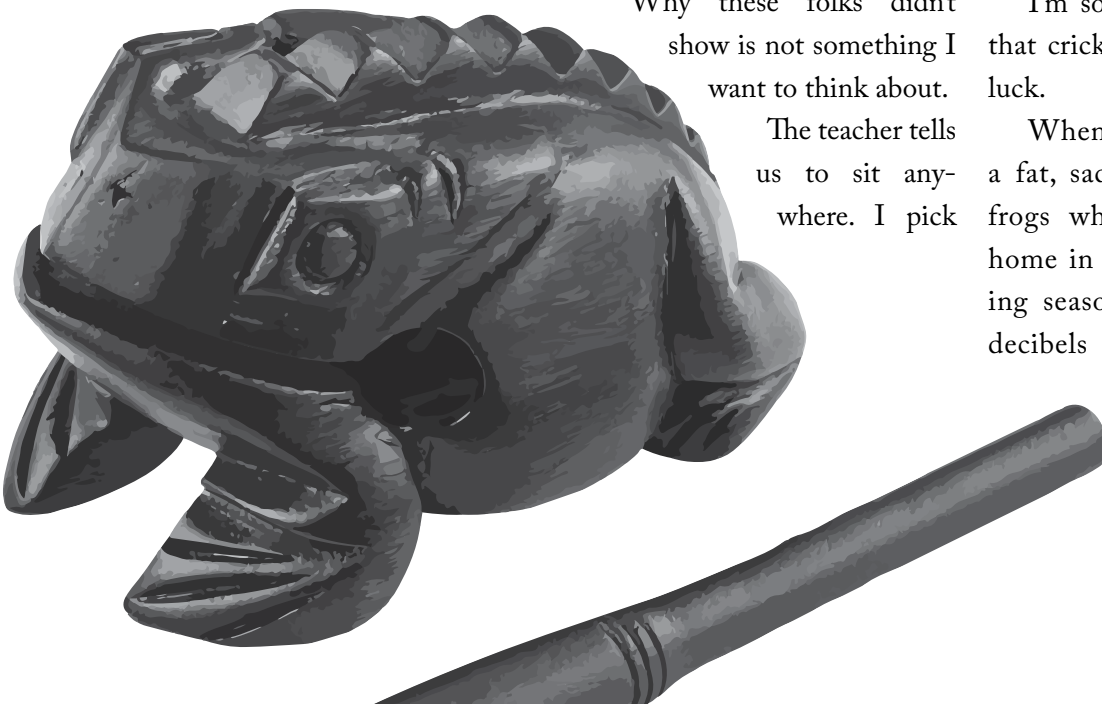
The teacher tells us to sit anywhere. I pick

one of the dozen stools that faces the floor-to-ceiling windows. In front of each stool is a waist-high drum, the kind used in rural villages to warn the next village over that trouble is on its way.

Also by the stool: a sealed zip-lock bag full of hand-held instruments. It’s like Christmas morning. My classmates open their bags and pull out wooden blocks, tambourines, clappers, sleigh bells, gourd rattles. The woman to the right of me scores a wooden replica of a cricket that—when she strokes its back—lets out a chirping sound.

I’m so jealous I could cry. I want that cricket. A cricket portends good luck.

When I open my bag I find only a fat, sad wooden frog. Unlike the frogs who live in our pond back home in Florida—who during mating season screech at high-pitched decibels from dusk to dawn—my frog lets out a low and melancholy *clock clock clock* when I drag the matching wooden stick up and down its variegated spine.



Continued, next page

This bullfrog must have been born in the bowels of the earth. I imagine him croaking on the muddy far banks of the River Styx. Come over, says he. Come over.

I'd like to bring my frog upstairs. Give him to my nephew who now has been confined to a hospital room for almost two out of the twenty-six years he has been on the planet. I'd like to give him the chance to hear it *clock clock clock*.

But patients are stuck upstairs. Only family has full run of the premises.

Like a bunch of kids let loose from some boring math or Latin class, we family members grab our toys and rattle and shake and chime and gong. Twice the teacher has to call us to initial order.

We are to go around the room and introduce ourselves. Which we do. But we also introduce the person who is absent, as well as his or her type of cancer. It's a litany of dire disease: AML. CML. Stage Four this. Metastatic that.

We know why we are here. But our teacher still delivers the touchy-feely hoo-ha posted on the hospital website. Therapeutic drumming can promote wellness! help us manage stress! alleviate our pain!

Also: improve our ability to express our feelings!

As if we need help with that.

Our teacher explains he will start us off with a "community-building" exercise. He takes his big drum between his legs and begins tapping his fingers on the top, producing a slow and simple beat. Then he nods at each of us, one by

***"Bum, bum, ba-drum. Something brittle breaks off inside me. Over the deafening noise of a dozen drums, I hear something I have not heard in days: the sound of my own laughter. Oh yeah. Oh yeah, baby: I am making the most joyous sound of my life."***

one, to join in.

I'm nervous to get the nod. What if I come in at the wrong moment? Throw off the rhythm? But we are not supposed to play in unison. We are supposed to respond to the group. Enter into the conversation.

Luckily the conversation is pretty loud by the time I get the nod. I pull the drum between my legs and whack the taut skin with the palm of my hand. Feels pretty good. So I lay down another satisfying thwack.

Soon I'm thrumming. I'm drumming. The beat is coursing through my veins, through the bone marrow that I wanted more than anything to be the right match, but was not.

Bum, bum, ba-drum. Something brittle breaks off inside me. Over the deafening noise of a dozen drums, I hear something I have not heard in days: the sound of my own laughter. Oh yeah. Oh yeah, baby: I am making the most joyous sound of my life.

And the joy is infectious. Some of us smile, others hum or sing. We make eye contact with more than the teacher. We dare to play solos on the big drums. After that, we are encouraged to explore the diverse sounds of our zip-lock bag treasures. The cricket next to me is a big hit. And I can't get enough of my fat sad frog. I could sit here and make him croak *clock clock*

*clock* all day long.

But class lasts only one hour—at the end of which I come to understand how the phrase *it was over in a heartbeat* has become a cliché. To drum is to find your deepest heartbeat and stay there with it, suspended, outside of time. And I never want this not-time to end.

To leave therapeutic drumming is like leaving yoga after completing Shavasana, the final meditation pose in which peace is restored to the entire body. I know I need to get up from the mat, put on my shoes, and face the real world again.

But I cannot bear rising from my stool and walking down that long corridor that leads back into the hospital proper—the sort of other-worldly tunnel you might see in a dream or in a near-death experience in which your soul is released from your body and you hurdle toward the light.

To walk that corridor is to see, once more, ~~The End of Cancer~~.

To walk it is to face, once again, another kind of ending. ✨

*Rita Ciresi is author of the novels Bring Back My Body to Me, Pink Slip, Blue Italian, and Remind Me Again Why I Married You and the story collections Sometimes I Dream in Italian and Mother Rocket. She is director of creative writing at the University of South Florida, where she teaches a multigenre course in illness narratives.*

# On the Advantages of Not Being Totally Present

Perhaps it is best—  
It will keep the flat-stone mind skipping over the deep—  
To see through the present  
Person.  
The patient.

Though the brow be contorted in pain,  
Let us see the uproarious  
Laughter at the family reunion  
With dogs on the grill and underfoot  
With children chasing everyone with squirt guns.

Or, if the affect be flattened  
And the psychomotor slowed,  
Let us see them helping their sick mother  
Across the floor,  
To the car,  
Opening the door,  
Making sure that appointments are kept and  
Soups polished off.

In short,  
Let us not forget to exercise  
Imagination.

**By Charles F. Opalak**

Beef Shin  
muscle study



**Illustration by Adrienne Robin Enriquez**

*Robin is an aspiring scientific and medical artist who adores exploring the human body in intellectual and illustrative ways. She believes that science and design complement each other and she is honored to be a liaison between the two. Please visit the artist's website to view more illustrations: [Adrienne-Robin-Enriquez.com](http://Adrienne-Robin-Enriquez.com).*

# The E-mail

By Olivia M. McGuire

*Ming Ming, I'm just watching football this weekend and wishing we were together. I miss you. Jeremy.*

I knew it! I thought. All along, I suspected something, but he kept denying it, telling me I was crazy.

When Jeremy came home, it was a night of twisted truths and accusations.

I bombarded him with all the things you'd expect from a wife in my situation.

What the hell is this? Who is this girl? Do you love her?

Instead of owning up to the truth and begging for my forgiveness, he said: "You've never been happy with me anyway. You're always complaining."

"What?" I couldn't believe what I was hearing. What was he talking about?

Crying, he revealed his true feelings, "You're always sick! I pray for you to get better, but you're still sick. I'm tired of my life revolving around you and your doctors' appointments!"

Living with my lupus had taken its toll on Jeremy, causing him to become sick too—sick of my ER visits and ICU stays; sick of coming home to a wife who spent the day vomiting, and sick of feeling helpless in my state of agony. He was just plain sick of our life and wanted out. Part of me could sympathize with him and I cried just as much for his pain as I did for mine. Hell, if it were possible, I would have wanted to divorce myself too. He was the lucky one. He could get out. I, on

the other hand, was stuck with me.

Jeremy was the one who took me to the ER, picked up prescriptions, visited me daily whenever I was hospitalized, and kept the house running. But he just couldn't do it anymore, despite our vows, "in sickness and in health." We had been a very happy couple when the disease wasn't so bad. I did have good days, after all, and we had plenty of good times.

Jeremy and I saw spectacular shows in Vegas year after year. We went to San Francisco and San Diego, hung out at both Venice Beach and Malibu Beach, and visited the Redwood Forest. We went on many road trips where the desert highways were endless and we marveled over magnificent terrains and unending skies. Those road trips took us to Indian ruins we didn't expect to find, to the mesmerizing Painted Desert, and to Monument Valley where the red rock formations and buttes towered.

I remember the first time I told him I wanted to be a writer. It was when we were in our twenties and still considered newlyweds, and after my diagnosis. At that time I was so bloated from taking a medication called Prednisone that I was unrecognizable, far from the beauty I had been when I was healthy. A shallow and immature young man might have fled right then and there, but instead he loved me and surprised me with my first computer under our friends' gigantic and beautiful tree at their Christmas Eve party. It wasn't something we really could afford, but he believed in me and my dreams.

Jeremy was always so proud of me, his pretty wife, especially when I was dolled up and we had somewhere to go. We were a young beautiful couple: he with a muscular physique, sandy blonde hair, liquid blue eyes placed on his pretty-boy face and me with my svelte figure, smooth Asian skin, and symmetric features. We once had professional pictures taken of us and I gave one as a gift to Berry, a close friend, for Christmas. Berry said whenever people looked at that photo people would ask him why he didn't put a real picture in there instead of displaying the ones that came with the picture frame. In many ways, we were a model couple.

The most wonderful place we lived in was the high-rise building smack in the middle of Phoenix. Our apartment on the eighth floor had a panoramic view of the mountains and the sprawling city streets right below us. I remember I loved playing housewife up there and would often have meals for him on our terrace. I no longer worked because the disease proved to be debilitating and I spent so much time trying to manage the illness by making it to all my doctors' appointments and taking all the tests they wanted me to take, like CAT scans and MRI exams. Who had time for a job? Jeremy worked mostly at night, therefore we spent our days together. On the days when I was good, we'd go to the gym, and perhaps go out to lunch or see a movie. Back then, he hadn't minded coming with me to my doctors' appointments.

Continued, next page

On his nights off, we'd dim the lights in our living room. The city lights would sparkle against the black night and be perfectly framed within our arcadia doors that occupied the entire wall. We'd rent a movie or might listen to music. Sometimes we'd even slow dance. And every Christmas there would be a parade on our street and we'd just go out of our building and stand on the street and watch it. It was truly a special place to live. There are times I wish I could go back to this place and live there forever—young with my handsome husband.

But it wasn't perfect or ideal—far from it. During the five years we lived there I had numerous hospitalizations, and also went through chemotherapy to save my kidneys. I developed nephritis from the disease. And chemo was hell. The doctor couldn't find a drug that could control my nausea. So every time I had chemo, I vomited incessantly for two days straight. Jeremy would leave the bathroom garbage pail by the bed because I was too sick and too weak to run down the hall. There were hard blows, too, like when my rheumatologist told me the drug would put my ability to get pregnant at a high risk, and my nephrologists told me that because of the seriousness of illness, I should never even try.

Some time later, we moved into our first house. Our new house was in a lovely neighborhood, also in Central Phoenix, filled with green grass and many trees, especially palm trees. Our house was a cozy two-bedroom, with Saltillo tile throughout the kitchen and spacious dining room. There were French white

doors in the dining room opening up to a solarium with white French windows overlooking our swimming pool and palm trees out back. It was a house where the songs "Wouldn't It Be Nice" by the Beach Boys and "Everlong" by The Foo Fighters might play; a house where we'd cook spaghetti and spontaneously invite friends over for dinner. Unfortunately it was also a house where you'd see a large bowl filled to the rim with medication on the kitchen table. It was a house where my pain would elevate to being unbearable and the only way to remedy it was to get stronger pain medicine from the ER.

Before long, we decided to add a dog, Lucas, to our family. Lucas was a Dogo Argentino, and though he was originally bred to hunt jaguar and wild boar, he had the cutest face, like an American bull dog. I had really loved that dog back then and we had great laughs because of him. Sometimes, when Jeremy came home from work in the afternoon, I'd jokingly stand at the door with Lucas and we would both be happily wagging our tails waiting to see him.

But Lucas turned out to be a great strain on our marriage. Since Jeremy worked at night, I was the one who had to be woken up from my sleep to let the dog out at two in the morning. Then I'd have to let him back in half an hour later—when he was ready—or else he'd bark and scratch and jump on

the door all night. It was bad enough I suffered from fatigue because of the disease. I didn't need a dog furthering my suffering.

*"The disease was ever present. There were still many doctors' appointments—various specialists, and of course there were still ER visits and hospitalizations. I could never escape those."*

Lucas never listened to me either, and he would chew things up just to get my attention. Jeremy would never consider finding him another home, even though it was affecting my health and our marriage. Had I been healthy

with energy to train him, perhaps it could have saved a lot of arguments.

We sold the first house after four years and purchased our second house in a developing neighborhood. We got to customize it and it was like a storybook dream. I remember going to the outskirts of Phoenix one night, standing among the wooded frame of the house under a star-filled sky in his embrace. We felt so proud that this dream was being realized. We were building a house and it would have a marble tub and the big walk-in closet I so longed for. Having that house made us both feel so accomplished; we were achieving a lifestyle that neither one of us had growing up because we both came from working class neighborhoods and backgrounds. But after we moved into our dream house, I realized that I would have preferred to live with him in a box somewhere back in Central Phoenix instead of out there in the middle of nowhere. We were so far from town, and because he now worked days and

Continued, next page

sometimes took overtime shifts at night (so he said), I was alone at home most of the time, often feeling lonely and not well.

Ironically, although this house represented our dreams, it saw many difficult times. The disease was ever present. There were still many doctors' appointments—various specialists, and of course there were still ER visits and hospitalizations. I could never escape those. The last time I was admitted, I was on a respirator for a week and had to be given units of blood. My husband was told to make funeral arrangements just in case. That was the last straw for Jeremy. Though we went on with our life as usual after that traumatic event and he was still very helpful, he had checked out.

There were many strains on our marriage. In spite of our challenges, I still have fond memories of those years and the time we spent together. We had many happy times and so much love, but they just couldn't outweigh my disease and its affect on us.

A year after I found that e-mail, Jeremy and I were divorced. ✨

*Olivia was diagnosed with lupus in her twenties while living in Phoenix Arizona; and has been chronically ill since, including a battle with cancer. She wrote a column called "Olivia's Thoughts" published in Cafe Eighties, writes poetry, and in recent years performs stand-up comedy as a hobby. All her stand-up material is self-written and much of the subject is inspired by her health issues. She currently resides in Chesapeake, VA, and is under the care of physicians at Virginia Commonwealth University Medical Center.*

# Lamentation

Phillip Seymour Hoffman

The addicted brain needs  
what the addicted brain needs.  
It wants what it wants,  
it craves what it craves.

Greatest actor of his generation,  
no movie star, but rather  
genius of the Empathy Machine.  
He said that no one knew him,  
yet he had no boundaries;  
All pain and shame and hunger  
flowed through him and reached us,  
left us tearful and speechless.

Twenty years sober,  
twenty years free?  
Twenty years striving  
to perfect his art,  
twenty years channeling  
others with all their flaws  
and failures, all their desires.  
They took their toll.  
He left three children.

He must have loved them,  
never far from their lives,  
he walked them to school.  
But the addicted brain needs  
what the addicted brain needs.  
It wants what it wants,  
it craves what it craves.

The sweet relief,  
always a reliable friend.  
Didn't he wake up  
every time before?  
Did he plan to leave  
those kids without a father,  
their mother without a partner?  
Did he plan to leave  
a life's work unfinished?

The addicted brain needs  
what the addicted brain needs.  
It wants what it wants,  
it craves what it craves.

By Mary Ellen Olbrisch

*Mary Ellen Olbrisch is a clinical health psychologist and Professor of Psychiatry and Surgery at Virginia Commonwealth University.*





# *Short Sisters*

The following poems and photographs are an artistic collaboration of two sisters, Hannah and Marlena Chertock, that explores Spondyloepiphyseal dysplasia (SED), a bone condition they've shared since birth. SED causes a variety of issues, including short stature, scoliosis, chronic joint pain, neck instability, retinal detachment and breathing troubles. Through their own avenues of artistic expression, the two sisters have combined poetry and photography to provide a cohesive portrait of how SED affects the body. For example, "Short Curve" offers two views of SED that coexist within Marlena. The condition dictates her pain, how her body appears, and her limits, but living with SED and managing its challenges also makes her stronger. Hannah illustrates this poem with the portrait of their heads touching above. The shadow between them displays varying attitudes toward SED and how the condition presents itself differently, even in sisters.

# Short Curve

Spondyloepiphyseal dysplasia

It's strange how it comes down to C, A, G, and T,  
the confusing string of letters that make us up.

CAGT, like a cage. She can't escape the letters in nuclei,  
zipped deep in her, a genetic straitjacket.

Her dad's hip is stubborn,  
frozen like a window stuck shut in winter.

Soon she'll become that,  
their collagen written wrong.

She wants to understand,  
their genes broken on the same line.



By Marlena Chertock



Photos by Hannah Chertock

## Growth Chart

Poppop picked up a pencil and carefully drew a faint mark  
over her head on the basement door.

The tradition started before she was born.

He traced his son's and daughter's height for years,  
their initials on the doorframe  
in a race to see who would reach dad first.

She understood inch by inch engraved in the wood,  
not by being plotted on the doctor's growth chart,  
a chart tracking trees, and she was a seed.

Other girls her age were far above  
on the thick line of the normal curve.

Her lonely dot was making its slow progression on a curve of its own.

## Human Growth

Every hour blood drained from her veins,  
where it should have stayed  
safe and self-contained.  
Doctors read her nuclei,  
looking for an implanted message.

Later, a nurse came to her house,  
showed how to mix the white powder,  
pushed the lamp closer,  
her thigh bright and prepared  
with an alcohol swab.

Each night she placed the needle on her thigh,  
pushed it inside  
liquid growth swirling in her bloodstream  
while she slept, whispering  
to the cells, *grow, please grow.*

Poems by Marlena Chertock

Photo by Hannah Chertock

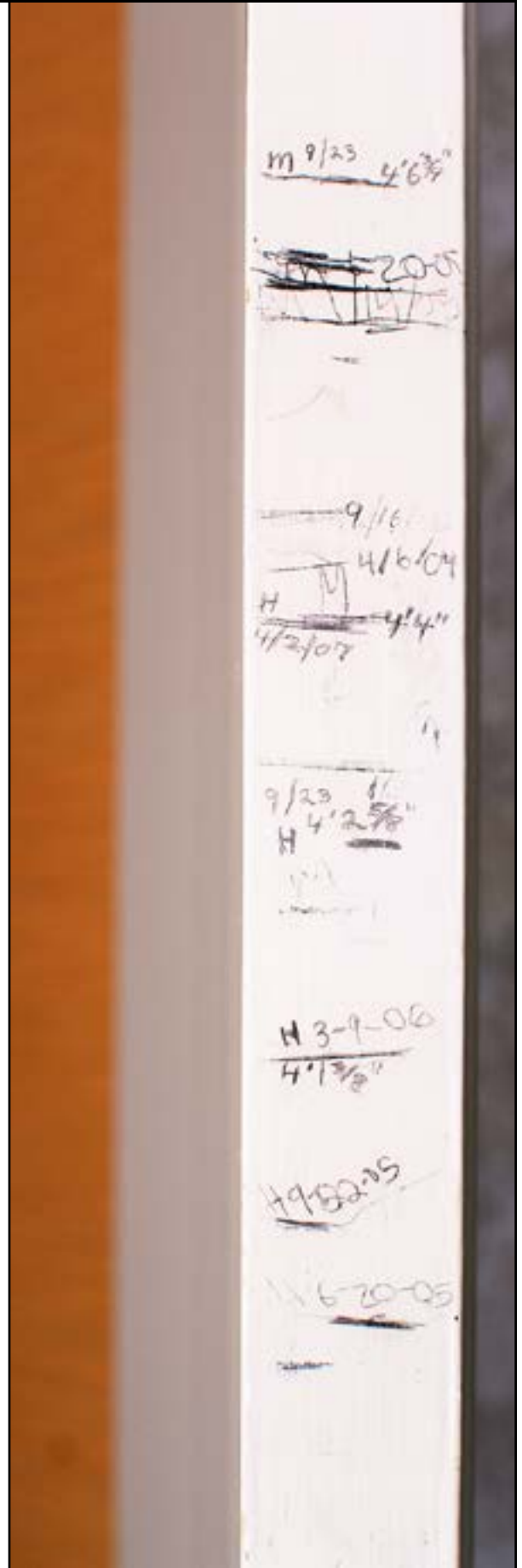




Photo by Hannah Chertock

# Cervical Instability

He got hit by a car the second week of the semester  
while riding his bike through a crosswalk.  
He walks around campus slowly,  
the harness on his shoulders,  
metal wrapped around his head  
with pins screwed into his skull.  
He lets his right foot linger in the air  
then pat the ground twice before he puts weight on it.

It reminds me of my sister, her neck like a tree's littlest  
twig.  
The doctors pushed their gloved fingers into her  
cartilage,  
blood and muscles, her C1 and C2 vertebrae,

while I was preparing to go on stage.  
I did the hand jive and locomotion  
but wasn't sure I could have looked at her  
if she had to wear a halo brace.

Now he doesn't ride his bike around campus  
and my sister has a scar on the back of her neck,  
inching up her hairline.  
It used to be bigger, but it's healing,  
just a darker smudge on her olive skin.  
Now when we're on a moon bounce I don't have to  
watch  
the bigger kids, imagine them jumping on her head.

By Marlena Chertock

## Scoliosis

It's strange to see illuminated bones,  
two scribbled numbers hidden in the acute angles,  
her snaking spine exposed.

The doctors search for consensus in degrees.  
If the angles grow heavy  
or spread her shoulders, lean into her lungs,

then they will rip open her back, steal bone  
from her hips, fuse the vertebrae straight.  
But the bends remain, balanced  
on top and bottom, an impossible S within.

**By Marlena Chertock**



*Marlena Chertock is a graduate of the Jiménez-Porter Writers' House. Her articles have appeared in The Washington Post, USA TODAY, The Gazette, WTOP, and College Park Patch. Her poems have or will appear in Stylus: A Journal of Literature and Art, Lines+Stars A Journal of Poetry and Short Prose, The Little Patuxent Review, and Fukushima Poetry Anthology. "Short Curve" and "Growth Chart" were originally published together in the Winter 2014 Science issue of Little Patuxent Review. Find her at [marlenachertock.com](http://marlenachertock.com) or @mchertock.*



**Photos by Hannah Chertock**

*Hannah Chertock is a photography major and media studies minor at Virginia Commonwealth University. Her photo series "This is Still Me" was displayed in the Anderson Gallery at Virginia Commonwealth University. Her photo "Infinite Distress" was awarded Honorable Mention in the Nora School of Photography 2012 Competition. Find her at [hannahrenae1.wix.com/hannahrenae](http://hannahrenae1.wix.com/hannahrenae) or [www.facebook.com/hannahrenaephotography](http://www.facebook.com/hannahrenaephotography).*

# For Zach

“Mom I already read this book,” but I couldn’t see  
that it was For Zach, so I complained: “But he hates to read.”  
And roughly twelve dollars worth of paper and cardboard  
didn’t begin to obscure the plastic tubing,  
ingrained in metal interfaces, beeping,  
6th grade bundle of cloth and bones, bald  
like Darth Vader under his helmet,  
wrinkled face and hazy eyes  
behind closed doors and drawn shades  
and one kid, can’t breath inside the  
sterilized lemon stench, too short  
to read ‘Brain Tumor’ in deceptively  
small letters, on the hospital chart  
hanging over his head.

But his hair grew back, cropped and brown,  
in half as long as the atrophied limbs  
that hadn’t fully developed, but he grew back,  
taller, enough to almost reach the rim  
in our sweaty high school gymnasium  
that he seemed to spend too much time in.

His legs started falling asleep again in his dorm bed;  
icicles jolting up through his thighs  
like they were shot with Novocain.  
A razorblade bit back into that fresh  
crop of hair, laying it bare for the white coats  
to scalp into with glinting instruments,  
skull soft as a melon....lacerations then bandaged,  
a grimace gracing drugged out post-op photos,  
he now pops oxycotin cocktails like they’re two dollar rails,  
slips off his blue mask to vomit in and on bathroom stalls,  
seizes up, flaccid eyes, cotton in his mouth smears his speech.  
I’m too afraid to ask my mom to tell me when,  
if I need to buy a train ticket home.

By Michael Baruch

*“The mind is everything. What you think you become.”*

*– The Buddha*

# Never Let it Go

By Gonzalo Bearman, MD

The seat of the salon chair nearly touched the ground. The space was dimly lit and uninviting. The floor was littered with boxes, towels and hair cutting supplies. A stale scent of cigarette butts lingered in the still air. The recent foreclosure had taken its toll on the once fashionable hair salon, now more a semi-abandoned warehouse than a swank styling venue.

“I told you Doc” said Tristan, “I would get back to it.” His long, thin index finger pointed to the low set salon chair. Seated in a wheelchair, an air of triumph was on his pale face.

We had met nearly four weeks before. “We re-admitted the patient over the evening,” reported the medical student during rounds, just outside of Tristan’s hospital room. “He is well known to us and left just yesterday, against medical advice, again.”

“Go on,” I said.

“The patient has lung cancer” continued the student, “with multiple metastases to the brain. He was found down in his home over a week ago, by his neighbor. This was following a seizure. We don’t know how long he was down, but it must have been extensive as the pressure necrosis of his lower extremities led to some foul wounds.”

“Yes” chimed the resident, “and to make matters worse he is uninsured, lives alone, and, apparently is bankrupt.

This is going to be a disposition nightmare.”

“I will interview and examine him later,” I said, knowing that the particulars of his case would not make for a brief encounter. We moved on to the next patient.

In the early evening, I returned to Tristan’s hospital room. His thin face appeared waxen in the low light of the television. The hospital room was cluttered with newspapers, magazines, a laptop computer and scattered belongings. His heavily bandaged legs were protruding from underneath the disarranged sheets and an odor of freshly changed dressings was in the air. A plastic bin rested atop the bedside table, overflowing with gauze, tape and scissors, all the necessary elements neatly gathered by the nursing staff for the daily dressing changes.

Flicking on the examination lights, we looked at each other in silence. Under the bright lights, his 6’2” frame seemed shrunken, frail, wounded. The physical decay was tangible. I introduced myself as the doctor in charge of his care. “I have reviewed your chart and discussed your case with the residents. We really need to think about what happens next,” I said while muting the television. “Where will you go from here? Do you have family? Who will take care of you? As you have no insurance, we need to think this through.”

Tristan turned away and stared out

of the window into the early twilight. I reached for the examination light, flicking it to off, restoring the evening’s low light to the hospital room.

“Let me show you my website” Tristan said as he reached for his laptop, hitting the power button with a slow and trembling hand. “I designed the site myself. I also shot all of the photos. Do you like the galleries, the images of the salon, the featured hairstyles? I even painted the majority of the artwork on the walls.”

The website’s design was slick and contemporary. I followed intently, acknowledging his talent as he slowly clicked on the various links, taking thorough pride in his creativity. I soon realized that I was off track. “Tristan, you are ill and in no condition to take care of yourself,” I resumed.

“Listen,” he perked up, “I can take care of myself. I need to get back on my feet, get back to work, back to the salon. I will be fine.”

Tristan had experienced two seizures, had been found unconscious and now had gangrene of his foot. He was bed-bound without assistance, and, he was living alone in a makeshift apartment in the back of a hair salon. He had left the hospital against medical advice twice, returning in less than 48 hours on both occasions. Tristan’s unreal expectations and defiance of reality was frustrating to me.

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“Dr. B,” Tristan said during a moment of silence, “I like your style, how you tell me things directly and don’t sugar coat the truth. But, I will get better. The radiation is helping and I am feeling stronger day by day. I will call some friends and clients who will help me out, so that I can get back home and back to work. You will see, Dr. B.”

“Let’s discuss this again in the morning,” I said with a growing tone of impatience. “If you leave again without proper care it is dangerous, and you will likely return quickly.” The response was silence.

“We can discuss this again tomorrow,” I said, leaving my business card on the bedside table prior to walking back to the nurse’s station. A gnawing sense of disconnectedness crept up on me, sensing that we had failed to understand one another.

The next morning began as usual. I visited the faculty lounge for coffee and rushed into the ward to meet the medical team, scarcely breaking stride to greet the nursing staff.

“Our favorite patient signed out against medical advice again late last night” said the senior resident, with an air of annoyance. “Sorry to break the bad news to you, but he will be back, no doubt.”

“What?” I blurted incredulously as we picked up our pace down the long, fluorescent lit corridors. A feeling of disappointment and annoyance came over me. “This man is in gross denial,” I muttered as the automatic doors of the medical ward swung open. I buried the incipient feelings of frustration and pressed on with the team to continue rounds. “He’ll be back.”

Two days elapsed, and my mobile phone chimed mid-morning, alerting me to an urgent message. “Please call Tessa at 555-4321.”

Tessa, a longtime friend and client of Tristan, had paid him a visit at the salon. She called in a state of panic, after finding Tristan on the floor next to his bed, unable to either raise himself or reach the telephone on the bedside table. “I didn’t know what to do or who to call,” she apologized, “but Tristan pointed to your business card on the night stand and told me to call you.”

By way of an ambulance and the emergency room, Tristan was back on the medical ward by early afternoon.

“You were right,” he said to me with teary eyes and a sense of defeat, “you knew that I would come back.”

“Let’s make sure that we address everything this time,” I said, trying to hide my disapproval of his premature departure. “We are here to help you,” I concluded. The fear on his face was unmistakable.

Over the week, Tristan’s elderly sister and next of kin, Sarah, was contacted and charity home hospice care was arranged. In between bedside visits, Tristan recounted his personal and professional story, with special emphasis on his career as a hair stylist. Despite the recent economic downturn, ultimately resulting in the foreclosure of his home and the bankruptcy of his business, he maintained a close relationship with a few clients, who still called on him to do their hair. With a gleam in his eye, Tristan opened his laptop to show me the few appointments scheduled for the upcoming week.

“You see, I have clients next week. I need to go home.”

“Tristan, I can’t make any promis-

es,” I said, fearing that the words would topple him. We parted in silence.

With the arrival of his sister and with the arrangement of a charity hospice service, Tristan’s discharge was finally set in place. On rounds with the medical service, the final details of the discharge were explained to Tristan.

“I will get better, Dr. B,” he said. “After a couple of days, I should be able to get back to work,” Tristan concluded, with an inflated sense of confidence.

“Just look after yourself, Tristan, please,” I replied in the presence of my medical team, again sensing that the words had rung hollow.

“That man is in serious denial,” I impatiently stated to the team as we strode down the hall to attend the next case. The residents and students were quiet, perhaps in disbelief of Tristan’s delusional plan or of my terse, parting comment. “He just does not understand,” I concluded, convinced that he was dismissive of the dangers of the cancer. In silence we moved on.

A sense of dissatisfaction lingered from my failure to convince him of the seriousness of his illness. I thought of Tristan for the next week, perplexed by his stubborn denial and unrealistic conviction that he would return to work, resume cutting hair. Motivated by curiosity, concern, and disbelief, I stopped by his shop on my way home one evening. I peered through the glass windows and noted the dimly lit salon interior. I knocked on the door. In a short while, Tristan’s sister appeared, greeted me with a warm smile and guided me to the back of the salon where, out of sight from the street, Tristan had an improvised

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# Prosopagnosia

They sing a hymn for the living—  
nod of the head,  
handshake as prayer.

They move on,  
a spark of recognition,  
flicker of praise buried, glistening deep  
behind the lens of the eye.

They sing a lament for the dying—  
compass for the lost,  
lantern dangling from a steady hand.

They cannot know they speak  
in tongues beyond comprehension—  
that the hand extended

is skeletal and frail,  
that every song runs  
indistinguishably into the next.

The faceless wander  
in a nameless place,  
observing without seeing,  
leaving only a finger-trail in the dust.

By Jacob Smearman

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hospice room. The lighting was somber. Several ashtrays were in view, heavily littered with cigarettes. The hospital bed seemed out of place surrounded by salon chairs and hair cutting supplies.

After transferring himself to the wheelchair, we toured the salon. Tristan enthusiastically showed me the cluttered space, the few remaining salon decorations, the artwork resting on the floor against the walls and the appointment book with a handful of entries for upcoming haircuts. The pride in his face was undeniable. With the appointment book in hand, in a wheelchair alongside the low set salon chair, Tristan seemed unexpectedly vibrant.

I felt so inadequate having failed to understand what was truly meaningful in Tristan's life. Perhaps I had simply asked the wrong questions or had failed to thoroughly listen and contemplate his perspective. On my drive home I pondered how I would react in a similar situation, fearing that I would feel lost without my medical practice.

Less than two weeks later I learned of Tristan's death.

Denial is a powerful force, especially when it works in unsuspecting ways. Now, on my drive home, I pass the dark, abandoned salon on the city corner. The front windows are plastered with 'for lease' signs. No sign of life is evident. A lingering sadness and inadequacy still haunts me. While navigating the thick evening traffic, I think of the low salon chair, positioned for a dying man so that he would never let go of the dream that defined his identity, providing solace and purpose during a time of immense suffering. ✧

# Curveball

I'll never forget, halftime—game 7 of the NBA final  
when the call from my brother sent chills down my spinal  
As he was throwing words to me, urgently, about his surgery  
I felt a burn all over me, deep like a third degree

I tried to focus, he said something about cancer  
But all I heard in my head was ringing, no answer  
to my question of why, heart sinking my emotions running high  
that notion I tried to hide, see, my bro's not an emotional guy

So I breathed slow, hopeless is what it seemed though  
I was lost and my tears found in a sea like Nemo  
But his strength said, you forgot one thing about me bro  
I'm a primo fighter ready for my bout with chemo

See bad cards get dealt, there's never good timing  
but even in the darkest tunnel there's a light that's shining  
So find the silver lining, when life gets hard keep grinding  
'cause bouncing back is your life's moment that's defining

Things have been crazy, but one thing I've learned lately  
is when life throws a curveball, just hit it home baby  
And what doesn't kill you will only make you stronger  
so next curveball you can hit it even harder  
and David Ortiz it, never stop believin'  
Like my mother says, things happen for a reason

**By Peter P. Ghamarian**

*Peter Ghamarian is a rising 3rd-year medical student at Virginia Commonwealth University. This poem is dedicated to his brother, who was diagnosed with cancer just one month after graduating from medical school last summer.*