The Medical Literary Messenger continues to grow by leaps and bounds. Both the number and quality of submissions exceeded our expectations. Enjoy the Spring 2015 edition of the MLM, may it touch you in unique ways and provide you new perspectives on humanism and medicine.

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IN THIS ISSUE

FICTION
Julia Hones
Janice Scully

NONFICTION
Carol LaChapelle
Ann Silverthorn
John M. Trumbo
Thomas Lee Turman

POETRY
Laura Apol
Robert A. Burton
Jennifer Campbell
Laurence Carr
Priscilla Frake
Tzivia Gover
Carol J. Jennings
Lora Keller
Margie McCreless Roe
Peter Schmitt
Rosemerry Wahtola Trommer
Theresa Wyatt

PHOTOGRAPHY
Zachary Van Hart
Briars

A friend phones to say her hands are bloody with thorns, pulling blackberry brambles from the sides of the drive. They spread, those tares. My hands are bloody, too, but it is not uprooting I seek. Not the slant sun on the indigo fruit. Not the birdsong, nor the basket’s weight. Not even the textured sweetness taut on my tongue. No, it is the thicket itself I love, canes that catch my sleeve, my pant leg; briars buried in the thin of my wrist. I love the torn cuffs of the shirt that belonged to my father, the seeping scratches, and how I need to lean into each spine to let it release. So much embedded in my skin—the scattered dust of fireflies along the lane, the heron’s wide-winged screech. The church I left long ago, splintered crossbeams, and my father’s heart on a blue-black screen, valves that open, close—the press and push, the largeness and narrows. Erratic fluttering, jagged thread, a barb dug deep in my palm—me wanting to let go, its stubborn hold.

By Laura Apol

Laura Apol is an associate professor at Michigan State University. In addition to numerous professional publications, she is the author of three collections of her own poems: Falling into Grace (1998), Crossing the Ladder of Sun (2004, winner of the Oklahoma Book Award), and Requiem, Rwanda (2015), drawn from her work with survivors of the 1994 genocide against the Tutsi. Her poetry is being translated into Kinyarwanda in a collection titled Even the Rain Remembers (forthcoming).
So many things can contribute to a feeling of incompleteness in one’s life, a sense of something left out, or a realization that others have something natural and essential that you lack. A hole somewhere inside, either literally or figuratively, the shape of which can often be named and identified, labeled and diagnosed. Just as often, though, that isn’t the case.

My hole was in my chest. I was born without a right pectoral muscle. You’d never know just by looking at my average exterior as a boy, though family members told me repeatedly that I resembled my mother’s side of the family. Someone even wrote in my baby book, “Too pretty to be a boy, should have been born a girl.” A third grade visit to our family doctor revealed the truth. I don’t recall the nature of the visit, perhaps a routine physical. Or perhaps my inability to throw a softball worth a damn caught the eye of my father. After a thorough exam, my doctor declared that I was basically fine and should suffer no real setback, apart from the noticeable lack of power in my right arm. He even tried to put everyone at ease, making light of the situation by dubbing me the “Missing Muscle Man,” a name that stuck for a while. I’m sure I must have laughed at the joke politely, relishing my uniqueness, but I also recall a persistent sense of otherness, of being somehow “less than.” And an obsessive drive to hide myself.

The older I got the more I noticed friends and classmates developing more wholly, more perfectly than I did. Boys filled out their clothes and athletic uniforms with an appropriate fullness while my shirts sank and bagged, cascading awkwardly down the right side of my body. I loved being in water but quickly covered up with a towel or shirt as soon as I emerged. Glancing at my bony adolescent body, the difference seemed apparent, obvious even, to me. While a small pillow of young muscle capped the left side of my chest, my right side sunk in shame and disappointment. My collarbone seemed to protrude like a sharp cliff above the barren surface of my chest below.

Our family doctor may have told me the official name for my condition or I may have discovered it on my own. Either way, it’s called Poland Syndrome. Occurring in one to three of every 100,000 newborns, this congenital disorder is three times more common in boys than girls and usually manifests as the absence of one of the chest muscles. Other symptoms include abnormal finger and toe growth, including webbing or even fusion. No one seems to know what causes Poland Syndrome but researchers theorize that sometime around the 46th day of pregnancy a disruption of blood flow impedes the development of the subclavian and vertebral arteries, pathways that normally supply blood to embryonic tissues giving rise to the chest wall.

All I know is that growing up in a family of baseball players, you stand out if you’re a boy who can’t throw a ball. Pitching with any speed or accuracy was out of the question for me. And when I tried to return a ball hit into the out-field, my attempt barely reached the baseline, the ball landing with a pathetic thud light years away from having any kind of impact on the game. I even tried catching until an errant bat caught the underside of my chin, sending me to the emergency room for stitches and away from the baseball diamond forever.

The truth was that I was never really interested in sports to begin with. Participating in them, however, allowed me the opportunity to see—and envy—the more beautiful bodies of my male classmates in the locker room. I began to recognize that strength, beauty, and athletic performance equaled masculinity and was something to be desired, especially in other men. I even began asking God to slip a new muscle inside my chest one night as I slept. I was taught that God set the stars in the heavens and that Jesus raised people from the dead. How hard could it be to make a muscle appear where it should have been all along? Did He make a mistake? I just want to be the man I’m supposed to be.

Continued, next page
The growing realization that I was homosexual only amplified my anxiety. Along with creation and resurrection, I was also taught that the Bible was firmly against men lying with other men. It took me a very long time to realize that the Bible, though perhaps divinely inspired, was written by humans and some of the details may have gotten lost in translation. “You know what the Bible says about femininity,” my mother chided me once as an adult when she discovered that I sometimes wore an earring, as if that act equaled some kind of mortal sin. What made me go and do such a thing? Worse, my father couldn't even speak to me for a while.

I tried explaining that I had gotten the earring as soon as I left for college; it seemed rebellious and cool at the time. My parents were in their mid-fourties when I was born so I chalked it up to generational differences. As far as I knew, it had nothing to do with my sexuality. Many men were wearing earrings by the 1980s. But then again, I chose to dress as Boy George for a Halloween costume contest as a freshman. A couple of girls did my makeup and, in fact, I won. So maybe this outward attachment to my body really was an early identifier after all.

After college, when I was working and had real money for the first time, I began researching reconstructive surgery. In 1992, an insurance company wrote, “Our independent physician consultant determined...that the surgery would be cosmetic. No benefits would be paid for expenses related to cosmetic surgery.” Didn’t they understand that this meant more than some cosmetic makeover to me? To me, it represented the fulfillment of a lifelong dream of becoming whole, of finally becoming a man. Then, in 2001, with the help of an understanding doctor and the necessary documentation, a different insurance company approved my “request for chest wall reconstruction with implant, CPT 19340.”

My parents knew nothing of my long quest and likely hadn’t thought about Poland Syndrome since my diagnosis as the M&M Man in third grade. Nevertheless, they were supportive when I told them about my plans and I was happy, if not apprehensive, that my father agreed to drive me to the Charlottesville, Virginia, hospital where the operation would take place.

My father sat facing me the morning of the surgery in an exam room that was entirely too small. I had my shirt off, which was uncomfortable. Despite our differences, I loved my father and we had a fine relationship, but we didn’t reveal much about ourselves to each other unless absolutely necessary. For instance, I knew he wasn’t aware of the bright Mayan sun tattooed on my upper right arm. Given their reaction to the earring, I never mentioned my heathen skin markings. Sitting there, it suddenly felt hot and glowing, as bright and conspicuous as when the sun caught the speck of diamond pinned to my earlobe, which I had forgotten to remove the morning I helped him clean the gutters. This time at least, he pretended not to notice.

My doctor entered the room, greeted us both, and soon began to draw dotted lines and dashes on my bare, shaved chest. Looking down at myself briefly, I seemed to resemble an old-fashioned paper dress pattern gone awry, an outline of longing and expectation needing to be filled in and shaped into something better. He drew purple lines around the upper portion of my chest to indicate where the implant should go and an incision marker next to my nipple, close to my armpit. Then he stepped back, checked his work, and adjusted the lines one more time.

“How do you feel?” he asked.

“Okay,” I responded, “a little nervous. I guess it’s too late to back out now.”

We laughed and he tried to reassure me. It was time to put an end to the M&M Man.

The surgery was over in an instant from my perspective. After being wrapped in warm fuzzy blankets, the kind I had as a child, I listened to the chatter in the operating room before sleep quickly took hold. A new “muscle” had finally been slipped into my chest as I slept! But even through the heavy narcotics I was given, it felt more like a boulder than a cushiony silicone replica when I awoke. I wondered how it was supposed to stay in place. No one explained that to me earlier. What would keep it from sliding down into my abdomen like a slippery oyster? That was the first thing I asked my doctor when he came to check on me. He smiled and assured me that it was safe and sound, surrounded and held in place by skin and tissue and determination.

I drifted in and out of sleep in the recovery room, morning sunlight streaming through a nearby window onto my face. After a mysterious amount of

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time, I was wheeled to a private room for a few more hours of recovery before my discharge. As I was getting settled, my father rapped his knuckles on the door. Despite his large, potentially imposing frame and weathered features, he just stood there grinning, hunched ever so slightly, hat in hands, as if he was waiting to be invited in. When I was a kid, he would come into my room to wake me for school but instead of simply shouting for me to get up, he would steadily shake the foot of my bed until I finally gave in.

“How did everything go?” he asked, almost whispering.

“Fine, I think. Come on in. I remember talking to my doctor a little bit but I was kind of out of it. My chest is pretty sore and heavy,” I tell him. “Sure, sure.” He didn’t ask too much about the operation but proceeded to tell me about the people he had met in the cafeteria while he waited—a nice couple from Richmond; a man from a small town not far from where my father used to teach whose wife was having minor surgery. He loves this: mapping the intricacies of life, the minutia others take for granted. His specialty is the location of things. Even if he has never been to a place, he must know where it is located and the most efficient route to get there. But while he’s nodding through directions to other places, he often misses the most important signs right in front of him.

Like his youngest son’s sexuality. In his defense, his generation rarely considered that someone might not be heterosexual, someone of decent character anyway. Nor did I give him any reason to think so. Instead of sports requiring upper body strength I played soccer and ran track, and I always had plenty of female friends.

Even as I grew older and slowly resolved my own misgivings about my orientation, I never found the courage to tell my parents the truth, convincing myself I was doing them a favor by remaining silent. Whenever I hinted at, or made reference to, gay friends or associates, their response was always, “You don’t hang around those people, do you?” I drafted a number of coming-out letters, practicing what I would say to counter their arguments, but I always feared their repulsion and rejection, thinking that we’d never have enough time to make things right.

But when you hold onto a secret for too long, it either finds a way of freeing itself or it becomes a kind of tumor that continues to metastasize, feeding off the beating heart and infecting the host through every blood vessel.

When my doctor finally arrived to release me, my father and I were both anxious to leave. I cradled my right arm over my chest as we walked to the car. Even though we still had at least a 90-minute drive home ahead of us, he wanted to stop and get something to eat, believing—that good Southerner—that food heals everything. I told him I wasn’t hungry but he insisted, already pulling into an All-You-Can-Eat family buffet place. Tour buses filled the parking lot and seniors, mostly, filed inside obediently as if led by Moses to the Promised Land.

My father secured us a table and offered to get me a tray of food. Telling him I could manage it myself, he set off to get his own. Cautiously, I watched as people piled their plates high with popcorn shrimp, macaroni and cheese, fried chicken, sliced glazed ham, casseroles, desserts and other items that had been deep-fried beyond recognition. When I returned to our table balancing a bowl of chicken noodle soup and some biscuits, my father just stared at what I had selected with a look of betrayal. He had two full plates in front of him.

“What? I told you I wasn’t hungry,” I said, intercepting any response and understanding that I had let him down by not partaking in the abundance of food. “And my pain medication is wearing off.” With him looking on, I tried spooning the watery, tasteless soup into my mouth with my left hand, spilling much of it down the front of my shirt.

“My pain medication is wearing off.” With him looking on, I tried spooning the watery, tasteless soup into my mouth with my left hand, spilling much of it down the front of my shirt. My father reached out with his napkin; I knew he wanted to help but wasn’t sure how. “It’s okay,” I assured him, “I got it.”

Five months after my surgery, my mother passed away. Leaving the hospital the morning she died, we stopped at an IHOP. With our main conduit of communication now gone, my father did his best to step up and keep the channels open, often with food or even a greeting card just to say hello and wish me a good day. Still, we don’t
always know what to do or say around each other. And speaking in a language of half-truths or downright omissions, how can we without resorting to small talk? The weather is warming up. The traffic was bad this morning. This chicken soup is pretty bland.

Today, people who have heard this story ask me whether or not I think the surgery was a success. Did it make me feel that I was finally a man or something? I say that I doubt anyone notices one way or the other, and that they probably never did. It’s not like I have an Arnold Schwarzenegger chest and even what I do have, while it might help fill out my shirts more evenly, will never get bigger with exercise. It’ll be exactly the same size and shape until I die.

But when I consider the question, “Did it make you feel that you were finally a man?” I have to say, unequivocally, no. What bothers me most, if you must know, is the thought that I never found the man inside me to be honest with my father and own up to—and fully own—the person I was created to be. Of course, that person is shaped by every choice I make and I keep choosing not to tell him. I have a list of compelling reasons, but is it the right choice?

Or throughout all of this, have I left an even greater hole somewhere inside me than the one I fought so hard to patch up?  

John M. Trumbo is a marketing communications copywriter specializing in health care, health IT, and science. His nonfiction and fiction have appeared in Christopher Street, the Arlington Literary Journal and various anthologies. A native Virginian, he currently resides in Alexandria.

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Diagnosis

Thank God for red leaves in autumn.
This leaf, in fact. The large red one
that spilled onto the cement
when I stepped out of my car this morning.
The one that stopped me with its sunset burn
The one that flaunted its gaudy-red-dress beauty
Too much, I silently reproached
this leaf in my hand
its stem hard, cool, thin enough
to disappear. Not too much.
In fact, it is exactly enough to anchor me
here below October’s heaven-blue
sky on a day I can’t help thinking
that you might die.

By Tzivia Gover

Tzivia Gover is the author of Learning in Mrs. Towne’s House (Leveller’s Press) and Mindful Moments for Stressful Days (Storey Books). She teaches poetry to teen mothers in Holyoke, MA. Her poems, essays, and stories have appeared in Lilith, The Bark and The Berkshire Review, and more than a dozen anthologies. She received her MFA in creative nonfiction from Columbia University.
Distance

is tallied by the skipping beat
as tires count the cracks and joints
of the aging freeway. The car blurs
in a sheath of wind but in its still interior,
memory is neither warm nor cold,
neither light nor completely dark.

It comes to me the doctor only meant
to be kind when he told me I was fine
without a biopsy. He read the mammogram
as if it were a map, instead of a mass
of shadows. Ahead, the miles are subtracting,
curling back as I skin the road.

A year behind me, China—pagodas
beside a polluted canal bordered by willows—
pared away by everything that happened
after the diagnosis. At night on the freeway,
color sleeps except for the seeping of sodium streetlight, I think of Lao Zi’s words: Losing

and again losing, until one arrives…
I used to think of life as a series of additions
but now I know how my mother
was deducted, how a surgeon sharpened
his knife on me and whittled me
down to a stick after the botched
diagnosis. It’s like when my daughter
peeled a carrot for the first time. She scraped
and scraped, trying to get an unblemished
curve from the faceted patchy flesh.
All that remained was the nub of a root
and all I could do was tell.

By Priscilla Frake*
Body and Blood

For Anne

With all the rising and sitting and kneeling
and sitting and rising in the hard pews
of the poorly-ventilated All-Saints

Episcopal Church, no wonder your low
blood pressure had you dizzy and weak so
that the next thing you knew you were fainting

and the ushers dragged you by the armpits
out the pulpit door to revive you, fanning
your ghostly face with the morning program,

your mother in their wake up the aisle—Honey,
are you all right?—peering above you, pressing
to your damp forehead the back of her hand.

A century before and you’d be deemed
a special blessed case, redeemed by the Lord
to heed His calling—who could not hear His Word

in church without eyes rolling back and swooning,
and your mother soon would have seen you secured
in a convent, all days to come, as a ward

of Christ Himself, even the oldest lifers
whispering of your devotion. You’d wonder,
though, jolting upright on your hard, narrow cot

some mornings, why the sudden lightheadedness—
until it came back, remembering how the Lord
had stayed by your side all of the night, cotton

murmur at your ear, His hand warm on your brow.

By Peter Schmitt*

* Author’s note, page 13
"We need to be strong for our patients. We must meet targets; we are compelled to do more in less time...Superior Medicine deprives you from unnecessary emotions that can compromise your strength...

It will dissolve any thought that is not helpful to complete your job."

Anything But Superior Medicine

By Julia Hones

"Ladies and gentlemen, thank you for attending this meeting today to discuss the attributes of Superior Medicine. As you all know, Superior Medicine is unique. Why is it unique? Let me be clear on this: it works both as a medication and a vaccine at the same time. It is a simple, painless injection given in two doses. Superior Medicine is a chemical that is essential to accomplishing the goals of our healthcare institution. Our organization cares deeply about the well-being of our patients. This is why every provider needs to get this injection.

“You already know the goals that keep us moving forward: productivity, sustainability, and strength. So why does Superior Medicine align so well with our principles and goals?

“Let me answer this question without any delays. I know you’re in a rush to start your day. There is no time to spare. As a vaccine, Superior Medicine suppresses emotions that put you at risk for depression and anxiety. As a medication, it treats these disorders.

“We need to be strong for our patients. We must meet targets; we are compelled to do more in less time. This is called efficiency.

“Superior Medicine deprives you from unnecessary emotions that can compromise your strength as physicians and nurses. It will dissolve any thought that is not helpful to complete your job.

“We all know what it takes to become the best. We become the best when we accomplish the most. And so the gist of this relevant talk about the use of Superior Medicine is to understand the need to achieve optimal sustainability. If we are not sustainable, we will die as an institution.

“Sustainability means surviving in a competitive environment. We get rid of that which does not serve our purposes. Superior Medicine will do that for us. This is a vaccine that has remarkable properties. It will numb all those emotions that have the potential to impair our functioning. Thank you for working for us. Your work is highly valued and we look forward to our success. Any questions or concerns?”

I raise my hand. The man in the black suit who is giving us the lecture smiles at me. I noticed how he never hesitates: his voice is enthusiastic, his speech is concise, straightforward, somewhat at odds with my current state of mind.

I am Maia Stevenson, a physician, mother of two kids, divorced. I read the studies on Superior Medicine a couple of months ago, so I’m willing to challenge the speaker.

“What are the side effects of Superior Medicine?”

“You may get a mild rash on the site of injection. It may or may not get itchy. There’s nothing to worry about,” he says without any hint of doubt.

Continued, next page
Continued from page 10

“I read the studies...”

“Superior Medicine has been tested in people from different countries, Dr. Stevenson.”

“There is no information about long-term side effects. The tests are still ongoing. Two years have elapsed since the people were injected for the first time.”

“Thank you for pointing that out, Dr. Stevenson. It’s not possible to predict long-term effects. However, we believe strongly that the benefits outweigh our lack of knowledge regarding long-term side effects. We believe in the power of Superior Medicine for it has proven effective so far in vast populations of people. Feel free to read our booklets for more details on this. We believe the government will recommend it in the near future to everybody, as it has no contraindications. That is how optimistic we are.” He lifts his chin with pride. Then he proceeds to end his speech, nobody else appears to have any questions or concerns about Superior Medicine.

“Ladies and gentlemen, I hope that you will prescribe this new vaccine-medication to your patients. I know you honor our commitment to our patients and to the interests and goals of our healthcare institution. After receiving the first injection you will have the privilege of wearing our orange ribbon on your heart. As you can see, the ribbon has the shape of a heart.” He points at the orange ribbon he wears on his chest and smiles at the audience. Thank you for everything you do. Have a good day.”

My intention is to keep thinking about Superior Medicine but my mind is busy, wrapped up in other concerns. Is Kayla happy at school? I hope the bully is not bothering her again. A surge of anxiety overtakes me as I hurry through the corridors to start my day.

Thirty patients will be coming to see me today. I do remember some of their faces. I will be prescribing medications or counseling them. I will be a source of comfort and solace to some of them; to others I will be the enemy who wants to recommend impossible deeds. Some of my patients will be expecting the pill that will change their fate. In every case I will attempt to do my job however I can in the time allotted to each of them.

The corridors remind me of the nightmare I had last night. I was terrified at the sight of those black-and-white scenes. I had to endure endless labyrinths of corridors that had no exits. I did not find the way out because the exit did not seem to exist. Thankfully, I get to my office on time and the robots have already begun their work. The institution has gotten rid of a number of nurses because robots are much more efficient—so they say.

Robots can check vital signs and write down the patient’s complaints in less time. They don’t discuss their private lives or the weather forecast. Robots save money and support the institution’s sustainability.

“Robots can check vital signs and write down the patient’s complaints in less time. They don’t discuss their private lives or the weather forecast. Robots save money and support the institution’s sustainability.”

I like their faces because a smile is always present; studies have shown that smiles have an uplifting effect on patients’ moods. Technology and science have evolved to make our societies more efficient and happier.

“Good morning. You are not wearing your orange ribbon yet?” Dr. Noddy beams at me but his eyes are in discord with his mechanical smile.

“I don’t think I’ll be getting the shot.” It irks me to have to give explanations when I have to begin seeing my first patient. I don’t like to be distracted.

“I believe it’s compulsory, Dr. Stevenson.”

“No orange heart for me, Dr. Noddy. Thank you.”

Without an answer he darts away to check his patients. Why can’t people mind their own business? I have more than enough to think about.

My working day will be longer today, I have to meet my boss, Dr. Hardy, at 6:30 this evening. We are all very punctual here, and my boss notifies me of this important meeting at lunchtime. I call my ex-husband and ask him to get the kids from school. I have trouble making him understand that it is not my fault that Dr. Hardy needs to meet me today. I wish I could postpone it, but he believes that we must meet without any delay.

Continued, next page
Continued from page 11

Dr. Hardy’s office is impeccable. I sit and wait for him with some impatience. The dark gray walls are not different from the corridors of my nightmare. I notice these walls have the same shade of gray. The air is dry and it doesn’t smell of anything. The image of labyrinths returns to me, making my heart race once again. I try to dispel this bizarre sensation but it comes back to me.

I remember there were photos of Dr. Hardy’s kids on his desk a few months ago, but they are no longer there. The dullness of the walls is only broken by a painting by Monet. I try to focus on the beauty of the lily pads but they remind me of the fragility of life, the temporary nature of it, and this thought makes me nervous. I stand up to release my tension and pace the room. I need to get some exercise. There is never enough time to get enough exercise these days.

“Good evening, Dr. Stevenson.”

I’m so engrossed in my musings that I do not hear Dr. Hardy, entering the office. His blank stare catches me by surprise, although I have to admit that he does not even pause to say hello these days whenever he walks by me in the corridors. His indifference makes me feel uneasy, but I never know if this should or should not be a matter of concern. He may be pondering his own personal dilemmas. I know nothing about his life.

Dr. Hardy sits down and begins his speech—just like the man at the morning lecture except for his solemn attitude, which makes me uncomfortable. The equable expression on his face troubles me. He does not have the uplifting energy of the morning speaker. How can I describe him? He sounds like a physician who announces the death of a patient to a family member.

“Our healthcare institution is working on some changes. Even though we acknowledge that you’ve worked hard for us, we must be loyal to our goals. The changes we are working on do not include you. We have to lay people off to meet our goals. We don’t need you anymore, Dr. Stevenson.”

“I wish I had been warned in advance. At our previous meeting you told me everything was fine and you thanked me for my commitment.”

“Dr. Stevenson, what works for you may not work for us and vice versa. Things change. You have two more weeks left here.” He leans back on his chair and takes a deep breath. His brown suit coordinates with the orange ribbon on his chest.

After a few seconds of silence he adds, “Besides, there has been some negative feedback…”

I ask him about the so called “negative feedback,” but he thinks there is no point in discussing it further because the final decision has already been made.

I agree with him on this statement. There is no point in making this meeting last too long. I’d rather watch the sunset or spend time with my daughters. I’d rather write a letter to the moon.

Before leaving the respectable institution that day, I stop at the cafeteria to have some soup. I need something warm before enduring the winter chill outside. The television screen at the hospital cafeteria is always on, giving instructions on how to lead a healthy lifestyle. Smiling faces explain to us what we need to do to stay healthy: exercise, eat a balanced diet with plenty of green vegetables and fruit, spend time doing something you love, have fun with your kids. There is also some advice on how to make your marital relationship work.

My attention drifts away. I attempt to marshal my thoughts but concentrating is a challenge in front of that screen.

What is my next step? Where should I go from here? I will have to move out of this small city. I will have to make special arrangements with my ex-husband. I will figure out what to do soon enough.

The onion soup is good but I can’t savor it anymore. My stomach hurts at the uncertainty of my situation while the television screen displays enticing images of joyful families.

Those families seem to belong to another planet and I feel like a foreigner speaking a different language. Finishing the soup is a struggle. I bundle up to get ready for the winter chill outside. Then I rush to get rid of the bowl and, before stepping out, I peer one last time at the mindless television screen. It shows the slogan of the healthcare organization in big orange letters:

“Our orange hearts are shining. We provide compassionate care to our patients.”

Julia Hones has had her stories and poems published in various literary journals and anthologies, including Gadfly Online, Loud Zoo, Embodied Effigies, Vox Poetica, Epiphany Magazine, The Artistic Muse, Foliate Oak Literary Magazine, “You, Me & A Bit of We” Anthology and many others. To learn more about her catalog of published material, you can check out her literary blog: http://juliahoneswritinglife.blogspot.com.
Trading Qintars for Qiviuts in Qatar

*For A.M.*

Your mother was slot by slot going through your father’s wallet at the intake desk, searching for his insurance card; while, rooms away, electrodes sprouted from his chest and his pulse struggled to locate its rhythm. Just then a small, folded piece of paper slipped from one of those compartments hidden where men conceal notes from their paramours—but in some strange code: only words beginning with “q,” for which no “u” need follow... *The sneak!* —a crib sheet he used to beat her at Scrabble! *Next time*... But what were his chances of winning, with his current opponent flush on a streak, hoarding letters, word score about to triple?

By Peter Schmitt

_Peter Schmitt is the author of five collections of poems, including Renewing the Vows (David Robert Books). He has received The Lavan Award from The Academy of American Poets, The "Discovery"/The Nation Prize, The Julia Peterkin Award, and grants from The Florida Arts Council and Ingram Merrill Foundation._
What We Tell Ourselves

We drove on autopilot,
tripped over thresholds,
ate the food dropped on your porch,
tipped a little wine to our lips.
Forty days in limbo.

We never fully let pain in
like blinding sunlight, ducked
from parking garage to quiet corridors,
filled your small sliver of Intensive Care
with pictures of the kids and easy talk.

Your daughter never saw you there,
never witnessed you mouth Help me
as machines grounded you in this world.
You protected me too, wouldn’t
let me see you ready to leave.

You shook your head and insisted
A girl when I told you I was having a boy.
Nurses explained the nervous system,
the aneurysm’s unpredictable fireworks—
you’d never been wrong.

For forty days we held belief,
scoured science for balance.
The only right world with you in it.
The chaplain misspoke,
but you went right on ascending.

By Jennifer Campbell

Patients Should Register Upon Arrival

By Ann Silverthorn

Waiting rooms can suck the life out of you if you don’t make the most of your time. I had been advised that my child’s psychological testing could take up to three hours, so I brought plenty of reading and writing materials with me on that spring day in 1998.

I enjoyed rare solitude in the waiting room for a while, but eventually a group of three entered, consisting of a middle-aged woman, an elderly lady, and a young man. The middle-aged woman told her companions to sit, and as they all descended on the coffee-table magazines like beggars on a buffet, I mused on the connection between genius and madness.

A psychologist’s waiting room is different from that of the family practitioner or the ophthalmologist. The people in psych waiting rooms carry problems we don’t discuss the way we would a sore throat or the degrees of our myopia. They can be unpredictable, too.

“Ida, why don’t you work in your puzzle book?” the middle-aged woman said to the elderly one who had become restless.

“I don’t want to do anything.”

I detected a New York accent. Although I kept my head tipped toward my reading material, listening to their conversation was unavoidable. I realized I’d never be able to concentrate, so, in the habit of taking notes, I took out my pen and some paper.

“Do you have your pencil?” The middle-aged woman was a large one with teased, dried-brown, shoulder-length hair. She wore a lime-colored, double-knit top and matching leggings.

“G-O-R-G-E,” spelled Ida. “Is that a word?” She was tiny and wore a navy-blue pantsuit with matching pumps and purse. Large, plastic-rimmed eyeglasses perched on her nose, and a leopard-trimmed pillbox hat topped her white hair. The acrid odor of Windsong perfume wafted toward me.

“Oh, I messed this up. I started the letters in the wrong place. See?”

“Well, that one looks a little hard for you, honey. Why don’t you start another puzzle, and we can work on that one together some other time.”

Assuming this was a mother and daughter, I wondered if I’d have that much patience with my own mother in a few years.

“Did I register?” asked Ida.

“What?” said the daughter, looking up from her magazine.

“The sign says patients should register upon arrival. Did I register?”

“No, this is my appointment.”

Soon, the daughter was called back, and as she left, she said to the young man, who had been engrossed in his own magazine, “Tom, if she gets restless, take her for a walk, okay?”

From his resemblance, I figured Tom was the middle-aged lady’s son. He resembled her and was stocky with brown hair, acne scars, and a Notre Dame T-shirt. Nodding, he went back to his reading.

“Did I register?”

“You don’t have to see the doctor,” said Tom, not looking up.

“Then what do I have to register for?”

“You don’t. My mom is seeing her therapist.”

“Then why am I here?”

“Because it’s a job rule that says if my mom goes anywhere, you have to go with her.”

“Who made up that rule?” asked Ida.

“Your daughter.”

Well, that was interesting. I had assumed the middle-aged woman was the daughter. Who were these people?

“Where’s my daughter?”

“Back in New York.” (Ah. I was right about that accent.) “Do you want me to hang up your coat?” Tom asked.

“No, you don’t have to.”

He took her coat to the closet anyway. Then, seated next to her again and flipping through the National Geographic,
he said, “Do you want to see some Roman architecture?”

Architect? Didn’t he mean architecture? Maybe that wasn’t his Notre Dame shirt.

He started pointing out ruins to her.

“Did I register?”

“You don’t have to.”

“Then why did I come here to be bored for four or five hours?”

“Do you want to go for a walk?” asked Tom.

“Oh, get out of here before I crack your head off.”

The two turned back to the magazine and started looking at sumo wrestlers.

“Handsome,” she said.

He laughed.

“Did I register?”

“Yes.”

“Then why haven’t I been seen yet?”

“Because it’s not your turn.”

After a short pause, she said, “Did I register?”

No answer.

“Why didn’t I get called? When will they call me?”

“You’re all done,” he said.

“Did I register today?”

“You don’t have to.”

“It says so!” Her voice rose, then fell as she growled, “You’re disgusting.”

Pause.

“Did I register?”

“Yeah.”

“I don’t think so,” she said.

“You don’t have to.” He picked up her puzzle book. “What’s this?” He tried to give it to her.

“I don’t want it.” She pushed his hand away. “Did I register?—I’m gonna be here all night—I’m gonna register—Is it all right if I go over there?”

“No stay here, please.” It didn’t sound like a polite request.

“I’m gonna find out if I registered.”

As she started to get up, the young man handed her a yellow slip of paper.

“What’s this? She looked at it. “This is from Phyllis. Why didn’t you give it to me before?”

He didn’t answer, and I tried not to look too much at them as I tried to figure them out. I deduced that the woman’s daughter’s name was Phyllis, and that Phyllis was back in New York.

“I’m going home if they don’t have me registered.”

The young man’s voice had even more of an edge to it now as he answered, “Do you know how many times you’ve asked me if you registered?”

“Six times.” Her voice was shrill. “I’ve been here longer than anybody.”

“Let’s go for a walk,” Tom said.

“Will I be next? I’m not going to leave and have them call my name while I’m gone.”

“Jesus,” he said. “Leave me alone.”

“I’m gonna hit you over the head if you don’t start talking to me like I’m a human being.” Then, she became childlike.

“Is she in there? Is she in the operation room?”

Within seconds, though, she was irritated again.

“I’ve been here an hour already. Did I register?”

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“Is she in there? Is she in the operation room?”

Within seconds, though, she was irritated again. “I’ve been here an hour already. Did I register?”

No response.

“Oh, you’re a moron.” Her voice grew louder. “I’ve been here longer than anyone—did I register—did I? You moron. You’ll pay for this.” She rose from her seat.

“Ida, please sit down. Come sit down. Do you want to go for a walk? Come sit down.”

“Did I register?”

“You don’t have to.”

“Did you read the sign?”

“You don’t have to!”

“You’re crazy,” she said. “Go to hell.”

Tom got up from his chair.

“No wonder my mother’s in therapy.” His voice sounded like it was passing through clenched teeth. “Jeeesus Christ.”

He sat back down.

Ida stood and walked over to the receptionist, asking if she had registered. Tom came up behind Ida and said, “She’s got Alzheimer’s disease. We’re waiting for Phyllis.”

The receptionist replied in soft tones while I realized that Phyllis wasn’t the daughter in New York. She was the woman whom they were waiting for.

“What did you say?” Ida said with a sharp tone as Tom led her back to her seat.

Silence. Ida got up again and started toward the receptionist. Tom followed her, and she turned around to face him.

“Will you talk to me?” she pleaded. Tom was silent, but mottled red marked his pockmarked cheeks. She stood on her
tiptoes. “Then get outta here!”

He sat back down. I didn’t make eye contact with Ida, because I didn’t want her to ask me if she had registered.

She started toward the receptionist again, and Tom jumped up to intercept her. “Let’s take a walk,” he said and tried to take her arm. She pushed him. He started to turn this way and that and then opened the door to the hallway that led to his mother. Then he sat back down. Ida remained standing.

“I’ve been here three hours already,” she said.

I started to wonder if I should have been trying to help the situation instead of appearing to ignore it, while recording their every word. Maybe if I had smiled at the two of them earlier, they wouldn’t be so tense now. They say when you see a parent in a store, who’s stressed out with their child, if you tell them how cute the kid is, it will diffuse the tense situation.

Ida went back to the receptionist. “I’ve been waiting so long.” The receptionist assured her that it wouldn’t be much longer. Ida sat down.

“Did I register?”

Here was my chance. I caught the young man’s eye and smiled at him. He smiled back. I tried to convey a message of sympathy and not mocking humor or revulsion.

Ida was now sitting several seats away from the young man. She made a whistling, hissing sound through her lips to get his attention.

“Hoo hoo!” she called. “Did I register?”

“You don’t have to.”

“I do, too!” She got up again.

“Sit down, please,” he said.

“No, I’m not gonna sit down. I’m gonna leave.” She went back over to the receptionist. “Did I register?”

“It should be very soon,” said the woman behind the counter.

“I should hope so,” said Ida. “I’ve been here all morning. It’s disgusting.”

Seated again, she summoned the young man with a hiss through her lips.

“I’m gonna use the restroom.”

He was on his feet in a flash. “You want to use the restroom?” He maneuvered her out the door.

While they were gone, I reviewed my notes. My hand ached from my constant scribbling. The bone of my thumb wanted to push through its pad, and its knuckle felt like it could shatter. I shook my hand, and then let it rest. Soon the pair returned, and Tom seemed more stressed than ever.

“You wanna watch TV?” he asked.

“You wanna go for a walk?”

Ida refused both as Tom started rearranging the pamphlets that sat on top of the old console TV. And then Phyllis appeared. I think we were all relieved to see her. She asked how it went.

“She’s been testing me.” Tom chuckled. “She’s been testing me.”

“Did you give her my note?” That must have been the yellow piece of paper that Tom had given Ida earlier.

“Yeah, I gave it to her,” Tom said. He sounded defensive to me.

“Where were you?” Ida asked Phyllis.

“I was seeing the doctor.”

“Are you okay?” Ida asked. She sounded like a child.

“Yes, honey. I’m fine,” said Phyllis.

“You wanna go for a walk?”

“No!”

“You wanna stay here?” Phyllis laughed.

“No! Where’s my coat?”

“I’ll get it for you, honey,” said Tom.

Phyllis then looked at me. “I hope they didn’t disturb you too much.”

I tried to look as if this were the first I had noticed them. “Not at all,” I said.

Tom said to me, “She’s really a lovely lady. She’s spunky.”

“I can see that,” I said. Smiling, smiling, smiling.

“She’s ninety-five,” said Phyllis. I continued my facial affirmations. “She has Alzheimer’s.”

For the first time, Ida and I made eye contact. She said to me, “I have Alzheimer’s? You have Alzheimer’s!”

Phyllis and Tom laughed as one might when a child says a naughty word in public. They ushered Ida toward the door and for some reason, they all said goodbye to me as they passed under the exit sign.

Seven years later, as we watched the devastation of Hurricane Katrina on television, I realized that my own mother had begun her long walk down the same path as Ida’s. Before Alzheimer’s could run its course, though, cancer took her. Still, like Katrina, the disease caused massive devastation, and when my mother would ask my father over and over again to go home, while sitting in her own chair, in her own home, I’d recall that hour with Ida in the waiting room.

Ann Silverthorn writes about many topics in numerous literary and journalistic formats. She earned a BA and an MA in English from Gannon University. Ann is currently working on a biography of William E. Dimorier (1871-1951), a nearly forgotten poet and educator, who dedicated his life to the betterment of young people. More information can be found at www.annsilverthorn.com.
The Color of Voice

Because my father lost
his larynx to cancer,
and my voice rasps

when I need it most,
the throat doctor slides
his strobe lit camera
down the back of my tongue
tied in white gauze
so as not to trip

this high tech probe
into the origins
of my words.

Though I am drugged
on the palindrome of Xanax,
the back of my mouth
numbed by a viscous gargle
and a spray that tastes of banana,
entry is not easy for him.

I dream of other substances
I did not want to swallow:
seawater and semen,
the flesh of lamb,
communion wafers,
bitter tonic I was forced
to drink as a child,
when my parents
thought me too thin.

Suddenly, I want to speak –
words I never said
when they were right:

I don't love you;
or I'm not sorry;
or I can't stay with you.

When I let go
for a moment,
the doctor has his picture,
then another.
Pleased, he steps back,
displays his photos –
the fuchsia flowers of my voice.
My throat is open again,
and silence returns.

By Carol J. Jennings

Carol Jennings is an attorney in Washington DC. She worked for more than 30 years for the FTC’s Bureau of Consumer Protection. Her poems have been published in numerous journals, including The New York Quarterly, Chautauqua, The Broadkill Review, The Innisfree Poetry Journal, and Beltway Poetry Quarterly. Her first poetry collection, titled The Dead Spirits at the Piano, will be published by WordTech Communications (Cherry Grove Collections) in April 2016.
Death Wish

By Carol LaChapelle

“Tis the emptiest and yet the fullest of all human messages: “Good-bye.”
—Kurt Vonnegut

“I’m checking out tomorrow,” my friend, Karen, said into the phone. She went on, her breathing short and labored, “I don’t want to live in this body anymore.” Her voice was firm, a bit flat. “Hospice is showing up tomorrow with a tubful of Seconal.”

Just the night before I’d talked with her boyfriend, Craig, calling late and two time zones away, from my home in Chicago to theirs in Oregon, a state that allows its terminally ill citizens to end their own lives.

Craig and the cancer had shown up at about the same time in Karen’s life, she just over 60 and retired from her job as a social worker, now loving her new life, this new man. What had also shown up, a short time later in 2008, was mesothelioma.

“I don’t think she’ll make it past the weekend,” Craig told me, a mix of weariness and anger in his voice. “She’s resting now, I’ll tell her you’ll call back tomorrow.” But before I had the chance that next morning, Karen called me. When the phone flashed her number, I feared it was Craig to say she hadn’t lasted the night.

Instead it was my friend of over 30 years calling to say good-bye.

We were products of our time, Karen and I: divorced and urban, attractive and fun to be with, over-indulging in all the wrong things, at times more libertine than liberated, open to regular re-invention, sometimes at a dizzying pace.

We met while we were both living in Chicago, and, if not best friends, were good enough. There was the time in 1985, while out biking city streets that I’d flipped over at top speed, bounced on my head, and landed in the ER with a concussion. Discharged five hours later—and told not to spend the night alone—it was to Karen’s I went, knowing she’d be welcoming, but not overly solicitous, that we’d have a good laugh, a glass or two of wine.

Not long after, Karen moved to California, following some dream that now escapes me and, shortly after she arrived, had escaped her. So she moved on up the coast to Oregon where she had family. And though we saw each other only three times in the intervening 20 years, we regularly stayed in touch, and through some harrowing times—with men and jobs, ailments and money—and always trusted the other to be accepting and humane.

But especially to be funny. Because when your life is tanking, you need a friend who’ll help you find the humor in it.

But there was no humor to be found that final morning we spoke—unless you count two agnostics vowing tearfully to see each other “on the other side.” Mostly there were the mutual declarations of love and friendship, the painful silences between sobs, all the things not said (Me: “Are you sure?”) until Karen spoke with some finality. “I’ve nothing creative to say except that I’m resolved.”

And then I wanted to hang up.

Because, really, what more was there to say? Plus, she was going to have go through this again and again that day: more long-distance friends to call, to say goodbye to, to cry with, to swear mutual love, to say again, “I’m resolved.”

Then there were the unimaginably huge goodbyes she’d be saying the very next day—the day the Seconal would arrive—to those who mattered most to her: the boyfriend, the sister and brother, nearby friends, maybe even the much-loved nephew in from Atlanta.

Throughout Karen’s final weeks, when it became clear that she would not recover, I had a lot of death on my mind: Eddie, my first love, blown apart by a landmine in Vietnam; Phillip, the ex-husband, his life since our divorce a sad series of missteps, drugs, and madness; my father, who’d died just three years earlier at 95 after yet another fall.

The seminal death, though, was my mother’s at 50 from breast cancer, after five horrifying years of painful, scarring treatment. At the end, she seemed a slab of something unrecognizable in that hospital bed, in a coma, a nearby machine pumping air in and out of her damaged lungs.

Continued, next page
Continued from page 19

This went on for days, a brutalizing display of denial on her family’s part, of hubris on her doctor’s. I was still months from my 21st birthday, barely an adult, and with little choice but to watch, to feel a ravaging guilt for wanting it to be over, for wanting my mother finally dead.

On Saturday, the day Karen had planned her death, I went shopping for groceries, picked up the mail, and made a few pointless phone calls, all the while trying to imagine the scene in Oregon, especially the actual moment when the Seconal would be administered to my friend, projecting my own fear and ambivalence onto a blank screen.

It was bad enough that Karen was dying, would soon be dead. But that she had scheduled it—as if she were her own ailing pet needing to be euthanized—that, surprisingly, unsettled me even more.

And so throughout that day, a bit grey and rainy for September, I struggled to see those last moments of Karen’s life: Where she’d be sitting. What she’d be wearing. How her loved ones would arrange themselves around her.

Mostly though, I wanted to know what everyone would be saying.

“Are you sure?”

“Are you sure?”

“Are you sure?”

Years after my mother died, I imagined an alternative ending to her life, earnestly writing the intimate details in my personal journal. In that scenario, I, the awakened hero, stole into her hospital room in the dark of a May dawn, ease her small comatose body into my arms, then carry her out of there, into the car and home, to that particular place I know she’d have wanted to finish it: her own unassuming, but familiar backyard.

In this image, I place her carefully on terra firma, where she can lie with those things that had given her life its most elemental meaning—the garden, the flowers in bloom, maybe the dog and cat—to breathe her last. In this image, she now wears a faint smile in place of the awful death mask that covered her face on the day she actually died.

But if I step back from this image, I see that it is a romantic, maybe mawkish, vision, a pastoral ideal of how a life might decently end, free from the relentless distress of dying: the efficient, impersonal strangers; the sterile unfamiliar places; the drugs and the tubes and the machines.

And yet: somewhere between the ideal and the real of dying might be the choice my friend Karen made, one that decades earlier I’d wanted for my very own mother, a choice driven by decency and dignity.

And so, if not fully reconciled to the manner of my friend’s death—especially to the full and inconceivable weight of her decision—I am, at last, as fully resolved as Karen that it was hers to make. ♦


Dementia Unit Visit

The mind's apothecary gone
even the mortar and pestle
is pitted from the grind

We can no longer say
Remember our picnics
in the park?

Plaque grows wild
on meadowlands
we once knew well

There is only now
this moment
and the next

moment

Look out the window, I say,
the birdhouse you painted
years ago still stands
in the wind

Nice, you whisper,
where'd you get that?

By Theresa Wyatt

what they talk about
before their meds kick in

they talk about zombie vampires
the pain and pleasure of tattoo
and how men should have
their genitals blown off
(the hard way—with a gun)
with herself now free of false romance
and naked abuse

their words are stones
circling some distant planet
farther out than Pluto
which like themselves
fell from grace
their gestures unnamed comets that arc
in fiery entrails and flash in secret codes
and frighten us with fear
forever nowhere now here
their neon sign that stutters both and neither

By Laurence Carr

Laurence Carr writes plays, fiction and poetry. His novel, Pancake Hollow Primer (Codhill Press), won the Next Generation Indie Book Award for First Short Novel. He is the editor of Riverine: An Anthology of Hudson Valley Writers and co-editor of A Slant of Light: Contemporary Women Writers of the Hudson Valley (USA Best Book Award for Anthology also from Codhill). His fiction and poetry have been published throughout the U.S. and more than 20 of his plays have been produced in NYC, regionally and in Europe. He teaches Dramatic and Creative Writing at SUNY, New Paltz. Visit his website at carrwriter.com.
On Learning I Am in the Eighty-seventh Percentile

If I died tomorrow I would not likely be one of the thirteen percent of cadavers found to be without the falciform process of the sacrotuberous ligament, though they would not mention it in my obituary, how today when the masseuse pressed his elbow into the triangular form the whole right side of my body began to bloom, red petalled and shocking, the way roses sometimes open beyond any thought we had of what was possible. Imagine there are other places inside us that go unnoticed for years, but when touched, whether by hand or by glance or by word, they likewise blossom, unfolding us in ways we never dreamt we could open. Sometimes in the desert I have seen the way just a touch of rain will bring out small leaves, even flowers, on the broom tree, how the shrub, though it looks dead and sticklike above the stones, bursts into green. Perhaps they will mention that in the column that sums up my life: how many times she died before she died, only to be touched so beautifully by the world, over and over, how she opened and greened, again and again, blossoming, blossoming, each time breaking through the old skin, and god, how she begged for mercy even as she prayed for more.

By Rosemerry Wahtola Trommer

Rosemerry Wahtola Trommer’s poetry has appeared in O Magazine, in back alleys, on A Prairie Home Companion, and on river rocks. She was recently appointed Poet Laureate of Colorado’s Western Slope and she directed the Telluride Writers Guild for 10 years. Since 2005, she’s written a poem a day. Favorite one-word mantra: Adjust.
Surprise Nurse

By Thomas Lee Turman

In West Africa, bamboo grows six or eight inches in diameter and up to 60 feet tall in impressive, crowded together groves, like silent commuters waiting for a bus. The green stalks sway slightly against one another causing an eerie, clicking conversation just audible to those seeking the elegant grass-wood.

I forced our VW 25 miles into the Ghanian bush along rutted dirt roads in search of just such a bamboo grove so I could harvest some pieces to extend our roof over an open porch. With me was our 12-year-old Ashanti ward, Albert, whom I'd brought to help me. Albert was a quick kid and, in this instance, skeptical of being taken into the bush by an old white man.

We found a grove just off the dirt track and I used a fairly new machete to get five good, straight pieces for my project. The steely strong fibers of the bamboo were dulling the machete, but I felt I needed one more piece. I hacked at the last perfect stalk until I thought I was cleanly through. It didn't fall or come down. I thought the upper foliage was holding it up, so I grabbed the cylinder just above my cut and pulled. When I yanked outward a last still-in-tact, razor-sharp strip at the back sliced the ends of three of the fingers on my right hand. A half-inch of my middle finger hung down bleeding profusely. Stunned, I wrapped the bloody fingers in my shirrtail and staggered back toward Albert whose wide eyes showed his fear.

“What has happened, Suh?”

I was loosing blood, so I just motioned him into the passengers seat and started the car. With my hand in my lap soaking my shorts and then the seat, I tore off down the road letting go of the wheel to shift. I was trying to get back to some place where I could get help. Albert saw that my one-handed driving was a danger, so he took over the shifting when I motioned to him.

Speaking too loudly and quickly, and looking at the bloody mess in my lap, Albert said, “Suh, my uncle is a doctor in a village near here. We go there very fast.”

“Where is the village Albert. Is it close?”

“Yes, it is close, close. Just down there,” and he pointed down the one lane track and then to the right.

I sped up and we came to an even worse dirt road when Albert shouted, “Here! Turn here and speed for your life.” We flew down the path whacking bushes and grass and bounced into a village of ten or eleven mud houses.

“There, go there,” he shouted and I pulled up to a door of the newest house in the village. There was a sign on the wall, but I was woozy and couldn't bother to read what it said.

Albert leapt out and ran to the door yelling for help.

I opened the door to get out and passed out on the ground. I wasn't out for long and woke up to Albert and a man with rimless spectacles sitting me up against the car. They got me up and into what looked like the man's office and sat me on a low chair next to an ironing board. Spectacles gently lifted my right arm and laid it out flat on the ironing board.

Then, bustling around retrieving things from various drawers, the man said rather loudly, “I am Kofi Addua, medical officer of this area.” He pointed to what looked like a diploma or degree hanging crookedly on the wall. “I attended the three week course in Birmingham. I am a nurse of great skill.”

I was barely conscious, but I remember thinking, “three week course...?” then I passed out again.

Continued, next page
I came around again quickly as Kofi Addua announced that because of the location of the wounds he could not give me any anesthetic but would do his quickest, best job while humming a song to us. He gestured Albert out of the room as he sewed each finger up with coarse black thread, all the while humming a song to us.

"Done! And now we clean again and bandage..."

That was the last thing I remember him saying until I woke up lying flat on what I thought was a hard, wood table. Next to me were Albert and a woman who looked to be about 100 years old. She thrust a wooden bowl toward me and Albert said, "She says you must drink this for getting better." The stuff in the bowl smelled awful so I tried to push it away. Sternly, in her language, she pushed the bowl back in my face. "She say it will save you."

I drank a few gulps of the foul mess, I felt back to sleep.

When I woke up again, my soft-ball-sized right hand was taped to my chest, but I felt much better and sat up. I had been lying on a coffin up until I'd swallowed the whole mess. I went back to sleep.

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A narrowing in the spine brings pain.  
The doctor has strategies — 
needles and pills.  

But the body still finds ways 
to announce time, 
to remind us 
of its destination, some place 
where it will stop 
and carry us no farther.  

We learn to accept the narrowing 
of days, the signs, 
pointed as needles.  

By Margie McCreless Roe

Margie McCreless Roe is retired from 
teaching English at San Antonio College 
and now lives in Cedar Park, TX, near 
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tian Science Monitor, Texas Observer, and 
Gulf Coast. She has published two books— 
Flight Patterns and Call and Response.
She Brews Potions

My face fell today into a delicate pendant

of wrinkles.
The intricate creases

gather at my clavicle
and crumple

where my vintage earrings swing.

My skin doctor brews potions
to brace this wayward flesh

and whittles at the calluses

which carpet my toes.

She numbers my moles

and we laugh at how they breed

like barnacles.

By Lora Keller

My Optometrist

You orbit one lozenge of glass
after another
into my gaze

and reckon with light – the way it splits and bends
at each curve of my eye;

the way it twitches each iris thread of amber
and sapphire and jade when I blink;

the way it illuminates the viscous hollow
of each retina’s holy bed.

By Lora Keller

After earning a creative writing degree in 1979, Lora Keller was a scriptwriter, public relations executive, and educator in Milwaukee, New York, and Kansas City. Now, when she’s not writing, she runs three small Milwaukee businesses. In the last two years, dozens of her poems have been published in many literary media including Blast Furnace, Lantern Journal, Midwest Quarterly, NPR’s Tell Me More blog, Poised In Flight, and Red River Review.
The Only Thing She Could Do

By Janice Scully

On Saturday morning, Dr. Robin Burkhard’s hamstrings screamed as she jogged from the lake cottage straight up fire lane six to the main road. Not bad for a sixty-year-old “cancer survivor,” she thought, and she would be considered cured if the MRI that she had the day before showed nothing suspicious. She’d find out Monday.

She actually hated the term “cancer survivor.” It seemed to her less of a triumph to have survived cancer than to have survived the danger and indignity of modern medical care, though she was grateful. She had marveled that the drugs had cured her. Still, it was humiliating to have her body and feelings so exposed to cold equipment and calloused strangers. As for doctors, with the exception of her husband, Max, and a few other physicians she admired, many disappointed her.

She dodged potholes in the rustic patch of road, delighting in the pulse of blood through her limbs. Out here at the lake, few dark thoughts, the kind that simply wasted time, entered her mind. It was partly because she didn’t watch television news. It was also because the water, trees, and the intoxicating pine air didn’t allow it. And why worry anyway? Something bad was sure to happen to the world again soon and to her again some day. When the latter did, she already planned to check into the nearest hospice and exit this world high on morphine, of course, depending.

Up on Glen Haven Road, a narrow two-lane, she paused to catch her breath.

That was when she noticed the abandoned trash in the weeds by the side of the road.

Obviously, someone had missed garbage day. Tsk. Tsk. But it was more than a minor oversight. Now, days later, the white plastic bag had been torn apart by wild animals, probably raccoons. The innocent Queen Anne’s lace at the side of the road had been crushed and violated.

The obscene pink party plates bore moldy coleslaw and mustard. There were about twenty plastic coffee K cups, a rotten watermelon quarter, pineapple peels...half of a dilapidated store-bought cake from Tops Grocery...plastic forks and spoons.

She paused, remembering, there had been a Labor Day party a week ago down at the last house on the lane. Robin’s two sons had been visiting and, as Max was grilling burgers on the deck, they listened to the Jimmy Buffet music wafting up on the breeze from that end. It made her wish she’d invited people out for a party. The boys might have liked that, though Max, an aging anesthesiologist, lately wanted only peace and quiet. In any event, maybe the partiers would eventually pick up their trash, though it would be more realistic to think it would greet her next spring when the snow melted.

Having encountered it, Robin glared at it, drawn to it like she was to a sick patient in the past, her mind scrambling for a solution. Perhaps if she called the town administration office they would send a worker. Or maybe she could find out who owned the house at the end, call them, and play the neighborhood busybody. She knew one thing; she wouldn’t pick it up herself. And Max? He was up to his elbows in work, painting their cottage bedroom.

She continued down Glen Haven. There wasn’t a soul around, it was post Labor Day and a fresh wind stirred. Along the road, near a mossy stream, invisible frogs croaked. She stamped her foot in the weeds and several leaped and plunked into the water. Squirrels and chipmunks scurried in the woods. Some of the trees were already turning red and yellow.

Continued, next page
B

efore long she heard the buzz of
wheels. She moved to the side of
the narrow road as a chorus of bikers
swarmed past in helmets and magenta
spandex.

This wasn't surprising; bikers often
rode here, but something didn't feel
right. Maybe it was the sun ducking
behind a cloud, but she sensed a threat.

And it appeared. A lone, speeding
bike far behind the pack was com-
ing her way, wobbling back and forth.
She leaped into the drainage ditch to
make way. Just be-

fore he crashed, the
biker's face was rigid
with fear, like Icarus
witnessing his own
wings melting. Rob-
in's entire body stiff-
ened as he struck the
asphalt ten feet away
and cartwheeled for
about twenty yards.
She used to work in
an ER and had treat-
ed injuries, but had
never seen the chaos
or heard the pounding
and scraping of accidents when they
happened.

When she reached him, the man
was on his back in the weeds; he was
gasping for breath. His helmet was
battered and his respirations shallow and quick. He
was just a boy, not more than nineteen,
she figured, a little younger than her
two sons. Her heart pounded and she
touched his shoulder.

“Can you hear me?” He didn't re-
spond. His breathing sounded wet with
congestion, but his chest was rising
with his breaths. Her own breathing
grew shallow as if to not disturb what
might be a delicate life-or-death equi-
librium.

There was no one in sight. She
yelled, “Help!” She yelled several times and
no one answered. The boy needed
acute medical attention, but, with no phone, she'd have to run to get help.

She set off back to the cottage to
get Max and her phone. She looked
back at the boy who would now be
abandoned. There seemed no other
choice. Her legs were rubbery but she kept
going. She passed the trash and cursed it, heading to
the cottage.

“Max!” Robin was
breathless. He stood
up on a ladder as she
told him about the
boy.

“He’s still uncon-
scious?” Max asked,
abandoning the paint
roller.

Robin nodded.

“But breathing.”

He grabbed a few towels and bot-
tled water and ran out the door. Robin
grabbed the cell phone, dialed 911, and
ran after him with the phone to her ear.

In the Suburu, they rushed back to
the scene.

The 911 dispatcher answered and
asked, “What is your emergency?” But
before Robin could answer, the line
went dead. Damn! Cell service was
always hit or miss at the lake. “Hello!
Hello!” she said. “No service!”

“Jesus!” said Max.

Up on the main road she got the
operator again. She told the dispatcher
about the biker. “He’s on Glen Haven
Road, by fire lane five.”

“What county?”

“County?” The area was on the cusp
of three counties. “It’s on Glen Haven
Road . . . Near fire lane five!”

“Now just calm down,” said the dis-
patcher. “I need to know the county. Is
it Onondaga? Cortland? Cayuga?”

“Max! What’s the county?” she
asked as he drove along, looking for the
biker. She had expected the name of
the road to be enough.

“The county?” Max shrugged. “Take
a guess!” The line went dead again.

Max called again and the third time it
seemed she got things rolling.

Max parked and flew out of the car.
The four men in magenta spandex, hav-
ing noticed the boy missing, had come
looking. She watched in disbelief, her
heart pounding, as two of them admin-
istered CPR. He had deteriorated after
she left him! Max replaced the biker
doing chest compression.

Max counted the rhythm, “One,
two, three, four . . .”

The other biker was doing mouth-
to-mouth in good form. Another held
the boy’s neck stable. This continued
for a few minutes. Robin watched for
the ambulance, praying for it to come
soon.

Finally, a siren sounded, then the
ambulance appeared a half-mile off,
lights flashing. Max looked pale, in-
tent. He had no tools to work with. No
drugs, no intubation equipment. There
was little anyone could do.
She leaned against the car and caught her breath. What if her sons were thrust in such a predicament? One of the bikers wore a t-shirt that read BIKE FOR LIFE and she asked about the event.

“We’re cancer survivors,” he said. He looked about forty, was trim like a triathlete.

Robin had given up risky endeavors when she got well, but a nineteen-year-old would want to prove he was alive, fit, good for the long run. Her son, who had dislocated his shoulder rock climbing, was even more determined to climb. Her other son would ski if he were paralyzed.

The paramedics arrived and intubated the boy, securing his airway. They started two IV lines and squeezed a bag of fluid into him. Max rode with them to the hospital.

Robin expected she would hear bad news later.

By herself, walking back to the cottage, she wondered if she had done the right thing by leaving him unattended. She had screamed but no one responded. She’d screamed again. She had had no choice but to abandon him to whatever fate was his. It seemed the only thing she could have done.

At fire lane six, she turned right at the garbage. Seeing it again made her seriously question if human beings should be barred from places like this.

Back at the cottage, she tried to calm herself on the deck overlooking the blue lake and cloudless sky. There were no paddleboards or kayaks. Nothing. No one.

The young man might be dead by now, she thought, but at least the Queen Anne’s lace had begun to spring up again.

The boy! The boy! Tears blurred her eyes.

She grabbed a large plastic garbage bag and long barbecue tongs. She walked back up to Glen Haven Road. She had felt helpless today for too long.

Picking up the trash took a while. She heaved the rotten watermelon into a gully to rot with moldy shards of pineapple skin. In a new, white trash bag she placed paper plates, plastic K cups, forks, knives and spoons to take with her. With the tongs it wasn’t all that bad, kind of like a spider cleaning her nest of old leaves and sticks.

The young man might be dead by now, she thought, but at least the Queen Anne’s lace had begun to spring up again. Where was Max? The hospital was twenty miles away and he had the keys to the Subaru, still up on Glen Haven. His cell phone sat on the table.

She made pasta sauce to keep busy, cutting onions and garlic, opening cans, and stirring. An hour later she heard tires on gravel and ran out to the driveway to meet him. “How is he?” she asked, motioning with her hands before he even stopped the car.

Max got out of the car. “He’s alive.”

“Alive! Really? I thought for sure...”

“Me too.” They embraced at the good news.

“They took him to Auburn.” Max said. “He responded to fluids. Blood pressure. Pulse. He woke up. It seemed this all might have been just a ruptured spleen.”

On Monday, She’d almost forgotten about her scan results that were pending. She hardly thought of it, and had the lucky feeling that there would be more summers at the lake. The phone rang around three.

“Hello?” said Robin.

“Is this Robin Burkhardt?”

“Yes.”

“This is Cathy from Dr. Rabin’s office. How are you?”

“Fine, thank you.”

“I just wanted to let you know that the MRI scan of your abdomen shows no change.”

“Great,” said Robin. “And thank you.”

Even though she hadn’t been anxious, still she felt giddy with relief. She had had a happy childhood growing up over her family’s restaurant. She had met Max and had two healthy kids. She’d had interesting work. She was a “cancer survivor,” free of doctors for the time being and they had this amazing cottage. She’d lost parents and friends to difficult things along the way, but, even so, it seemed at that moment that no one deserved such good fortune.

Janice Scully writes fiction, nonfiction, and plays for adults and children. She is a member of The Armory Square Playwrights in Syracuse, NY. Her plays, Complications and The New Woman, deal with the culture of medicine. She is a physician and has an MFA in writing from Vermont College. She lives in Syracuse with her husband, Bart.
Stage IIIA

You’re a dark scribble of knotted thread, a tangle of cells, a blot, a spill, a bolt from the blue.
You don’t believe in the greater good but only in you, in your more-you.
Therefore I submit to the knife.
Therefore I imbibe poison.
Therefore I bathe in fire.

You spread life and life, which is death.
I choose death and death, which is life.
I’m small, not as a child, but as a person shorn of will.
I want to be so small, so entirely absent, that we miss as we pass in transit, you going your own way, while I swing into the way which owns me, into the unknown future, where anything could be taken from me, where anything could be given.

By Priscilla Frake

Priscilla Frake is the author of Correspondence, a book of epistolary poems, published in 2013 by Mutabilis Press. She has published poetry in several anthologies and in dozens of journals including Nimrod, The Midwest Quarterly, Dark Matter, Crack the Spine, and The Sow’s Ear Poetry Review. Her honors include the Lorene Pouncey Award at the Houston Poetry Festival and a Pushcart nomination. She lives in Sugar Land, TX, where she is a studio jeweler.
ABOUT THE COVER PHOTO

A Sacred Place

The red rocks of Sedona in Arizona are thought to have special healing properties. Stacked rocks mark this as a sacred place.