Harmony is a publication of the Arizona Health Sciences Center and is sponsored by The University of Arizona College of Medicine Medical Humanities Program and the Kenneth Hill Memorial Foundation as a gift for the community.

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On the cover:

SUNSET CHIMERA II
Mark S. Thaler
FROM THE DIRECTOR

These are exciting times for the Medical Humanities Department at the University of Arizona! Aside from this year’s beautiful edition of *Harmony* (which I’ll get to in a second), we’re extremely proud of the advances we’ve made in the medical school curriculum over the last couple of years: students now write a reflective essay each semester and attend two seminars in narrative medicine, both taught by humanities professionals who are experts in the field. Also, we’ve been asked to join a select group of people that will form the International Academy of Law and Mental Health, an internationally recognized consortium made up of the top ranked bioethics programs across the world. This has been another year of showing why the University of Arizona College of Medicine is attracting students who are interested in not just becoming good, hard-working practitioners, but practitioners who understand what it means to practice caring, compassionate medicine.

And of course, *Harmony* is back: more vibrant and powerful than ever. Two new editors, a new design artist, and two interns (whom we’ve graciously “borrowed” from the humanities side of campus) have combined forces to put together another beautiful magazine that continues to embody our commitment to the world of art and the world of medicine and the ways they intersect. Among its pages are heartfelt stories, meaningful poems, artistic renderings and photographs that capture the essence of the title underneath which they lay—art and prose that bring together the world of medicine and humanities under one roof. I give special thanks to Jennifer, Olivia, Daniel, Amanda, and Darla for not just their diligent work in editing and designing, but for bringing a great deal of professionalism into the mix, adding both integrity and transparency to a process that can sometimes drain those qualities. Thanks for your attention to the details that brings our worlds closer together.

I hope you enjoy this eleventh edition. The pages that follow are proof that we still have much to learn from each other, and also, that, without both halves of the brain working in concert, medicine is potentially nothing more than an endless regurgitation of facts and treatments from a fund of knowledge that can often be overwhelming. Without medical humanities, the human element is too easily lost and forgotten; without warm hands holding the stethoscope in place, the practitioner, who listens, is sometimes nothing more than a robot.
FROM THE EDITORS

“Medicine is my lawful wife, and literature is my mistress. When I get fed up with one, I spend the night with the other. Though it is irregular, it is less boring this way, and besides, neither of them loses anything through my infidelity.”

– Anton Chekhov
(19th century Russian physician, playwright, and author of short stories)

A pediatrician read the above quote to our class on the first day of medical school last July. Over a year later, the memory of sitting in lime green chairs and processing Chekhov’s words on that Monday morning remains fresh in my mind. We were invited to consider the possibility that literature (and, by extension, the humanities) could serve a meaningful role in our lives as future doctors and even offer catharsis and refuge when we get “fed up” with professional responsibilities, just as it did for one physician more than a century ago.

A long-standing misconception of the arts and medicine is that they are mutually exclusive and irrelevant to one another. I wholeheartedly believe this to be false. As Chekhov explains, pursuing literature must not come at the expense of practicing medicine and vice versa. Not only can these disciplines co-exist but also, in my view, strengthen and enrich one another. The prose and visual artwork presented in this issue of Harmony are evidence of this. Whether overt or subtle, a connection between medicine and the humanities exists in every piece. Some works describe illness or treatment that was personally experienced or professionally observed; some works have nothing to do with medicine but were created by healthcare professionals; and some works have a connection with medicine that is seemingly nonexistent to the reader and known only to its creator. But, as Chekhov also mused, the duty of the artist is to pose questions rather than answer them.

Most importantly, I would like to take this opportunity to give a well-deserved thank you to all the members of the Harmony team: to Darla Keneston, our graphic designer who brought this issue to life; Amanda Henry and Daniel Karbon, our interns who built these pages from scratch; Jennifer Sedler, our co-editor who combed through dozens of works of prose and visual arts; and Dr. Ron Grant, our director who kept the whole operation running smoothly.

It was a privilege (and a lot of fun) to serve on the editorial board for this issue!

OMV

Olivia Valencia, Editor
oliviavalencia@email.arizona.edu
I wanted to be a writer long before I wanted to work in the field of medicine. Thankfully, like those published in this issue of *Harmony*, I came to find that the two were not mutually exclusive and can actually be complementary. While the medical field is highly impactful on one’s life, whether as a career or as a patient, art can serve as a form of closure. It reminds us of our humanity. It is rarely a perfectly laid stitch, but it has a knack for taking the messy, the wounded, the hopeless, and the beautiful, and piecing it together in a way that makes you wonder, or in a way connects you at the ends with a strongly laid knot to help you keep it together another day. With a strongly laid knot to tether you to “why medicine”. With a strongly laid knot that, when ready, can be cut out to reveal healing.

After all, it can be easy to let days pass by without giving them much thought beyond the to-do lists they bring. We plan and we schedule and we check another box. But occasionally, someone tugs on a loose thread and the whole day comes unraveled, and for the first time, you’re noticing you’re barefoot. Here. This is the point where art happens, though you don’t always see it. Usually you choose to skip over it like the middle paragraph of a too-long online article. We only want what we came here for. But when we take the time to reflect over these moments, more often than not, we find much more than just surface scratches.

My hope, for those who read this issue of *Harmony*, is that the work of these talented artists puts something together for you in a way you haven’t seen it before. I hope that you will be encouraged to not leave the day open as is, but at the end of each, find a way to stitch it up, whether through a quiet reflection or creative expression. Whatever you do, tie strong knots.

It has been a pleasure to be a part of the *Harmony* team. I feel very honored that so many shared their artistic work with us, and I am proud to now share it here with you.

Gratefully,

Jennifer Leanne Sedler
MATHIASEN PROSE AWARD: best submission in either poetry or prose

Winner: **BODY AND SOUL** by Doug Bolling  
page 21

*Honorable mention:* **OF HOSPICE AND HAIR WASHING** by Devon Kehler  
page 53

**PHYSICAL THERAPY 2: POSTURING** by Cara Lustgarten  
page 44

RYAN VISUAL ARTS AWARD: best visual arts submission

Winner: **FLOORPLAN** by Jennifer Bao  
page 39

*Honorable mention:* **AN INN AT THE DADES RIVER GORGE** by Michael Zaccaria  
page 60

**AT LAST** by Karl Lorenzen  
page 45

PARADA MEDICAL STUDENT AWARD:  
best overall submission from a University of Arizona medical student

Winner: **NOT AFRAID** by Jennifer Bao  
page 69

Jennifer Bao is currently a third-year student at the University of Arizona College of Medicine. She grew up in Tucson and studied biochemistry as an undergraduate at the University of Arizona. Her artistic vision is rooted in drawing, especially of the human face and form. Observation, memory, and emotion are the most important drivers of her work. Jennifer’s online portfolio can be found at www.jenniferbao.daportfolio.com.

Doug Bolling is a graduate of William & Mary and holds the MA and PhD from the University of Iowa. He has taught at several colleges and universities in the midwest and currently resides in the greater Chicago area. He has published scholarship and done editing and reviewing and now writes poetry and short fiction for the most part. His poetry has appeared in numerous magazines including Water-Stone Review, Posit, Redactions, Poetry Pacific, Folia, JAMA, Wallace Stevens Journal and others. His work has received Pushcart and Best of the Net nominations and he is now working on a collection of his writings.
DRAGONFLY

Victor Navarro
INVICTION (A RECIPE)

List of Ingredients:
A ceramic mug
Filled with black coffee
A shot of espresso diffusing into the mix
Clock not yet cracking the whip
Of work
Thoughts not yet beholden to the business
Of running the world
On time
Sacred baseball cap set
Exactly right
According to Scripture
Phone tuned to confidential signal
Moment carved and stolen
From stone
An invitation
Sent
A combination spun
A vault door that swings open

Instructions:
When Promise sits down across from you
A come hither
Smirk on her lips
Stir in your passion
While you can
Before she gets away

Remember
She is burnt umber
Rotting leaves
The scent of gun powder
Pheasant shit mixed with
Plucked feathers
Let the aromas fill you
Mince and ruminate
Give her back
The 31 pieces of silver
Throw in
A broach
Wrapped in gold
Warm her by your fire
Hold her
Say yes
Lose yourself
Cut fear from the edges
Discard searching
And
Confusion
Do not ask for
Forgiveness
Open and pour in
Sweetness
Cry
Run ripe memory over the grater
Unlock your mind’s tool shed
Simmer things you cannot
Throw away
Any more than you can operate without
Blood
Sling words down
Into a well
They will ricochet off the stone walls
Before splashing in the cold
Subterranean sea

Salt liberally the song that wafts up out of the darkness
Separate the words that don’t matter
Pull out the invocation
FABRIC OF LIFE

Kathi Aho
Detroit in 1927 seems like a foreign country now, with tree-lined streets even in poor neighborhoods, and streetcars to take you downtown if you had a nickel for the fare. Back then children ran free as long as they didn’t get in the way of adult business; perhaps because there were so many of us, grownups sometimes seemed to think we were replaceable. When I look back to that time, I see a warm day in summer, and four barefoot boys picking their way gingerly over the hot cinders of the Grand Trunk railroad bed that separated P. Koenings’ Coal and Gravel Yard from their neighborhood. I was one of them, a kid called Beety because of his red hair and constant summer sunburn, and because his older brother, with hair the same fiery shade, had already claimed the name Red. Now that I’m an old man, I think of my ten-year-old self as another person, with a name I haven’t used since I came back from a taste of sweet oblivion in the black pool that swallowed Beety.

On that day, this gang carefully stepped over the ten pairs of rails, which were too hot to walk on, and slid down the side of the ditch next to the fence that surrounded the gravel yard. Moving rapidly before anyone could notice them, they scampered along the ditch to a secret passage under the fence and entered the yard, where coal and sand were pushed into tall black and tan cones that looked like mountains. P. Koenings’ had its headquarters in a building that crouched far away on the other side of these mountains.

The great wonder of this place lay on the valley floor just over the first ridge of mountains, where there were several concrete-lined pools, used to rinse gravel and coal, about forty feet long and twenty feet wide. At least one of them, sometimes all, would be filled with water. “Way over your head,” their parents said, to stress the danger, but to the boys, “way over your head” meant perfect for diving and swimming. Occasionally foreign boys from other neighborhoods would come and crowd the pools with their horseplay and yelling: loud Jews, big Polacks, and shrill-voiced Italians from blocks and worlds away. Then the big cheese boss would come out of the distant office to chase everyone out.

The boys had visited this forbidden territory every warm day the summer before. If anyone asked, Beety and Red would say they were just going “out,” but there was usually no question because their parents, always worried about money and the new babies that kept coming every couple of years, didn’t want to know about any dangerous activities their two oldest boys might be up to. They were happy the kids could amuse themselves without hanging around on the front porch to intensify the misery of muggy summer afternoons with their loud bickering.

Although it was already late June, the boys were making their first trip of the year. Last summer there had been six in their gang, and when school let out at the beginning of June, there were five. Now it was just Beety and Red, at twelve the leader of the group, and Willy and Jimmy, who were eleven. Willy was the boys’ translation of Guillaume, a French name, and Jimmy was James Moriarity, whose parents came from Ireland. In Detroit such distinctions were important: French people lived in one neighborhood, Irish in an adjoining block of streets. Jews, Poles, Hungarians, and Italians lived further
away, fighting old battles more than they mixed. Because Beety and Red had a French father and an Irish mother, Red led a rare gang that was both French and Irish.

Jerry, an Irish kid who was in Red’s class at school, had gotten sick last August and was still in bed, unable even to sit up. In those days nobody used that short, snappy word “polio,” an enemy you could defeat, but instead whispered the mysterious syllables “infantile paralysis,” foreign as the Latin of Sunday Mass. The boys saw Jerry as often as they were allowed, one at a time, but this shadow who lay in a darkened room wasn’t their companion who swam and fearlessly climbed the slippery piles of coal and sand at the gravel yard.

Then right after school let out, before he even had a chance to go to P. Koenings’, Beety’s best friend, Leo Beaubien, got sick. He only lived a week because the crippler had decided to deal mainly with his lungs.

“No breath brought death,” Jimmy’s mother said before the funeral. Like all the Irish ladies, she had an appropriate expression for every occasion. During the Funeral Mass, Beety kept trying to hold his breath, but his lungs wouldn’t stop working. He exhaled, feeling the cool breeze on his hands, and thought, which way does the west wind blow? He couldn’t remember if he’d read this someplace, or made it up himself.

The boys didn’t go to the cemetery. Only a few of the French grownups went, and Beety’s mother, who was a friend of Leo’s mother. Later that evening, sitting on the front porch, Beety’s father stroked his son’s bright hair, murmuring words in French that Beety couldn’t understand. He felt strange because his father was someone who usually came and went without seeming to notice the children who filled his small house. After a couple of minutes, Beety squirmed away and went inside, where his mother sat at the kitchen table still cluttered with dinner dishes, nursing the latest baby. He stood quietly in the doorway, watching as she looked down at the infant and sighed. She didn’t notice him.

It was just a week after Leo left them that the four survivors went to the gravel yard. Today Red’s gang was in luck—the pools were empty, except for the water that filled two of them. There were faint noises of activity in the yard—a steam shovel huffed and clattered, and a switch engine banged gondola cars about on the rails that threaded through the yard—but there was no sign of the boss, and the fellows who did the work seldom bothered the boys. The boys surveyed the valley from the top of the highest sand mountain, then quietly slid, rolled, and floundered down the slope.

One of the pools had been used to wash gravel, which left the water clear, with a layer of sand on the bottom. The other, used to rinse coal, was so mysteriously black it seemed to go on forever. Usually nobody swam in a black pool unless the others had no water, or were filled with sand or gravel, and then they would enter slowly, feet first, careful to keep the grimy water off their faces. Leo had been the only one daring enough to dive into water so dark you couldn’t see the bottom, emerging afterwards with his face tinted the faint deep blue-black that would tell his parents where he’d been. Dirty arms and legs
were easy to hide or explain, but the face always gave you away. Even a whipping couldn’t stop Leo: He’d choose a black pool over a clear one every time.

The boys shed their overalls and underwear and dove into the clear pool, splashing and snorting, speed swimming from one end to the other, then gliding underwater with their eyes open to the sandy gravel on the bottom. At first, Beety sat on the edge thinking about Leo, and how even his bravery couldn’t save him in the end. He dangled his feet as he watched the others, until Red swam underwater and grabbed one leg, pulling him in. Beety let himself drift a minute like a dead log, then surfaced, thumping Red hard on the back before swimming off.

Red sputtered, “Hey! Get him!”

He and Willy and Jimmy swam across the pool after Beety, who was so small and fast they couldn’t catch him. He jumped out of the water and ran across the sand, where the boys finally wrestled him to the ground, good natured now that they had him and could roll him back into the water, then splash in after him to rinse themselves off. This was their own private beach, better, they were sure, than the lakes in the Canadian woods Beety and Red’s father had left years before to come to Detroit to work in the factories, lakes he still spoke of with longing.

After a few hours of chasing each other across the sand, then diving into the pool, they lay down to dry in the hot afternoon sun. They had nothing to eat for lunch, but that was a meal they only had when school was in session, so they didn’t miss it. Beety was quiet as he tried to imagine what it would be like to not be there, to be in bed like Jerry, unable to move, or dead like Leo. Was Leo looking down on them like the priest said? Beety didn’t think so. To him heaven seemed like the bottom of a dark pool, something you couldn’t see, maybe there, maybe not. He shivered in the sun.

Jimmy, who couldn’t help being like his mother, looked sadly at the pools and said, “I wonder if they’re all full of infantile paralysis germs.”

“Stuff it up your ass,” Willy sneered.

“I don’t mean the clear pool,” Jimmy asserted. “I mean the black pool. Remember how Leo always used to swim in the coal pools last year? How he said he was already so tan no one would notice if he got a little darker?”

Willy laughed. “His Papa noticed. You saw the belt marks on his tail.”

Red spat. “We all swam in the coal pools when there wasn’t no water in the gravel pools. And besides, he didn’t even get to go swimming this year before he caught it.”

“Well,” said Jimmy, “My mother says germs can stay in you a long time before they go to work.”

“Who says?” Red shouted. “What does that old Irish biddy know?”

(continued)
“Come on, cut it out, keep your voices down,” Willy warned, “or we'll have the bulls catch us and throw us out.” Willy’s father, who worked on the railroad, told many stories of the viciousness of the railroad police he called “bulls,” tales that were no doubt meant to keep the boys away from the tracks and P. Koenings’ Coal and Gravel, even though they’d never seen any police there.

“It’s time to go home anyway,” Jimmy muttered.

“No it’s not,” Willy and Red protested, but no one made a move to dive into the pool again.

Beety wandered over to the edge of the coal pool, sat on a rail near the water, then jumped up.

Red laughed and called, “Burned your bare ass, eh?”

Beety scooped water with his hands and splashed it over the rail, then sat down carefully, holding on for balance while he stared into the black pool, dipping his toes beneath its oily surface. From behind a mountain of coal, a clatter of cars sounded, then a loaded gondola train came down the same track on which Beety perched. The switch engine gasped and puffed to get set for another thrust.

Red glanced alternately at the engine and at Beety, then gave a piercing whistle. “Train’s coming, Beety! Better get back here before you have to jump in with all those germs!”

The gondola had at least two hundred feet to go, and Beety had plenty of time to walk around to the other side of the pool, or back to his friends, or even to jump in if he wanted too. He made no move. He gave no sign that he’d heard Red, or that he was aware of anything but the dark heaven he saw waiting for him in the depths of the pool.

Red stood up. The other two boys lay there, as if they knew it was only a dare, that Beety would wait until the car got about thirty feet away and then jump. They’d all done it a million times. But the train kept coming and Beety didn’t move. Red started walking toward his brother, slowly at first, calling, “Beet! Beety!” When he got no response, he began to run.

Beety sat, his eyes fixed on that black pool. Not once did he even glance at the engine. Jimmy and Willy whistled, admiring his courage. Beety had never been one to test himself this way before.

“Maybe he really doesn’t hear the train, or Red,” Jimmy whispered.

Beety heard, but the black pool held him. He was curious rather than afraid as the train approached, as if he’d been waiting for it to take him to Leo so they could run together to a land of no sorrow where friends would never leave.

As the engine came closer, Red hollered, “Jump!” and when Beety didn’t respond, he leaned across the track in front of the huge, grinding monster, shoved his brother into the water, and was carried into the pool himself by the momentum.

Beety felt Red’s push, then sank into the dark without changing his crouched sitting position. As he floated he felt a delicious comfort and protection. His open eyes saw nothing. Red was gone. Faint
alien sounds from above disturbed him. When he felt himself rising to the world again, he struggled to stay down, but hands seized him roughly, tearing him from this haven.

He was dragged out, carried in powerful arms, and put gently down on the warm sand. A huge blond man, Polish by the look of him, in dripping wet overalls and no shirt, knelt beside Beety, staring into his face. He gazed back listlessly. The white faces of his friends and the coal-tinged face of his brother were framed by the bright blue sky.

“What the hell’s the matter with you, kid? Don’t you want to live any more?” The man’s harsh inquiry was delivered in a voice that seemed tender. Beety was surprised he seemed to care.

There was a long silence in which he recalled the black softness and comfort of that pool. Everyone was waiting, as if they knew the real answer while their eyes pleaded for the other. Beety’s hold on truth faded with the afternoon.

“I was kidding,” he coughed. “I just wanted to make a joke.”

The man jerked the back of his hand toward the reclining boy, who didn’t flinch because he sensed there was no intent of a blow. “If I was your father, I’d tan your hide good. Now stand up, and let’s see how you feel.” He spoke quietly to Beety, who took his hand and rose.

He walked around the group a couple of times, then smiled and said, “See? I’m O.K.”

The man looked relieved, then frowned at the boys. “All right,” he said, “you kids get the hell on home. You know damn well you’re not supposed to be in here.” His voice kept rising. “What the damn hell is the matter with you? You dumb or something? You got to be told every God-damned day to stay out of the way?”

His voice echoed as the boys hurried to pull on their clothes and climb over the man-made sand dune to the fence. Beety, exhausted, trailed behind the others as they scooted under the fence, up the side of the ditch, and over the tracks. He noticed his hands and feet were deep blue, even darker around the nails. He’d catch hell when his father saw him. Red held the fence for him as he crawled under, then held out his hand. Drops of dark water from his wet hair fell on Beety’s face.

Beety took Red’s hand and pulled himself up. “Thanks. I mean for pushing me into the pool.”

“Didn’t you hear the coal train coming? I didn’t know what else to do.”

“I heard it, but I guess I waited too long.”

“Burt,” Red whispered, giving Beety his grown up name. “Don’t ever do that again.”

Beety gave the promise expected of him: “I won’t.”

But since I felt like a real person for the first time, with the name I would carry into old age, I meant what I said.
MEMORIES

Mohamed Osman
Evamaria Lugo

PACEM IN TERRIS

An Explanation of Self.
At times she thought of peace the way mothers think of their children.
It was something that she could co-create, like a blanket or a bowl of soup.

More often, she thought of peace more like a spiritual calling than a religious belief.
She could not talk about it loosely; it was an intimate thing for her. And people
came to visit and would always want to stay in her company and talk to her. And
she would quietly listen and nod like someone who is hearing a secret. During the
best of times she lived in peace after all. No wars, not hatred, no anger. Just being.
Mindful of all.

She wanted to become like an oak tree and let life come and rustle her leaves, like
nodding. And there were no medals or fanfare or lofty speeches involved. There was
silence. Mostly she just listened and nodded. Oh yes, sometimes she would smile
to herself. Like someone who finally gets the meaning of this life only to gracefully,
forget it again.
SUNSET CHIMERA II

Mark S. Thaler
MONARCHS

When I glanced at the concrete resting pad by my garage,

I noticed a beautiful monarch butterfly taking a break...

Slowly moving its wings back and forth...

But there was something odd about the monarch,

So I walked over and looked closer.

There were actually two monarchs,

Their bodies locked, appearing as one.

Just as I pulled out my phone camera

Off they flew...wings struggling in dangerous herky-jerky flight

It appeared they might tumble out of the sky and crash

But they landed in the closest tree to rest.

I watched them flit from one branch to another

For quite a while.

I knew they'd soon be on their way through Texas to Mexico.

I read later it would be their last flight.

The Monarchs somehow reminded me

When my wife and I hugged each other the whole journey

On that long trip south to Peoria

To see my dying mother one last time.

John Herm
MOROCCAN MAN IN HOODED DJELLABA AND YELLOW BALGHA SLIPPERS IN DOORWAY WITH DISTINCTIVE MOROCCAN DECORATIVE DOORS

Michael Zaccaria
Doug Bolling

BODY AND SOUL

The soul is an accordion, a trumpet, the belly of a viola.

___________ Jean-Luc Nancy, Corpus

To listen there

is to begin yourself

or as they say

to arrange the notes

by which to proceed,

let bloom the music you are,

a delicate affair wooed/

unwooed by body.

of body you are ever

wary, taut carapace of a

thousand mistaken turns,

suspension between pleasure and pain,

fleshed mysterium needing

supply, making demands.

It is ever so

ancient wisdom has it.

Still, the adventure seems worth it,

journey over the bridge of yourself

catching the sounds that are you,

that belong your way.

Some momentary calming

within the fever of survival.
RETICENT ADVENTURER, LOS ANGELES COUNTY MUSEUM OF ART

Marcia Leiser Zaccaria
INITIATION

For the second surgery, a friend takes me to the parking lot to meet my son waiting for me, finishing his lunch-hour sandwich, muddy work clothes and boots, half day off to drive me the rest of the way.

He twists in the waiting room chair, reading outdated magazines, catching a workingman’s nap. Until finally the surgeon appears, shakes his hand, “everything went well,” and leads him through the heavy doors to Recovery, to his mother as he’s never seen her: on the gurney, pale and weak, reaching out her hand—the finger prick of initiation.

Linda Buckmaster
ALEXANDER’S POOL

Mary Matthews
Stephanie Pearmain

MEMENTO MORI

My mother stands before me in the bone-chilling pre-op room, naked, as I bend down to clean her legs. A wound on her heel oozes pus six years after the multiple surgeries required to repair her ankle, the lower half of her calf now shades of dark purple where the blood no longer moves freely and where infection has moved through the dermis, into the subcutaneous fat, sometimes causing her foot to turn out at a 90 degree angle.

Cold, sterile hospital rooms make me want to bolt, but instead I fight the urge to run down the hall, out into the vast Arizona desert that in those moments promises life and longevity. Moving to my mother’s back, I wipe the sterile cloth across her uneven shoulders as she hunches forward, her left shoulder dipping lower than her right. The fingernails of her left, now clenched, hand dig into the flesh of her palm.

This is the aftermath of a stroke that came 8 years ago, like a bad coastal storm leaving a landscape in its wake that is never quite the same. I’ve heard people say, “I am shocked at the old person looking back at me from the mirror.” My own full-length mirror reflects the sometimes shocking evidence of age settling in: the imperfections of a body that has given birth, spent time in the sun, earned crows feet.

On the left side of my mother’s chest is a square scar where the chemotherapy port was housed beneath her skin. Lower, at her nipple, a scar from where they pulled out an “aggressive” invasive carcinoma. At the center of her chest, an undetectable tattoo, the mark of radiation.

My own insurance plan puts faith in activity and diet. Each year that I make my annual trek to the doctor and the mammogram machine, a sliver of reality slips into my mind briefly. There are loopholes in the policy.

Today my mother will have her internal organs tied up in mesh, suspended and fastened to ligaments. Another doctor will then reconstruct her bladder. We have been assured that none of this will agitate the sacroplasty (injection of bone cement) done to repair the fractures in her sacrum.

Hours later, a call comes from the surgeon in the operating room. “The anesthesiologist thought he heard you say something your mom has one kidney?” Yes, she discovered recently that one never developed. Someone missed this on the paperwork and doctors thought the kidneys weren’t flushing correctly upon “final” testing. They were about to open her back up when the anesthesiologist recalled the casual conversation in pre-op.

I wonder what my daughters will bear witness to with the aging of my body. As I pass the mirror that will, without waver, whisper on, memento mori, it occurs to me that in the end, it is perhaps about the grace with which we follow our path and minimize the power of our fears, ultimately bringing warmth to wintry places within.
OPEN HYSTERECTOMY

Nina Pollack
IMMEDIATE AUSCULTATION

Immediate auscultation means listening to the internal sounds of the body unaided by a device.

He lifted the stethoscope from the white pocket of his lab coat held its metal diaphragm gently against his left palm to soften the shock

bronchoscopy - biopsy - oh

so many hours in the Mayo website, Stop. Movies of this - movies of that Stop.

Immediately auscultating your viscera barometric pressure dropped, whales hummed high C into the plummet

into the star field of your lungs

which should have been only black space in that backlit photo of fear.

Ah, yes, yes, listen look.

Your anchor has unexpectedly been rent from the floor of the ocean lurching, groaning staves telling, beseeching balance, as the Wind of unpredictable change purses her lips filling your sails,

(continued)
leaving you
  feeling the heave of the vessel with
  your belly, your mouth, your hands on the deck.

This is where it starts – the old harbor receding
  uninvited currents, unseen tides
  from the moon
  from the sun
  from the stars

Navigating an unfurled map
  locating thin lines
  latitudes of despair
  longitudes of hope,

Look beneath the ancient parchment
  for the lunging whale at night,
  stars reflecting in her glistening orbits,
  her song traveling
  to the bottom of the sea.

Only here,
  in the dark,
  deep sea diver,
  is the treasure chest to be found.
ART WORLD

Corey Abramson
LAZULI

A friend recently asked me what my favorite word was. I had to confess that I didn’t know. This was distressing because I so live in words that you would think I would know which was my favorite. But, like children or bicycles, how can anyone pick a “favorite?” I love them all.

That said, I decided to lie in wait, like a hunter on a game trail, for the right word to come along. Thousands of them passed by and each had its attributes, its personality, its charms. I could live with many of them. “Unctuous,” for example, would have made for a fine choice. But I think after a few years, we would grow tired of each other. She would find me brutish; I would find her stuffy and pedantic. “Foreskin” has its merits, but reminds me of wounds too distant to heal. “Mississippi” and “Cincinnati” have obvious appeal, as does “Cucamonga,” but they get tiring, like children with too much sugar jumping up on the couch while you try to nap.

Yes, there were many possibilities, but none of them had much staying power.

Then she walked by, and I was thunderstruck, or arrow struck, or bewitched, or had my heart taken prisoner. “Lazuli.” It’s the word I would write a hundred times if I had a math notebook in eighth grade and was smitten by adolescent crush. It held the secret and unrequitable rush of adoration that only a life’s love could elicit.

Of course, she shone the rare, royal blue of her definition. I knew I could never know her or “have” her, whatever that means. I could only stand in her light and warm my hands by her heat and dream of forbidden and occasional liaisons. Of that, we could never speak, much less forget. The grip on my heart was a vise, as permanent as a scar.

I doubt I have ever used the word “lazuli” in a sentence, yet I see it in the robes of royalty and the cloak of the Virgin Mary. It is the color of the Aegean Sea, the sky at dusk. It shows up as a rare bird, the lazuli bunting, here in spring. I have seen only one, and it looked at me from the fountain in my front yard that I fill daily as a practice of prayer.

Not surprisingly, “lazuli” is the root of “azul” in Spanish, and blue is my favorite color bar none. How can I be taken prisoner by a word that I seldom speak?

I might chalk this up to a defect of character, my penchant for the serious and sacred. I, whatever that “I” is, tends to brood on solemn subjects. I guess there’s a reason why sad music is called “blue.” But that’s not quite satisfying as the whole answer.

The answer lies in shadow. It comes at night, as I slip off to slumber, when I whisper her name – Lazuli – and I fall into the streams of the unconscious, where the running waters of poetry and the soul dwell.

The river runs deep and blue. Lazuli.
MAASAI DANCE

Audrey Gray
THE AMPLITUDE OF EMPATHY

“The needle isn’t sharp.” That’s the first thing I always tell them, poking its blunt tip against my gloved thumb. I give them a quick tour of the lab: the prep room, where I’ll get them set up, the control room with the computers, where I will sit, and the testing room, the closet-sized booth with only a computer monitor, a chair, and a lamp, where they will spend the next hour having their brain waves recorded.

My volunteers have received some simple instructions: please wash your hair within twelve hours of your appointment. Don’t use conditioner; it interferes with the electrodes. If they usually shave their heads, often a problem with members of the swim team, I ask them to let the hair grow for a couple of days; without hair, the gel spreads between electrodes and distorts the signal. You must let me know if you are allergic to rubbing alcohol or particularly sensitive to any cosmetics. Come to the lobby of the psychology building; I will meet you there.

They are mostly students at the college where I’m working, and they have responded to ads placed on bulletin boards, or they are members of the psychology research subject pool, the introductory psychology students who have to participate in a study as part of their training.

This study is advertised with my email address, and every time my inbox contains the line “Re: Psych study” or “Brain Research” or “Study credit” or any of the other variations they come up with, I feel a thrill of excitement. Another data point. I need twenty-four of them, at a minimum, and it isn’t always easy to convince people to let me put gel in their hair and electrodes on their heads, and attach a machine amplifying the electricity coming off of their scalps.

“Have a seat,” I tell them when the tour is over. “Relax.” If their hair is up, they have to take it down now. If they’re wearing earrings, they come out. I produce a tape measure and run it along the top of their heads, over the crown; the front of the cap must sit exactly one tenth of the distance from the nasion, the indentation between the bridge of the nose and the forehead, to the inion, the ridge at the base of the skull right where it begins to slope inward to join with the vertebrae of the neck. I invite them to find their own inions; most of them have never noticed it before. I measure the distance, then make a small mark on the forehead with a red grease pencil. (“Don’t worry. It rubs right off.”) I barely have to think about it; I’ve done this hundreds of times.

They are unvaryingly quiet through these early stages, a bit nervous, shy, and thanks to me they’ve got red marks on their foreheads. Not your typical comfort zone. Now it’s time for the fun part: the cap.

It’s made of thick black spandex. It has thirty-two electrodes in it, tiny metal discs with rubber collars around them, each with a red wire running off of it, woven into a fat braid that comes off the back. There’s a plug at the end of the braid that will attach to the amplifier. A few loose electrodes dangle, three for each eye, and one for each mastoid, the bone just behind the ear lobe. The mastoids aren’t directly over the brain, so they only pick up the background noise of the skull, which we can subtract from the total volume we record.

“Are you ready?” I ask. They shrug. “Here we go.” I pull the cap on, lining up the front edge with the pencil mark. I pull it into place, tugging it down around the ears.

Brain function is, in its simplest form, electricity. Each time a neuron fires, an electrical impulse travels through it and alerts the next neuron. This basic activity is how your brain tells your heart to beat, how you think thoughts, read, speak, move,
remember, and invent. Every time you do something, from moving to hearing a noise to daydreaming, your brain is crackling with electricity. It takes thousands of neurons to complete even the simplest action, and they are connected to each other only by these bolts of electricity produced by the sodium-ion pumps in every brain cell. The charges are very, very small, but an electrode that has good contact with the scalp and has its activity amplified sufficiently can pick up that activity through your skull, through your scalp, through your hair, and it can be recorded. The earliest machines used a pen like old seismographs, but now it’s all done by computers, which can sample the brain waves (that is, record the amplitude of the electricity) at up to 20,000 cycles per second. That means that in any given second, this machine measures the strength of electricity coming off of your skull 20,000 times, and when all of those points are displayed, they make a line like a wave.

This is what I am doing. Thirty-two electrodes on the scalp, electrodes above and below the eyes (I have to record blinks; the electrical impulse generated by the muscle movements of an eye blink are several orders of magnitude bigger than brain waves, so I record when they occur in order to subtract them out later), and electrodes on the mastoids, where there is no brain wave activity.

If I record brain waves while the subject is doing something specific, reading words, for instance, and make an average of the waves from perhaps fifty or a hundred instances, I can start to see a wave with a discernible shape, a specific peak and a dip, the brain’s response to that particular stimulus. No one could look at the wave and tell you what you’d been thinking at the time. In fact, most scientists couldn’t distinguish a human-generated wave from that of a monkey, or even a dog. What we can do is compare the brain’s response to different situations. Your brain might react differently to a familiar word or an unfamiliar word, or to a sound and a picture, and scientists can use these differences to test theories about exactly how the brain deals with different situations. These peaks and dips in the brainwaves are called potentials, and when we tie them to specific stimuli, they are called event-related. Event-Related Potentials. ERPs. We measure the size of the peaks—the amplitude—and how long after the stimulus they occur, called the latency. That is what I’m after when these scared undergraduates come into my lab.

Once the cap is in place, the serious work begins. A conducting gel must be injected through each electrode so that the signal can travel from the scalp to the amplifier without space or hair interfering. But it must be done carefully; if gel leaks from one electrode to the next, the signal will not be clear. I insert the blunt needle into the first electrode, twirl it around a little bit to move the hair aside, and press down on the plunger until I feel the gel come out. I can do it in one smooth, practiced movement. This first time, they squirm a little. Then they get used to it, and we settle in to work. It takes some time; there are, after all, thirty-two of these electrodes.

“What are you studying?” That’s usually my first question. And they’ll tell me it’s history, or Latin, or they haven’t decided yet. A surprisingly small number of them are planning to go into psychology or neuroscience. I chat with them about their classes. My mind is usually somewhere else; I’m counting how many subjects I have left to run, or thinking about the hours I will spend going through their data, correcting for eye blinks, deleting bad trials. When will I do that? Will I have time to stop for dinner? Maybe somebody else will need the

(continued)
only computer that has the right software. I still need
to catch up with that statistician. I have to stop and
refill the syringe; one load will only do about twenty
electrodes. To do this, I have to take out the needle;
the gel is too thick to draw through it. I’ve never
figured out a way to do it without making a mess.

The electrodes for the eyes and the mastoids
aren’t set in the cap; they’re attached by wires, and
they have to be stuck to the skin using adhesive
collars. Before I can stick them on, I have to clean
the skin with an alcohol wipe. Even the small
amounts of oil on clean skin can interfere with
the contact. Sometimes, a subject will be wearing
makeup, which comes off in a peachy smear on the
swab. Then, I let it dry for a minute and stick the
collar on. They’re made out of white foam, and stick
to the skin like band aids. Injecting the gel into these
electrodes makes the subject squirm again. The skin
on the face is more sensitive than the skin on the
scalp, and there’s no hair to absorb or warm the gel.

Once all the electrodes are ready, we go into
the testing room and plug the cap into the amplifier,
which is connected to the computer. We’re not ready
yet; we have to see how good the contact is. Each
electrode is represented by a square on the computer
screen, labeled with the electrode’s name. They’re
sorted into categories based on which part of the
brain they record; F for Frontal, P for Parietal, along
the side of the head, O for Occipital at the back, C
for central. They’re numbered, odd numbers for the
right side of the head and even for the left, lower
numbers at the front and higher numbers towards
the back of each region. The quality of the contact
is indicated by the color of the square on the screen.
The best contacts are black; if no real connection
has been made, the square is bright pink. Those in
the middle are shades of purple, green, and blue.
They all have to turn black, or at the very least, navy
blue, before we can begin. This is called lowering
impedances, and when I learned this research
technique, it was the part of the process I dreaded. It
could take hours if it didn’t go well, and if problems
were going to arise, it usually happened here.

To improve the contact, I take a small
wooden stick and insert it into the electrode. I poke it
through far enough to feel the subject’s scalp below;
the stick can move the hair out of the way and push
the gel down against the scalp. I twirl it a little,
applying gentle pressure. Sometimes an electrode
will be stubborn, and I’ll have to work it for a couple
of minutes. I can tell from the reactions that this can
get uncomfortable. Sometimes, if the subject tells me
it’s starting to hurt, I’ll let him work the electrode
himself. There’s no specific pattern. Anyone could
do it, twirling the stick, watching the square turn
different colors. If it still won’t go, I might have to
put more gel in, which involves refilling the syringe,
inevitably making yet another mess.

About halfway through the electrodes, I
usually run out of small talk. I inject and tinker in
silence. The subjects sit there quietly, bearing with
me. All the subjects until one, towards the end of the
study, who stopped me to asked a question. “What is
it going to feel like when the computer’s on?”

“You won’t feel anything. All you’ll feel
is the cap on your head. Plugging it in makes no
difference.”

“Are you sure?”

“Yes. There’s no risk to being plugged in.
The electricity goes from your brain to the computer.
It can’t go the other way.”

“Have you ever done it yourself?” Then I
started to feel defensive.

“No,” I said. “Not exactly.”

“When can you be sure?”

“No one has ever been hurt.” It’s feeble.
I know it is. I have no good excuse for doing
something to all of these volunteers that I’ve never
been on the receiving end of. It’s not that I’ve never
had the chance. There were opportunities, during the training for this technique, for each of us to be a practice subject for someone else, but I never stepped forward.

There must have been an element of vanity; nobody wants goop in her hair, or to be gawked at by a group of classmates with a futuristic-looking cap littered with wires crowning her head. But there was something else, something more deeply unsettling that I couldn’t pin down. I knew perfectly well that even the most experienced researcher can’t read minds, that the data collected from the electrodes is both anonymous and incomprehensible in any context but that being studied, but I still didn’t want to do it.

The problem was this: all my brain function would be reduced to tiny little blips of electricity. Every thought I’d ever had, every deeply unsettling idea, my love for my family, my fear of loss, would look, on this screen, like a wave. Like everyone else’s wave. I could read as many books and papers on the subject as I wanted. I could know it, and I could operate on that assumption as it related to other people, but as long as I kept the cap away from my own head, I could hang on to the idea that it didn’t apply to me. All of the brains I studied were reducible to physical properties—every experience of beautiful music heard, eloquent words generated, sweet tastes and brilliant insights—but maybe, just maybe, mine was different.

# My schedule is busy; I am testing five or six of these subjects every week, taking a full load of classes, and assisting in the teaching of an introductory neuroscience class. Surely I don’t have time to volunteer as a subject for a research study. But when a colleague, conducting ERP research for the first time, puts out a call for a volunteer pilot subject for her study, I know I have to do it.

Jenny, the researcher, is a friend of mine. We’ve worked in more than one of the same labs, though never before at the same time. She is quiet and shy, a little nervous about the study. The plan is ambitious, but the topic is so fascinating that I can easily see why she is willing to run such a challenging experiment. I didn’t learn about the actual study until after it was over, so my knowledge about the subject wouldn’t interfere with the data, but once we’d finished, she explained it all. Her work relates to brain-computer interfaces. That means that people can control computers directly with their brains, without using their bodies to control any sort of input device. The technology is being developed mainly for use with patients who have been completely paralyzed. Researchers have made some progress in designing systems for moving a cursor around a screen and inputting text by focusing on a particular letter in a grid on the screen, but none of these techniques has been proven to work once the novelty wears off. That is, the brain waves that these systems use may diminish as the patients practice, and the systems may lose their effectiveness.

The particular wave that some of these systems use is called the P300 (P for positive, 300 being the number of milliseconds after the stimulus that the wave peaks), and it appears, among other times, when a rare, or “oddball” stimulus appears. If you see circle, circle, square, circle, the square would evoke a P300. Likewise, if you were looking at a grid of letters, focusing on one letter in particular, and random letters were lighting up all over the screen, you would produce a P300 when your letter illuminated. In that case, most of the letters were common; they were unimportant. But the letter on which you were focusing was the oddball by virtue of your attention, so its lighting...
up would produce the P300. But if you used this same system for long enough, wouldn’t the special stimulus cease to be an oddball? If you got used to it, wouldn’t your brain stop producing that wave that would tell the computer which letter it was that you were focusing on?

This is what Jenny’s experiment aimed to find out. She was testing a system over a series of trials to see whether the amplitude of the P300 could be stabilized over time and repetition, and thus be useful in the long-term for a brain-computer interface. This meant that every subject had to come in and be tested five separate times. The entire ritual of measuring the head, applying the cap, injecting the gel and perfecting the contact had to be completed on each visit, followed by at least an hour of staring at grids of letters on a computer screen.

And I was the first victim.

My first appointment is early in the morning. I am nervous. I’ve carefully followed the same instructions I’ve issued myself countless times, skipping conditioner in the shower and drying my hair before I came. I scroll through my usual list of excuses: migraine, family emergency, twisted ankle, car trouble, food poisoning, sheer flakiness. As usual, I reluctantly dismiss them; I have to go. I walk across the campus to the lab, trying not to think of what I am about to do.

We skip the preliminary steps. I don’t need a tour of the lab or a basic introduction to the equipment. I feel the measuring tape on my head, its metal-coated tip cold in the indentation of the nasion. Jenny stretches it back over the crown of my head and feels for the inion. I put my finger right on it; I’ve done it so many times that I don’t even think about it.

“Thanks,” she says. Then I take my finger off and let her find it herself. She does. Then, she marks the right place on my forehead with the pencil, and I feel for the first time its cool pressure against my skin. I feel a pang of self-consciousness at the thought of that red blemish on my face. With my luck, the fire alarm will go off and we’ll have to stand outside, exposed to anyone who had been in the building.

“Ready?” Jenny asks. “Here it comes.” She slips the cap onto my head. I’ve always told my subjects that it feels like a swimming cap, if they’ve ever worn one of those, but that’s not quite right. It feels to me more like a wig, or the elaborate headpiece of a ballet costume. I’m glad there’s no mirror in here. One researcher I know takes Polaroids of his subjects at this stage, a humiliation I can’t even fathom right now. Jenny pulls the cap down around my ears and attaches the chin strap. Super-glamorous.

For this experiment, we only need to record from three electrodes, along the center line of my head: a frontal, a central, and a parietal. Those three, plus mastoids for reference and eyes for blinks. It will be much quicker than the set-up I use. I breathe in and slowly let the air out.

Then, out of the corner of my eye, I see Jenny filling the syringe from the tub of gel. I shiver. I’m anticipating the feel of the blunt needle against my scalp, but we’re also getting close to the part I don’t want to see: the workings of my brain, splayed across a computer monitor in little jagged lines. It feels a little like undressing for a new lover, exposing the secret, imperfect parts. What if there’s something horribly strange about me that I’ve never realized? She’ll know. I’ll know.

“Ready?” Jenny asks. I tell her I am. This step, the immediate one, I can handle. I feel a little pressure at the front electrode as she steadies it with thumb and forefinger, and then I feel the tiny point of the tip of the needle. She squeezes gently, and gel squirts onto my head. I laugh; it tickles, and it’s cold.
What I’ve always said is true; it doesn’t hurt. But I certainly wouldn’t want to do it every day. Here it goes again, on the next electrode. No matter how much I’m expecting that little squirt of gel, it still startles me.

Once the gel is in, it’s time to stick on the electrodes that go around my eyes and behind my ears. These electrodes get gel too, and when I see the needle coming towards my eye, I jerk away.

“Sorry,” Jenny says, “I should’ve warned you to close your eyes.” Yes, I realize, and I should have warned every subject I’ve ever had. I feel like a mutant robot, with the wires taped to my face. If anyone I know were to see me right now, my instinct would be to dive under the desk, to slump in the chair feigning sleep, to throw myself against the wall in hopes of blending in with the computer equipment and jumbles of wires. I could still escape; I could rip the entire contraption off of my head and bolt.

Everything is in place. We go into the testing room, and Jenny takes the plug dangling from the back of my head. The computer is on. She shoves the plug into the socket. She hits a button, and the computer screen lights up. A square for each electrode. Nine of them, four for the eyes, two for the mastoids, three on my scalp. All of them are bright pink: no contact.

After a shared moment of frustration, Jenny laughs. “Clearly, I’m a novice,” she says. I tell her I’ll bear with her. We’ve all been there.

“You’ve got five chances to get it right,” I joke. “By the time you’re done with me, you’ll be a real pro.” We fiddle with the plug first; sometimes the contact is broken there. It doesn’t help. Individual electrodes, then. The central electrode, the one right on the top of my head, sits up from the scalp a little. The cap doesn’t fit me quite right; my head must have a weird shape I’d never noticed. If I’d ever thought of shaving my head, now I know I can’t. And so does Jenny.

The frontal and occipital electrodes relent with some jiggling and turn dark, but the center one won’t settle down. The wooden stick we use to move the hair out of the way tickles even more than the gel, and after working it for a few minutes, it starts to hurt a little. I can feel the skin on my scalp getting raw. Still, the contact isn’t there.

“More gel,” I suggest, so she refills the syringe and tries again. We put the stick back in and scrape a little more. Finally, the colors begin to change. It’s not great, but it will do. Jenny is wavering, a familiar feeling: keep torturing the subject and get cleaner data, or just get on with it? Mercifully, she decides to get on with it; she will, after all, need me to come back for four more sessions, and if she traumatizes me on the first one, she won’t be able to use any of the data.

Up to this point, I’ve been fairly safe. I look like a space alien, but my brain is still sealed inside my head, and nobody else can see what it’s doing. Even the colored squares on the screen indicate only how well the electrode is attached; it says nothing about what’s going on under the cap. This is the last chance to back out. The next button she presses will reveal my brain waves, to her and to me. If there’s something horribly wrong with me, if I’m some kind of freak with abnormal electrical signals coming out of my head, this will be my last moment of innocence.

I know my thoughts are written in a code that we can’t crack, but what if she can somehow tell, when it’s splashed across her screen, that I’m secretly jealous of my sister sometimes, that as a child I stole a deck of cards from the drug store by accident, having forgotten that it was in my hand, that I actually cried over the loss of a fifth-grade student council election? There are other secrets,
more deeply buried, that I can’t even pull to the surface to be specifically afraid of, and they are about to be displayed. I close my eyes. A finger strikes a keyboard.

“There it is,” Jenny says. “Take a look.” I take a deep breath and open my eyes. There they are. My brainwaves. They look exactly like every brainwave I’ve ever seen. I blink and see the spike it produces in the lines. My brain is exactly the same as everyone else’s.

“Close your eyes for a minute,” Jenny says. “You can make some alpha waves.” Alpha waves are the slow, rhythmic brain waves of a person who is relaxed. They’re easily visible in the flow of normal, more jagged waves, and so I close my eyes try to create some. I open my eyes, and there they are. My very own alpha waves. They are instantly recognizable; they are just like everyone else’s. Which, of course, is a relief. But in place of the disappointment I’d imagined as the necessary flip side of the absence of disorder, confirmation that I am ordinary, there is something else entirely, something I had never imagined. These waves, the very waves that I produced, that are a part of me, mark me as part of something vast. I am of a kind, and so is Jenny, and so is every subject, every teacher, the news anchor on the television, the teenager who cut me off in traffic and the cop who wouldn’t pull him over, the President, the judge, the members of the jury, the criminal and the executioner. I watch for a few more seconds; once the study begins, I won’t be able to see them anymore.

#

I had to go back to collecting data when I’d finished my stint as a subject, and I returned with certain practical tips in mind: eyes should be closed when the needle approaches the face. Cleaner data from one electrode isn’t worth hurting the subject.

Make sure everyone has a chance to generate and observe their own alpha waves before the experiment begins. But there was something else. Try as I might in the hour of need, I could no longer see these people as data points, as much-needed contributions to my statistical matrix. Some of them, surely, wouldn’t give it a second thought. But there had to be others who approached it as I did, who felt that jolt of existential fear at the moment of contact. It’s the fear of being different and the fear of being the same. It’s fear of being completely camouflaged among identical beings and fear of being utterly exposed. Fear of actually understanding myself, fear that maybe we’re learning to understand things that we were never supposed to know. These are the things frighten me deeply, not just in the lab, but in life: going too far in any one direction, out of shouting distance, so far out into the sea that we cannot swim back.
FLOORPLAN

Jennifer Bao
Dan Campion

WHITMAN’S SCRIPT

Walt wrote brave letters lovers got, no doubt, who’d read bad news and feel their best hopes fail on seeing stranger’s hand addressed the mail. He would’ve thought of that, and cast about for remedy. And then he’d just write out, as smooth as water, Akron, Bloomingdale, Elmira, trusting blithe strokes would avail to calm, of all who read, his most devout. Amanuensis to the wounded troops as to himself, he trained those great rough hands to soothe far-distant brows gently as near. You see it in his ligatures and loops, how every closed-up letterform expands, embracing kindly as it makes things clear.
ARIZONA SKYLINE

Corey Abramson
Florescent lights do nothing
to disguise the thinness
of an issued gown. Arms
crossed low, each hand clasping
the opposite elbow, I curve
my bare back into the air,
try to keep my skin
inside. His nametag brushes
my knee as he leans,
with two fingers touches
my cheeks jaw neck shoulders
wrists pinkies palms, wants
to know if both sides feel
the same. I don’t know
I say. I stare at the unadorned
walls, not quite white,
as he runs his touch
on the backs of my hands,
down the length
of each arm
again. I don’t know
PORTRAIT

*Karl Lorenzen*
His hands fan
my thoracic cage, fingers
fitted between ribs. I lie

still, stare at the ceiling
as he studies my body, the lay
of my muscles, the boundaries

of bone. Above me, the light
fixture’s flecked with flies
curled fetal. Here, his palms heel

my sides, each thumb
pressing an iliac crest. Of course
other men have held my hips

and lifted, but this time I am
lighter, an exoskeleton emptied,
unable to rise on my own.
AT LAST

Karl Lorenzen
Cara Lustgarten

PHYSICAL THERAPY, PART 3: PATAPHYSICS

If only you’d take me entirely apart, unzip

my skin, peel away layers of pale

yellow, past a depth of red, reach the bright

white beneath. Unhinge my bones, set them

straight, stretch my muscles smooth and reattach

them to tendons reaching like tendrils that hold me

pull me to pieces.
SOME OTHER SPRING

Karl Lorenzen
He wraps his arms around his wife, front to back, spooning in bed as they have done for decades in preparation for the day. In years past, most mornings they made love as a result of the early waking and touching. She misses the lovemaking. Now it is affectionate ritual, until this morning, his hands caress her breasts and he says, “Sweetie, have you checked your breasts lately?”

“No,” she says and thinks I’ve been taking them for granted as I’ve aged. “No,” she says again.

Her husband replies, “You have a lump. Feel here, just to the left of your nipple.” He turns her left hand backward toward the breast keeping her right hand on his right hand. She can’t really examine her breast lying there so she reluctantly moves away her husband’s hands along with the bed covers and stands beside the bed. With her back to the bed, she raises her left arm above her head and with her right hand draws small circles all round her nipple. There is a hard bean like object atop a larger lump. Her fingers cringe and move away. She wills herself to again explore her breasts for any sign of change. No doubt, there is a lump that has not been there before, as well as what is probably a hard little cyst. She lowers her arms and walks into the bathroom to brush her teeth. She sees herself in the mirror and stands taller to view the reflection of her breasts. She has a pretty body, though showing signs of age—a bit of a tummy and some sag to those breasts. Breasts that fed her sons, breasts that look good under a sweater, breasts, that when she was young, drew admiring whistles and covert touches. She pondered them, knows she would miss them. The woman imagines how a dress or a blouse would look without the natural contours that have long been there. How much harder, she wonders, to select a good fit?

She remembers her friend, a poet, who died from cancer a few weeks ago. She doesn’t think that she could suffer with the dignity and grace shown by her friend throughout her ordeal. She hopes she doesn’t have to, but she recognizes a little anticipatory anxiety. She tells herself to wait until she knows there’s something to fear. For now, it’s a lump and a bean. For now, it is a worrisome entity that the doctor will examine. For now, she imagines the mammogram, imagines a numbing injection and the removal of a sliver of fleshy tissue. She cannot let herself imagine scalpels, knives cutting, tearing away a no longer useful, but valued, part of her body. She would feel injured and incomplete. “Help me,” she whispers.

II Before the mirror

She’s sixteen years old. It’s a soft early spring night and her date has suggested they walk along the grounds behind the college president’s house, “the best place,” he says. They stand together in the moonlight, her hands on the front of his shoulders and his around her waist. He kisses her gently on the mouth. They are quiet. He unbuttons her blouse and unsnaps her bra, removes both. He cups her breasts in his art paint-stained hands and pronounces them as big as Trina’s (the girl everyone knows has the biggest breasts on campus). He says, “You don’t show yours off to advantage.”

“No,” she replies unable to say anything more as she is aware only of the cool air on her breasts alive and glowing in the moonlight. Henry Virgil Taylor, sophisticated art major, bows his head to kiss first one breast, then the other, then to lick around each nipple. Her skin burns.
and her stomach muscles contract of their own volition. Her body is no longer hers.

The woman sighs. She inspects her breasts to see if there’s any change since yesterday. In spite of her fears, she smiles at the memory and notices that her nipples are hard.

### III Broken

_Not that I’m obsessed, _she thinks, _merely scientific._ She’s checking her breasts before the mirror. _Ha, _she laughs, _I’m spending a lot of time remembering the better times, of course, depending on your point of view.

The young woman goes around to the back of the house. As she approaches the back porch, she hears soft country music and smells his aftershave. She also picks up the scent of wine and perfume. She walks onto the porch and approaches the back door. She tries the latch on the storm door, but it doesn’t give. Locked. Without thought, she moves the levers so that they line up and she is able to remove the storm window. She turns the knob on the door, but it does not turn. Locked. The door has a divided window, four parts. To break the glass, she hits the section closest to the knob with her fist, reaches inside, turns the lock and walks into the kitchen. Her lover stands there, his head shaking side to side, maybe his extreme astigmatism or simply agitation.

“Who’s here with you that you wouldn’t answer the phone or your door?”

“There’s no one. I was just resting.”

She walks toward the bedroom.

“No... You can’t go in there.”

“Take her home, I’ll wait right here until you get back.”

The woman chuckles ruefully, thinking of an affair she has long regretted. Her nipples are hard again as she lingers on the memory of a man who played her body like he played his guitar. Her breasts were always the melody. She refocuses on the mirror. The lump is still there. There are three more days to go until she visits the doctor. She emails her friend, Sister Anna Marie. She needs only one line: Pray for me.

### IV Statistics

She’s in front of the mirror, brushing her teeth, washing her face and wondering what the percentages are of breast lumps to breast cancer. Like everyone else who wants to know something, she googles. There is information about risk for breast cancer in those with a sedentary lifestyle, poor diet, as well as those on hormone replacement therapy. There is nothing about how many women who have lumps to those who will later be diagnosed with cancer. She thinks most women have benign lumps at one time or another, some go away with breast feeding and some go away with the reduction in caffeine consumption. Her babies are grown now and she’s down to no caffineated coffee and only one cup of green tea each day.

(continued)
(continued) RITUAL

Finished with her somewhat unsatisfactory research, she puts on her bathing suit and packs her running clothes. Later, the weather will be perfect for a run. She kisses her husband and hands him a sack lunch as she leaves for the pool. I’ll meet you and the grandboys at Taco Bell at 2:30.

V The Surgeon

He knocks on the door of the examining room. She sees his hand and wrist and thinks: he could be a runner.

“Hi, I’m Dr. Keilor. How are you?”

“Anxious,” she replies. He smiles and nods, looks at her chart.

“You are generally in good health…”

“Yes, and I swim and I run and I eat really well.”

He smiles again and looks once more at the chart.

“Do others…are other members of your family runners?”

“Yes,” she smiles, “my son Will. If you run, you may know of him.”

“Runs far and fast, nationally known, elite? Is that the one?”

“Yes, he…”

“I know about him. I ran a race with him once.”

She relaxes knowing that the surgeon feels a connection to her through running and having an acquaintance with her middle son. She sits on the forward edge of the examining table. The doctor instructs her to lift her arms one at a time, next to place her hands on her hips, elbows out to allow the best view to examine her breasts. Dr. Keilor palpates each with a quick, deft touch. He compares one to the other and asks about the dimple to the left of the left nipple. She’s often said, when in doubt, go left in politics and in life—an odd irony here, she thinks. When nursing, the boys often preferred the left, slightly smaller breast.

“More women survive breast cancer than die of breast cancer,” the doctor reports. She thinks that’s a shocking way to reassure her. It had not occurred to her not to survive. Of course, she would survive. Of those who have breast cancer, what percent die? Last year’s mammogram was clear as were those in all the years preceding. Her chances for breast cancer should be very small: annual screenings, healthy lifestyle and never smoked. Does smoking affect the development of cancer of the breast? She doesn’t know. Shaken, she drives carefully home, puts on her running clothes and takes an hour and a half run through the woods.

In the park, she comes upon a young friend and her three year old son. The two women and the three year old race up a hill, laughing and saying, “good job,” to each other. It is a shared pleasure of early life and late life. She is grateful for the gift of their laughter. When the mom and her son get into their car to leave, he waves, blows kisses to her and says, “love you.”
VI Memory

The woman is standing before the mirror. There’s swelling and a little blood from the biopsy. She remembers seeing her breasts swollen and sore in the past when nursing her sons.

That was a better, healthier swelling, she thinks. She lets her mind linger on the memory of a hungry infant nuzzling and gurgling, milk escaping down his chin and into the folds of skin around his neck. In his lust to satisfy his aching hunger, he sucks as fast as he can, almost choking before finally settling into a soft murmur of feeding. She yearns for the better times.

She lifts her shoulders and looks at her image in the mirror before turning to put on her pajamas. She brushes her teeth and walks to the bedroom where she gives her sleeping husband a kiss on the forehead and selects a book from the stack beside her bed. Hail Mary full of grace...
SWEET DREAMS

Mohamed Osman
OF HOSPICE AND HAIR WASHING

In these final days of my grandmother’s life, I can’t help but think how furious she’d be if she saw how her hair looked: flattened, matted, and unkempt. A rat’s nest, as my grandmother would’ve called it. She was always so careful and concerned about her hair; went to some lengths to make it look and lay just so. It wasn’t vanity that motivated such behavior—quite the opposite, actually. My grandmother felt she had over-sized ears, and out of shame and embarrassment, did everything in her power to make her ever-thinning hair lie in a way that covered her ears.

I’m amazed at the shallowness of my idle thoughts about hair while I care for my grandmother during these end days. My mind wanders often in the long hours in between hospice visits. But maybe it’s not such a shallow or superficial thing to want my grandmother’s hair to be washed. What would she want? I puzzle over this question for some time, recalling all the moments of closeness we shared around hair.

I remember trips to her house as a child where she would offer to brush my hair after a bath. I didn’t see why she would want too, as I had unruly and knotty hair that required the use of disentangler when I brushed it. The first time she brushed my hair, I couldn’t believe how little it hurt. She was the only person who knew how to brush out my hair in a way that didn’t hurt. I would sit in a chair and she would stand behind me, chattering away as she combed through the kinks, curls, and knots. It was an intimacy of the like I’d never experienced around grooming.

My reverie is interrupted by the arrival of the hospice nurse. As I help the nurse with this round of toileting and talk through symptoms, changes, and medications, I hesitantly bring up the issue of my grandmother’s hair. I feel foolish even asking, but ask I do: “Would it be possible to wash her hair?” The nurse looks at me for a moment. She’s assessing me, I can tell. I regret asking the question as soon as I utter it.

“So trivial,” I think. “The nurse has better things to be concerned with.”

While my mind has already decided I’ll be met with rejection, the nurse gently replies: “Of course. I’ll bring supplies and an inflatable hair-washing basin tomorrow.” I’m in such disbelief the nurse has agreed I can barely mumble a thank you. After the nurse leaves, I tell my grandmother help is on the way for her hair. She’s been mostly unconscious and unresponsive since I’ve arrived, but I talk with her anyway. I chatter as I would during any other point in the time we’ve shared together.
(continued) OF HOSPICE AND HAIR WASHING

The next day the nurse comes with the usual medical supplies and also carries a basin of the like I’ve never seen before. We decide to do the hair washing first and I tell my grandmother the time has come for us to do something about her hair. (In this moment I also feel immense gratitude toward the person(s) who invented and created this inflatable hair-washing basin). The nurse offers to get the basin set-up and I go draw warm water into a pitcher from the kitchen sink, bringing it back half-full into the living room where my grandmother lies on a hospital bed.

When I re-enter the living room and see my grandmother’s head resting in the groove of the basin, I notice a shift in her facial expression: her eye-brows are slightly furrowed and her lips are pursed. I start to doubt my decision to initiate a hair washing, given this change in expression. But I’ve set things in motion and the nurse keeps the process going by stepping aside, saying, “You know what to do.”

But do I? I wonder if I do. It’s never been me in this position before. It’s always been my grandmother grooming me, not the other way around. I think for a moment about how I’ve experienced hairdressers washing my hair and try to imitate the process. With one hand cupped just below my grand-mothers bangs, I pick up the pitcher and slowly pour water from side to side across her forehead, using my cupped hand to prevent water from dripping or running off, sweeping excess water back towards the crown of her head after I’m done with the first pass of water. Thoroughly wetted, I squeeze a little of the shampoo the nurse has brought into my hands and am struck by how much my grandmother’s hair has thinned in the two months its been since I last saw her. I keep going and start to lather her hair using the massaging motions I’ve learned from hairdressers.

I was so completely absorbed in the task that I failed to notice my grandmother’s facial expression was changing again until the nurse told me to take a look at her face. I leaned over and looked down to see what the nurse was so intrigued by. To my utter amazement, a broad smile had set in on my grandmother’s face. A full-on, full-toothed smile of the sort that appears with feelings of either deep contentment or relief. It was all I could do not to weep when I saw that smile.

It was all I could do not to weep when the nurse told me the wash-water had leaked onto the sheets and my grandmother’s nightshirt. Which meant we had to change both her clothes and the bed linens. I had tried to be so careful, so fastidious about the water not dripping or running anywhere but into the basin. The joy I felt at eliciting a smile from my grandmother turned to guilt at causing an unnecessary linen and clothing change.
But the surprises weren’t yet over. As I was helping the nurse switch the linens and clothes, my grandmother started to speak. While I was getting a clean, dry shirt onto her, she asked: “Am I outside?” I told her no, she was inside her house, in her living room. Then she asked, “Who’s with me?” I told her who I was, and her eyes cracked slightly, as if to visually confirm I was who I said I was.

In the sliver of pupil I saw in those brief seconds, I was shocked at how translucent her eyes had become. Where I usually saw a vibrant hazel, instead I saw gossamer grey. I wondered at the change in her eye color, but didn’t have a chance to wonder long, as her eyes closed almost as soon as she opened them. She said nothing more after that, and her facial expression relaxed considerably.

Having stayed well beyond the scheduled amount of time, the hospice nurse left shortly after the clothing and linen change. Left me to linger in the sweetness of seeing my grandmother smile and hearing her speak. It would be the last time I would see her smile or hear her voice in this lifetime, as she passed several days later.

Now, two years since my grandmother’s passing, every time I think of hospice, I think of hair washing. I recall that toothy smile, and the joyful bodily pleasure it communicated. I hear those questions of place and company, and am grateful that clean-hair brought about a brief conversation. I think about how care rituals like hair washing are their own medicine, their own healing, their own loving.
ANDROTONY

Jennifer Bao
Jennifer Sedler

VARIATION

i graze
down my spine
with a 22 scalpel.
what difference is
it, really?
you eye me
as if to
whisper, i’m thinking it too.
unforgiving itch of ashes
under my fingernails
but i devour
whole handedly &
teethe apart licorice nerves
for the most green & the most
i knew it.
again.
giving away your back is easy,
giving away your palm is hard.

a sturdy door &
a terrible grass hill &
i left toe marks in
the steel
from kicking because
there are pieces
of my skin clinging
to the grating
but i don’t
leak blood not
now not
after all this
time. we keep
quiet when words make
things real; we
keep quiet so
we won’t tell time
because we think
we have enough.
INNER BEAUTY

Heather Liber
John Herm

ANDY

In February, I was meandering in the woods, amazed at a rare hoarfrost. For in that still sunny morning, I’d found that everything, all the trees, the prairie grasses, and the bushes bore icy fragile spicules that were at least an inch long and all were different like snowflakes or something and just as I bent over about to touch the frost, my best friend called to tell me his father just died … I stood up and I couldn’t see the frost anymore...my eyes focused on his dad whom I got to know a bit when he would smile each visit and give me a ‘thumbs up’ when he was on the ventilator in the ICU and I could tell right off he was a good guy and all, but I didn’t realize how good until they told all those warm funny stories about him a few days later at the funeral when his brave oldest son, my friend, got up after some priestly words and spoke of things his father used to say like, “If you have to brag about how good you are, you’re not that good” or “If something hurts, rub it.” His voice cracked and his eyes welled up as he mentioned how his dad gave his kids everything they needed, but not everything they wanted. As I drove home later that night, I realized you can’t even come close to describing who a person really was in those few days of tribute after they’re gone... but I’ll always remember Andy, for he was one of the last of his breed: a sailor during WWII then a tough drill sergeant in the Korean war, a strong standout athlete, a big city fireman who had side jobs to support his six kids, and a guy who knew how to have a good time with the simplest of pleasures... so I still think about him and his gracious wife, who sent a thank you note to my wife and me for the pans of lasagna we made for the family gathering.
AN INN AT THE DADES RIVER GORGE, MIDDLE ATLAS MOUNTAINS, MOROCCO

Michael Zaccaria
Erin Armstrong

CHANGED MEMORIES

the most painful walk
was not one I had to make.
watching someone die
makes one wish for death.

who are you? my grandmother
asks the ladies in white.
She turns her head away
from them, but the nurses come.
“Ouch,” she says when the blood pressure
cuff wraps onto her bicep.
I think about my Aunt Ida
the woman who would roam
the Seelbach Hotel.

did the chandelier in the dining room
rattle as she glided from the ballroom
into the foyer? did her lacy nightgown float
behind her as she announced her entrance?

the women in my family remember every detail
every person they encounter, every smell,
emotion, book, every memory,
until our brains give up,
halt like a train making its final stop
on a cross country trip.

the end comes but
it doesn’t finish swiftly.
How to know what
the right story is?

I was a cook! we say, proudly,
like a child who has just grasped
the beauty of language.
no, a husband says, you
made forgettable chicken.

oh, a gardener, then!
Look at these callouses.
no, a daughter says,
you killed even a
basil plant.

questions float above us,
we look down at our hands,
there are clues in our weathered skin,
but we never know which is the changed
memory.
Deb Barrett

THE WAITING ROOM

Parking in front of the hospital’s oncology annex the first time, I saw a nondescript, 60’s looking building of white narrow bricks and simple architecture. The annex resembled a Lego house more than a building, but with no red or blue blocks to break up the monotony. After walking through two sets of sliding glass doors, I entered a large, almost empty room with a lone desk, behind which sat a security/information person. He wore a security uniform but his desk plate said, “Information.” The inside of the building was as drab as the outside despite some framed photos of landscapes on the walls. What struck me most though was the emptiness.

I stopped at the desk, and said, “I’m looking for the radiation department.”

“When you come to the end of this hall, turn right and keep walking to the end; that’s the waiting room. A receptionist is behind the counter at the end to help you,” he replied, gesturing to his right with his thumb to a hall that started where the wall ended behind his desk.

I walked down the empty hall and turned right into another hall. Still no people or other signs of life appeared as I walked and walked some more. Finally, I entered the waiting room. There behind a counter over which I could just see her head sat the receptionist, a woman with a sincere smile and a sparkle in her eyes. Her dark hair was pulled back showing a round face with no apparent make-up, and she wore her reading glasses on her head. She said, “Hello, I will be right with you.” When she reached to answer the phone, I glanced to the wall on her left and saw a clock, the two hands meeting in the center of the pink breast cancer ribbon.

Breast cancer patients live in a land of Pepto-Bismol pink, the pink ribbons symbolizing the battles to find a cure and the battles to survive. Like the board game Candyland, adorned by pink and white candy canes, Cancerland is a game of chance. In Candyland, if players draw a good card, they move forward toward winning, but they can also draw a bad card and find they have to move backward instead. They wait their turn watching the other players advance or go backward, over and over until the winner achieves the final square, the Candy Castle at the end. The game of cancer is as random and full of luck as Candyland and consists of a lot of waiting—waiting for test results, waiting to see the many different specialists, and as I was about to discover, waiting for treatments and waiting while the radiology machine destroys any remaining cancer cells.

Next to the clock was a brass bell with a pink ribbon attached. Above the bell, the following printed verse hung in a wood frame:

Ringing Out

Ring this bell
Three times well
A Toll to clearly say,
“My treatments done
This course is run.
And I am on my way!”

The receptionist finished her call and came back to me. Observing I was reading the verse, she explained, “When patients receive
their last treatment, they celebrate by ringing the bell. Now, what’s your name and who’s your doctor?” Her voice was upbeat, making it sound as if she enjoyed her job of greeting and checking in cancer patients. She continued, “You’re registered; please have a seat. The technicians will come out to take you back soon.”

As I looked around to find a seat, I thought about the symbolism of a tolling bell and about Hemingway’s use of Donne’s “for whom the bell tolls” as the title for one of his novels. The tolling of a bell did not suggest celebration but mourning; it denoted death and a funeral toll. Was the person who placed it in the waiting room aware of Donne or Hemingway? Probably not. I preferred not to think about death or funerals. Instead, I decided I would imagine the bell as my Candy Castle, the end of this game I had entered, when I could ring the bell to celebrate completion of my treatment and my last of 30 trips to this waiting room.

I sat as far from the TV mounted on the wall in the corner of the room as I could. Why do all waiting rooms now have TVs blaring? I prefer quiet, but at least this TV was not that loud. I found a chair next to a tabletop waterfall and opened my e-reader. I’m not good at waiting. When I sit idle, I worry I will not get everything done—everything I need to for my family and work, or everything I want to for my life. With the patience of a puppy, I possess no ability to sit and do nothing, so any time I am stuck waiting, I read. My husband Jim tells me my reading is so obsessive that I need a twelve-step program to cure me.

Before turning back to my e-reader, I looked around the waiting room. The chairs formed a squared off U, most of them against the walls, but a few in the center of the room to complete the U. Along a wall across from the receptionist stood an island with coffee, hot chocolate, teas, granola bars, and pretzels. A four by six foot table in the center of the room at the open end of the U contained a jigsaw puzzle. The waiting room at the main hospital oncology floor had a puzzle, too. I guess the designers of cancer waiting rooms think those waiting for treatment or more likely those waiting for those having treatment need something to occupy their time.

The outer rim of this puzzle was complete as had been the one in the other waiting room. I wondered who had completed it. Did the caretakers of the room dump the puzzle out and leave it in a heap in the center of the table and then the patients and their families started with the outer rim, which all puzzle masters know is the place to start, or did the caretakers themselves do that part? If so, was that included in their job description?

I recalled the puzzles my children and I used to do over Christmas break. On our kitchen table, I separated out the edges and placed them next to the bottom of the box, which held the rest of the pieces. I placed the box cover standing on its side next to the bottom so that we could see the picture we were creating. Sometimes my son Davy and I worked together; other times, we worked alone, each stopping as we passed the table to put a piece or two in place. We had no rules for tackling the puzzle, except to start from the edge and work in. Even without rules, we fell into a pattern. Davy worked on the sky or other difficult parts where the pieces most resembled each other, and I would take the easier parts to facilitate finishing the puzzle before our break ended. My daughter Mary would do a few pieces and her dad would occasionally do some, but this was an activity mostly reserved for me and my son. By the end of the holidays, the puzzle was complete, and we would leave it to admire for a few days as we all went back to school and work.

(continued)
I closed my e-reader, stood up, and walked to the puzzle table. I started to put together a few pieces but found I did not want to participate in this communal puzzle. Doing so did not feel right; it felt as if I were intruding into someone’s private project, somebody else’s family activity. It also made me miss my family’s puzzle-making tradition. With my children long since moved out and caught up in their own family activities, this tradition and so many others had vanished. Sitting by myself working on a puzzle in this waiting room of strangers underscored how alone I felt. I knew Mary or Jim would have come with me, or even my dear friend Karin, who sent me a cheerful, get well card every day following my diagnosis, but I thought from this first day in the waiting room until the last, I should not intrude on their time and would be fine by myself.

I went back to my chair and opened my e-reader again. I stared at the screen, reading the words but not connecting with them. My mind and eyes drifted to the room again. Three people sat at the closed end of the U, two adults and a child, one family waiting for their loved one, I assumed. One other patient sat in a wheelchair at the open end of the U in the center of the room across from me. No one was with him. His head was down, so I studied him without having to establish eye contact. 
He was very thin and looked to be in his 60’s or 70’s, but did poor health and pain add years? Was he really younger? He still had his hair, the thinning looking more like the result of time passing, not chemotherapy, but his coloring was ashen.

I looked away from him at the family but was drawn back. He looked up just as I looked back at him. We looked into each other’s faces. He did not smile or acknowledge me, nor did I him, but we communicated. His eyes told me he was tired and sad. I wondered how long he had been in his battle with cancer and what kind of cancer he had. I knew for men prostate cancer was common. It had taken Law & Order’s Jerry Orbach, who played a sharp-tongued New York detective I loved to watch on TV. When I heard he died, I cried as if he were a family member or friend. Who would cry for this man in the wheelchair? He was sitting here alone just as I was, and I sensed futility in his face and in his slumping body.

I wondered what the man in the wheelchair saw in my eyes. I was not tired yet since my treatment had just begun, and I did not think my eyes reflected sadness. I did not feel sad over my venture into Cancerland. Instead, I felt anxiety over the radiation treatment being painful or causing me not to be able to continue teaching and packing for our move to a new house and worried some about the treatment being so close to my heart. The radiologist had reassured me my heart would not be damaged; with a line sounding more like an advertisement than a doctor’s attempt to calm a patient, he said, “The beam from our state of the art TrueBeam machine is narrowly targeted to hit only the specific area around the removed lump.” Mostly though, I wanted my treatments and trip through Cancerland to be behind me.

I reflected on the last three months, from the moment the doctor called to say I had a suspicious growth in my left breast and needed to see a surgeon about removing it. He recommended two surgeons. He explained, “Dr. Pearson1 believes in removing the entire breast. He feels it prudent to be cautious.

I have changed the doctors’ names to protect their privacy; all other names are actual.
Dr. Thompson believes in doing a lumpectomy to save as much of the breast as possible. That could mean needing a second surgery if the lump is cancerous and has spread.” I chose Dr. Thompson because of his more conservative approach and because he had been Karin’s doctor, and she was a 20-year survivor of breast cancer.

Jim went with me to see Dr. Thompson. The doctor examined me and studied my films. I asked, “Can you tell how likely it is cancerous?”

He replied, “I am 95% sure it is, but I recommend a core biopsy to confirm. The lump is small, and I am optimistic we have caught it early.”

When we left Dr. Thompson’s office, Jim said, “Well, we still have 5%. Let’s focus on the positive. You’ll be o.k.”

While I tend to be optimistic, Jim’s words irritated me. They seemed almost dismissive, but I said to him, “I know. I’m o.k. I probably should find someone to take over my classes though just in case.” I was more worried about my students than about me.

I continued, “I probably should tell the kids.”

“Why don’t you wait to tell them until you know more?” Jim asked.

“They both should know now.” Jim was their stepfather and had entered our lives after they had left home, so he did not know my children well. I knew they would want to know and be angry if I delayed telling them.

I called Davy and Mary when I got home. I told them what the doctor had told me and that we would know more after the biopsy.

They asked questions, but both seemed calm. They had grown up, as I had, influenced by my parents, who lived by a code of stoicism and self-sufficiency. We were taught to keep our chins up and charge forward no matter what came our way.

I went in for the biopsy the next week. Dr. Thompson called with the results, “The biopsy shows the lump is malignant, but given its size, I am still optimistic that the cancer has not spread. We should only need to remove the lump and a lymph node and you will then have radiation and hormone therapy. We should schedule the surgery as soon as possible.”

When I called my children with this report, Davy reacted as he had to the previous call, calm and rather quiet, but Mary broke down. Through her tears, she said, “I never thought that you might die before I do. What will I do without you?”

Mary had struggled with juvenile diabetes from the age of ten and had been hospitalized several times in serious condition, twice in a coma, but I had not realized until then how much she anticipated dying young. How difficult my breast cancer diagnosis would be for her had never occurred to me. For the first time, I cried as well. Not for me but for her. Who would she turn to without me? And what did my diagnosis mean for her chances of getting breast cancer? I wanted to comfort her, “Let’s not think the worst. The doctors are some of the best, and they are very optimistic.”

A few days later, when I came out of surgery, Jim and Mary were waiting for me. Mary beamed, “The surgery went great. Dr. Thompson says he got it all.”

(continued)
Dr. Thompson came in to give me his report, “The growth was larger than the films had suggested, but I have removed it plus much of the surrounding tissue and two lymph nodes. The preliminary pathology indicates the cancer has not spread.” The final pathology, which required a couple of days of waiting, came back confirming the preliminary results.

My next step was to see the oncologist Dr. Lewis. I felt good going in to see him a few days later. I had taught that day and was tired by the time he got to me since my appointment was late in the day, but I expected him to confirm what Dr. Thompson had said, radiation and hormone therapy. He examined me and looked at my pathology report. Then, he told me about three chemo drugs he was recommending for me. I was so shocked, my mind went blank. Now I understood why several people told me never to go to cancer appointments alone. I said, “I’m sorry but can you write down what you just said?”

He wrote out the chemo therapy protocol he was recommending and explained, “Two of these drugs have been used successfully for years resulting in excellent survival rates. The third one is experimental and so far has shown great results in patients with your type of breast cancer.”

“I’m concerned about the chemo. I was hoping to keep teaching and . . .”

“The growth was larger than we thought, but don’t worry. Chemo is not as debilitating as it used to be. We can control the nausea and minimize the fatigue. You will come in every day for infusion treatments for a few months. You will lose your hair, but that will be temporary.”

“What about genotype testing?”

“Why yes we can do that testing, but insurance often does not cover it.”

“When could it be done and when would we have the results?”

“I can enter the orders today, and we should have the results in a couple of days.”

I said, “Please do it then.”

I walked away from his office angry and afraid. Questions filled my mind. Is Dr. Lewis using me as a test subject? Is a drug company funding this research? Am I simply serving the doctor’s research agenda? Or am I lucky to have a doctor on the leading edge of such research? Could I be helping other women in the future? Is he misleading me on the side effects of chemo? What about the movies that depict vomiting, fatigue, and apparent physical misery? What about my students? Will I be able to teach? How will I look in a wig or scarf? Will people be able to tell I have cancer and feel sorry for me? Will I be looked at differently by others?

I sat in my car for several minutes to calm down. I shut down the questions and shifted to thinking about the genotype testing. Perhaps it will show I don’t need chemo. I called Jim to tell him about the possible chemo. He fell back on words similar to those he used after seeing Dr. Thompson, “Don’t worry. Remember if we look for the best, it will come our way. We want only to send good vibes into the universe.” I knew he was doing his best, but such platitudes brought me no comfort.

I called Davy and Mary. Davy was calm as usual but forthright, “Mom, if the doctor says you need the chemo, then have the chemo.”
And Mary said, “Mom you have to do it.” After our conversation, she called her dad, my ex-husband, and then called me back, “Dad says you must have the chemo. Do whatever it takes to fight the cancer.” I suspected his sister Lisa’s death from pancreatic cancer was influencing his being so adamant. She had refused chemo since the doctors told her it would only gain her three additional months to live. A young mother of three boys, Lisa was the epitome of healthy living. She did not smoke or drink and was an avid runner, so her cancer surprised us. We expect some specific cause and effect for cancer, such as smoking and lung cancer, but Lisa taught us how random and unpredictable it can be.

Okay, I thought, scarves and wigs, here I come if Dr. Lewis is right and I need chemo. The next two days of waiting dragged on. Every time the phone rang, I bolted to answer it. Finally, the call came. Dr. Lewis said, “It turns out the genes in your tumor will not respond to the drugs I planned to use. The Oncotype testing indicates a recurrence rate of only 8% following radiation and hormone therapy.”

I thought to myself, thank goodness I asked for the testing. To him, I said, “That’s great news. So what now?”

“You will need six to eight weeks of radiation treatment and to take an anti-hormone drug for five to seven years. My nurse will give you the name of the radiologist.”

And so I drew the card that moved me forward to the radiology waiting room. Many people would come and go in the room, but the man in the wheelchair and the family, which I confirmed waited for a woman who was their wife, mother, and grandmother, remained my most frequent companions. I came to know them without ever hearing their names or their stories, but I knew they had stories.

The man in the wheelchair’s wife (I assume) would bring him in and then leave. He sat there by himself as did I. On one occasion, a new person joined the waiting room regulars. I knew her immediately. She was one of the wealthiest women in Houston. I met her when I was consulting on a pro bono study for the Houston Grand Opera. I watched as she entered and sat removed from the rest of us. Her light blond hair, perfectly in place all the times I had seen her, was hidden under a scarf, and she was pale and thin, suggesting chemo was part of her treatment. She did not acknowledge anyone in the room. I suspected she did not remember me, but decided even if she did, she would probably rather be left to wait as I did in silence and anonymity. My first thought when I saw her was one of self-vindication. I felt better about the location of my own treatment, knowing that one of the wealthiest people, who could choose to have her treatment anywhere, had chosen the same hospital system I had over the other better known and highly rated one.

My second thought was the lesson I had learned with my sister-in-law: cancer can happen to any of us. Rich, poor, young, old, health conscious, and health careless, we all face the chance it will pay a visit. If we are lucky, surgery and our treatments will create only a minor disturbance in our lives, and cancer will stay away.

When I completed my last treatment, I came into the waiting room and no one was there. Stopping at the bell, I said to the receptionist, “Well, today is my last treatment.”

The receptionist smiled, but seeing my hesitation, she said, “You have to ring the bell then.” This time my independence had worked against me. For a moment, I regretted not asking Jim or Mary to come with me.

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I listened as the tolling bell echoed in the empty room. Even the man in the wheelchair was not there to share the moment. I never knew his name or what kind of cancer he had. We waited together and though we never spoke, we shared a bond unique to us—both sitting alone in this waiting room in Cancerland yet together in our quest and our humanity. I recalled a scene from an episode of the TV show House, when a patient tells Dr. House, “Life consists of a series of rooms and who we get stuck in those rooms with adds up to what our lives are.” The “who”—the people, the others we encounter in those rooms populate our life; directly or indirectly, they fill it up and help diminish our aloneness. The spirits of my waiting room companions still occupied this space. The man in the wheelchair, the grandmother, and the wealthy lady and all the others who waited with me are some of the people in my rooms, strangers, yet also fellow players in my Cancerland adventure. When I emerged from radiology building for the last time, a ray of sunshine met me. I had reached the Candy Castle this time around.
NOT AFRAID

Jennifer Bao
RUG CLEANING ALONG A BACKWATER CANAL IN KERALA, INDIA

Michael Zaccaria
Rita Ciresi

PRAYER TREE

Jesus take the wheel. God bless
the nurses and doctors
of this hospital. Lord please
watch over our beloved mother
and bring her safely home.

The prayer tree outside the chapel
is so cluttered with 3 x 5 notecards
there’s no room to hang another.

But I want my plea to be granted.

When no one’s looking, I take down
a prayer written in a foreign script
and pin up my own.
RITA LEVI-MONTALCEINI

Michelle Fealk
YOU NEVER KNOW

As you wend your way along your circuitous path of chance going first this way then that, you never know when you will be struck as if by thunder and have your heart splayed open like a steamed clam. You never know when the fever will end or how high it will rise or where your crazed feet will carry you as consider ways to quell the ache of openness, the helplessness of no defense. You may long for the quiet numbness of the days before you were blessed, but you know that the fires will dim soon enough. While they burn you witness your gifts being peeled away one by one and surrender to the tender hunger that can never get enough. All that you have you leave at the altar, the monument to your having passed by this way some time ago, long before you were old enough to remember.
THE ELEMENTS OF IN VITRO, COLLAGE

Marcia Leiser Zaccaria
SWIMMING LESSONS

Susan made the appointment with Dr. Kraus two weeks later because she was tired of waking up in a puddle of cold sweat. She liked Dr. Kraus, a sweet, unpretentious older woman who Susan had been seeing annually for the last five years, not one of those hoity-toity fresh out of med school kids who probably would’ve treated Susan like a lab specimen.

Also, Bill was starting to get restless. She couldn’t blame him for not wanting to wake up drenched in his wife’s sweat. Yes, he loved her, but it’d be easier if she had a bed of her very own. Bill was only concerned about Susan’s comfort. He adored her—so much so that he’d made it his latest project to build Susan a bed frame. No furniture store or manufacturer could ever supply something good (or substantial) enough for her; those places were notorious for using cheap materials. But, Bill assured her, he would build her a bed fit for royalty. Something solid and sturdy and as exquisite as Susan.

Susan wasn’t keen on the idea, really. It was difficult to fall asleep without Bill nestled beside her, and recently, she’d found herself calling on him a dozen times at night while he browsed through DIY magazines on the couch downstairs. Then, fear would squeeze into the space of their bedroom, and settle hot and thick onto Susan’s chest. Just how big was this bed going to be?

She arrived at the clinic early, hastily scribbled her address and date of birth on the patient information sheet, and handed it to the chipper nurse at the front desk. This is good, Susan told herself. A very good thing. I’m taking charge of my health. She eyed the empty chairs along the wall, but decided to stand, despite the swelling in her feet and the ache, loud and dull, that spread up her calves. She would seek advice from her doctor about ways to lower her cholesterol. She would walk more. Take the stairs. Drink more water. Starting now, I will take charge. At every visit, she’d repeated this mantra, envisioned herself as one of those women who’d plant her own vegetables and hike in the summertime. A woman of the great outdoors. She and Bill could go camping together, rise early, watch the House Sparrows gather buds. I will be healthy. This time, she meant it.

The nurse called her back, led her to the scale. Susan seesawed one swollen foot, anchoring her heel with her other shoe, until it was free. It would take a bit more work to dislodge the other. She leaned against the wall for support, tried to bend over, but couldn’t. Lately, Bill had been helping her with these things, and she’d allowed herself to forget the nuisance of putting her shoes on and taking them off.

“You can leave them on if it’s easier,” the nurse said.

How many more pounds would her shoes add? Did it really matter? She grunted, scraped the heel against the floor. “I’ve got it,” she huffed.

“Let me help you.” In one swift motion, the nurse squatted, cupped Susan’s ankle and pried at the heel.

“I said I can do it.” She shook her foot free from the nurse’s grasp. When, over the course of her body’s evolution, did strangers begin to pity her? The sneers and mockery, she’d ignored; it was easy to dismiss contempt as cowardice, and—as Bill always said—the others didn’t know how to handle a woman like Susan. But it was hard to grapple with pity.

A bit more wiggling, and the swollen foot came out, hot and slick in its nylon compression sock. She stood on the scale, waited, closed her eyes because this part was always the hardest, despite Bill’s constant validation. Then, a shocking sound. Three dramatic clunks (instead of the usual two) up the scale’s slide + a few more inches—several slick glides—up, up, up a little

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more. Three-hundred-forty-three pounds. My God, she thought, I’m on my way to breaking a record. The bigger, the better, Bill would’ve said. Yesterday, he’d told her proudly that soon she’d be fat enough to stand on a livestock scale.

Did he want her to die?

The nurse led her to the exam room, where Susan undressed, unbuttoning her blouse and pulling her pants down over her wide hips. The fabric resisted. Quick little snaps, and then a distinct tear. Susan examined the damage. Only tiny fractures in the thread so far; she could still get maybe another week’s wear out of them. She folded her pants (she was no slob), set them on the chair, unhooked her bra and held her breasts in her hands. It felt good to be free from hooks and buttons and tight elastic. Funny how at 160 pounds, another lifetime ago, she’d loathed being naked, refusing to look at herself in the bathroom mirror, and concealing her body under billowy dresses.

She put on the dressing gown, opening in the back. Two flimsy straps dangled at the waist, and she tried to get the two ends to meet, but apparently one size didn’t fit all.

Dr. Kraus came in, looking tired in blue surgical scrubs, and Susan was relieved. Here was the woman who would help make her well again.

She needed to get up onto the table, and the doctor offered a hand, thin and delicate as a shell, as though Susan could hoist her body up onto the crepe papered bed with the help of a woman who was, next to her, child-sized. Still, she appreciated the gesture, and she didn’t want to embarrass Dr. Kraus, considering her face already burned bright red as she’d kept her eyes buried in Susan’s chart, perhaps too embarrassed to confront Susan directly.

“At your last visit, your weight was two-twenty,” Dr. Kraus said gently. “That’s a weight gain of a hundred and twenty-three pounds in the last thirteen months.” Finally, she looked up at Susan, concern flashing in her eyes. “We’ll need to run some tests,” she explained. “Check your thyroid and your blood sugar.”

Susan agreed, allowed her eyes to drift. On the wall directly behind the doctor was a how-to poster for detecting breast lumps.

“How are you feeling otherwise? Hot flashes? Irritability?”

“I’m pretty exhausted, I guess. The sweat keeps me,” she paused, “my husband up at night. Hell, I’m surprised half the weight hasn’t melted off with all the sweat.”

The doctor nodded, her pixie-cut silver hair shining under the light, and instructed Susan to lie down. “Is there anything else you’d like to tell me?” She worked her fingers swiftly around Susan’s abdomen. “Everything’s ok with you… emotionally?”

Susan considered this. No one in her life, it seemed, had ever given a damn about how she felt. Not her mother. Not her father. Certainly not her brother, Ricky. Too exhausted to explain to this relative stranger that she was falling apart, that her husband couldn’t spend another night with her in the bed they’d shared for nearly a decade because she was getting too big, and that she was being sized out of the diner where she’d worked for nearly twenty years, Susan simply sighed. “Doc, I’m not eating my feelings, if that’s what you’re getting at.”

But the doctor was silent, frowning, her hands kneading one particular spot where Susan guessed her left ovary might’ve been. “I think we have something here,” Dr. Kraus said. Susan panicked. This was it. A tumor. She remembered Mrs. Wells, one of the diner regulars, who’d had one so huge that she’d looked like she was carrying twins, except that Mrs. Wells was in her seventies. The stories Mrs. Wells told, over her whole wheat toast and poached eggs (hash
browns on the side), made Susan wrinkle her nose in disgust. It was as big as a pumpkin when they took it out, she’d said. Nearly killed her.

More than anything, Susan wanted to be alive for Bill. She couldn't fail him. Had she been more mindful of her health last year, or the year before, or the year before that, she never would’ve found herself here now, about to receive her death sentence.

The doctor probed Susan’s belly with a microphone. There was a sound that didn't make sense. A rapid whirring orbiting her organs. “Do you hear that?” the doctor asked. “Fetal heart tones.”

Fetal heart tones sounded serious. Susan asked the doctor to repeat the diagnosis.

“You’re having a baby,” the doctor said.

There was cold gel smeared all over the apron of skin above Susan’s pubic hair. The doctor wiped it away with a papery blue sheet, leaving behind a sticky residue. Again, she held out her hand and again, Susan took it. Moving never seemed so impossible. Susan rocked forward, but could only lift her shoulders part of the way before thwacking back down. Her back might as well have been cemented to the table. Her legs were solidly fat like two stone pillars. She envisioned a team of men in surgical scrubs sawing off her appendages—one massive leg, then the other—until she was just a torso with a head and lighter than ever, free of the parts that held her down. But then, she thought of Bill’s hands rubbing and loving every bit of her, and guilt immediately washed over her. She imagined his voice in her ear. “I’ll care for you for the rest of your life.”

“I’m certainly not having a baby,” Susan declared. “Forty-six-year-olds don’t have babies.”

“The Doppler doesn’t lie,” said the doctor. “Feel this.” She pushed Susan’s hand down into something hard, a lump that didn’t belong. The rest of her belly felt soft and watery. This is not me, Susan thought. This is not my body, but a giant marshmallow, a Willy Wonka trap.

Long ago, when she’d feared that her mother might drown during her routine laps in the pool, Susan had signed up for swimming lessons at the Y downtown. Strange how her body felt so unfamiliar to her even then. Her mother had given Susan her old maternity swimsuit, a red one-piece with ruching at the sides in a medium—large enough to accommodate her mother’s expanding belly when she’d been pregnant with Ricky, and just a pinch too small for Susan. Susan remembered the gentle rippling of the water’s surface, the smell of chlorine and metal, condensation shading the lone window in the corner. A handrail, cold and sterile looking, curved into the shallowest part of the pool. On the other side, the class had already begun their warm-ups. Several minutes had passed before Susan could let go. She plopped one foot into the water and onto the first step, but her arms and legs trembled, as though her entire body was propelled by electrical pulses.

She hadn’t known that Bill had been watching her from the bleachers, a towel wrapped around his waist. Then, she felt his hand between her shoulder blades.

“I hate to see you struggle,” he’d said to her. “Have you ever done this before?”

Susan shook her head. She hadn’t noticed the color of Bill’s eyes when he looked at her, or the way the hair on his chest migrated up his neck and under his chin, where it blended and became one with his beard, or realized back then, that she’d find this hairiness sexy. All she saw was the image of her mother’s lifeless body drifting in the pool.

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“I’ll teach you what you need to know,” he’d said, taking her hands and guiding her into the water. It was a daring move, but Susan let him take the lead even then, just as she’d let him do time and time again as her boyfriend, and later as her husband.

“Don’t look down and don’t look back. Just look at me.” For a while, they stared at each other like that, Bill submerged to his neck; Susan bobbing along and wincing as the frigid water inched up around her. She flexed her toes as he dragged her deeper, until she could no longer reach the slimy tile below. “I’m going to drown,” she said, panting and gripping him tighter. Instinctively, she kicked, thrashing her feet. She remembered the terror that gripped her, the irrational horror that the water might somehow grow tentacles and pull her under. “I’ve got you,” Bill said calmly. “I’m not gonna let you drown.” And she trusted him.

In the pool with Bill, she realized how good it felt to surrender herself completely to someone else, even though Susan’s mother had frequently admonished her for accepting the kindness of others. Don’t be so helpless. You don’t need anyone’s pity.

Now, the doctor looked at Susan with something bordering on pity, as if her eyes said, poor fat woman. Dr. Kraus stretched measuring tape over Susan’s midsection. “Baby’s at about thirty-four weeks, but we’ll need to set up an ultrasound to be sure.”

Susan felt weak and shaky, like she might roll off the table and topple to the floor. She needed food. “I’m not well,” Susan told the doctor.

The nurse brought her juice in a purple box. With the mini-accordion straw, Susan pierced the hole at the top and guzzled. The juice tasted like Dimetapp. She grimaced, tried to ignore the fermented grape aftertaste.

What on earth are you going to do with a baby? she imagined her mother saying. The woman was an expert at hiding bitchy commentary under the guise of “speaking the truth.” After Susan got married, her mother warned there was no room in Susan’s life for a kid. “I hope I die before I become a grandma,” her mother had said. “So you tell Bill he’d better keep that dragon on a chain.”

Susan imagined calling her mother from a gas station pay phone, dramatically, like a teenager in trouble, where she could launch a barrage of insults into her mother’s ear in front of sympathetic onlookers. But she knew her mother would tell her in that snide way, “Oh, how sweet. This is exactly what I warned would happen. And now look at what you’ve done.” And then, Susan, crumbling under the weight of her mother’s words, would apologize for being such a terrible daughter, a traitor.

Now, Susan cradled her belly; bubbles fluttered and popped inside, but nothing felt like a human foot or hand drumming about.

Cases like hers weren’t unusual, Dr. Kraus explained. “It’s not uncommon for larger women to have erratic cycles, some sporadic bleeding here and there. And given your age, too...well, it’s easier to mistake a pregnancy for something else.”

Pregnant, fat, and old.

Susan mashed her palms into her eye sockets. Sparkles danced, then dwindled and everything was dark.

* 

She left the clinic with a canvas bag of baby loot: containers of powdered formula, a folder full of Gerber coupons and brochures/how-to manuals from birthing to swaddling and breastfeeding, a freakshow magazine displaying babies at every stage in the womb. She hid the bag in the trunk and drove past the hospital,
where the doctor had ordered additional testing. She drove toward the diner, where she’d been scheduled to work the 3:00 shift, raised her middle finger at the goddamn building and at the manager’s slick Caddy parked in its special spot, passed the Laundromat, the Dairy Queen, the high school and its sprawling athletic field. She didn’t turn left into the mall lot, or park her car outside of Sears, where she’d planned to shop after her appointment, because the manager informed her that something needed to be done about her shrinking uniform. Leaving the side of her jumper unbuttoned wasn’t doing the trick anymore, and there was nothing else she could do to prevent the skirt from hiking up. “There has to be a store where they sell pants for women of your size. Something professional, not the cheap looking kind,” Mike had said, twirling a pen between his fingers and scanning her with his beady eyes. “You need the kind with the big elastic waistband.” He’d stretched his arms as wide as they’d go. A big waistband.

What about the others? Would he require them to wear pants, too? Squat, little Stella with her stumpy legs? Paige, who always seemed to be tugging at the hemline? The jumper certainly wasn’t doing any favors for Maureen, who looked like a scarecrow in that sad polyester sack. Susan exhaled sharply, exhausted, burnt out.

Over the last month, Mike had cut her shifts considerably and she was making less than ever before. First, the tables, re-arranged and clustered together; the shrinking aisles to “accommodate more tables.” At the staff meeting last week, Mike mentioned they’d needed to keep the diner’s aesthetic in mind. Competition was fierce, after all. Huddled around Mike’s desk, the others didn’t look at Susan, instead fixing their gaze on the employee manual or at imaginary points on the wall. Everyone except for Maureen, who’d stared at her without restraint.

“You can’t let him try to get rid of you like this,” Maureen had said to Susan as they’d folded the silverware before the morning rush. “You have to put up a fight.”

But Susan was worn out, the entire world exhausted her. Denial had kept her afloat all these years, and she’d clung to it—her life preserver—in her marriage, at the diner, and now with this baby.

*How could I not have known?*

There was a sharp chill in the air, and the trees still looked sparse and skeletal, despite spring on the horizon. Across from the police station, next door to Frozen Delights—a family-owned ice cream parlor in the shape of a giant vanilla cone—sat the YMCA, still cheerless and grey as Susan remembered.

After parking in front of the Y, Susan made her way to the front desk where the receptionist—a freckled-faced boy who looked like he might’ve graduated from high school five minutes ago—asked for her membership card.

“No card,” Susan replied.

The boy offered her a brochure, and asked if Susan would like to become a member.

“I’d like a look around first,” she said.

“A tour? Let me see if I can find someone to—”

“No tour.” Susan slung her hand dismissively. “Just five minutes to scope it out myself.”

“I’m sorry, Ma’am, but it’s our policy—”

“Look at me, kid.” Susan shrugged. “What am I going to do, rob the place?”

“I suppose not,” he said.

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“Then suppose you let me in.” With her finger, Susan made an X over her chest. “Cross my heart, I’ll be a good girl.” She gave him her most reassuring smile.

When the door buzzed, Susan mouthed a quiet, “thank you,” and followed the long hallway to the pool area. She’d forgotten about the thin brown carpet that’d been there since the seventies, wet and dark with footprints where kids had scampered after a long swim. The rhythmic pop-pow! of a racquetball echoed through the building. She passed the ladies’ locker room, where as a child she’d watched her mother stand on a vibrating machine with a belt curled around her hips. It must’ve been before Ricky was born, because that was when Susan’s mother still tolerated her and took her places. The machine was supposed to slim you down, shake the fat right off. “You’d better watch yourself, or you’ll have to use one of these someday,” her mother had said.

She thought of the many times her mother had pinched her thigh or her arm or her cheek and pulled, twisted until Susan couldn’t take the pain anymore—a game her mother liked to play, though one Susan didn’t find fun at all. “Mercy, mercy!” Susan would beg, until the look of smug satisfaction would settle on her mother’s face. But it must’ve been that moment in the dressing room mirror—her mother’s body, the flat chest and gangling legs, jiggling on the machine reflected behind her—that Susan had, for the first time, grown acutely aware of the supple roundness of her face, and the implications that it brought. Perhaps her cheeks, the envy of the teachers at school, weren’t so sweet after all.

Susan turned the corner and walked all the way to the heavy door that led to the pool; as a girl, she remembered it being larger, secured with a solid metal beam. Now, she barreled through. The humid air struck her, and her clothes adhered to her like a second skin. Years of wear had thinned the soles on her slip-resistant shoes; she shuffled along slowly, wishing that she could still tiptoe with the grace of a ballerina if her body would allow it.

In the shallow end, kids splashed around, buoyed by colorful floaties. Susan listened to their excited hoots and squeals and remembered sitting in the bleachers, watching her mother do laps. She recalled the terror that ripped through her, sharp and fierce, that her mother—having not eaten more than the crusts from Susan’s bologna sandwich or a bite of fruit—might lose consciousness again. Only this time, it wouldn’t happen in the bathroom or on the soft living room carpet, but right smack in the deep choking water of the swimming pool, and there’d be nothing Susan could do but watch her mother’s body stiffen and drift, long hair rippling like a seaweed halo around her head. When her mother would finally hoist herself up onto the ledge, Susan would hug her hard, as though her mother might drip away with the water that poured from her. It was also why, when Susan turned eighteen and could no longer handle the anxiety—the possibility of her mother’s drowning—she decided to take charge and sign up for lessons, herself. She never did need to take those lessons. Bill had made sure of that.

Susan sat on the bench. The kids tossed a beach ball back and forth while their father played referee; he was a handsome hippie-type, sinewy with long dark hair banded in a loose wet ponytail. Susan’s own father would’ve thought it absurd to take Susan to the “community bathtub.” “That’s your mom’s gig, swimming with the hookers and hobos,” he’d say.

For the longest time, she’d thought, naively, that every kid had a dad like hers: a quiet man who’d slip away early, the night sky ushering in dawn, and return late in the evening to a dinner wrapped in tinfoil on the stove, which he’d carry to the spare bedroom—his project room—and eat privately. Sometimes on Saturdays, her dad would re-surface, hair combed neatly and parted to the side, smelling like oil or rusty metal, and on those days, he’d take Susan and her mother to Ted’s
Harmony

Surplus Junk Store where they’d look for parts for his turntable isolation platform. Unnecessary noise troubled Dad; the world was full of dizzying stimuli, and he’d simply wanted to listen to his favorite records without all of the crackling. Then, Ricky came along and they didn’t go to Ted’s Surplus Junk Store anymore, not until Ricky was old enough, and by that time, Dad and Ricky had turned it into their tradition.

Presently, Susan wondered if the hippie man belonged to any woman, and a primal lust rushed through her, an urge to swoop in on him and drag him back to an empty room, like an animal devouring its kill privately, in secret—somewhere away from his kids, where she could run her tongue over the soft dip under his throat. This thought surprised her, since she’d only ever thought about Bill that way.

The man looked up at Susan with something like shame or embarrassment, drew the kids in close, and whispered to them. A familiar sense of sadness swelled within her, rose like a wave, then crashed. She was fat. Boys don’t like fat girls, her mother had always said, even when Susan wasn’t really fat (just fat-ish).

The kids swam to the stairs and hobbled out of the pool, three shivering little ducklings trailing after their father. Then they were gone, and Susan was alone.

She stared out at the water’s sleek stillness. On the adjacent wall, an enormous clock ticked away. Perhaps an hour might pass—the dishes piling up, the cooks snowed under with orders—before the manager would notice her absence.

She wiggled her feet out of her shoes (this time with more ease), rolled the choking nylons down her calves, peeled her pants off with her underwear, removed her blouse and her bra, then folded and set everything neatly aside. There was nothing better in the whole world than being naked.

Before her, the water stood like glass begging to be shattered. She moved with force, with purpose, diving straight in with as much speed as her body could muster. The water resisted her at first, greeting her with a sharp smack, but then it embraced her, licking her arms and legs as she swam. Below the surface, water filled her ears, until the only sound left to hear was her blood pulsing.

Rising up for air, she drifted on her back for a while. Allowed the water to heal her aches, her pains, her heart. This is freedom, she thought, and she floated along.
SPIRIT DANCE

Mark S. Thaler
I’d had a routine mammogram, my second or third. I had no family history of breast cancer. I’d felt no lumps, and I’d breastfed my three daughters. After a few days, I’d completely forgotten about the exam. The phone rang as soon I arrived home from work. It was my OB/GYN’s office.

“Microcalcifications,” the nurse said. “Your mammogram shows microcalcifications.” I drew a deep breath. “Okay, be straight with me. What does this really mean?”

I knew her; we’d once worked together as RNs in the neonatal ICU. I knew she would tell me more than she would tell the typical patient. “Cancer, Lori. It’s a strong possibility. Early stage. But we could be wrong; this is just a screen…”

My head began to spin. My vision went fuzzy. As the nurse described the biopsy that would follow, her voice sounded more and more like the teacher’s in a Charlie Brown cartoon. Before I could get my bearings, my three daughters clamored in from school, startling me from my stupor. They threw their backpacks onto the floor and rummaged through the pantry for snacks.

“Mom, Jilli took the last Little Debbie,” said Zoe, then four years old.

“Oh, Zoe, don’t be such a baby. There are other snacks,” six-year-old Jillian said.

In Solomon mode, I gave each kid one cake from the package. I smiled at Caitlyn, my ten-year-old, who bit into an apple and rolled her eyes at her sisters.

Rohn, my husband of sixteen years, announced his arrival home from work with his usual lighthearted whistle. Alone, in our bathroom, I stuttered as I told him the mammogram results. Once I said the words out loud, the possibility I might have breast cancer somehow became real. Rohn held me close and gently lowered me to the cold floor as the urge to vomit overwhelmed me. He promised to be with me every step of the way—something I knew he would do, without his having to say it. He’d loved me and stood by my side after our first daughter, Alexa Christine, died of Sudden Infant Death Syndrome eleven years before.

I’ve always kept a white legal pad handy. That day, my legal pad contained three separate lists, handwritten in my neat cursive script. Each list occupied a quadrant of the paper rectangle: calls to make, home chores and errands to run. Like a long distance runner or a drug addict, I eagerly anticipated the chemical rush of crossing off completed tasks. Every few days, I rewrote the lists as pages crinkled, or as more space was needed for new items. Wherever I went, my legal pad accompanied me like a security blanket.

I’d recently added ‘lactation consultant’ to the alphabet soup after my name—RNC, BSN, IBCLC—so I couldn’t help myself: I went into medical research mode, with a brand new legal pad. I obtained a copy of my mammogram report, wrote every unfamiliar medical term in the left-hand margin and printed each definition in my precise hand. I then combed the Internet for the latest information on microcalcifications. I wanted to know all I could: what were the chances that I had cancer? What were my treatment options? Could this screen somehow be incorrect?

I returned to my childhood home the next day, alone and unannounced, to tell my parents the news. Their suspicion hung thick in the air before I even gave them the news. My mother dropped her head in her hands and wept. My
Harmony
dad stood stock still in his blue chemical plant uniform, his arms tight across his chest, and said, “Oh, shit.” I mustered a measured tone, explained the biopsy process, and told them over and over it was probably a false alarm. The biopsy was scheduled during the school day, so Rohn and I decided not to tell the girls anything. I shared the news with a few close friends, who promised their prayers and placed my name on several local prayer chains.

A young bachelor surgeon who’d gained a reputation as a playboy in our hospital community was scheduled to perform the biopsy. I’d never trusted blonde-haired, blue-eyed pretty boys; men like my husband, with dark hair and dark eyes, had always been more attractive to me. This surgeon fit the bill: black hair, dark eyes, long eyelashes, beautiful smile.

My closest friend Tami and I had dubbed this physician “Dr. Duct Tape,” as in, “Shh, don’t talk. Don’t say a word, Doctor. Let’s just put this duct tape over your mouth, and you sit there and look good.” We giggled like giddy teenage girls when we’d seen him jogging around town and working the room at social events. Tami promised me that, if I needed a mastectomy, we would get matching boob jobs—DDD.

“People will see us coming for a mile,” she said. “It’ll be great.”

We laughed until our stomachs hurt.

Rohn knew of Dr. Duct Tape and his reputation. Was he jealous? Not at all. Charming and quick with a smile, Rohn could talk the paint off a wall. A confident entrepreneur, he possessed a gift for optimism bordering on delusion. With a killer sense of humor and the ability to draw anyone out, he made people feel special after only a few minutes of conversation.

True to his word, Rohn insisted on attending the pre-surgery consult with Dr. Duct Tape, although I insisted it wasn’t necessary. I told Dr. Duct Tape I performed self-breast exams every month—a lie—but he proceeded to instruct me in the procedure, nonetheless. I lay on the cold exam table under fluorescent lighting, garbed in nothing but a paper gown and panties, as my clothed husband chatted Dr. Duct Tape up.

Rohn didn’t miss a beat, babbling about nothing in particular as Dr. Duct Tape palpated my breasts and squeezed my nipples. For breast symmetry assessment, I sat on the edge of the table, my breasts fully exposed. Dr. Duct Tape told me to strike a pose like Arnold Schwarzenegger in his bodybuilder days—fists pumped, arms bent, muscles flexed, breasts poking forward.

“Wow,” Dr. Duct Tape said. “You’re the first person I’ve seen do that correctly on the first try.”

Rohn sat up and said, “Well yeah. She does yoga.”

I thought: kill me now.

I dressed and joined Rohn at the x-ray box as Dr. Duct Tape described the biopsy procedure. He looked past me, to Rohn, and explained that he would suture the breast inside and out to ensure little puckering on the breast surface.

“There should be minimal scarring,” he said.

I caught Rohn’s eye and said, “Well, damn. There goes my career in porn!”

We both doubled over in laughter as Dr. Duct Tape glared at us with equal measures of amazement and irritation.

Because my breast had microcalcifications, not lumps, tiny marker needles had to be inserted into the calcifications during a mammogram before the biopsy. Although I have a high pain tolerance, I do, on occasion, faint. I gazed forward and swallowed.
hard as the radiologist inserted several thin silver needles into my breast.

Not too painful, I thought. I’ll just glance down and see how this looks.

The needles poking into my skin weren’t the problem; seeing my breast squished to nothing in the machine, however, made everything go black. I became dizzy and nauseated. As I lost consciousness, I felt myself falling backward; my breast trapped in the mammogram machine was the only thing holding me upright. I couldn’t sit up or see, but I could hear and think. Monitors beeped and squawked; the technician called a code, and I panicked as my breast was released and my body eased back into a chair.

I am not coding, I thought. Lori, they’ll do all kinds of stuff to you if you don’t wake up fast. Think of something that makes you mad; that’ll wake you up. Think about Rohn and the kids doing stuff that pisses you off. You know: Rohn being loud and obnoxious, the kids arguing—anything!

I struggled to wake, to speak, to do anything to stop the code. I finally managed to open my eyes and give the technician and radiologist a weak smile. With sweat on his brow, the exasperated radiologist concluded that there were enough markers in the breast; we were done.

In the recovery room after the biopsy, I awoke, groggy and sluggish.

My recovery room nurse chuckled as I cried and mumbled, “The lactation consultant has breast cancer; how funny is that?”

I opened my eyes to Dr. Duct Tape’s perfect white smile beaming over me.

“I heard you wimped out in the mammogram,” he laughed. “Otherwise, everything went well. We’ll have the results in a week or so.”

A routine life proved impossible during the next ten days as I waited for the biopsy results. I cared for the girls, my patients, our home and Rohn the best I could. I tried to cross items off my to-do list, but my efficiency plummeted. Still, I forced a sunny attitude. I didn’t want anyone to worry about me.

I scarcely allowed myself to consider the worst—What about the girls? How would I tell them? A positive biopsy result would kill Mom and Dad. Would I lose a breast?

Besides Rohn, I confided only in Tami; I knew she could understand the depths of my fear. Her second son, Judson Wade, succumbed to Krabbe’s, a neurodegenerative disease, when he was nine months old. We’d both come to know death intimately; it was real to us. Tami and I told each other everything. Her husband called us Evil Twin Sisters. We’d supported each other through tough times with sarcasm, dry wit and macabre senses of humor.

She called me the day after the biopsy. “So, what do you really think? I mean, do you think it’s cancer?”

“I told Mom and Dad it’s not cancer, but I don’t really believe it,” I said. I hesitated. “Yeah, Tami. I think I have breast cancer and my life is just one colossal joke. First, my baby dies of SIDS while I’m at work, taking care of other people’s sick babies. And now I’m a lactation consultant, and I have breast cancer. God must be laughing his ass off.”

Tami sighed. “No doubt. No doubt.”

The doctor’s office finally called with the biopsy results. When the nurse identified herself, I almost hung up the phone. The wait had been horrible, but the results could have been even worse.

(continued)
But she spoke too quickly for me to evade her. “The biopsy results are good,” she said. “Everything is clear, Lori. No cancer.”

I plopped into a kitchen table chair and stared at my reflection in the shiny refrigerator door. Grateful to be home alone, I finally felt like I could breathe, at least for a few minutes. I found this positive news hard to digest; I was relieved but cautious. I let out a long breath, whispered a quick prayer of thanks, and called Rohn, my parents, and Tami with the results.

At my post-surgical check-up sans Rohn, Dr. Duct Tape said, “The radiologist who read your mammogram is never wrong; when he diagnoses a breast as cancerous, it is cancerous. This is the first time I can remember that he’s been wrong. I wasn’t looking forward to telling a forty-year-old mother of three she had cancer. I’m glad I didn’t have to.”

When I relayed this news to Rohn, he responded with cheerful confidence. “Well, of course the radiologist was wrong! With all those people praying for you, how could he have been right?”

I didn’t respond. His flippant positive attitude irritated me. Before the biopsy, I’d appreciated the friends’ prayers. But now, uncertainty crept in. A reluctant, quiet voice in my head asked, surely God doesn’t require a certain number of prayers to decide whether a breast is or isn’t cancerous. Surely that’s not how it works. Didn’t we say enough prayers for a healthy baby? Surely that isn’t why Alexa died?

Ten years later, while cleaning out a closet, I found my legal pad pages from the breast biopsy. I realized that I could recall the time between the microcalcification report and the subsequent biopsy report vividly, but that my mind would release only fuzzy fragments of the time after the biopsy. I’d received happy news, and what did I do? I went back to work on my to-do list, telling myself, you’re blessed; you’re one of the lucky ones without cancer. You won’t lose a breast or suffer through chemotherapy. This is just a bump in the road. Be thankful for your blessings. Move on.

My self-imposed busyness successfully diverted my attention from my real feelings. I received plenty of approval for my productivity. I would not have received praise if I’d questioned the state of my marriage, asked God why he let my daughter die, considered if I was truly happy. So I stayed productive. With three young children and Christmas fast approaching, I didn’t dwell on the biopsy, my fear of a bad report, or the final good news. I kept moving.

A few weeks later, without warning, our seven-foot tall, fully decorated Christmas tree crashed to the hardwood floor. Ornaments, collected on family vacations and symbolic of special events, shattered and flew across the room: sailboats, Star Trek figures, and cameras for Rohn; ballet shoes and a soccer ball for Caitlyn; Blues Clues and teddy bears for Jillian; a millennium baby and Barbie dolls for Zoe. There were ornaments from New Orleans, Galveston, Illinois, South Carolina and Massachusetts; the girls’ handmade ornaments; tiny white ornaments tatted by my grandmother. I found it unusually easy to laugh. Caitlyn, my oldest daughter, didn’t. We sat on the couch together as she pouted.

I put my arms around her and drew her close. “Baby, it’s just a Christmas tree.”

“I know Mom. I just don’t understand why bad stuff like this happens,” she said, arms across her chest.
This is one of those teachable moments you read about, I thought. “Cait, earlier this month I had a test,” I said. “The doctors were pretty sure I had breast cancer.”

Her eyes widened, “What? Mom! Why didn’t you tell us? Do you? Do you have breast cancer?”

“No, I don’t. We didn’t tell you at the time because we didn’t want you to worry.”

“Oh my gosh, Mom, I’m so glad you’re okay. You must have been so scared,” she said, hugging me tight.

“The Christmas tree’s really not important, is it?” I whispered.

“No Momma, it isn’t,” she murmured.
BLIND HEARTBEAT

Kathi Aho
Tiffany Jenkins

THE UNBRIDGEABLE DISTANCE

Golden orange Mexican poppies
drape the hillside, swaying
in the soft spring breeze.

Above the yielding petals floats
a pair of pale yellow wings.
The tiny body hops left and right
angling higher with each delicate flap.

Giggles and grunts leap across the soft grass.
Tiny toes twirl among the golden poppies; wings hopping ever higher.
Upwardly stretched arms poke up higher and higher,
bending from side to side toward
the ever-elusive yellow.

“Lila,” a sugar-sweet coo calls from a distance.
“Come back to mommy, dear.”

Elevated arms drop
just enough to irreversibly
widen the gap.

(continued)
(continued) THE UNBRIDGEABLE DISTANCE

“I’m so sorry Mrs...”

The words hung.

Hovering over the plastic rails of the bed, twisting down the IV tubes, diffusing.

“There was nothing we could do.
Your son didn’t make it.
He was just too small...”

A familiar warm hand clutched her own from a world away, trying to comfort, to hold.

Starlight dusts the edge of her cheek through the fogging backseat window, catching in the valleys of her eyes.

His hand reaches forward landing on her cheek bone, flowing slowly over each freckle, the tiny hairs on her skin bending under the weight of his fingertips.

Small electrochemical signals fire under his finger, flowing down the tiny ribbons tied to her brain. Sodium and potassium flow like ionic waterfalls, positive and negative waving down the length of the tiny ribbons.

Negative the electrons on the hilltops of his fingertips spin, quickly, like the edges of a pinwheel in the wind, pushing backward, repelling the pinwheels in her skin.
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WRITTEN WORK
1. All written submissions should be no more that 5,000 words with spelling & grammar checked
2. Work must be titled, double-spaced, 12 point font with the title & page number as headers on each page.
3. Previously published work will not be considered.
4. Submissions are accepted only online (see web address below).
5. Submissions should include on a separate cover letter the author's name, mailing address,
   email address, phone number, and a one-line bio.
6. The preferred file form for documents is Microsoft Word.
7. Limit to 4 entries

VISUAL WORK
1. Artwork submitted electronically is preferable in a CMYK 300dpi TIF file.
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3. Submissions should include on a separate cover letter the artist's name, mailing address,
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4. Limit to 4 entries

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A HUMANITIES MAGAZINE from the PROGRAM IN MEDICAL HUMANITIES — 2016
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Jennifer Sedler is a medical student who hopes to work in a pediatric specialty.

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Marcia Leiser Zaccaria a retired educator and multi-media and clay artist, uses photography to capture moments in time related to stages of human development.
Harmony
A HUMANITIES MAGAZINE from the PROGRAM IN MEDICAL HUMANITIES
2016 Humanism explored through Art and Writing

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