I don’t believe in art.
I believe in artists.
-Marcel Duchamp
the human TOUCH
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You have opened *The Human Touch 2011* – volume 4 in this series. This is an annual anthology of prose, poetry, graphic art and photography, contributed by the students, staff, faculty, alumni and friends of The University of Colorado-Denver, Anschutz Medical Campus (AMC).

This journal is a product of our medical humanities program, which is about ten years old, and has been renamed *The Arts and Humanities in Healthcare Program*. It is now under the very capable leadership of Therese (“Tess”) Jones, PhD, a recognized scholar in the field.

*The Human Touch* has been created by the tireless efforts of Christina Crumpecker, a fourth year medical student, and her editorial colleagues. It is designed to emphasize the “humanistic aspects” of health and disease, medicine and the arts, and the human condition. We hope that you enjoy this edition of the journal and find inspiration in the creative work of our contributors.

Henry N. Claman, MD
Dr. Henry Claman for his unwavering dedication, enthusiasm, and commitment to creating a humanities program on our campus.

Chancellor M. Roy Wilson and Dean and Vice-Chancellor Richard D. Krugman for their support of the arts and humanities at AMC.

Lynne Fox and Sandra Fradenberg for their assistance in ensuring the journal is well-advertised and distributed, and for managing the on-line components.

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Crystal Hatch of Slanted View Design, for once again delighting us with a creative and striking layout.

Bill Daley and company of Light-Speed Color, LLC for their terrific work assembling and printing the journal.

I would especially like to thank all of the previous editors of The Human Touch, along with the superb editorial staff that contributed to this edition.

Thank You,
Christina Crumpecker
A man lies on a bed, alone and naked, his soul slowly rending itself from his flesh. Our bag of tricks, our medicines, our surgeries, our tools, have all failed, are all useless. We are but rain on the ocean, with the wind against us. It is too late for him; too late for us to save him.

Still, Dr. Crumblin, Dr. Pronati’s intern, is trying everything to resurrect that man. His trembling hands fly through the novel entitled, “Larksyn, Henry,” his eyes tearing apart each page, his mind trying so hard to find some variable, some error, some method he can use to resolve the disintegrating situation. It is awfully cruel of Dr. Pronati to have assigned him to the dying patient, but she has some fascination with breaking the hearts and souls of interns.

I look at Dr. Crumblin. The panic wells up in his eyes and furrows his whitening brow. He turns to her, but she ignores him, grins, and shoos me off: the experts have work to do, and I have to tell the story of the man who lies before us.

“How are you doing?”

“I take a seat across from her, the monster in the dim shadows of the hospital waiting room, caged in darkness, eternally seeking respite, but never desiring freedom. Her heart is long locked away in Mr. Larksyn’s dying flesh, perhaps as a token of exchange for Mr. Larksyn’s kidney that hides in the small of her back.”
She sniffs.
“He isn’t going to make it, is he?”

I want to lie to her; I want to warp the present with my hands, reach into his flesh and rip the tumors from him, but such faculties are not present to me. I settle for a weak second and do something that Dr. Pronati would most likely despise me for.

“There’s a chance he might survive.”

Right. There is also a chance that the chair I am sitting on will spontaneously disintegrate. It doesn’t make it likely though. Just as long as she doesn’t pressure me on specifics, we’ll be good.

“What’s his prog...progn...”

Mrs. Larksyn looks for a word. I know the word, but I keep myself from thinking it, with the hope that it won’t find its way from my head into her mouth.

“Let’s recap the history.” I pull up the page and pen.
“Well, Henry had been doing fine...”

I watch a flood begin, water rush over the banks of a river, slowly at first, like sandpaper finishing a fine chair: Mrs. Larksyn is crying. She wants to begin at the beginning, reweave the story, force him to come in for a check-up, save him from himself and the evils that lurked within. But we lack the means, and I have nothing to say to her.

“He doesn’t deserve this; he’s such a good man.”

She mentions some fault of hers, and wishes it could be her instead of him. I’m speechless. I don’t know what to do; my heart has no recollection, no empathy sufficient for such a task as this.
I drop the chart in my lap, and my mouth tries to find words for a feeling I’ve never had. But, no words I can ever have will soothe her. I bite my lip; I want out. I want to escape. I’m not made to handle this. I haven’t been trained to handle this; no number of standardized patients could really prepare me for this. Come, come, Dr. Pronati, relieve me from my post, save me from this jurisdiction; I am not a magistrate of happiness, of healing; I am nothing the sort, I am a weakling, a know-nothing, powerless to change the inevitable fates of those around me.

“I’m very sorry.”

My nervous eyes bounce into hers. She is beautiful. I can see, for a second, perhaps based on simple lust alone, Henry would have given her his heart. She notices my gaze; a dam is built, electricity begins to flow, the lights turn on in the town. People resume their business; even for the briefest of seconds, constituency is regained. I look away.

“You know when Henry first saw me, he had this look in his eyes. I could see it; he was going to have me, whatever the cost.”

She glances down.
“Even if it meant his kidney.”

Her gaze shifts up towards me. I want to crawl out of my skin. She smiles. They were funny words, I know they’re funny. I try to grin.
“Thank you.”

I have to go see about her son, who stands by the vending machine in the hallway, alone, eating a bag of trail mix, swaying in drunken stupor, his clothes stained with the scent of cheap rum and burned-out weed. His bloodshot eyes click in my direction with careful indignation.

“Hello, Mr. Larksyn. Can I ask you a few questions?”
I extend a hand. He looks at it.

“That’s my father. I’m James.”
He throws the remainder of his food in the trash can.

“So, James...”

“I didn’t get your name.”

I stifle a sigh and tell him my name. He inquires as to why I am speaking to him and not Dr. Pronati. I don’t know where Dr. Pronati is, nor would she have bothered with him; family members aren’t important. I can’t tell him anything; I don’t know how it happened; Mr. Larksyn has no risk factors for anal cancer. I don’t even have a Course, Onset, Duration, Intensity, Exacerbation, Remission, Symptoms for a HPI. I am lost as anything, and I doubt James would have any more answers for me.

He begins rolling a joint. I tell him he can’t smoke in the hospital.

“Then I’ll do a line.”

“Do you know anything about your father’s illness?”
“Yeah, took it in the back too much.”
I swallow. Great.

“I caught him once; he was sleeping with this slut I used to buy blow from; I can’t believe ...” He exhales, “And mom was too frickin’ oblivious.”

James sighs and occupies a seat by one of the little tables in the vending area. No one else is around, no cops, no doctors, no one else but him, and unfortunately me. He starts digging around in his pocket, so I leave. He rolls his eyes.

“Dr. Crumblin, haven’t you seen something like this before?”
He half-nods and mutters, “I can’t have him die on me.”
“He’s dead, man; dead.”

James had, for whatever reason, followed me from the vending area. He produces a flask from his beat-up jacket, and takes a swig.

“You want a drink, Doc?”

Dr. Crumblin’s countenance relaxes, as if he were about to take the drink, maybe bum a line off of James too; but he instead turns, shakes his head, and slips off to the nurses’ station.

Mr. Larksyn groans and I enter to check his chart. James takes up a seat next to his father.

“I’m here, Pop. I came.”

His father recognizes him and wants to say something, something nice. But the pain is insurmountable, his flesh an unforgiving dungeon. Still, there is pride in his eyes, and James holds his father’s hand and smiles.

“I love you.”
For a moment, James is clean, just a child on a bright red tricycle, sitting on a perfectly manicured lawn, watching his father drive away on another business trip. His car disappears, slowly at first, but then with ever increasing speed, down the lane and out of the neighborhood, fading from sight, and then from memory, leaving only the smell of burnt gas and a mark where his tires hit the road.

“Henry Larksyn, age 52, Caucasian. Pronounced dead, 3:14 AM.” I tried to summarize the case. Dr. Crumblin was almost in tears. “I failed! You don’t get it. I failed!”

I caught Dr. Pronati, grinning in the corner of my eye. I wanted her to die; like a child to a playground enemy, I wanted to shove her out the window and smash her skull into the pavement. She had emptied the bowl that was Dr. Crumblin, with the simple intent to dehumanize him, to convert him from the light to the dark, to twist and destroy his soul, so that he may look upon life with lifeless eyes, eyes like Henry’s, eyes deprived of love, of compassion, of anything, of most importantly, hope.

“I’m sorry, Dr. Crumblin, I don’t know what you could have done.”

He grunted and walked off, glaring at Dr. Pronati. This one had really been Henry’s fault, he hadn’t wanted to take care of himself. He hated himself and his life. He was only alive in the arms of prostitutes—or maybe James painted too bleak a picture.

I bought a bag of trail mix on my way home.
It was only 1,082 days
That I knew you,
But for that time,
You were so many
Things to me.

Lazarus;
Raised from the dead,
A lion crouched in waiting had arisen;
Ready to tackle the world.
Seventy-seven steps at a time.
With one-third cup of ice,
At exactly 9AM.

Older, slower;
Pushed by death-defying feats,
Saved not once but at least twice
From the jaws of death.

Hopeful:
That the terrors of the past
Were behind you,
When we visited three times.

Fearful;
So many flashbacks:
Fears, dread;
That the ills of the past
Could come back again
To haunt you.
But to me,
You were so many other things, too.
Impetuous,
Impertinent,
Inappropriate.
Funny,
Wild,
Exciting.

As a professor,
You were
Inspirational,
Courageous,
And near the end;
A lifesaver.
And in chaos and mathematics,
You saw beauty;
Dancing in cellular flames.
The time
I knew you
Passed so quickly,
As your summons came that December day.
In a place that was your home
You left this world,
As they say, “with your boots on.”
And I relish the moments
We talked,
Laughed,
And visited,

In those
93,484,800 seconds,
1,558,080 minutes,
25,968 hours;
Those 1,082 days
I knew you.
Packing it all up
I see your life here
Flash before my eyes.
Tools, toiletries, t-shirts
Lay scattered on the bed
As I sort, fold, and carefully pack them
Away.

I still remember the times
I saw you rolling around;
Quiet, perseverant,
A good student, the therapists said.
Your trip before you came here
Was treacherous,
Yet, despite every obstacle and illness,
You made it.

I still see that night
In my head.
The doctor told you
You might have to leave
If the tests did not come out right.
And since I was in charge,
I told you the news.
You shook your head understanding,
And told me you’d go.
A few days later,
They straightened you out,
Or so they thought,
And sent you back here.
No one expected one day, you’d forget
Your name, your kids, your chair,
Even your cigarettes.
So away you went again,
In a hail of sirens.
Back again,
On the trail searching for answers;
The reasons for the clouds in your brain.

Today they told me
To pack it all up:
The tools, the toiletries, the t-shirts
The treats, the telephone,
The cards, the letters;
The story of your life with us,
And everywhere you’d been away from home.
You weren’t coming back.
And I was left to sort, fold, package and wrap
A memory for your family to unfold.
Dad’s picture stands on the entertainment center in my family room who was he really—

a man with a mustache, tweed sports coat in the 70s he could be jovial unruly brows

he, unruly all the way around loved playing host before and during his dementia

in his room in the nursing unit he offered whiskey from a nonexistent shelf he’d had in his apartment, tried to rise, fill glasses we didn’t hold I so glad he couldn’t get out of the chair

months later, unaware where he was a soldier walking home or visitor at this place he said he wished were elsewhere he spoke of questionable acts within the party campaign manager, Democratic councilman we wondered what he meant thrown election/ stuffed votes? dad had prided himself on scrupulous tax returns and honesty

despite his confusion he never forgot a name even to the end: staff, US presidents, family thank you, girls, for making your mother’s birthday so special he told my sister and me when we came to celebrate our mother’s birthday before he returned to his trench

his MRI showed atrophy

CONSTANCE E. BOYLE
green patina coats her crown
of 7 spikes

from the base we climb skyward
look through 25 circling windows

we take our out-of-town guests
dad drives everyone

to the ferry, New York side
I feel proud    I own the statue

when I’m little I run steps    spiral
narrow staircases, hands on metal rails

dad close behind
    shoes clang

the iron like horseshoes clunked
together as I swing turns

in the crown I peer up the arm
to the torch
outdoors on the ledge
wind blows my hair straight up

we look over
at the NY harbor NY skyline blue bay

the last visit
Dad drives to the ferry in Jersey

waits in his car too old to climb
I feel each step sad

he can’t join us sadder
he doesn’t want to ○
she labors through
nearly three waxing
moons  contractions rise
peak  wane  five hours
before delivery  baby’s heart-
tones dip with each compression  drop
below 100  slow return  after three
hours, the midwife lets
the mother push
baby descends the unlit
canal  umbilical rope around
her neck, she emerges
blue as a plum
the midwife lifts the nuchal
noose and suctions
baby breathes  face blood
orange  she stretches  cries  ○
I work in the field of cancer and I loathe the very word.
I am sick to death of cancer.

Like a clandestine sniper indiscriminately
Piercing family, neighbors and friends,
Like a plane to a building and bombs that strike in the night,
I detest that heartless, out-of-control, international terrorist – cancer.

I hate that cancer invaded my home, abducting my father
Weeks before he and our mom were to celebrate their 50th wedding anniversary.
I hate that cancer continues to crash into our lives again and again
Forcing us to recall the method and madness of his premature passing
As other family members, friends and strangers are also assaulted.

So, Cancer, I rededicate my service this day
To blocking your ability to destroy
To issuing a preemptive strike on your terrorist cells,
To rallying the public to engage in tactics
To detect and sabotage your shadowy infiltrations!

In alliance with troops embedded the world over,
Of every country, race and creed,
In the bunkers of our labs,
In the cavernous tunnels of clinical care,
Armed with biological and chemical agents
And targeted radioactive bullets,
Each branch of service works to strike out your last hidden cell.
We discover and disseminate new intelligence daily,
Rapidly-infused through the vessels
Of our extensive communication networks,
Translating discoveries from the lab, for use in the field.
Our understanding of where you lurk, how you work,
Your supply lines, signals, plans and plots
Continues to expand and will render you harmless.

Cancer, be warned! You will not win!
Together, we plot your demise.
Twelve million survivors of your foiled attempts now give you pause.
We will not stop until we route you out and
Destroy your ability to launch even one more fateful strike.
Yes, we will lob the last bomb.
And I for one will be proud to report, “I am a veteran of the war on cancer.”
“I worked in the field of cancer.”
It was 7 am and I was still half asleep when the phone rang. “This is Ann, one of the nurses at the hospital,” the voice said. “Your mother had a bad night and she wanted us to ask you to come down.” My heart sank. She had been doing fine yesterday and was buoyed by the physiotherapist’s obvious delight at her progress in their exercise session. We’d even had discharge discussions.

I arrived to find her weak and vomiting profusely. The nurses said that she’d had chest pain overnight and the doctor on call had seen her a few times. She’d had modest relief from the treatments. I glanced at the clock and saw it was now 8 am. Rounds would be starting, so I asked the nurses to call her team of doctors and have someone come up and see her. They hesitated, saying “Well, they’re just starting rounds, so she’ll be on their list.” “Yes,” I replied. “So can we call them and have them start here with her first?” Another balk. “They have their own system with rounds and we don’t like to interrupt that.” I was stunned. “But she’s clearly not well and needs to be seen now,” I responded. They shifted uneasily. What the heck is going on, I wondered—the nurses seemingly can’t disrupt the doctors? I found myself saying, “These are the same symptoms that brought us into the ER ten days ago and she was having a heart attack then, so should I take her down to Emergency?” And I meant it—I would have put her in a wheelchair and carted her down right there and then. “No, no,” came the reply. “Give us a moment to try to call the team and see what we can do.”

A doctor appeared and ordered an ECG and labs. Suddenly everyone was scrambling, drugs and oxygen were administered,
and morphine calmed her chest pain. A chest x-ray was ordered and I accompanied Mum as they wheeled her bed down to Radiology. The drugs helped but she was weak and worn down as she told me how glad she was to have me by her side. The attending from the team, Dr. Benson, had arrived by now. She had cared for Mum over the past week. She gently suggested that we go out to the family room to sit down and chat. She told me that Mum has had another heart attack and added that a second one soon after the first was not good. We’d have to wait and see how she responded, that it was hard to predict the next 24 hours. She looked kindly and sympathetically at me amidst my confusion and the sinking realizations setting in. I asked what signs to watch for. She answered directly, but with a softness in her tone that wrapped itself around me and helped me to take in this news. My mind started racing: I’d better call family since this was not on a good trajectory and anything could happen. I went back to Mum’s room. She was sleeping. Thankfully, they had managed the pain well. I sat there looking at her as she breathed softly in and out and planned to get a cot from the hospital and stay overnight beside her as she navigated this precarious time.

Then it was a period of calm with just the two of us there together. Watchful waiting. Mum opened her eyes and looked directly into mine. “I’m dying, you know,” she announced, eyeing my response. It was a moment of truth between us. “I know you are, Mum,” I answered. And then with my arm around her shoulders continued, “Just lean in here, I’ll be with you. I’ll be here.” It was an invitation to embark on the journey with her to her end. I could have said,
Oh, don’t say that, Mum, of course you’re not. You’re on the mend, you’ll be fine.” Or some such thing. But we both knew the truth and it opened up an extraordinary intimacy and deep trust that carried us through the events to come.

My cousins came and Mum was talking to my uncle a little. Then I saw her shift and stare wide-eyed beyond the bed, riveted as if recognizing something. Before I could ask her what she was looking at, she leaned back and clutched her chest. I raced over to the bed and slammed the call bell while simultaneously sending my aunt out with the order “Get the nurses now.” “It’s my heart, my heart,” my Mum said as I held her. In seconds the nurses were there with the crash cart and she was reeling as they were sticking on the leads. I found an empty corner by her bed and said, “I’m here, Mum, just focus here on me.” She did, and it seemed to calm her. Then they had her on her back doing chest compressions and the doctor leading the code team was barking out instructions. One of them asked me if I might like to leave. “That’s my Mum and I told her I would be here,” I said to them. “I won’t be in the way but I’m staying.” They nodded and understood. Dr. Benson arrived on the scene and came over to me. Then the intensivist came over and started to tell me that they were doing everything and also warned me that often they don’t get people back. I watched as one nurse stood with the paddles in her hands ready to act, then looked helplessly at us as the machine repeated in a harsh monotone, “No Shockable Rhythm.” More steps ensued, but to no avail. I could see my Mum exiting. I understood viscerally then how it is one thing to run a code but the really hard part is to stop the code. That lonely job falls to one person. And I knew that this was mine to do. I looked at my Mum, at the team, at the doctor running the code and I knew the moment had come. I signaled to them and said, “Let’s stop now.”

I had just completed my first semester of medical school. This was the first code I’d ever seen. The patient was my mother—and I called it in the end.
As quickly as they arrived, the team dispersed. It was as if a vacuum had sucked everybody out. The emptiness was palpable. I held my Mum while she took her last few slow breaths and was able to tell her that I loved her and that she could leave whenever she was ready. One of her nurses appeared like an angel behind me, put her hand on my back and stroked me gently. Her presence and act of kindness and connection was powerful amidst the emptiness. I was grateful to her for her humanity. “Would you like a candle?” she asked.

I didn’t want the code team to think they had to leave so soon. I wanted to thank them and let them know that it mattered that they came, that they tried, that they cared. But they had all scattered back to their jobs. They weren’t able to get her back, but Mum was leaving that day and there was nothing any of us could really do to alter that course.

I helped one of the nurses bathe and prepare Mum’s body. She was so considerate, gentle and respectful, and still took care while moving Mum’s fractured arm even though Mum could now no longer feel it. She told me what the next steps would be and suggested that I not go to the morgue. “You don’t want to go down there. Best stop here,” she said knowledgeably and with conviction. Then, “Don’t worry, I’ll walk down with her.” It was such a thoughtful thing to do.

We then waited for a doctor to come and pronounce Mum
dead. The one who came had not seen Mum before and didn’t know her name. The nurses introduced me as her daughter and this doctor gave me a beaming smile as if she had just delivered my firstborn. I was taken aback; it was so out-of-kilter with the moment. Then she leaned across the bed, over my mother’s body, and gave me a weak, limp handshake to accompany the phrase “I’m sorry for your loss.” Except that she didn’t really seem to be or act that sorry. I noticed, but thankfully it was overshadowed by the great kindness of others that evening. As if to underscore that, Dr. Benson came back and took me aside to ask how I was doing after the code and if I wanted to talk about it. That meant a lot to me.

The course of an illness touches many people. I saw that everyone in the play makes a difference, everyone has an impact. Then perhaps the only question is, “Just what sort of difference will I make?”
My strategy is
to up-wit the frayed neurons.
But I forget how.
They forget—
Go out into the world a little stronger, maybe, but clutching at cracks,
Glue still drying. Set spinning like an egg, so close
To the table’s edge you have to sit on your hands.
And they forget—birthdays, traditions,
the main point of the lecture.

They borrow trouble from tomorrow.

Some things they never knew: how they were rocked, hummed, hushed. All that has been given up or back, just to allow them to be.

One day, maybe dusting the mantle or buttering a bagel or turning their backs against the wind, they remember:
The raised eyebrow
How so much depends upon a red wheelbarrow
Anatomy lessons
Grief that can be shared only with horses
The last strains of violin, pitched then falling
Stretched to a tenuous near-silence

Only to return
Full and impossible.
I bend over your feet with my clippers, again.
(I guess they don’t do this often, here.)
I snip and sculpt the nails
To go walking

But oh,
so
hesitating
ly.

We remember the saying from the old clinics;
“Footcare is the religion of the diabetic,”
And we chuckle together.
But perhaps I have not been careful enough with the parings;
Someone seems to be

stealing
your self
away.
Here you are, lights and sirens and shiny boots, 
Ringmaster, savior, emergency-ender. Fresh from 
Bagging some junkie with lungs so wet 
the rig fills with brackish mist. Feeling sorry 
for yourself because the chicken fried rice you 
ordered and paid for is steaming on Heaven Dynasty’s 
counter while your radio crackles with falls and fights and ODs.

And here they are, your hands, torn hangnails and calluses, 
fragile and trembling. Palms up, you lean towards them, 
an empty offering. Think of yesterday, 
think of tomorrow, 
anything but what is here 
and now. 

LAST NIGHTS
CHRISTINA CRUMPECKER

last
nights
(ode to a PICC line)

The saline lands so close to your heart
You taste it. The briefest salt spray that burns
your nose, crisp and fleeting. At first—
surprise, sensation without reason, until you cast back:
Midsummer, swimming, plasticy heat,
water wings that could not prevent the blue from
finding your breath, the inhale
at all the wrong moments. A promise like bleach,
the clean of your younger years.
You heal and, treatments over, miss the ocean
rising in your veins.
Emily gazed at the picture in the sea blue frame sitting on her desk. Her father gazed back, his face slightly smudged by the sunlight reflecting off the pebbled glass. He wore a bandana around his head. A black patch covered his right eye, and a child’s stuffed parrot rested on one shoulder. Next to him in the picture, a sneering Emily gripped a toy knife in her teeth. Emily placed a smiley face sticker on the frame and tossed a leaf from the windowsill into the air. She watched it pirouette to the lawn. “You stay safe,” she said, waving to the leaf, though she meant the wish for another.

As they fell outside her bedroom window, the leaves of autumn remind Emily of the red in the shirt her father wore the morning of her 8th birthday. When the sun was overhead, they had walked in the quiet woods and found sunflowers in a clearing. Emily didn’t like the bees buzzing about. “Don’t spoil our fun,” she said to the bees, who weren’t listening.

Lying on their bellies, they had sniffed a damp mushroom under a spreading maple tree, while her father spoke of duty to country. Emily wasn’t sure what he meant, but if Dad said this was important, then duty must be so.

The veins in the maple leaves, landing on the ledge this morning, are like thoughts of time spent with her father. Sometimes Emily can feel her memories flowing down her arms and through her fingertips; binding her to him.
Emily had leaned into her father that morning, wanting to hold onto the warmth and safety he gave her. “I will miss you more then I miss Christmas when it’s over,” Emily said, to the center of his chest. It was as high as her eyes reached without looking up. Now she keeps, in a vial around her neck, a few drops of the shaving lotion he always wore. The woody scent of the lotion reminds Emily of their walk in the forest and the promise she made to be strong.

Emily clung to her pregnant mother at the airport. She couldn’t make her legs stop shaking in the soggy drizzle. Standing at attention, her father and the other soldiers were a sea of camouflage green. Next to Emily, the American flag flapped lightly in the breeze as drums sent the soldiers off to a distant land. Emily’s toes scrunched inside her wet socks but the inside of her was unmovable. Like the starry flag, she was last to leave.

The next day, Emily went to his closet and took out the white gloves he wore with his uniform when they walked to school on the first day of third grade. She held the gloves up to her face to try to catch the faint scent of her father. She remembered wearing a new dress adorned with strawberries and looking forward to seeing her friends. Emily’s eyes swelled with pride when she stood next to him, waiting for the school bell to ring. She could tell how her dad felt by the way he squeezed her hand.

Her dad always wore a green paisley bandana when he worked in the yard, to keep the sweat off his face. Sometimes he would wrap it around the back of his head, pretend he was a pirate and chase her around the yard yelling, “Off to our ship we go, matey. Arrgh!”
would scream with joy and dart away until she grew tired and threw herself in the grass. He would pick her up, flip her over his shoulder and pretend he was carrying her off to their black-flagged ship on the coast.

Now, the bandana hangs like a banner from her bed post, anchoring her in this safe harbor. Emily would wrap the green cloth around her head and make fierce faces in the mirror that hung above her chest of drawers. “Arrgh!” she would growl, declaring herself a true pirate’s daughter.

The next June, Emily went with her friends on bicycles to the lake to escape the sweltering heat. The girls waded in, up to their hips, trying their best to not let the ends of their hair dip under the cloudy surface. When she began shivering with goose bumps, Emily fled the water and made angel wings with her arms and legs in the gritty sand.

When she looked up at the sky, Emily saw spongy clouds racing across the lake, and recalled being here once, when she had helped her parents paddle a canoe across the lake. Afterward, they rested on a blanket her mother had stretched across the sand, Emily’s face cradled on fingers smelling of sun block and peanut butter.

Her father pretended he was sleeping when she got bored and tried to make him help build a sand castle. He faked snoring when she pushed on his stomach in mock frustration. Emily held one of his eyes open with her fingers and said, “I know you’re in there. Come out and play.” Finally he snorted and grabbed one ankle. She managed to twist away from his grasp and from where she thought was a safe distance, clawed her feet into the sand while squawking, “Polly wants a cracker.” Her father chased her to the water’s edge and launched her wiggly body into the water.

Emily worried more about her father as many months passed. There were times when she found it hard to pay attention at school and her stomach would do flip-flops. She would stare at the wispy clouds outside the classroom window and wonder what he was doing.
Once she muttered, “Why do they have to have their stupid war anyway?” forgetting her promise to be strong. At recess, Emily would pump her legs wildly, launching the swing into the sky. Once, with her head thrown back to the sky, Emily said, “I’ll fly away with you and we will both be safe forever.”

On her way to school one morning, she thought, “There must be some way I can be with my Dad.” Emily had seen pictures on the television of soldiers carrying large packs, with helmets on their heads, walking single file up the steep side of a mountain. She rushed home that afternoon, stuffed extra books into her school bag and climbed the stairs to the second floor repeatedly, her legs lifting high as she grunted out, “Hutt! Hutt! Hutt!” After her brow became wet from the effort, Emily collapsed onto the sofa. The salt from her sweat ran into the scrapes on her knobby knees. Suddenly she felt unstitched in a way no band-aids or a mother’s kiss could fix. So, she sat in the rocking chair near the living room window and hummed a song to her baby brother, whose eyes were the same as her Dad’s. Emily liked to coo at him to make him laugh. At times like this, she needed him like a creaky ship needs to be moored in foul weather.

One day after school, a letter with strange markings was waiting for her at home. The hand writing was smeared, the envelope wrinkled from heat. She ripped it open and read:
My sweetest pea,

I am with my brigade in the mountains; a sailor of sorts, on this ocean of sand and tall rocks. Don’t worry! I am always with you no matter where I voyage. The wind of my love will carry me home to you all, very soon. Take care of your brother, my little pirate. I can’t wait to hold you both in my arms.

Love, Dad

After she put down the note, Emily had an idea. She ran to her mother and said, “I need your help.” She dragged her to her parent’s room where the sewing machine sat on a table in the corner. They took her Dad’s red shirt, the white dress gloves, and the green bandana with them. With scissors, Emily cut swatches from the clothing and colored pictures on them, while her mother sewed the patches onto a backing of earthy brown fabric.

When her mother asked her if they were done, Emily shook her head no. She opened the vial kept around her neck and sprinkled the last few drops of the shaving lotion onto the blanket. She took the blanket to her baby brother’s room and wrapped it around him as he slept in the crib. Her heart boomed, like the pounding of the military drums on the day her father left.

Later that evening, Emily sat in a chair next to her bed, wrapped in the blanket she had helped make. As the leaves fell outside her window, Emily rocked the crib in which her brother slept. “We are going to make Dad proud,” she whispered. Emily would help keep him safe until the day her Dad came home on the ship of their dreams.
Kate’s uterus is a whimsical organ  
And one obsessed with irony  
24 years ago, Kate’s uterus cradled and coddled and nursed to life  
a mass of cells called Laura  
And 21 years ago, Kate’s uterus cradled and coddled and nursed to life  
a mass of cells called Rebecca  
And 6 months ago, Kate’s uterus cradled and coddled and nursed to life  
a mass of cells called cancer  
Kate is a mom who lives for her kids  
Whose greatest joys in life were perusing school schedules in excruciating detail  
To optimize her girls’ speedy major completion  
And outlining, hour-by-hour, what to do on the now fewer and farther between family outings  
(Isn’t that just how life is, with one daughter across the country and the other 7 hours south?)  
So Kate’s uterus has bestowed unto Kate her greatest treasures  
Her biggest pride  
And now this same organ is taking her away from us.

Who gets uterine cancer, anyway?  
Does that even have a charity walk,  
Or associated support group?  
We all hear the stats on breasts and lungs and prostates  
And even when it’s not good news, there’s the comfort of knowing what to expect  
Or being able to run into someone at the grocery store who can say, “Oh yeah, I had that, and, well, here I am!”  
But here was Kate, alone with her unruly uterus
Hardly having been sick a day in her life
Daily power walks and a veggie and fruit with every meal her
religion.
No one ever would have suspected a thing if she’d not worn her
cancer like a badge of courage.
“If anyone can take this on, it’s Kate”:
Words I remember speaking a few short months ago.

She took chemo on like tackling another of her to-do lists
An inconvenience, to be sure
But something to finish and be done with and move on from.
A couple of months and the purchase of some exceptionally cute
wigs later,
Chemo was done
Hair was growing back
“watchful waiting” was initiated
My mother updated me over the phone from a few states away:
“She’s doing great!
Her hair is so cute!
She looks just like Joan Baez!”
And though I had no idea who Joan Baez was, Mom’s point echoed
through:
Kate was looking good,
Feeling good.

And I saw her over spring break,
She was sounding good, too
Same old Kate but with a sassy new ‘do
And fire in her belly to volunteer her newly-retired time
Towards every cancer charity in the East Bay.
Purpose in life
A survivor in every way
Back and better than ever?

So now in school we’ve moved on:
Cancer’s done, the heart and lungs are where it’s at
But Kate would beg to differ
Back at the hospital
They saved her kidneys from failing

But now there’s fluid in her abdomen
And they drain the fluid
But now she needs a cath to pee
And the doctors are sure enough to say
“We still need the PET scan, but the cancer’s back.
Expect the worst.”
You mean the worst isn’t the chemo she already had?
The worst isn’t borrowing elastic-waist pants to fit over her stomach,
pregnant with exudate?
The worst isn’t days in the hospital with friends and fatigue and guilt
and fear all her visitors?
Apparently not.
Apparently the worst is yet to come.

My Mom reports to me over the phone
“Well, you want me to be honest, right?
She’s not doing well.
She’s somewhat uncomfortable
But she’s terribly depressed.”
I tell my Mom to keep it up
Keep being that friend Kate needs
To bring her books
And stretchy pants
And shreds of optimism
And the reminder that she is adored, so much, by so many.
I heard Mom say “depression”
And I thought,
Of course.
Kate’s definitely in her right mind,
And anyone in her right mind would be feeling less than swell in times like these.
But then Mom goes to return the sarongs she borrowed for a trip:
“I love these, Kate! Where did you get them? I want to go buy one for myself!”
“Here,” Kate says,
“you can just keep these.”
Oh, no.
It doesn’t take four years of psych classes to know
That’s some suicide shit right there
And Kate’s not slitting her wrists
But by accepting death already
She’d might as well be.
She says,

“They want to put me on the really intense chemo.
Way worse than last time.
Miserable.
And if they know I’m going to die anyway,
Why go through all that hell?”
And I want to reach over to Pleasanton, California and shake that woman
And tell her,
Kate, you go through the hell for yourself and no one else
Because if anyone knows how to squeeze every last drop of
entertainment and joy and fun out of one day of health,
It’s you
And Kate, you go through hell because you’ve been through once
And you know what’s waiting on the other side for you
There are more excursions to Disneyland with your husband and girls
And more time with your new cats that are so cute I couldn’t stop
petting them even while I sneezed
And more writing for you to do
And more plays for you to see
And more trips for you to take
And, one day, grandchildren for you to play with,
But you have to claim them.
And it won’t be easy.
And it won’t be fun.
But you won’t be alone.
So go ahead and inconvenience the rest of the world with your
honesty:
Tell the whole truth of your pain and your sorrow and your totally
understandable sense of injustice
Because if that’s what it takes for you to remember what you’ll be
missing
And remember that you, of all people, are cut out to fight for it,
Then we will thank you
Because although your life must be reclaimed for you,
Kate,
We are not passive in our desire for your presence in our lives
And our love for you is not obligatory
But exists solely because you have earned it.

Kate, I want to tell you this and rivers and mountains more
But as I play these phrases in my mind, out of my mouth and into your ears,
Each different string of letters only forms one word:
Goodbye.
What’s it like, to find out you are ill, abnormal? What’s it like to be vulnerable, to put your complete faith in a stranger? What’s it like to fear, both the unknown and the known?

Everything will be ok they tell you, trust us. Their forced smiles and uncertain glances take you to another place, a place where you search for the corner of a dark, round room. Becoming more and more disoriented, endlessly wondering if it is you or the room that is to blame. No one offers you a map, a clue, a flashlight. You call out for help. They wonder if you really require help, they deem you just want some attention. You implore them for help, your being beginning to uproot from your core. Finally, you think you may see some form of light. This could be it, you think, I am going to be ok, I can trust them, right? In the blink of an eye you are blinded, staring into something resembling the sun, being led somewhere you don’t want to go. The language directing you is unfamiliar, far from anything you have ever experienced. The fleeting light seems to be giving way to the darkness again. Wait, you say, I don’t understand. What did I do wrong? Where am I going, where have I been? You cling on to one word they said that you thought you understood. The word consumes you, it blinds you, it strangles you, it lures your emotions out of you. You protest. A struggle between that word and your world commences. Tossing and turning, pulling and pushing, your vitality in the balance. You watch the battle rage as if you were viewing it from miles away, or from within, not knowing which makes the least sense. Slowly the word begins to cast a shadow you can’t avoid, one that seems to stretch endlessly in all directions. A chill soaks deep within you as you fear you will never find the warmth of the sun. You search endlessly for an end to the twilight, losing
track of where you are, where you were, and where you thought you wanted to go. Your struggle through the darkness completely consumes you, forgetting about anything and everything beyond the gloom. Your search seems so infinite that you fear that you are now a part of the shadow, and it is part of you. Eventually you begin to feel comfortable, comfortable casting shadows on the world around you. You quickly forget what your world used to be, a world of warmth, light, and belief. You no longer fear being a nomad in this place of shade; it has become your shelter from the sun. Trust and hope become distant memories that rarely break through the cold, wind-blown desert of your thoughts. You decide to rest a while, no longer searching for anything in particular.

You dream, wild dreams of pain, happiness, fading imaginings. Your mind spins, you once again feel your world fighting back, like a wool blanket blocking the wind. The strange warmth intoxicates you; you begin to stumble towards it. The cold seems like an endless mountain, you climb harder and harder, you can almost hear recognizable voices. Your legs burn, threatening you back down the peak. You squint as the darkness ahead is starting to be pushed back, the sky opening up to a new day. The sun just over the horizon bathes you, washing away your trepidation, your hopelessness, your limitations, welcoming you back to your life. You now understand, as the one word you struggled with the most becomes just one of many, spoken simply, clearly, concisely. You may never hear them the same way, but you will forever understand. The sunshine composed of compassion, understanding, and trust fills you up and permits you to value it, and what it stands for. You will never forget the shadows, constantly looking over your shoulder just to be sure. You are confident in the light, but never comfortable enough to disregard the darkness. You welcome the struggle as it allows you to understand those chilled by the nameless place, and bathe them in your own compassion, understanding, and trust.
doubting I would answer
REALLY give him an answer
all before had evaded the question,
“Let’s be optimistic!”
“We want to try more…”
he had almost given up
asking –
“Doctor, am I dying?”

I was a new doctor to him
but I’m a lifelong
New Yorker
always with an opinion.

he asked the ninth doctor
for the ninth time,
watchful of my quickly passing thoughts:
how often I have seen my colleagues
withhold a poor prognosis or
withhold their prediction of how long he had left,
or didn’t have left
for just a chance to talk with his family
plan for the future
say the previously unspoken
seek final opportunities.
usually, I would say,
“based on my experience, you have…”
then, either years, months, days or even hours.
unrushed, available
for all questions to come.
not wanting to kill all hope, theirs and hers,
I always follow with
“I’d be happy to be wrong.”

but he didn’t ask, how long do I have to live?
aren’t we all dying?
it was clear what he meant
was he dying right now?
was his life down to its last hours and days?
would he survive to leave the hospital?

I had had long conversations
with him (and myself) each morning
for fourteen days
about his entire family
what was important to him,
his view on life and his disease.

that he wanted to hear all information alone,
so that he could tell his family

alone

when he was ready,
so that he could filter the information
and protect his grandchildren
as I wanted to protect him.
Taking his hand in mine,
I looked him directly
in his tired heavy eyes,
and said, “Yes.”
a loud thump at the back of the plane
a forgotten leap over two passengers
to reach the gray haired man on his back
seemingly asleep in the aisle.

along my ten block walk to work
cast off, bloodied and stunned
a motorcyclist embedded in the pavement
his blue bandana and bike lying crippled across the sidewalk.

mindlessly pushing my cart through the aisles
rounding the corner, I recognize
the rhythmic, unnerving motion
a lady seizing on the Safeway floor.

and then there are “my boys”
they could be
I’m twice their age.
sharing my passion for the martial arts
I am their mother
protect them,
take care of them,
I put them back together.

vigilant to
a knee to the eye,
shattering an orbit and puncturing the sinus.
a roundhouse kick to the head and a stream of blood
falling from the inner ear
the unconscious body hitting the ground.
the side kick to the under chin
splitting the skin horizontally from ear to ear
this time, the trachea preserved
all of the bruised knees
sometimes with ACLs intact,
sometimes not.

the heart pounding and the endorphin rush
the ice and towel
a pinch for the bloodied nose
or
I think you are going to live
after only a bruised rib and ego,
result in the challenge and pleasure
of being relied upon
caring for another.

they are all my patients.
impossible to explain
how I care for them all so deeply
even those I meet for the first time
when I hear that familiar announcement,
“Is there a Doctor in the house?”
This is what I remember:
Caterpillars
rolling
into a massive configuration
the size of a fist,
precariously tipping in the wind
the branch
bends.

Monarchs
she tells me
but I think differently
tiny kings
queens
with white
wings I say, imagining
the beautiful flutter
lifting
into the sunlight
against a backdrop
of black.

The thunder
builds into the afternoon, the hail
will sting
but my skin is waterproof, my father’s voice
echoes truths, forgotten.
Is not every day outside beautiful?

A fidgeting body ascends.

The caterpillars crush themselves into the white fur of one another flush against bark writhing a cocoon, something bold enough to contain all the beauty to come.
Damn, it hurt like hell!
I was sitting on the floor of the bathroom, head hanging down, eyes closed. The air smelled of sweat, tasted metallic. Blood stained the front of my chest, staining my light orange sports bra.

“Laura?” My roommate’s voice echoed from the kitchen, where he was busily wiping up the streaks splashed across the cupboards, the smears of dark red footprints I had made in haste on the way to the bathroom. “It looks like someone got axed in here,” he said, still shocked, much as I was. Brian hadn’t witnessed the accident, only the aftermath. He didn’t see the sharp split of ceramic slice through my hand like steel through water.

I opened my eyes and looked up at my left hand, held high over my head. I opened my fist slightly and a small dribble of blood squeezed through, making a lazy line across my forearm before finally giving in to gravity and breaking free, landing with a soft pop on the white skin of my shoulder. I always thought blood, dripping from a small wound or cut and falling into the sink or toilet, was pretty, swirling, like paint. But this was too much. This much blood should be in a bag somewhere, heading frozen across the city for infusion; this much blood should be gurgling through a beating heart; this much blood should still be in a warm body. Another drop squeezed past the toweling; this one moved fast. My world got smaller, and smaller still.

Two weeks after the initial blow I arrived for an appointment at The Fort Collins Hand Clinic. By then I knew, even though the doctors insisted that they didn’t, that I had either severed a nerve or cut one
pretty damn good. Every time I stretched out my hand or moved it quickly I received a sharp jolt in the palm right below where the stitches had been. I could sense the live nerve end, the part still attached to my spinal chord, lying there, severed, bruised, blue. The other end of the nerve was busily retracting towards my fingertip, withering and dying, taking with it any chance I had of full feeling again. With nothing to attach to, the live end of the nerve would form a neuroma, or ball of nerve cells. Every time this ball was touched or jarred, I would get a jolt, similar to hitting the funny bone against a countertop, hard. I thought about this. I would never clap again, never slap my hand against a buddy’s back, never play guitar again, never ride a mountain bike fast, downhill. If I had severed the nerve, I needed the doctor to find something to attach the live end to, and soon. Because so much time had already passed, more than the magic ten days when a nerve’s viability is optimum, the doctor might need to remove a nerve from my foot to graft into my hand.

The man seated next to me at the clinic was in his late thirties, a tall skinny guy with slippery white skin. He seemed to zero in on me the moment I walked in the door for whatever reason, though, it could have been that the only other company was a couple deeply engrossed in conversation and the secretary, who looked bored. Within moments, he was talking my ear off, oblivious of my attempts to ignore him. His hand, the free one, the one not bandaged, was slippery too. Like a white rock freshly pulled from a river, clean and pinkish. His nails were thin and short. I imagined him to be an accountant, or the manager of some small insignificant computer supply store. I pictured him in a small, poorly manicured office with cheap brown furniture and sagging blinds. He seemed the sort that took his job very seriously and
creeped all the other employees out with an air of too-much-niceness. Really nice people, I’ve found, are usually hiding something.

His name was Steven. I looked at his hand again. I was waiting for him to tell me to call him “Stevo”. He was wrestling with his five-year-old son. In the midst of the battle he had fallen off the couch and whacked his hand hard against the edge of a coffee table. A sharp snap had accompanied the blow and he knew immediately that it wasn’t from cracking wood. The hand, on average, is made of 47 bones and this guy had managed to knock 12 of them out of commission.

The other guy in the room, seated against the far wall, had a horribly sullen look on his face. He was sitting next to a red-haired woman, who I presumed to be his girlfriend. She seemed to be scolding him but I couldn’t be sure. She had deep red nail polish smeared across her fingernails and the nails themselves were long and pointed, like the rough shards of a broken vase. She had smooth skin but her fingers were bony and angular. She had to be a waitress, I thought, with hands like that. I saw those hands serving eggs at IHOP. I imagined they smelled like coffee and old smoke.

The man had an enormous swathing of bandages adhered in all kinds of ways to his right hand. I wondered if he even had a hand anymore; it was hard to tell under the massive dressing. His free hand was in his pocket, hidden from view. I directed my attention towards this couple hoping to detract Steven’s attention away from me. It worked. I found out (through Steven) that the guy had been drinking all day, “a football game, you know how it is.” In a fit of rage, as he described it, he punched his hand straight into a brick wall. The wall didn’t give. His hand did.

All in all, he had managed to break half the bones in his right hand and ultimately push the three outside knuckles back into his wrist.

“Where?” I asked loudly, elbowing Steven out of position. “Where are your knuckles?” I didn’t have to wait for him to clarify.
“Lodged in his wrist,” the girlfriend/friend piped in, she didn’t seem happy. I imagined her getting done with a lousy shift serving food to the 24-hour types that frequent all-night restaurants and coming home to find her boyfriend in a puddle of pain. She said aloud to the room, “It wouldn’t be such a big deal if the dumbass had insurance.” They bantered back and forth a bit. I couldn’t but help be amused, my own throbbing fingers quiet for once.

As I was reaching down into my backpack to snag a notebook and pen, a young man walked through the door, a guy in his early 20’s, tall, scruffy, unshaven. There was nothing immediately wrong with him, far as I could see, no bulky bandages giving away an injury. He moved slowly up to the counter and within moments had the bored secretary laughing. He looked like a construction worker, I thought, he had the “look”—the Carrharts, the dusty shirt, the golden skin.

One hour earlier he had managed to hammer a nail straight through his thumb. It still glimmered there, the pointy end pricked with a tiny speck of blood; he had been too afraid to remove it. He turned around to face the four of us and sat down, his nailed hand settled in his lap like a sleepy pet, a huge goofy grin spreading across his face.

“Morphine,” his co-worker said, answering my curious expression. We all immediately asked if he had any more.
Things got crazy. First, we all wanted to know how the construction worker nailed his thumb, but I guess it was obvious. He had been operating one of those electric hammers and the hammer had slipped. The most fascinating thing was how the flesh of his thumb swelled and puckered around the steel pin, like some strange gothic piercing. I couldn’t help but think that it looked kind of cool. Three more patients walked in then, one after the other, all with fingers in some kind of disarray. One man had severed three clean off his right hand. His son, no more than ten years old, trailed behind him with a small red Coleman cooler. I felt sick when I realized what was sitting inside of it. The dad seemed pretty relaxed, his eyes glazed like he might have just taken down a fifth of whiskey and the boy, well, the boy looked like any boy carrying around the old man’s severed digits on ice.

After twenty more minutes of waiting for my turn with the doctor, the room’s attention turned finally to me, thanks to Steven, who suddenly seemed bored with the five other patients. My time was up; my story had to be told. I lied and said I injured my hand rock climbing. What could I say? I felt ashamed relating the real story. It seemed so absurd, but then again, not as absurd as punching my hand into a brick wall. Stunned, everyone bought it but they wanted details. I was left to conjure up the where (Horsetooth Rock), the when (near twilight), the what (a super burly route thank you very much), and the how (on a sketchy outcropping with razor sharp handholds). If any of them had known a lick about rock climbing they would have noticed my unmarked right hand. They would have noticed my lie etched there, in that clean smooth skin, plain as day.
It took another two months for my hand to heal and, for at least one month of that, I couldn’t use the hand at all. The surgery that I opted to have took less than thirty minutes; I had, just like I thought, severed a nerve halfway through. Three stitches, no bigger than a strand of hair each, stitched up a small bit of hope that I would have feeling in my hand again someday. And really, I don’t notice the numbness anymore. The middle finger still doesn’t bend completely but in all other aspects it functions and operates near the same capacity as my other hand. The numb/tingly sensation might persist the doctor said, for many years, “Nerves take a long time to heal.”

In the mean time, I notice hands more. I notice scars. I am intrigued by the story that each has to tell. Since my hand injury, I also feel unified, bonded to the hand-injured world-wide, like I have been accepted into some strange cult. I mean, who the hell knows where the flexor digitorum profundus is? The ulnar nerve? Someone with a hand injury does, and on top of that, they can probably even tell you which fingers they affect.

A hand is such a small significant creature, such an intricate network of muscle and tendon and bone. I move my hand in front of my face, slowly, then quickly, now I snap the fingers into a fist. I wonder exactly how it works like that. No machine is as detailed, has as intricate a framework. No amount of writing can describe what it feels like to touch a lover’s face, gauge the sharpness of an object with a slow fingertip, catch snowflakes, hold babies, test the temperature of the bathwater, wipe a tear from an eye, wave goodbye.
I think of the Fort Collins Hand Clinic and how I almost want to go back. I remember how comforting that small space felt on that day, how entertaining, how accepting. I think back to what the man with the nail through his thumb had said, stark in the middle of his morphine daze, right before he was called off to Dr. Gordon’s exam room.

“'I been nailing walls for close to ten years,’” he had said, his eyes swimming from my face to the others, “'I never thought about how much I actually use these things.’”

I remember the brief quiet after that, as he looked at his thumb with wild eyes, as we all held our injuries like baby birds, and maybe remembered, and realized, the smallest gifts we have been given.
Young, strong, vibrant—her fingers moving smoothly, with dexterity, with purpose. Folding, twisting, shaping, forming. A chin, depressions for eyes, pinch a little—a nose forms, perky, sweet. Some beads, sparkles pasted on the fabric. A beautiful mask...another added to an amazing array of faces. On and on, without difficulty, without effort, only the creative limitations as to form and substance. Such joy, such comfort, acting only out of the emotions of the heart.

Then slowly, gradually, WITHOUT WARNING...... the fingers, the hand, weakness, twitching, electrical pulses charging throughout the body in a maelstrom of pain and uncontrollability, no longer able to form the beauty of the mask. No longer able to focus on the task at hand, muscles weak, stiffness, pain, FOOT DRAGGING ON THE GROUND.

One can almost feel the jellylike covering protecting the nerves sloughing off, leaving all of the sensitive cords exposed to the assault of the surrounding matrix. And now my vision blurs. Muscles contracting, itching...why am I so tired? Why can't I think straight? Why won't the words come out of my mouth? Trying to pick up a pin...impossible—it falls to the ground! The surrounding heat is intense—need to cool off—need to take a cold shower. No, don't get near me...your body heat is more than I can stand! I'm so sad...I withdraw—but now I want to laugh and cry out at the top of my lungs  HELP!
What’s happening to me? I need to go to the bathroom. Oh, too late... wetness down my leg. My head...pounding, aching, can’t figure out what’s close...what’s far. Terrible depression! OK, take this, take that, three of these, two of those, no wait, let’s try something else, stop this one, start that one, on and on and on.

STOP!
I can’t take it anymore!
I can’t do anything.
   I am afraid.
I have no life to look forward to,
   I’ve lost all my friends!
I can’t work! I can’t drive!
   I FEEL SO ISOLATED!!!
I want to die.
The empty trauma bay slumbers inside the Emergency Department. The bed lies empty, the supplies rest in their cabinets, and the dark, lifeless eyes of the monitors stare at nothing with their sightless gaze. And yet, like the old warhorse pricking up its ears at the sound of a bugle in the distance, so does the room respond to the distant squawk of the radio. People enter, the room warms, the monitors flicker into life, and the calm dormancy of the room yields to a frantic expectancy.

And in a moment that seems to come in an impossibly short time—yet an eternity for two women in a cold, dark car on a highway, driving through a haze of tears—he is there, inert upon the table. The passage of the years have already lined his face and silvered his hair, and now the face doubtless softened by the sight of his grandchildren is made harsh by the trauma room’s stark lighting. The arc of his life is quickly reduced to a list of interesting things, declaimed in stentorian tones by a man in an orange and blue jumpsuit to the spellbound group of friendly strangers.

Standing in a corner with a yellow trauma sheet, I have not shaken this man’s hand, and yet I know his struggles with various medical conditions, the deterioration of his once-healthy body, and the regimen of medications that correct—or claim to—the failings of his body’s systems. Like a priest presiding over a well-worn ceremony to which those assembled all know the words, the resident physician announces physical exam findings, while an angel choir of monitor screens dances to the beat of our patient’s heart, and the rhythm of his breathing.

And as quickly as it began, it is over. In the endless lottery of life that increasingly stacks the deck against every player as the years pass, our
patient held a winning ticket today. The Grim Reaper, declining to swing his scythe, opts instead to kick the patient down the stairs, breaking a few important bones in the process. Our patient remains still, but thanks us in a voice made weak by age and fear and pain. A brave smile against the cruelty of the world and old age, yielding to an involuntary grimace quickly smothered back into expressionlessness.

In the time-honored tradition of medicine, excitement yields to paperwork, and people drift from the room like leaves falling from an old tree. Those who remain mutter to themselves as they scratch arcane notations with the loose handwriting of long practice. The room breathes a tired sigh, and expels me into the physician’s work area, where my surgical resident stares at a computer screen with a slow mixture of fatigue and contempt. The Emergency Department is a poor substitute for an operating room in her mind, and she already misses the steel shining against the backdrop of blue drapes.

And then they are there, standing at the counter, clutching their handbags with the brittle bravery of scared women that announces who they are as obviously as if they were wearing a name-tag. With the tumbled look of people torn from sleep into a world gone askew, they are uncertain sailors lost in an unfamiliar sea of scrubs, and noise, and hurried motion that washes past them without stopping to say hello. Closeness is comfort, and they move as one to where we are, directed by a hurried whip-cracking motion of a passing nurse.

They approach, timid, afraid that the fear of unknowing might yield to a terrible certainty. As is so often the case, the years have reversed the mother-daughter relationship, and so it is the youngest who addresses us. In a voice tight with worry, she asks the questions that have been tormenting her—Is he alive? Is he okay? How badly is he hurt?—and finds herself speaking to the top of my resident’s bowed head. In that fragile moment of one human being reaching out to another for comfort and strength, this physician moves not to hold a hand, but rather to hold a pen, filling out paperwork that surely would have waited with uncomplaining patience for a few more minutes.
Their eyes flick to me uncertainly; blind to the intricacies of medical culture, a white coat means ‘doctor’ regardless of the length. Trapped in subordinancy, I offer them a small smile and nod, giving what comfort and encouragement I can without overstepping my bounds. Again they ask, and this time the resident’s head raises, meeting their eyes as if they’d asked for the time of day. She opens her mouth to speak and I can see the two women tense, their senses indelibly recording this moment to be replayed again and again in the dark hours of the night.

A hand-flipping motion, and a grunt that he’s fine, just busted up a bit. Confusion then, replaced quickly by a piquant mixture of relief, questions, and uncertainty as to this doctor’s manner. But she isn’t concerned with their questions; she has her own. Is this list of past surgeries accurate? What about the meds? Tears—relief, sadness, or anger?—are tiny diamonds adorning the corners of the women’s eyes. The resident again lowers her head, as if disgusted, and anger is a wrecking ball through the wall of my professional reserve.

I step forward, placing one hand on each woman’s shoulder. It is an intimacy allowed by the situation, and I begin the words of comfort as I steer these two sailors to the safer shores of the nurse who watches over their father and husband. My resident’s head has risen again, and her anger is hot on my back. I will appease her with the information she wants and—dragon-like—her dread gaze will inevitably turn to another target with time.

It’s the least I can do for such a valuable lesson in what not to do.
Breastfeeding
Nourishing attachment
Happily milk drunk
Entangled souls in timeless embrace
Satisfaction  

SUSTENANCE
MARTHA LEVINE
I see the radius and ulna through your skin so thin
Veins coursing loudly, giving a false sense of vitality.
Your diminutive scapula folds in half like a wounded dove
Your ribs curve, not like a horseshoe, but like a door frame,
Sharp angles in all the wrong places.
Your upper arm can’t be more than a quarter’s width.
You are all bones, as they say.

As I rub your back, I feel the things that don’t belong,
Misplaced by time and cancer.
Every bone seems palpable through your skin,
No muscle, no fat hides your frame.
I fear that even the lightest touch will break you, my house of cards.
The only thing substantial is the mass on your liver,
Bladder, pancreas, and God knows where else.

I know I am lucky to hold your hand,
To whisper in your good ear, “Grandma I love you,”
But you are nearly gone. Your body barely hangs on,
Your spirit is in between—
You ask your daughter, “Why is this taking so long?”
As Innocently as a child querying,
“Are we there yet?”
Without skipping a beat, my mom replies,
“Oh Mom, they are just getting your room ready.”
A peaceful smile spreads across your moribund face.
Thankfully, you closed your eyes just as we all burst into tears.
ON EXAM
JACQUELINE LINTON

7 minutes old
5 lbs 6 oz
28 inches long
Alert, breathing
unassisted
hands like
little spades
some clinodactyly
chubby cheeks
Apgar score 8, 9.
Cardiac ultrasound
shows large
AV canal
Smacking lips,
already hungry
Who’s to say she is not perfect?
Something undone, eyelids flutter
Stubbornly trying to shutter
My eyes from the tasks of the night.
I lie awake with no insight.
A nagging feeling joins the clutter,
Rattling in my mind—utter
Instinct wedges in mind’s gutter
Giving me nebulous foresight.
Something undone—

“Was it a meeting?” I mutter.
The cleaning, a thank you letter
A kind word unsaid, the dome light?
A poem that I need to write?
A life’s course wanting a rudder?
Something undone...
Ghopnick’s daughter visited each Saturday morning, taking notes on his week’s maladies preparatory to consultation with the house physician. Of course she only pretended to record his ramblings in her notebook. It seemed to cheer him up, as if this old fart could sustain cheer. Enough that someone, happened to be his daughter but would it matter if it were the blind janitor or the mute orderly, acknowledged him. It would suffice.

He began with those body parts south of the hips so he could start with horrifying, still to him, no longer to her, bowel tales, then moved on to faulty plumbing and arthritic pains, in hips, knees, upper leg, lower leg, and feet. Feet had so many parts, parts you didn’t even know you had till they went awry and doctors gave them names, plantar fascitis, Achilles tear.

Then he’d navigate north; sodden digestion, the frantic huffings for breath, limited neck flexibility, till he reached the head. Ah, here he could spend the rest of the morning, vividly recounting of bleeding gums, wax-blocked ears, and rheumy eyes with moving black spots. Thence the diverse headaches, unremitting pounders and those that ascended to crescendi then ebbed with, truly, aching slowness.

And finally what went on inside the head: dreams, fears, panics, hallucinations, inability to discern what happened in this tiny room, now his whole world, from what he imagined. He detailed his villains, current and past, uncaring doctors and sadistic nurses, playground bullies and unscrupulous business partners.
She pretended to write, and always fell asleep somewhere around the chest. He noticed this lapse but went on as if he didn’t notice. When all morbidities were enumerated and he was bathed in sweat, the session cathartic but also scary as he brought out his demons, then he too fell asleep, their one shared activity.

His snoring eventually woke her. She quietly packed the notebook into her purse and left him, dreaming.
It is as if I can see the splitting with my own eyes; the tearing and the twisting of your soul is destroying the person I knew, the person I love. The brilliance, the kindness and the insight is replaced by distrust, fear, and a paranoid hatred. Words are flung into the void, and it is just that, a void. No one listens. No one responds. The words are you; they are your feelings, your fears, your cry for help. They are sputtered out, sometimes with violent desperation, others with resigned hopelessness. They look to cling to something, anything in the space that is empty, but only for you. I want to respond. I want to tell you I love you and that I understand. But I don’t. I can’t possibly understand the pain and the terror that now consumes your life.

They lock you up in your worst moments. They free you in your best. I wonder why they bother. You have been locked in your mind for years. Can’t they understand that? They might. But it is the fear which drives their actions. They don’t know you. They don’t know the boy that wanted to be an astronaut and would run around the house in his prized space suit. They don’t know the boy that would take care of his baby sisters. They don’t know the boy that was described by his teachers as a “brilliant and insightful young man; a genius.” All they know is an angry, feuding man; the one whose eyes scare you if you look into them. I know. They scare me, too.

I often wonder how you can bear your isolation. You are sick and hurt. You are in the midst of a medical crisis. Noticeably absent, however, are the flowers and the cards. You have never had a visitor or a well-wisher. Casserole dishes are not dropped off at your house with cards of empathy and hope. Vigils are not held in your behalf.
Somehow your disease makes you different, even to yourself. Instead of teddy bears you get stares. Instead of kind nurses and a comfortable hospital bed, you get metal, wardens, and locked doors. Although they say we have made leaps and bounds in our treatment of your illness, we obviously have not come far enough. We have failed you. As fellow human beings and as health care providers. You remained trapped in a horrible, hateful world. The medications that we hail only calm you, make you more malleable. They help you fit into our world, but they don’t change yours.

The worst part is when I see you. When I see the person I knew. You make me a Christmas present or tell me you like my hair cut. They are simple statements. They are normal. And they shake me to my core. They remind me of what you were and no longer are. They show me the beautiful mind that was and will again be ripped away from me, from you. It is the moments that you join our world or those in which you recognize the inconsistencies in yours that are the most terrible. I watch in utter despair as the confused anger lifts for a fleeting moment. There is just enough time. You shamefully reveal that “They think I am crazy. I think I am, too.” I wish you could live in bliss. In our world. In yours. It doesn’t matter. I want your suffering to end but I know it never will. You are no longer part of our world and yours is filled with pain, with betrayers, with hurt. You are trapped in hell and we are all powerless to free you. I hear you whimper.

Sometimes I wonder how and when your suffering will end. The painful truth is that your salvation will coincide with the end of your life, as we are powerless to stop the destruction wreaking havoc on your soul. I fear that the only salve will come when that gifted mind and kind soul sleep. I wonder how you have lasted this long. You’ve tried to end it before. You are powerful, strong and determined. I asked why you did not succeed. Your one-word answer could not possibly inspire more love, more pain, or a deeper terror. “You,” you told me. I hold your life tethered on a string. I feel it fray although I am powerless to stop it. I fear it will be my fault when it snaps. I
desperately want to keep you. I want to save you. Whether death comes by tumor or my one’s own hand, does it matter? I believe it does, for the first comes with condolences, memorials and flowers, and the second with shame and hushed whispers. Why is there no support? Why is there so much shame and disgust? Your life has value, an infinite value in my eyes. Doesn’t it too merit saving?

I have watched the suffering continue. I have watched the fragmentation deepen and the chasm between our individual realities broaden. Nothing in my life or in yours has been more challenging. We deal with the pain, the confusion, the fear, and the hatred. The hatred has been the hardest. The overwhelming, all consuming hatred. The hatred that pours from your eyes and colors every word you utter. “Hatred of what?” I ask. Of us? Of those on the other side? Of those that don’t understand? No, I think. It is the disease. The brother I love, the brother I grew up idolizing, the brother that taught me everything, could not hate me. He could not want to destroy me, to hurt me. He could not hate my family and our friends. It is the disease, I repeat to myself.
A few missing teeth—no big deal?
Well, perhaps if it changed the life of a soul.
For to have a complete dentition
can make an incomplete man feel whole.

Consider the gent in search of a job
who grins all through his interview.
His holey smile affects disgust in the employer,
but what was he supposed to do?

After all, who can be trusted in service or sales
whose enamel doesn’t shine pearly white?
The manager justifies his bitter bias
as the unemployed man leaves in spite.

Wherever he goes, the results are the same:
no jobs for him; no, not in the economy today.
The family he has is depending on him,
but his hopes seem to be slipping away.

Then one day, sitting on a lonely pew,
our man is approached by a stranger.
His light, long diminished, is revived;
accepting the offered help, he finds no danger.

Lying now in the kind stranger’s chair,
the hopeful man looks up into the light.
As his face numbs with tingling sensation
he wonders if this will make things all right.
The surgery’s now done, cosmetics restored; and the humble man looks on his reflection. Tears of gratitude begin to swell in his eyes, for all he can see is newness and perfection.

Was there a change in this man that day? Indeed. Confidence once shattered, is mended and whole. A few added teeth—no big deal? Well, perhaps if it changes the life of a soul.
MC. She’s my patient. I could give you a run-down of why she’s in the hospital and what’s happened to her since I admitted her, but what’s the point? You take one look at her and you know she’s dying. Slowly. One day at a time. It’s going to be painful, measured, an exact sequence of events. It seems that nothing is ever quick, mercifully free of complications. She used to ask me when she would be going home. She doesn’t ask anymore. There is nowhere to call home. All she has is room 316, Bed A, North Tower.

It’s raining outside. The weatherman says it might turn into snow by tonight. I wonder if MC would like to see the snow. I tell myself to ask her the next time I see her. I know I won’t. But it makes me feel better to think we’ll have something to talk about. Dark gray clouds have been hanging over the hospital for weeks now, swollen and begging to burst. I thought clouds like that were pretty once. I tried to paint them. Now they just darken the hallways, making the hospital even more like a tomb. I won’t mention the clouds to MC. It will upset her.

I can tell you when MC will die. After a nap, I might even be able to narrow it down to the hour. I can tell you exactly how it will happen, exactly what the chart will say, and everything we will do to try to save her in the meantime. Save her. Huh.

She has no visitors. No family comes to see her. She is forgotten.

MC doesn’t look at anyone anymore. She doesn’t really talk. She stares off into space and doesn’t say a word. She counts the specks
of dust on the wall. I know she tries for the nurses. They tell me she
does. She tries to smile at them. They don’t believe her.

It’s late, and I find room 316. I have nothing better to do. There’s
a chair by the bed, and I sit down. For a moment, I see all of the
equipment that surrounds the bed and the tubes that run from her
to them and back again. And then I don’t. I just see her, laid out
across the white sheets, frail and drawn, gasping for breath in the
night. My eyes adjust to the dark and I see the blood and the urine
and the betadine that surrounds her. We call it routine, what we do.
We call it duty. I call it a mess.

I can’t tell you how long I sat in her room that night. How many times
I wanted to hold her hand or stroke her hair or tell her that it would
be all right. I never did. I just sat there in the dark, staring. Waiting.

MC was my patient for 5 months. She never left the hospital. She
spent 18 weeks in and out of intensive care. She died on a cold
night in November, alone, wrapped in a ratty pink blanket. Her
eyes were open, staring out into the snow. And all I can remember
thinking is why, with all of my training, couldn’t I be sure that a three-
year-old girl was smiling? 
SONNET FOR THE NEW PHYSICIAN

KELLY RAMSEY

You, with a stethoscope to hear, fourth year physician learner, knowing neither need nor fear. Ere self-reliance disappears discern your works and words and where they lead! For we are men of unclean lips, conceal proficiency lukewarm; soon, Residents. O Training, sell me precious perfect pearls of price so great and worth the life I spent. Refine my soul, my skill! You temper, cleanse, white coat obscures my past mistakes from sight. Please purge impurities of medicine through heat of call and searing sleepless nights. Anoint our eyes with salve. I come to kneel and plead, “Create in me the skill to heal.”
For centuries, Gullah hands have co-existed in the dual worlds of laborer and artisan. Gullah hands that hammered iron into horseshoes were just as capable of designing and forging intricate wrought iron work. Hands that kept unwanted grass from choking out tender rice plants also pulled sweet grass and wove it into the now-famous coiled sweet grass baskets. The Gullah have kept the flame of their culture burning through music, art, craft, storytelling, and written word.

**Hammer and Anvil**
Phillip Simmons—master blacksmith. He is an internationally known blacksmith/ornamental gate maker. Named a national folk treasurer by the Smithsonian and the National Park Service when one of his gates was selected to be displayed at the American History Museum at the Smithsonian.

**Rice Fanner**
Made of sea grass/sweet grass. Fanners were used to remove the chaff from rice grains after they had been ground in a mortar. The fanner was made from bull rushes, an abundant, tough marsh grass, and bound with strips of saw palmetto or white oak.

**Fishnet Making**
There was man in South Carolina that one of my classmates interviewed who could make a fish net in three days. Amazing. Bateau (Boat) making is also a Gullah craft.

**Sea Grass Basket Weaving**
Also called a “sewn” basket. Bulrush, sea grass, pine needles and palmetto are used to create these beautiful baskets.

**Quilting**
African slaves brought with them wisdom, abilities, and certain skills, including the techniques of appliqué, piecing, and embroidery. The Hausa people of Nigeria, Chad and Sudan made pieced and quilted armor for riders and horses for protection during battle.

**Iron Gate**
This is a replica from one of Phillip Simmons’ gates. You can see his work everywhere in Charleston, even at the entrance of the Visitor’s Center.

**Indigo Dying**
I was able to have a brief lesson in the art of indigo dying from the resident Yoruba artist, Adesolo. Indigo dying is a lengthy and complicated process and was another major crop and industry during slavery times with ties to Africa.

**De Nyeu Testament**
Translated into Gullah, an effort that took 25 years. The New Testament Bible was presented in November of 2005. I received one of the first issues.

**Rice Cultivation**
Mortars and pestles were common on rice plantations in the 1700s and 1800s. They were used to grind off the outer husks of rice, one of the necessary steps in preparing the grain for market.
(Based on actual events)

First, you tell me you will do no harm.

But you stitched my eyes open.

You wrote in the Belmont Report,
That you believe in beneficence, justice,
What about my patient population?
Is an innocent life in prison not enough?
How many of my eyes did you destroy to fix one of yours?

Your grandmother,
It is so remarkable,
How her and I, we share this DNA.
We are so similar,
Look at what you can learn about her from me,
When you torture me slowly until death,
Test my body’s response to extreme stress,
And my heart,
Because I have no voice,
I will have no say.
Where again do I initial page 6 of the consent form?

The rules and regulators say,
That Sunny Delight will not do,
I must receive only the best, actual fresh orange juice,
When you drop the brick on my back,
And sever my spinal cord.
Yesterday, I watched my brother chew his feet off, Apparently he had too much caffeine. They had to test it on another 25 of us, Just to make sure.

All of these are true, And will be true, because of you. Why again, did you stitch my eyes open, And torture me to death for a month?

The universe will right itself as it should, Some day, I hope.

Primum non nocere.

Sincerely,

Laboratory animal #RC27D2T6
Back straight still
Strength offsetting the myth of fragility
Grayed and wrinkled

Come sit here.
She indicated a stool at her feet.
I sat feeling honored.
I knew there was wisdom to be imparted.

Did she know that I was here for her?
I listened as she reminisced.
I was being therapeutic, so I thought.

In truth, it was I who received more.
And I learned about observing and tearing sheets for bandages.
Standing near to assist in first steps.
Keeping the ward keys.

Does she know that I am enriched?
And the story continues as a way to honor another.
I will pass this on in stories like this of timeless, ageless caring.
Aged caring.
A1c... ahh... mean glucose impaired.
Yet, confusion in self-management reigns
as tears fall at news of change.
What was said?
Numeracy despaired
And then energy drains.
What was that range?
The condition constellation continues to grow
with kidneys abused.
Invisible signs so let us exchange wrath
for courage.
Though I stand self-accused.
Coach me so I know.
Elicit from me now to decide the best intervention.
Support my readiness on this unwanted new path
of not so sweet transition.
They told me this would be part of the process... losing hair in the shower, finding it in clumps on my pillow when I awake each morning. They told me about the medications and the process of going through chemotherapy. They told me my appetite would fade, as would my energy, but not to worry, because it was part of the process. They told me about the process of the radiation owning my body... but not once did they mention how to deal with this process.

Six months ago my biggest fear was getting a C in basic chemistry or whether or not I would have enough money to go on the Vegas trip with the girls. Now my days are consumed with emptiness and anger. Anger at God, at myself for not taking better care of my body and at all the people surrounding me that do not understand my pain. I spend hours rehearsing in my mind what it will be like to say goodbye to my mom, my fiancé and all my friends. Instead of focusing on passing chemistry, I make goals of getting through the day without crying—especially in public. But I’ve been told it is all part of the process.

Fear dominates my life—well, what’s left of it. I go to bed wondering if I will awake. Each night when I say goodnight to Chris, I wonder if that will be the last time we talk. Will this be the last time I say “I love you” to the man of my dreams? What about the wedding we have been planning? The venue has been booked, guest list created, and dresses ordered...I fear waking, short of breath, unable to call for help. I fear the cancer and its ability to multiply uncontrollably. I fear the unknown; I fear the process.
Melanoma, lymph nodes, Dacarbazine, metastases, immunotherapy, Stage IV, clinical trials, recurrence... Words I know more intimately than I know myself. When will the pain end?

The loneliness that invades my soul is incurable, just like the cancer. I have shut down, allowing no one to see my heart for fear of exposing it’s broken pieces. My identity has been stripped from me and I want it back. I want every summer spent basking in the sun down at the lake back. I want to be given the chance to protect myself from this pain. But there’s no going back, the process has already begun and control is something I am no longer privileged to.

Friends and family have spent hundreds of dollars travelling to spend time with me in what are no doubt my final days... at least the last of the “good” days. I appreciate their gestures, but never have I been physically surrounded by so many and yet felt so alone. Hours pass when no words are said for fear of saying the wrong things, or worse, not saying the right things. Someone warned me this was all part of the process.

Sitting in the waiting room once again, waiting for my tests to be read. The room is full of people waiting for similar news. The air is still, full of avoided glances, and the only sound is the nervous tapping of my mom’s shoe against the chair. She is living moment to moment, always anticipating the worst. But it is part of the process.
I no longer see the point of these visits. What’s the use when my body cannot fight against its own cells? My name is called and we walk slowly towards the door that is full of not so distant memories. This door represents the white flag of surrender, for each day it becomes more apparent I cannot mount the defense necessary to prevail in this battle. This door symbolizes being stripped of my identity, the presence of the fear that consumes the unknown and the beginning and potentially the end of the process. The process I was not prepared to begin, let alone fight.

The door closes and I am left alone to change; I don the uncomfortable gown that leaves me feeling naked, exposed and vulnerable. Here I am again, alone and empty. Waiting for news that will determine if more radiation and chemotherapy will make a difference or if the migrating cells have done too much damage. The room is sterile and unforgiving. The walls lack sympathy and instead seek to wash away my presence here. A small tear falls from my eye onto the paper covering the examination table. I am not ready to say goodbye. I am not ready to end this fight. I am not ready to give into the fear or to the process. I want to know how to fight! I want to know how to deal with the emptiness and loneliness! I just want one more chance...
“The sufferer from depression has no option, and therefore finds himself, like a walking casualty of war, thrust into the most intolerable social and family situations. There he must... present a face approximating the one associated with ordinary events and companionship.” – William Styron, Darkness Visible

He waits on the curb in darkness,
Humming that same old sailor’s song
But thinking less about her body (the rise and fall of her breath, like the ocean)
And more about the sepia veins,
The inconspicuous grace, of the redwoods
Near his home on the coast --
Or maybe he’s thinking of the moonlight in the gutter
And the ways in which it bleeds out the shadows:
Phantoms of former life.

When she awakes without him
He’s slouched and smoking another cigarette.
She pulls the bottle of warm rosé
Toward her mouth -- lips sore with love --
And slowly, hesitantly, enters the garden.
The dark branches, familiar and wet like heavy pine bows,
Are reminders of peaceful resistance,
Or resilience. Green in winter.
Her heart hums with delicate loss.
As if just moments before
A camera flash --
Him laughing, arms outstretched
She closes her eyes,
Straining toward each grain of memory --
Sand through a sieve,
Time and materials.

But now, in this night, his night,
Her hand on the back of his neck is soft
Like a child’s but less playful, less pronounced.
He almost noticed
That he no longer noticed
The little things.
Under his shoe, the pop and crackle of a snail’s shell
Supple body smeared across cement.

They walk down the middle of an overgrown street
She, one step behind, wonders if he notices
That everything is so alive –
The nightbird’s song, the white of roses
In the garden, in the dark. He says nothing.
At the corner where they used to buy strawberries
(And let the juice drip down their chins)
He catches her eye, and for a moment
The night is both quiet and bright.
For the first two years of medical school Dementia existed as two boxes, one small, one large. The small box was filled with the reversible kinds; you fix the cause, you fix the dementia. The larger box was filled with drawn out years of confusion as irreversible as Alzheimer’s and lacunar infarcts. My job was to read the case and make sure to put the fictional patient in the right box, one of the more simple concepts learned that year. Third year has erased those boxes. Now dementia is like a grand masquerade ball with a prize for figuring out each costume and its bearer. You can never tell who someone is at first glance.

Some patients truly have dementia but wear clever costumes of charming jokes, quirky habits, and social games they play for entertainment. Other patients wear veils of confusion and MMSE scores of 26, but underneath are really just anxiety, loss of hearing, or old age in an unfamiliar environment.

The first week of my neurology rotation my team got a consult on the 9th floor—Internal Medicine. Offering me a new responsibility, my resident sent me alone to evaluate. In room 905 I found a 65 year-old gentleman commanding the room from his cushioned chair. His younger wife looked on from the couch as I realized my challenge. I could barely steal the spotlight long enough to finish an exam. He was running an entertainment show and I was the next feature. My evaluation was now a game show and he was winning. Come finish, he’d won a normal neurologic exam but had missed some points on the MMSE. Each wrong answer was explained away with another “gotcha” joke or “I’m just messin’ with ya, sweetie,” posing a diagnostic challenge to this fresh 3rd year student.
We followed him daily; each morning I’d repeat the exam and each evening I’d stop by, getting to know their story. He’d originally come for an outpatient appointment, and wound up admitted upon discovery of an incidental arrhythmia. One full cardiac and pulmonary work-up later, we were consulted for signs of confusion. He was mixing up people, forgetting where he was and why he was there. His wife was handling it surprisingly well despite exhaustion and concern. In their minds this was all a funny coincidence and they just wanted to get back to their kitchen remodel.

Each day we reenacted our game show but the humor was fading. He didn’t know why he was still in the hospital. We had formed a trust between us, which led him to start asking for me throughout the day. He started splitting his reality into “mean” and “nice” doctors. I caught his wife in the hall to ask how she was doing. There were tears and hugs and she had a strong sense that her husband just needed to go home. He was aging with imperfect health, but he was getting worse the longer he stayed in the hospital.

To the credit of the residents, each team member explained their clinical reasoning to me and I became the communication liaison. Although an excellent physician, the hospitalist found himself on the evil side of the split. Ruling out any major diagnoses, he didn’t impress the Neurology Team. My patient was moved to our periphery list. He had no acute problem, no organ dysfunction, nor symptoms lasting long enough to illicit a diagnosis. Yet my patient inadvertently played with their consciences, developing new symptoms frequently enough to make his discharge an uncomfortable idea.
Perhaps it was Alzheimer’s, perhaps it was the “sun downing” phenomenon, perhaps he just needed to be in a familiar environment and eat a normal dinner. He was a muddy case caught on the periphery list of multiple services in the hospital. As the days went by he increasingly missed points on the MMSE despite his sheepish admission of trying to “cheat” by looking up the answers beforehand. He’d memorized the presidents and learned to read the date off the white board.

On the fifth day of our ritualistic game show we came to the part evaluating language. When asked to “write a sentence” he sent me a secret message: “Please help me get out of here. I am not a bad person.” The jokes stopped and he looked me in the eye with strained tears. He told me I was the only one he could trust and asked, “Will you help me escape?” His reality was warping and he was now a prisoner. He was tested daily, held against his will, promised that if he cooperated he would get out, and all the time was confused and scared. No longer commanding the room, he’d taken off the mask, showing me how powerless he actually was.

After five days I was not able to scientifically dissect his costume. There were no more boxes. Was he a man with Alzheimer’s wearing a costume of charming hilarity and jokes to throw off both us and himself? Or was he just an aging male becoming progressively disoriented in this “healing environment”? My gut told me the latter. We established he had some memory and executive function loss, but to what end? We would never get an accurate mental assessment while he was stuck in the hospital. He was not a danger
to himself or anyone else and had a competent caregiver. He just needed to go home and rest. I wanted to help him escape. I shared my gut feelings and exam findings with both teams. It wasn’t my place to do any more than that.

After rounds that day he was taken off the neurology consult list and no longer my responsibility. To me, he was still my patient. I’d still visit just to give his wife a hug and say hello to my trusted captive. They vented their frustrations and looked to me as one of their providers, but I was every inch a “short coat” on the wrong floor, powerless to change his management. I gave what I realized I will always have as a white coat of any length—a caring face and the time to listen.

After work on Day 6 I went to check on my patient and his wife, but they had disappeared along with their chart. The floor nurse informed me they had left AMA that morning. I was sad to have not said goodbye or know the circumstances of their leaving. It must have been a hard decision for his wife to make. She didn’t want to endanger her husband’s health. Was there some undiagnosed problem at the root of all this? Perhaps it took her six days to come to terms with those questions. Perhaps she decided their time and quality of life together was more immediately important than medical diagnostics. I was also relieved. I could have never suggested this option without them directly asking me, but I felt intuitively that she had made a wise decision. The captive was free, and the question of mental capacity could wait for another day. As for now, I enjoyed imagining how sweet freedom, favorite foods, and a night’s sleep in his own bed must taste to my masquerading escapee.
(For Alejandro Jadad, after reading Zero, The Biography of a Dangerous Idea)

1 is the number of authority
Is the number by which information trumps experience
The number of statistical
Identity whereby the lie of one thing being another
Is propagated.
In the face of 1, how can
This world
Renew?

One, reducing true to correct,
Is the dangerous idea.
One is the reason every idea is dangerous.

The difference between 1 and 0
Which transpires in a space created by the difference,
The difference between true and untrue,
The blade with which to cut the Gordian knot
Is dangerous.

Yet, when the eyeball is
Not the thing seen,
Or when it is, or when
The ear is not
Or is the sound
The question of 1 has arisen
And the dangerous blade of
The difference must be drawn.
My patient Georgette has Alzheimer’s disease. She knows who she is, but not where or when. Since becoming blind she is much less anxious. She looks off into the distance when she talks and seems to have found a comfortable inner space to inhabit.

The other week I’m listening to her heart, and Georgette says, in her soft, small town Louisiana drawl, “It’s like a boat.”

“What’s like a boat, Darlin’?”

“The bumping”

“Which bumping is that?”

“I think that heartbeat is like a boat just bumping. up against the dock.”

Pretty soon I’ll sail away from the dock and that bumping will stop.”

georgette
A pregnant woman arrives  
not known  
not knowing

I see  
a daughter  
a mother  
a friend  
a sister

I see  
loneliness  
confusion  
grief  
love

I see  
a family that may not be complete  
a family starting too soon  
a family that may rejoice  
a family that may grieve

I see  
vulnerability  
insecurity  
blame  
fear
I see
  misguided hope
  some hope
  no hope
  hope

What does she see when she looks at me?

I hope she sees
  understanding
  compassion
  trust
  care

I am a nurse
There will be no remission
For him, there’ll be no cure,
No joyous survivor,
Ribbon on his shirt.

Catastrophic illness
A holocaust in kind
Photographs remain intact
The memory, strip mined.

The laughter’s still contagious
The grip remains as strong,
Sixth grade speech effortless,
Children’s names often gone.

Visits warm with hugs and laughter
Tears help close the door,
A brief update on current events
Then stories about The War.

Good mood ever present,
He works hard to engage
Re-reads the funny papers
Never turning the page.

Chance meeting at a bookstore
The warm familiar place
I am his middle child
He did not know my face.

Bittersweet melancholy
Travels from head to heart,
How strange and sad to miss my Dad
While sitting chairs apart.

“Father-words” and stories
Alive within my head,
I share them now with daughters
Like sweet morsels of bread.

Family portraits don’t reveal,
Mirrors cannot reflect,
The slow steady progression
Of altered intellect.

How cruel is this disease,
Disassembling from within,
Leaves no trace of evidence
For mirror or the skin.

The porch light of my Father’s soul
Shines with a brilliant light,
Why was THIS man chosen?
This cannot be right.
He has given precious gifts
We are richer for receiving
Gifts reborn in daughters and sons
A legacy he’s leaving.

Courage is his passport,
The currency our grief,
On this journey, slow and sure
Where time becomes a thief.

Oh! How I hate Alzheimer’s
My Father’s slowly dying.
Perhaps these words are unshed tears
Too bitter now for crying.

Why place loss on paper now?
Find solace in the belief,
There is neither starting gun
Nor deadline for the grief.

God Bless this Heart so giving
Not keeping track or score,
Raised his family, lived life well
Deserving now, of more.
I have seen darkness’ mask
But it has not touched me
The way that it envelopes you
The inky smoke that swirls,
Covers you like a shroud
And inside I know that it’s an unpleasant fate
But I cannot relate.

I have smelled grief’s scent
But it has not found me
The way it is worn by her
The quiet salt and doom that resides
Spills into her tired eyes
And inside I know she is reeling
But I do not know that feeling.

I have felt rage’s teeth
But it has not consumed me
The way it enflames him
The fetid anger and searing malice
Froths into every word he utters
And inside his heart must be black
But I will not be that.

I have tasted regret’s noose
But it has not driven me
The way it pulls others
The oily weight and endless doubt
Settles in for a long visit
And inside they dwell in the past
But I would not last.

I have heard insanity’s whispers
But it has not compelled me
The way it will with some
The fantastic and dull, medicated trips back to reality
Washes away the person that was
And inside, it must be like a different sight

But I would not lose the fight.
Science, questions and precision, always her passion. A doctor, just beginning her research as Italy’s doors slammed, labs shut. Signs nailed on every street, demanding neighbors shoot anyone suspected of being a Jew.

And still the passion, setting up a make-shift lab in the bedroom, incubating chick embryos, silver staining, sealing in paraffin. By candlelight, slicing with a micrometer, comparing nerve cells as bombs fell and shattered.

And still the passion. Lugging the Zeiss microscope, ophthalmic scissors, watchmaker’s forceps to the basement during nightly deafening hours. Women praying; children crying; she, a doctor cradling slides, pondering neurons.

Moving the passion to the hills to escape Turin rats and rubble, setting up another lab on a tiny table, begging farmers for fertilized...
eggs, ‘better for the babies,’ she said, but she had no babies, always working alone, carried by questions, passion

and neurons just beginning to differentiate, cell from cell, spinal column from ganglia, wondering what and how, studying through the night, coming nearer to seeing, closer to uncovering what she would call “growth factor”

and maybe, out of the lugging and begging, the confinement and isolation, out of the will to ignore hatred and terror, out of the passion to find beauty in silver-stained slides, maybe— for Alzheimer’s, spinal cord injuries, multiple sclerosis— just a bit sooner, a cure.

First appeared in Valparaiso Poetry Review
November, ’41
Doctors, nurses, the wounded, blindfolded when brought here. Our hospitals known only by code names. Someone always following to cover trails with tree stumps, branches. This we have learned. Hide everything. This hospital lies buried between rocks and snow.

February, ’42
We sterilize only at night to hide the smoke. Stakes are high; the fighting, vicious; our partisan rules, severe. The Ustase hunt the wounded in hospitals, butcher monks in monasteries, kill anyone anywhere. This we have learned. Hide everything.

July, ’42
Our peasant women, seventy years old, firing guns, crossing mountains
with wheat and eggs. Captured and tortured by the Ustase, yet they escape, return to battle. This we have learned. One hundred thousand Yugoslav women partisans—determined to fight, will not stop.

**December, ‘42**
Who is worse? The Nazis or the Ustase who burn women with cigarettes, delight in torture and pain. This we have learned from partisans who escape with entire bodies blistered. Not a spot untouched. Heads forced into bags of crushed horseradish, fumes burning skin, destroying lungs. Bodies contorted until bones break. Only tragedy can be learned from this.

**March, ‘43**
Typhus everywhere. We warn, ‘Only snow, rain, never water from streams.’ But they drink and return delirious. So sick we think they cannot live through the night. They roll in snow until the fever breaks, their blisters crust. This we have learned: there are miracles. They rise, return to their village.
November, ’43
Our soldiers must be thieves, raiding
German hospitals, stealing serum,
ether, chloroform. They arrive stinking,
supplies buried in manure carts.
We never have enough. I reset legs,
remove shrapnel, cut out bullets.
Sometimes a sip of rakija, mostly
nothing, I have learned to do without.

February, ’44
No one was prepared. No soldiers
had marched thirty kilometers in snow.
Peasants had never heard a radio
before. Or me, a doctor, what did I
know, just beginning. The Ustase murdered
sixty thousand. Somehow, three thousand
partisans found us. We have been strong,
tied up twenty German divisions.
We have learned to endure. If we can
just hold on, the end must come.

First appeared in Bridges Journal Special Edition “Resistance Is”
Try to imagine her

a Gentile among Jews
a doctor among the sick
a prisoner rounded up

in France trying to get home
for her mother’s funeral,
an accidental arrest

plunging her into the cold
eye of evil, protesting
every step of the way

Bourges prison
arguing with the guards,
cursing each cruelty,

the cattle car
stitching “Friend of the Jews”
on her coat,

the Birkenau barracks
nursing the sick, hiding
those dying from typhus
Block 10
refusing to practice
Nazi `gynecology'--refusing
to inject, irradiate,
sterilize, maim, disfigure--

Try to imagine her
surviving Auschwitz and Ravensbruck
to testify
that it was possible
to behave humanely

Try to imagine her--
Adelaide Hautval--a doctor
with a practice
in refusal.

*First appeared in Jewish Currents*
Not another text -
Hey how about we do lunch
But I am all thumbs

Reading and driving
Look up down up hit the brake
Can’t you just call me

What is it U want
The letters R 2 4n
Your voice is so nice

LOL
I was sweating, despite normal room temperature. I was in the hot seat and I was confined within a small interview room with a certified crazy, a man who was clearly delusional, a paranoid schizophrenic. I had just ventured onto the psych service during my rotating internship in Rochester, N.Y.—now many years ago. I was scrambling to find my footing, and it was my turn to interview.

I’ll name my patient on that memorable afternoon John NonConverse, his real name being long lost. On the other hand, I clearly remember the name of our psych Resident: Dr. Rod Katsman. He was a capable, take charge man who loved to teach, and showed our novice group respect and kindness.

Dr. Katsman informed us how the interviews were to be conducted. We would introduce ourselves to our patient inside the interview room, which was a closet-like area with minimal air circulation. The space was equipped with what then was a state-of-the-art feature: a one-way mirror. Dr. Katsman and my fellow interns could see IN, but I could not see OUT. Neither, of course, could John NonConverse. Sound transmission was meant to be unidirectional as well, but prominent noise from outside the box could be heard within. Formal communication from the Far Side would not be forthcoming, unless it was a knock on the door to let us know the interview should be concluded.

However, infinitely more onerous, damning and dreaded, was another message, even when faintly heard. If the intern in the hot seat was doing poorly, those bearing witness would quietly groan, make faces, roll their eyes, change positions—and, most significantly, cause the chairs to move noisily on the hard floor.
surface. This in turn sent an unmistakable nonverbal message to the sweating novice on the other side of the Big Divide. If the chairs moved often and in unison, the more emphatic became the message: you are really screwing up...

This was precisely what was happening that day during my interview with Mr. NonConverse. I had lost my bearings, and wallowed like a flounder on some unfamiliar sea bottom. I sensed Mr. NonConverse had been obscured by swirling sands or unfamiliar coral.

Before the interview, I remembered Dr. Katsman telling us that patients with major psychiatric disorders often were unable to establish eye contact. Nevertheless, I was still unnerved to perceive this mystery form before me look steadfastly at a seemingly unremarkable crack in the swirling underwater seawall.

“Mr. NonConverse, what kind of work are you in?” (I thought the question was sufficiently non-threatening).

“I’m in dark work.”

“Dark work?” came my quick, too intense query. In addition, I had just telegraphed incorrect body language by quickly leaning forward in total puzzlement. (“Relax Wheeler!” I told myself.)

A long pause. I shifted in my seat.

“Yes.” His gaze was still fixed downward. The tide was filling the room. Drowning threatened me, and probably him. Then he added: “Dark all around me.”

Long pause repeated. I couldn’t resist folding my hands and surreptitiously checking the pulse in my sweaty wrist. (Good God! I count 130! The intern anxiety scale had just exploded.)
“Big building,” he went on. “No light. We’re enclosed....” (So am I! I felt like screaming.)

I was unable to have him raise his eyes, to peer into his muddled world. I felt I had to push on, asking for possible clarification. “Would you be able to, uh, elaborate on what you’ve just said—I, uh, am not quite clear yet...”

“I just TOLD you!” he responded angrily, showing his teeth. He then pressed his lips close together, scowling. (At least I could read that message. He’s getting really hostile, I thought. Like an octopus, will he dart out of his briny lair and strangle me?)

By this time, the chair-scaping messages from the Far Side had been heard repeatedly. Doggedly, I kept fumbling on, and eventually learned that Mr. NonConverse actually worked in the dark room at the city’s huge Kodak plant, stuffing film into canisters. The setting, a safe haven for low-functioning patients with major thought disorders, required minimal contact with other human beings. Minds filled with delusions, hands busy with repetitive tasks.

After what seemed like hours, Dr. Katsman donned his diving helmet and came to my rescue. He knocked and entered. I quickly surfaced, and drew huge gulps of fresh air. Rising from my chair unsteadily, and uttering a totally false “Glad to have met you, Mr. NonConverse,” I stumbled out the door into the Far Side, looking for deep grooves under the chairs.
(For Eavan Boland)

From the outside, I see no heretic, no witch, no bitch now burning at the stake. I see a fertile field stricken by drought.

My fingers scamper down the crevices of her neck, spider-like, across the gullies between the muscles, formed as fat receded in some sick parody of glaciation, leaving behind the lumpy soil of lymph nodes, salivary glands, windpipe and thyroid traversed by pipes for irrigation—veins and arteries—yet still this land is barren but for lanugo, powerless to stop erosion by the wind, the breath, the ruach.

I palm the stethoscope’s unfeeling head. My fingers trace the furrows of her spine, parting the fine lanugo hairs that bristle like wind-blown grass effacing the once deep ruts of a packed dirt trail across Nebraska. Her ribs are furrows, breasts prairie dog mounds.

I auscultate, the stethoscope a snake, slithering, pausing, listening below. Without the muffling fat, everything’s loud:

ANOREXIC

JAMES S. WILK
the trochaic machinations of the heart,
the slow iambic rhythms of the lungs,
the free verse borborygmi of the bowels.

The pager breaks my trance. I leave to write
a note of the encounter, order labs
and artificial nourishment by vein.
I sigh, reminded of the psalmist’s words:
Their soul abhorreth all manner of food;
and they draw near unto the gates of death.

I hurry to keep my dinner reservation
but pause outside her door to glimpse the girl,
a fallow field half-naked on the bed.
Fluorescent lights, unmoving in their coffins
in the ceiling, whisper light across the dust
bowl of her belly, casting angular
and ominous shadows of trochanters
and tubercles from the bones she’ll leave behind.

Previously appeared in CHEST: The Journal of the
(For B.L.J.)

I listened to your silent lungs as you lay prone, your spine and ribs sable-black,

crinkled and cracked as an heirloom bible opened off-center—let’s say somewhere

in the Book of Lamentations—
and placed face down on the night

table to inspire some other day,
hunched, one side thick and curved.

The attending physician called
it post-polio syndrome and scoliosis,

but you and I know better. For eighty years, your knotty body hugged

the curves of that old guitar, snuggling
the Mississippi Delta blues.

Previously appeared in Two Reviews
usually crouches hidden, 
tucked under your arm and bra 
like a nestling amid the down
feathers beneath the wing
of a mother goose. But
tonight you sleep naked,

your arm raised above your head, 
and that ghost of parted ribs
and punctured muscle glistens
in the moonlight like a snail trail
from shoulder blade to breast.
Did Adam have such a scar?

I lick it but you feel nothing, 
the nerve severed at its root
like a limb lopped from the tree
of the spinal cord, my affection
unnoticed in the anaesthesia
of dermatomal nothingness.
Did you see him coming?
The man who pointed a 9 millimeter at your solar plexus
And then again at your neck
Did you know him?
Did you feel your friends drag you to the curb
Lift you into the back seat
For the wild ride across town
A half dozen police cars wailing behind
As your friend
screeched and swerved through red lights on the way to the ER
Not caring
If he died trying to save you?

Did any part of you register
pain
As we spread your ribs with metal
Pushed away your lungs
Searching
For the red spring’s source?

When you were a little boy
Did you dream
Of growing up to join a gang
And carry a piece?
Did you dream of your blood running
In rivers
And spilling onto my shoes?
An alphabet A,
a trip of the tip of the tongue to the roof of the mouth
and the hiss, like a coiled snake.

When you tell them
their eyes widen, their faces draw back, their mouths O
and the “no’s” begin;

for your fellow doctors
instantly picture, after all the fasciculations (no tubes,
no trach) the total paralysis,

the choking,
the gurgling; and nothing left but the blink
and the stare. But you smile and say:

“It’s OK. When the time
comes I’ll show you how it’s done. Remember
when we

were kids at the pool?
You just bounce on the springboard once, twice, then
launch yourself into space.”

Previously appeared in The Pharos
After telephone ring, 
adrenaline rush, 
sweating, stomping in the darkness, 
admitting 
a 45, white male with chest pain 
to the hospital 
who then straight-lines 
in CCU, 
the doctor lets his hands 
steer 
the Toyota 
home to breakfast, three, 
television sets, 
two newspapers, one 
cup of coffee waiting; 
but the doctor himself 
is still stuck 
in that rearview mirror 
where at dawn 
two white butterflies 
blinked 
like eyes 
from a tangle of weeds 
like snakes 
and purple thistles and broken 
bottles 
at the edge
of the hospital parking lot; 
and 
although at noon 
the nurse will say, “Yes, 
the doctor’s in 
today,” 
he’ll be sitting in his office 
quiet 
as a stone.

Previously appeared in The Pharos
Clipped from the newspaper, the picture shows her in a down overcoat: “A pretty Miss braves Thursday’s snowstorm.” She is dark, forlorn. Only I know about the pain hidden under the gloves, the crooked knuckles, why her cheek is as pale as the snow.

She first came to my office when she was in high school, The Rodeo Queen, a shy colt of a girl. Some stiffness in the morning, some swollen joints, no worry, she was too busy for arthritis. She rode proudly at the head of the parade that summer, waving her cowboy hat to the crowd.

I watched the steady progress of the disease: Thanksgiving, Christmas, Easter, when she was home from college. The gold shots seemed to be working. Her junior year I injected her finger joint so the ring from that oh-so-special boy would fit.

But now she had graduated and is back in town, alone. She works for the bank. She was in my office yesterday, the disease raging. I changed her medicine, injected her knees. For the first time she cried quietly. “But I can still ride,” she said.

My nurse was the one who posted the newspaper clipping on our bulletin board: “A pretty Miss braves Thursday’s snowstorm.”

Previously appeared in The New England Journal Of Medicine (Letters to the Editor section)
Please send your art, photography (including photographs of your artwork), poetry, and prose to TheHumanTouchJournal@gmail.com by Monday, January 16th, 2012.

Submissions will be reviewed by the editorial board following the submission deadline on January 16th, 2012. Final decisions will be made in March 2012.

Though some aspect of health care will provide the subject for many entries, submissions on all topics are encouraged.

Submission Guidelines:
Up to three works may be submitted by each author or artist. Each work must be submitted as a separate electronic file.

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

Poetry and prose submissions should not exceed 1,500 words.

Visual artists should submit work in a digital format (preferably a
JPEG). If scanned, please ensure that the resolution is 300 dpi or greater. We also request that you do not send files greater than 30 MB. Please note that it is not possible for all visual media to be printed in color due to budget constraints.

Previously published work will be considered, but a citation is required in order to recognize the original publication. Proper acknowledgement and citation is the author/artist’s responsibility.

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

No work will be accepted that compromises the privacy of patients or health care providers.

Names and identifying characteristics or details should be altered prior to submission.

Submissions must be received by January 16th, 2012 in order to be considered for the Spring 2012 publication.

The Human Touch is edited and produced by students at the University of Colorado Anschutz Medical Campus.

Questions should be emailed to TheHumanTouchJournal@gmail.com
HANS E. ANDERSON
Hans Anderson, BS, is a MD/PhD student in his first year of graduate school in Bioengineering. He is an aspiring author and has several unpublished novels. He is also a filmmaker and screenwriter, and enjoys skiing and sailing.

ANONYMOUS 1ST YEAR MEDICAL STUDENT
The late author, laboratory animal #RC27D2T6, was a nearby research laboratory resident. Translation was offered by a first-year medical student at the University of Colorado (Class of 2014), who is not an animal rights activist and supports animal research, but was prompted to translate after exposure to excessive injustices.

COLLEEN BERDING
Colleen Berding, RN, BSN, CRRN, MSCN, is a certified multiple sclerosis and rehabilitation nurse for the VA in St. Louis, Missouri. She is currently a student in the MS in Health Care Informatics program at UC Denver’s College of Nursing.

JESSICA BOAT
Jessica is a first-year medical student who has no formal art training but enjoys painting as a hobby; she primarily uses acrylic on various supports.
**CONSTANCE E. BOYLE**

Constance E. Boyle (MFA) was born in Jersey City, New Jersey, resides in Arvada, Colorado and writes prose and poetry. Her chapbook, *Double Exposure*, placed first in the 2005 Plan B Press Poetry Chapbook Competition. She was a physician assistant at Denver Health Community Health Centers for 28 years, 18 of them at the Lincoln HS School-Based Health Center, and an Associate Clinical Professor in the Department of Pediatrics. Connie teaches creative writing to adolescents.

**ALICE A. BRADLEY, MA**

Alice A. Bradley, MA, is on the staff of the Latino Research and Policy Center of the University of Colorado Denver and holds years of experience in cancer-related health communication and education among diverse underserved populations. Her interests include health equity and work to promote a diverse and culturally competent workforce. Her poem is dedicated to Donald G. Bradley and family, Kathleen Kustusch and Paula Espinoza.

**EVELYN BROSnan**

Evelyn Brosnan grew up in Ireland and is a second-year medical student at UC Denver. Prior to starting medical school she was an industrial chemist and head of strategic marketing and product management in the semiconductor industry.
EMILY BURKE, DNP, MS, FNP
Emily Burke is a Family Nurse Practitioner in Denver, Colorado. She has a passion for travel and nursing and has been able to combine the two while working in Costa Rica, Gulu, Uganda, and Moshi, Tanzania. In 2010 she earned her Doctor of Nursing Practice degree from the University of Colorado through her work applying cardiovascular assessment models to persons living with HIV. In her free time, she enjoys reading, yoga, snowboarding, biking, and hiking.

HENRY N. CLAMAN, MD
Dr. Claman is a Distinguished Professor of Medicine and Immunology and founder of the University of Colorado’s effort in medical humanities. He received the 2009 Bonfils-Stanton Award in Science/Medicine for his discovery of T cell-B cell collaboration. He is the author of Jewish Images in the Christian Church, an analysis of medieval art.

CHRISTINA CRUMPECKER
Christi Crumpecker is a fourth-year medical student. She is also a sister, daughter, godmother, best friend, former paramedic, and proud “parent” of two four-legged fur babies. She is looking forward to starting her residency in Family and Community Medicine at the University of Missouri-Columbia this summer.
PAUL DARBY
Paul is the Family Therapy Supervisor for an adolescent-based program affiliated with Addiction Research and Treatment Services. He maintains a private practice providing treatment for trauma victims and serves on the Board of Directors of ONE Freedom Inc., which provides education on managing trauma for military veterans.

JESSICA RACHEL DE STIGTER
Jessica De Stigter is a second-year medical student. She received a BA in Psychology with a minor in Theatre Arts from the University of California-Santa Cruz. Her personal interests include performing and viewing theatre and music, creative writing, cognitive and clinical psychology, and attempting to retain balance despite school.

TIM DEMASTERS
I’ve been experimenting with cameras since I was fifteen. I love capturing the world one frame at a time and often view my surroundings better that way. Photography has taken me to some wild places, and showing others my photographs (and experiences) is something I truly enjoy.
SHELLEY DURAZO
I was born and raised in beautiful Santa Barbara, California where my inspiration and passion for photography blossomed. After graduating from UC Santa Barbara, I moved to the breathtaking state of Colorado for graduate school. The majestic scenery and changing of colors throughout the seasons fuels my passion for photography.

HEATH EGGLESTON
I am from Howard, Colorado and am currently a second-year medical student. This story stems from a previous medical illness during which I experienced the tragedy of poor healthcare service followed by the joy of compassionate providers.

ROBBIE FLICK
I am a post-bac student applying to medical school this summer. My images were created during my time in Cambodia with a specialty school for street working children. This experience drove me to pursue medicine with an emphasis on global health.

VALANA VANCLEANE FROHARDT
Valana Frohardt is a Denver native. She is currently a second-year PA student.
**TANYA GELSTER**
Tanya has been fascinated by photography since childhood. She recently received her BFA in Photography from the University of Colorado. Tanya’s work is inspired by nineteenth century medical photographs. Her contemporary versions emphasize modern maladies that can be easily identified with.

**JEANNETTE GUERRASIO, MD**
Jeannette Guerrasio, MD, is a hospitalist physician, with an interest in geriatrics, at the University of Colorado Hospital. She is also known as a wife, a zoo keeper, an author, an artist, a humanitarian, the physical exam teacher, the remediator and a fellow student.

**KATHY ILLIAN, MA**
Kathy Illian serves as the Director of Finance and Administration for the Department of Neurology at UC Denver, and has been active in photography since she was a child. She also enjoys enhancing some of her images with painterly effects such as watercolor and oil-painting filters, using software programs like Photoshop and Painter.

**LAURA KATERS**
Laura Katers is a first year PA student at the University of Washington in Seattle. A former research assistant and volunteer at the Anschutz Medical Campus, she is grateful for the creators of *The Human Touch* for their inspiring symbiosis of art and medicine. As a PA, she aspires to practice primary care and work with underserved populations, sharing her inspiration and love for art, poetry, and science along the way.
LEN KELLER
Len is a retiree living in Denver. He had a twenty-year military career in the U.S. Army and a second career as a training manager for various corporations including Ball Corporation, J.B. Schlitz, Cutler-Hammer Electrical and Electronic Products, and Eaton Corporation. He earned his BS in Biological Science and Education at Arizona State University, and his MA in Adult Leadership and Supervision at the University of Wisconsin-Milwaukee.

RICHARD KEMP
Richard Kemp is currently a third-year medical student at the University of Colorado. Upon graduation, he will serve in the U.S. Navy as a medical officer. His hobbies include aviation, amateur writing, video games, and consistently being wrong about things on morning rounds.

TIBOR KRISKO
I am a native of Florida, and moved to Denver for my Internal Medicine residency. After completing my current Chief Resident year, I will move to Boston for fellowship. My passion for photography is organic and self-taught. I seek to savor each moment of life, and help others do the same!

MARY E. LASSITER, BA, AA
Mary Lassiter is a Denver fiber artist, heirloom quilt artist, and doll maker. She has exhibited her work at many local venues, including the Anschutz Medical Campus Library. Mary’s commemorative works include Cleo Parker Robinson’s Dance Theatre, Tuskegee Airmen, and Sickle Cell Awareness. Mary works in the Educational Opportunity Programs at the University of Colorado Denver.
**Karin Layton**
Karin Layton is a recent graduate of the University of Denver, where she studied Molecular Biology, and currently works as a PRA in the Biochemistry Department. She has been painting oils as a pastime since high school in Idaho.

**Martha Levine**
I am a second-year PhD student in Nursing at UC Denver. I have been a labor and delivery RN for 16 years. I have 3 children, ages seven, four, and one. My intention is to teach nursing and do research in the area of women’s health. I am particularly interested in exploring ways to reducing the skyrocketing cesarean delivery rate.

**Jacqueline Linton**
Jacqueline Linton is a second-year medical student from Lakewood, Colorado. She graduated from Washington and Lee University in June 2009 with a BA in English.

**AT Mango**
AT Mango is the pseudonym of a scientist who lives in the west. He has previously published stories in the online mystery magazine, Thuglit.com, and in previous editions of The Human Touch. A collection of his stories was published in 2010 under a different pseudonym.
TONIE MIYAMOTO
Tonie Miyamoto is the Director of Communications for Housing & Dining Services at Colorado State University. In her free time, she is passionate about traveling and seeing the world from different perspectives. Tonie’s sister and aunt both work for the University of Colorado Hospital.

JOSHUA NARDONE
Josh is a first-year dental student at the School of Dental Medicine from Monument, Colorado. He is pursuing a career in general dentistry and will be a dentist in the U.S. Air Force. Outside of dentistry, Josh enjoys athletics, the outdoors, and spending time with his wife and young son.

OWEN P. O’MEARA, MD
I am a retired physician who spent 34 years on the faculty of The University of Colorado School of Medicine faculty. Since retirement I have been a full-time artist and have shown locally, nationally and internationally. My work is in the collection of The Denver Art Museum and I am represented by The Robischon Gallery here in Denver.
BRIANNA PATTI
A member of the medical school class of 2012, I aim to pursue a career in orthopaedic surgery. I spent my undergraduate years at Washington University in St. Louis and graduated Summa Cum Laude in 2008 with degrees in biology, honors by thesis, and Spanish language and literature.

OSWALD PFENNINGER
Oswald Pfenninger is a former employee of the University of Colorado medical campus where he worked for two different professors in the Departments of Biochemistry and Biophysics. Now in retirement, he and his wife are visiting many areas, experiencing and enjoying many cultures, and bringing home memories and photos of these places.

PIERRE PIROT, PHD
Pierre was born in Belgium in 1980. He completed his PhD in molecular biology at the Universite Libre de Bruxelles in December 2007. In 2008, he moved to Colorado and is currently a post-doctoral fellow at the Barbara Davis Center for Childhood Diabetes. His creative work is influenced by the “Character Design” and “Art-Toys” scene.
KELLY RAMSEY
Kelly Ramsey is a current fourth-year medical student who will begin residency in Family Medicine this summer. He is very excited to start becoming what he has always dreamed of being.

TERESA J. SAKRAIDA, PHD, RN
Dr. Sakraida is an Assistant Professor at the College of Nursing with expertise in public health and health promotion. Her research program examines self-management by patients with type 2 diabetes and chronic kidney disease. In 2008 she was selected as a Robert Wood Johnson Foundation Nurse Faculty Scholar.

GAMINI SIRIWARDANA
Although a researcher by profession, I had a desire for oil painting as a hobby and started painting about five years ago. These two paintings represent two different aspects of my interests.

JYNDIA SCHAIBLE
Jyndia Schaible is a second year student in the Doctorate of Physical Therapy program. Originally from Montana, she has lived in Portland Oregon, New York City and now resides in Denver, Colorado. Jyndia has an interest in working with patients with neurological conditions and hopes to practice abroad and in underserved populations.
NEVA SPENCER, RN, MSN, NNPC/BC/CNS
I have been caring for ill newborns and their families for 25 years, first as a staff nurse then as a Neonatal Nurse Practitioner and most recently as the Director of Women’s, Infant & Pediatric Services at The Medical Center of Aurora. I’ve had amazing support from family and friends.

KAREN (KERRI) HART TILLQUIST, RN, BSN
Kerri Tillquist graduated from CU with a BS in Nursing in 1978. She is a Clinical Scholar, working in Critical Care primarily at Swedish Medical Center. She is married and the mother of three daughters. This tribute reflects the journey she and her family have experienced since her father’s diagnosis in 2003.

CHARLOTTE VANDERVOORT
Charlotte has many interests but her love of writing has stayed with her since she was a young girl. She is married to the best husband, works at the CU-Anschutz Medical Campus Health Sciences Library and is currently working on a Master’s in Teaching and Learning Technology at CU-Denver Downtown.
DAVI WALDERS
Davi Walders’ poetry and prose have appeared in more than 200 anthologies and journals. She developed and directs the Vital Signs Writing Project at NIH in Bethesda, Maryland. Her collection on women’s resistance during WWII, Women Against Tyranny: Poems of Resistance During the Holocaust, will be published by Clemson University Digital Press in 2011.

ASA F. WARE
Asa Ware, originally from northeastern Colorado, is currently a third-year medical student. He took an interest in photography in college and still enjoys capturing unique perspectives.

JACK WESTFALL, MD, MPH
Dr. Westfall serves as the Associate Dean for Rural Health and practices family medicine part-time in his hometown of Yuma, Colorado. He is married to Dr. Audrey Yee, a neurologist, and has 2 teenage boys, Matthew and Noah. In medical school, Jack and Audrey were co-founders of the University of Kansas Medical Center literary journal, Synapse: Making Connections.
LEN WHEELER, MD
Dr. Wheeler went to Columbia Medical School (Class of 1959), to University of Rochester for internship, and spent a year in pediatrics here with Henry Kempe before completing a medical residency here also. He went into practice in 1968 on the west side of Denver where he worked for some 33 years. He is thoroughly enjoying helping MSI and MSII students in their communication classes here.

JAMES S. WILK, MD
James S. Wilk, MD specializes in obstetrical internal medicine at Rose Medical Center. His work appears in a variety of literary journals and in his two poetry collections, Shoulders, Fibs, and Lies (Pudding House, 2008) and The Seven Year Night: Poems of the Medical Training Experience (Big Table Publishing, 2010).
LYNNE YANCEY, MD
Lynne Yancey is an emergency physician and medical educator. She does her best writing late at night, when her kids are asleep, after a busy shift in the emergency department, over a bar of chocolate and a glass of red wine.

GEORGE YOUNG, MD
George Young practiced Internal Medicine and Rheumatology at the Boulder Medical Center for 32 years before retiring. He has published poems in many literary journals and medical journals, has been in three anthologies of poems by physicians, and has two chapbooks to his credit—Creating The Universe and The Bird Of Paradise (due out in December)—as well as one book of poems, Spinoza’s Mouse.
I don’t believe in art.
I believe in artists.
-Marcel Duchamp