



Ars Medica

A Journal of Medicine,
The Arts, and Humanities

Vol.
12
No.
1

MEREDITH



Volume 12
Issue 1

Loss

Diana Meredith

Diana Meredith is an independent artist, writer, and critical thinker. The body is at the centre of her practice. Cancer, body image, and age are some of her research topics. She combines acrylic paint with digital paint and photography and prints onto a variety of substrates—aluminum, pella, paper, and canvas. As a person living with cancer, she is interested in challenging the dominant medical and pharmaceutical narratives of that experience. Her work is informed by second wave feminist ideas about embodiment and medical humanities. In 2013, Diana Meredith received an MFA from OCADU for her thesis exhibition, *Age is Written on the Body*, an investigation of the experience of middle age. Until her first cancer diagnosis in 2015, she taught digital art at Humber College. www.dianameredith.com; diana@dianameredith.com ; www.cancerportfolio.wordpress.com



We are grateful for the generous financial assistance of the Departments of Psychiatry at the University of Toronto, Mount Sinai Hospital, and Centre of Addiction and Mental Health, and to the Munk School of Global Affairs. Published in partnership with CISP Press, Simon Fraser University.

For subscription information or to submit a manuscript, contact arsmedica@mtsinai.on.ca or visit: <http://ars-medica.ca>

ISSN 1910-2070



Ars Medica

Volume 12, Number 1

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Editorial

From Beautiful Sketch to Fractured Selfie: Over 500 Years of the Aesthetics of the Ailing Body



Artists and writers help us seek new forms to understand and make meaning from the experience of illness, which is especially poignant in this issue of *Ars Medica*. In “Albrecht Dürer’s Praying Hands: The Hand Is Art,” Brandon A. Haghverdian and David A. Daar explore Dürer’s famous drawing, sketched over 500 years ago. Unlike his Italian Renaissance contemporaries who celebrated “the perfection and monumentality of the human form,” Dürer valued “the ideal of nature as beauty, even when the object was unsightly or grotesque.” Dürer uses the beauty of art to render the body in decline and disorder.

Five centuries later, in her series of photographic art, Diana Meredith also uses “the body as a source for artwork,” exploring her own experience with multiple myeloma in “Mortal Selfies.” Through the popular genre of the selfie, Meredith

captures and then distorts her fractured body, her artistic process mirroring the attack of the disease on bone and identity. These images, overlaid with text, attempt to reconfigure the fractured self into new arrangements of meaning.

Between these two works we witness acts across time and geography that seek form out of the deforming experience of illness. The materials and craft garnered from artistic practices recreate the body in various aesthetic guises and, in turn, share new perspectives with audiences, creating collective meaning. It is our collective vision to have *Ars Medica* as a place to share these aesthetic approaches to the body in all of its stages of development, and manifestations of wellness and illness. Too complex to be captured in a single aesthetic category, writers, poets, and artists have rendered the body through the aesthetics of beauty, sublimity, disgust, horror, cuteness, camp, and beyond.

Digital innovation creates ever-evolving ways to expand the repertoire of the means and possibilities for exploring the body. As *Ars Medica* has embarked on a transition from print to digital publication over the last three years, we have also found new modes of understanding both our readership and the art and artists that form this aesthetic community. Google analytics shows readers now as far afield as Nigeria, India, Kosovo, South Africa, and Australia. From Canada we welcome this expanding community. As the graphic above shows, we can also get a quick “read” on the themes and ideas shared by our contributors. In this issue, many words reference the tools of craft—acrylic, digital,

print, photography, paint, and ink—used to convey embodied experience. Through artistic practices, medical words and states such as “cancer,” “drugs,” and “cells” receive transformative treatment, becoming “miracle,” “cherish,” and “profound.”

This range of art form also expresses a range of perspectives. In “A Case for Patient Ownership,” Geoffrey Shouse and Steve Hardin delve into the complexity of the physician’s ongoing relationship with patients after their care has ended. The reasoned arguments of their essay contend with the often uneasy parallel lives of patients who can be “frustrated and suffering in a body over which [they are] losing control.” Cammy S.H. Lee shares her near death from routine surgery in “Naming, Not Blaming: A Story About a Surgery Gone Wrong.” Her narrative goes a way toward repairing the “sudden and dramatic” disruption to both her body and sense of meaning. She quotes Anne Michaels on this ability of words to create new meaning:

If one could isolate the space, that damaged chromosome in words, in an image, then perhaps one could restore order by naming.

As a counterpoint, in “Eating, Sleeping, Playing” by John Vurro, parents experience anxiety awaiting the results of a follow-up for a child with cancer, and the limits of narrative to settle on meaning, incommensurate with their lack of closure, where “whatever the outcome ... we’ll always be waiting.”

Poetry as an art form uses not only the meaning of words, but also their musicality, their arrange-

ment on the page, and the spaces between words to convey meaning. In Sarah Shirley's "Charm," the poem itself is an incantation or spell. Among Virginia Aronson's series of three poems, illness is performance with the poem providing a new stage to explore it. In "Triaging Your Life" she writes:

the waiting
room in stitches, you cracking them up.
You are the crisis.

Similarly, in "Consent to Orchidectomy" P.W. Bridgman's surgeon announces, "it's show time," and the surgical suite of the poem reveals "the cruel beauty masked by the floral-sounding word."

Poetry also allows for the containment of affect. In "An Emergency Doctor's Silent Prayer," Samina Ali confronts the loss associated with being a pediatric emergency room physician. While for Elizabeth Morton the poem itself is personified to contain anger: "the poem spat / and hissed through the gaps / in it's teeth." Schneider K. Rancy, in "The Psychobiology of Feeling," uses the gaps and white space that creates poetry out of words in an attempt to traverse the gap between neurobiology and the experience of feeling. Gaps are also spaces of possibility. Over a span of 500 years of representation, the range of approaches, art forms, aesthetics, and perspectives in this issue of *Ars Medica* reflect what the journal strives to create space for.

Allison Crawford



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Charm / Willa

Sarah Shirley

Charm

She flew in on a Thursday
Chirping an angry refrain.
I'm fine, I'm fine!

But why did you fall?

*For my sins, for my sins!
I gave the cat biscuits,
When clearly, the sod wanted steak.
He wove a charm around my feet,
And put clouds in my eyes.
But I'm fine, I'm fine!
Listen to my heart, it's strong, it's strong!*

And inside the wicker cage of ribs,
Indeed, another bird,
But no sparrow flutters here.
It's the steady slow flap of a goose forging on,
Soaring up and away from the winter

Willa

Willa is draped in hospital finery
Faded teal cotton embossed – HOSPITAL PROPERTY
But they mean the gown of course,
Not Willa!

Willa lies stretched, propped up on a bank of pillows
(She cannot lie flat anymore)
She offers a delicate paw, bird bones wrapped in parchment,
And says ‘just take the blood, if you can find any!’
Oh Willa.

Truth is, there seems no room for blood in Willa,
Queen of Room 12, her golden
Catheter snaking out from under sheets.
But something is keeping her alive. Perhaps
It is peppermint chocolate
And the memory of a hot day on the beach
When she wore her red dress,
And she laughed at the boys on the sand.

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Albrecht Dürer's Praying Hands: The Hand Is Art

Brandon A. Haghverdian & David A. Daar

Albrecht Dürer was a pivotal artist of the sixteenth century German Renaissance. Like da Vinci, he was a student of human proportions, but unlike da Vinci, Dürer's work was finished.¹ In one of his most popular pieces, *Praying Hands* (c. 1508), Dürer displayed an allegiance to the ideal of nature as beauty, even when the object was unsightly or grotesque (Fig. 1). In his diary, he remarked,²



Figure 1. Albrecht Dürer, *Praying Hands*. ca. 1508. Brush, gray and white ink on blue prepared paper. ©The Albertina (Vienna, Austria) All Rights Reserved.

Neither must the figure be made youthful before and old behind, or contrariwise; for

that unto which nature is opposed is bad...
The more closely thy work abideth by life
in its form, so much the better will it ap-
pear; and this is true.

In *Praying Hands*, Dürer strayed from the style of his contemporaries in the High Italian Renaissance. Instead of celebrating the perfection and monumentality of the human form, the model's fingers are slender, askew, and bony. His hands are veiny and, true to Dürer's style, are sketched with cross-lines which give them a distinctly coarse appearance. Dürer was not averse to depicting maladies.² Indeed, one of his earliest woodcuts graphically portrayed a man plagued with syphilis.³ In one portrait, he drew himself pointing to a site in the lower abdomen, with an inscription reading, "The yellow spot to which my finger points is where it pains me," perhaps to send off for a physician's diagnosis of the illness which would later cause his death.⁴

In his time, Dürer was known as an artist for the people.⁵ Even now, *Praying Hands* is portrayed throughout our culture, from the tombstone of Andy Warhol, to the covers of hip hop albums, to the tattoos of celebrities. Though the model for the piece is not known, a popular belief is that the painting was meant to be a commemoration of Dürer's brother, who himself desired to become an artist.⁶ He forfeited this endeavor to instead work the mines and financially support Dürer's apprenticeship. His hands became afflicted by arthritis from years of wear, making him unfit to become an artist. This would not be the first work thought to

depict arthritis in the members of Dürer's family.⁷ Regardless of the hands' origins, Dürer has left many viewers to speculate, at times with levity, as to the medical mystery clasped between the *Praying Hands*.^{8,9}

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Issue 1
2017

An emergency doctor's silent prayer

Samina Ali

“Cardiac arrest. Baby. CPR in progress. ETA 3 minutes.”
And so it begins.
First. The Science.
Plan.
Call backup.
Check equipment.
Review algorithms.
Breathe. Breathe. Don't forget to breathe.
Then. The Waiting.
Gloves on.
Team assembled.
Roles assigned.
Please God, give me the knowledge to save this child.
Please. Not on my watch.
Paramedics roll in.
Panic in their eyes, desperate.
Compelling us to save her.
No words. It's in their eyes.
We work.
A beautiful, well-rehearsed, well-choreographed, and violent
dance.
And once in a blue moon, we succeed.
But mostly not.

Then. Breaking The News.
That primal scream of horror. A mother's heart ripped out.
There is no other sound. Quite. Like. That.
It haunts me. Every single mother. Haunts me.
Then. Healing the team.
Check on the nurses. Many parents. Some pregnant.
The students. Never seen CPR before.
Crumpled in a corner of the room. Shaking.
I must help them, so they may heal others, one day.
And not be irreparably broken.
Quick cry. Breathe. Breathe. Don't forget to breathe.
Numb. So numb.
And then, the next patient. And the next. And the next.
Then home to pray. Again.
This time for that mother, that father, those brothers and
sisters.
May you find wholeness and peace, again.
Home. To kiss and hold my children in their sleep.
To relive the night. And to restlessly dream of sweet babies,
safe in mothers' arms.

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Volume 12
Issue 1
2017

the poem / fever /
axial section through putamen
with vessel territories

Elizabeth Morton

the poem:

earmarked for the shredder, the poem
had a flashback of its short life.
ballpoint on paper napkin,
it started in the sluice room.
it started with the word 'bowel'.
somebody was rinsing a commode.
the countertop stunk of dettol and
incontinence. it was born during
a nightshift and grew its baby fat
under the halogen lights that
threw honey against the walls.
it caused a kerfuffle in the
nurses station. jabberwockies
hid in the medicine cabinet
and chowed down all the pills.
the poem grew legs. it kicked in
the laminate doors. it hijacked
the tea trolley and zoomed it
down the corridor. when patients
moved to pet it, the poem spat
and hissed through the gaps

in its teeth. when the charge nurse
held it down, it grew wings and
thrashed against the windows.
when they captured the poem
in a butterfly net and calmed it
down, they found they had only
syntax, the mothdust on
their fingers.

fever:

moving away from the orchard plots,
laundry lines that sag under macrocarpa.
moving away from the crystalline skies,
the salt-struck grasses, the train carts
and the underpasses. i astral travel
with a flannel on my head, drink litres
of holy water, chicken broth. i vomit
words into the plastic bucket, brush
the acid from my teeth. i move away,
over tussock country, along the desert
road. i chew the pillowcase. i cling
my body to the bunk. the streets
unfurl, slick with gum and cigarettes.
somebody is yelling my name. i quiver
like a sparrow. hello hello, says the
paramedic. but i am moving away from
the city lights, the steel towers.
and i shed my skin on a motorway
and i float up into the sky.

axial section through putamen with vessel territories:

i saw mickey mouse ears. i saw a cathedral
in the corpus callosum, and a waterhole
where antelope might loiter. there was
a little man hanging on to dear life below
the wingspan of a giant silk moth.
i saw an octopus in a balaclava and
cirrus clouds spreading their fat fingers
and sulci and sulci and a blackening
which curbed the frenzied hands.
and then i spotted it – the alien, a head
the size of a quail egg. it was so beautiful,
i wanted to cradle it, to wrap it in my shirt.
i wanted to make it lunch, take it to the zoo.
i wanted to teach it to samba. i wanted to
show it B-grade porn, play it dvorak.
by hook or by crook,
i wanted to take it out.

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Issue 1
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A Case for Patient Ownership

Geoffrey Shouse & Steve Hardin

“In order to be a good resident and a good physician, you must take ownership of your patients.”

The words rolled off his tongue quickly, like a reflex. He was an Internal Medicine senior resident, approaching graduation, seated at the front of an auditorium, providing advice to the intern class as they approached their senior residency. He heard the idea of ownership incessantly throughout his own time in medical school and residency. Ownership was supposedly the key to being a good physician.

He looked around the room and saw stares from so many terrified young physicians about to take on positions of significant responsibility. To him, ownership means responsibility: “This patient is mine.” Their care, safety, dignity, knowledge and understanding, these are all my responsibility and are things I will provide. Ownership means treating a patient like your own family.

He recalled a night he had covered the Medical ICU as a senior resident. It was 2 a.m. and a 74-year-old male patient, not fit for surgery, was dying from septic shock from cholecystitis. He was

scared to page the interventional radiologist at that time of night. He thought to himself, “If this were my father, I would not hesitate to call.” And so he called. The interventional radiologist and his support staff came in, placed a percutaneous drain, and the patient survived.

Although patient ownership is an excellent abstract idea, in practice it raises many questions. For example, how much of the patient’s course do you own? Do you own the poor outcome from the ERCP that ultimately led to a perforated viscus and patient death, because you placed the GI consult? Do you own the “near miss” when you ordered an antibiotic that the patient was cross allergic to, but the pharmacist caught it in time? Do you own the accidental canalization of a 92-year-old male’s femoral artery when attempting to place a femoral venous catheter during CPR as the patient’s body is rhythmically shifted back and forth as the entire code team attempts to acquiesce to the family’s wishes to “do everything”?

When does ownership end? Does ownership lapse at shift change? At the end of the month when the rotation switches? At the end of residency? When the patient is discharged? When the patient dies? Does it ever end?

He recalled a troubling case he had been involved in as a second year resident. Mr. H, a gentleman in his 50s, had come to the hospital with weeks of fevers, chills, night sweats, and weight loss. Mr. H had also experienced some weakness in his legs, cranial nerve deficits and a painful disseminated rash, with ulcerative erythema and

patchy alopecia. He had taken ownership of Mr. H from the first time he met him in the emergency room. At that time, the patient was already significantly debilitated. He was unable to walk, unable to coordinate either his voluntary or reflexive swallowing, and would often choke and cough on his own saliva; but his abdominal muscles were weak and his cough often sounded like nothing more than pathetic gurgling. Mr. H was a man frustrated and suffering in a body over which he was losing control.

He spent a long time in the emergency room getting information from Mr. H. He had recalled so many times being taught that more than half of diagnoses can be made by a good history and physical exam. He learned that Mr. H was a devout Christian pastor who dedicated his life to God, teaching others, and helping all those he met. He was well travelled. He had seen many beautiful places in his life, met many interesting people. He had come to California to continue his work and spend time with friends and try to get answers about his disease. As time had passed, however, this plague had progressed. It had stolen his independence and trapped him in the decaying vessel that was once a body capable of education and inspiration. It was now only capable of causing Mr. H pain and causing frustration for Mr. H's physicians.

Every day he would speak with Mr. H, evaluate his progress, review lab tests, call in consults, and discuss the case with peers and attendings. He called in consults from nine services, ordered hundreds of lab tests, dozens of imaging studies, and

orchestrated multiple surgical procedures. Perhaps this was excessive, but wouldn't you do everything you could for your brother?

He watched Mr. H's body continue to deteriorate, becoming weaker and less responsive to its owner. Despite lack of a clear diagnosis or treatment plan, he was touched by Mr. H's continued faith in God. He paid attention to Mr. H's personal feelings and attempted to make him as comfortable as possible. He contacted the patient's friends, family, and minister so they could all be with him. He tried to nourish Mr. H's spirit, since he couldn't seem to help with his physical affliction. With a bitter taste in his mouth, he signed Mr. H's case out to the oncoming resident.

And then things got worse. A few days later, he learned that Mr. H had perforated his abdomen from a complication of his feeding tube, was transferred to ICU, was intubated, and ultimately died. Mr. H had died, but he continued to own the hospital course, the outcome, the lack of answers. It weighed him down and filled him with self-doubt.

Mr H's case was used at a conference, presented by another resident who had not even cared for the patient, as a tool to discuss how physicians deal with not knowing. His exclusion from participating in the conference left a sting deep in his chest. Mr. H was his patient; how could he be left out of the presentation? Despite the anxiety and frustration gripping his throat and almost choking him, he still attended the presentation. He listened to the case articulated in agonizing detail, each moment a reminder of his failure. At the end of the

conference he stood up and tried to take back some portion of ownership of the case. “I was the resident taking care of this patient while he was in the hospital. Even though we were not able to provide the patient with a diagnosis and our supportive care was not able to stop his ultimate demise, we were able to address his desire to be in touch with his friends and family, as well as with a minister who could address his spiritual needs.” This explanation felt hollow, and he felt that what he had provided Mr. H was still inadequate.

Several months later, he was reviewing Mr. H’s case. He was surprised to find a pathology report from a muscle biopsy. Mass spectrometry identified protein deposits within the muscle tissue consistent with a rare, familial form of amyloidosis seen in people of Finnish heritage. However, Mr. H was of African and Caribbean heritage. This was a novel finding, and he became part of a project sequencing Mr. H’s DNA to uncover the underlying mechanism causing this disease. Now, almost a year after Mr. H had died, he was still working to find a diagnosis. He felt the weight of the case become a little lighter at the thought of finally having an answer, but almost as if the lack of diagnosis had its own inertia, he still doubted he would ever conclusively find a result. Either way, though, it would not help Mr. H.

He realized something then about the idea of ownership, and what it means for a physician. He realized the truth is that once he took ownership of a patient, that ownership never ended. Mr. H would always be his patient. The lessons from that

case became a part of who he was as a doctor. All of the patients he had cared for, the decisions he made, the mistakes, the time invested, they were all now a part of him. He had feared that this ownership might slowly overtake him and destroy him. But instead it became his base that held the weight of his responsibility, giving him strength and compassion. It was the support system that kept him from snapping like a twig under the tremendous pressure of caring for others the way a physician must. Each patient and family member he interacted with became added to the foundation of who he was. In some cases, the foundation was strengthened by this addition, in other cases it was weakened. Either way, it was an inevitable, ongoing process that would continue on for the rest of his life as long as he continued to take ownership and responsibility for those he took care of. He continued to hope that by taking ownership in this way, he might ultimately become a good physician.

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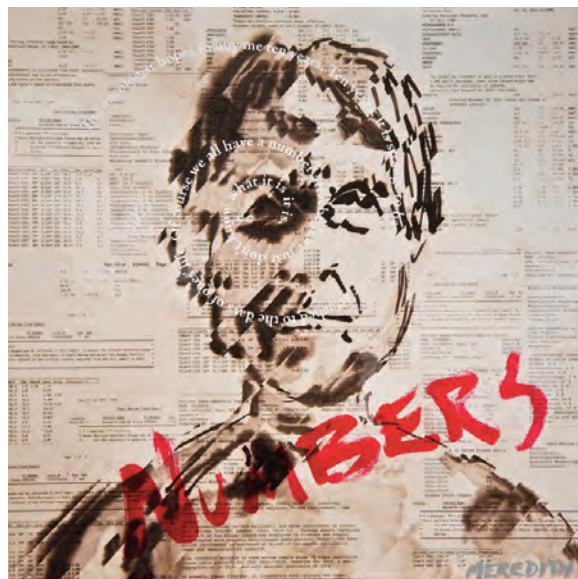
Mortal Selfies

Diana Meredith

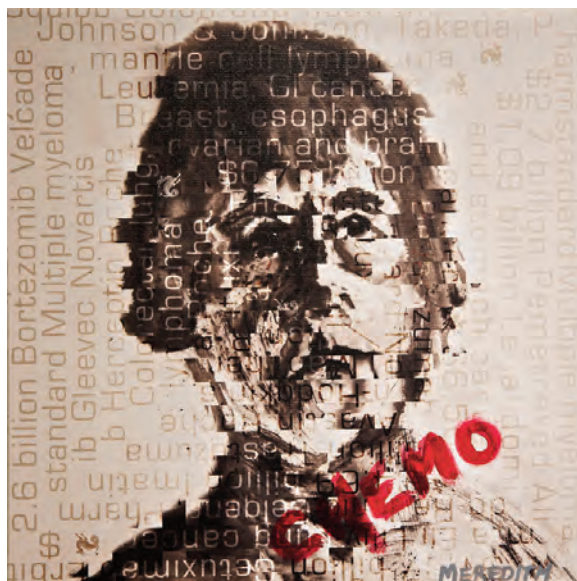
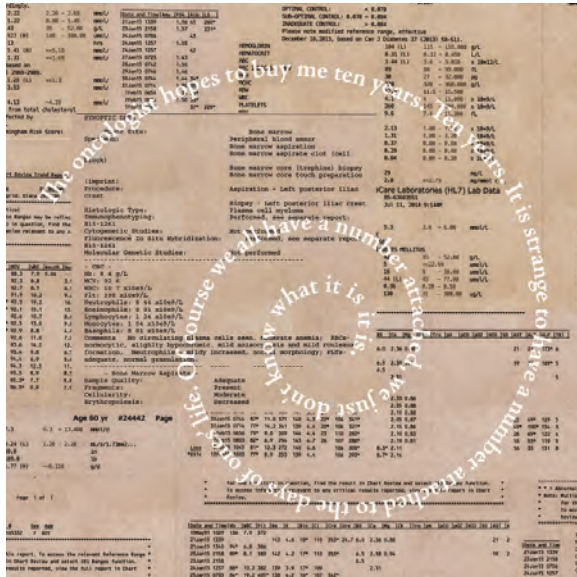


Loss
20x20 in
Ink, digital print,
acrylic paint,
canvas

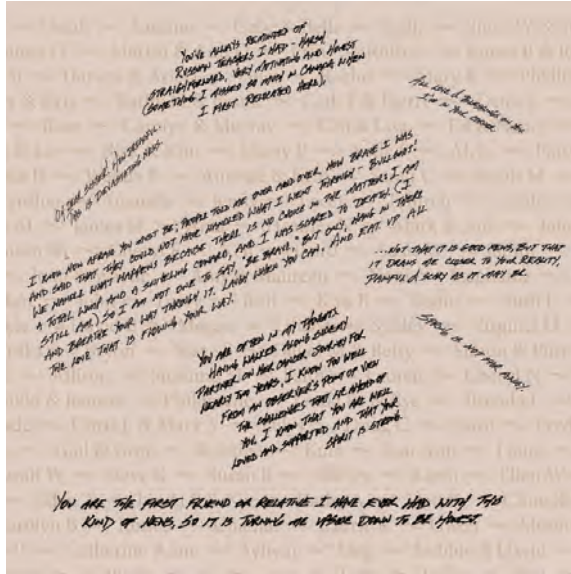
I don't know where I am in the spiral fall of body troubles as this nightmare descends upon me - Cancer - such a dangerous word, like a hiss in the grass - Owning the word cancer is a powerful one. So ominous, it sort of vibrates with death and fear - My body feels so frail, my bones so vulnerable - This maelstrom is going to toss me hither and yon from the beginning - The oddest thing for me is the idea of living for ever more on these powerful drugs. Was I really once a hippie who said I'd never sully my body with legal pharmaceuticals? - What has struck me in this early phase is how when I first hear the word 'cancer', I really hear 'death sentence'. Yet almost immediately I see that this is not so simple, not so black and white. Really I have embarked on a journey and it is everything to do with how I live that journey. Just like the rest of life - It is very strange sitting in all the different waiting rooms at Princess Margaret Cancer Centre. Most of the people being treated are middle aged and old. There is a kind of grayness in the air - age and suppressed fear? - It is not that more people are getting cancer, it's that more people are living longer - To age is to live with loss - loss of our body's power, loss of our people, loss of our dreams -



Numbers
 20x20 in
 Ink, digital print,
 acrylic paint,
 canvas



Chemo
20x20 in
Ink, digital print,
acrylic paint, canvas



We learned that “The personal is political” from the feminists of the 1970s and 1980s. I count myself among them. My artwork is informed and shaped by using personal experiences, especially of the body, as sources for my artwork. *Mortal Selfies* is a first investigation of my recent experience of multiple myeloma, bone marrow cancer.

Each image begins with a photo I took of myself—the contemporary “selfie,” which is used, in turn, as the photo reference for an ink drawing. The image is then brought into the computer and visually fractured. The fractured image reflects the experience of cancer diagnosis, treatment, and identity in a variety of ways. Myeloma is a disease of the blood cells; tiny pieces of self that have frac-

tured from the integrated body and have turned on it. Contemporary cancer treatment involves a massive use of pharmaceuticals—those fractured pieces of biochemical science targeted at particular cells. Finally, identity as a cancer patient embraces a multiplicity of fractured identities. Donning the iconic hospital gown and moving through the rituals of medical testing and oncology clinics, as well as ingesting the futuristic drugs of chemotherapy, advance one through a series of constructed identities. At the same time, the high tech of cancer science is counterpoised against the personal sensations of the diseased body and the flood of community support. These different kinds of identities fracture together to construct new facets of identity.

Before I went to graduate school at age 57, I would not have included text in a work of art. My initial art training took place within the framework of Modernism, which espoused form over content. The visuals needed to speak for themselves and language was a separate entity that had no place in visual art. The ideas behind Contemporary Art changed my thinking on the use of text. I realized that text was both a visual element as well as a site of meaning.

The four pieces that make up *Mortal Selfies* explore different aspects of the personal and public text that surrounds us in contemporary European-American society. *Loss* looks at the diary—a site of personal reflection and private exploration. *Numbers* reflects the experience of the modern cancer patient in treatment. Frequently, at times daily, blood tests tell the cancer narrative far more

sharply than that out-moded measure, “How do you feel?” Creatinine levels, kappa light chain proteins and hemoglobin are some of the numbers that define my treatment plan. At the same time the numbers of prognosis inevitably raise the spectre of mortality on a profound level. The third piece in the series, *Chemo*, investigates the pharmaceutical industry. While the miracle of chemotherapy cannot be denied, the high price of cancer drugs does beg the question, “Who is making all that money?” The series ends with *Cherish*, a homage to the outpouring of love, support and wisdom that has come my way since my diagnosis. I use hand written text to reflect the personal nature of these emails. Finally, each piece is defaced with that most illicit of public texts—graffiti.

Through text in various forms, fractured ink paintings and the dance between the manipulations of digital processes and the materiality of analog, I have found a visual form to encompass the early stages of cancer diagnosis, treatment and identity in contemporary, urban Canadian society.

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Volume 12
Issue 1
2017

The Snowflake Heart / Hershey Children's Hospital / Night Stand

Larry Kuhar

The Snowflake Heart

From the hospital window
looking down at rooftops
the outside world opens up
beyond the white walls
of intensive care.
Today's light snow
floats timeless toward earth
bringing motion and meaning
absent in static wires and tubes
hanging blankly down from the ceiling.
The flakes prescribe a shifting diagnosis
randomly gliding toward my eyes
teasing me with full intention
before blowing away in absence.
Life-measuring beeps and buzzes
rubber shoes on linoleum floors
impose a disciplined white noise
in this wide-open wilderness.
I turn again to the snow.
An expert on snowflakes
wrote that solid precipitation

falls into thirty-five shapes.
The heart is a snowflake.
It has different shapes.
Nature adapts to diagnoses
a procedural, organic evolution
to serve our need for flawed form.
Snowflakes teach us to search
for a unique form even when
we know the research is right.
Today I search for one other shape
the thirty-sixth shape of the heart
a snowflake falling and landing
next to the reconfigured muscle
resting in the bed beside the window.

Hershey Children's Hospital

On the road to Hershey
and its specialized cardiologists,
I find time to doubt our directions.
This is the first trip and it's taken death
this long to arrive closer to life than ever before.

Our pediatrician is a serious little round man.
His directions, drawn on sterilized tissue,
followed his diagnosis that something was wrong.
He outlines the patent ductus, the four chambers
of the correctly functioning heart. He diagnoses
my sore throat and reminds me to drive easy
on this foggy mid-March night. He shares confidence
only as far as inexact detail can advance
a necessary process without knowing.

It is no surprise that at the end of the road
the hospital is locked down in dense fog.
The manicured arborvitaes look fake.
Pale light fights through fog to illuminate
a dark glow above the hospital doors.
It is an entrance to story without script or plot.
This is my welcome to "Chocolate City."

Night Stand

Inside our room the Vaseline jar
holds tight to the edge
of a Sanctuary nightstand.
Diapers, formula, and flowers
present an exposition. I do not
unpack my bag, fearing I may stay.
The door has three locks. I cannot
see out beyond the closed hallway,
and hear only light rain falling
on waste cans outside the window.
It is six a.m.—all pretense of time
evaporates in the darkness of night's
long closure. Joy of birth long gone,
I stare ahead and make a dream:
a pink balloon falling toward land
as I dive headfirst to cradle it.
Opening my eyes, I see the nightstand
its curled legs stable, carved to control
the tight space it has found itself in tonight.
I will break free from this gaze only
when sunlight reaches through the blinds.

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Volume 12
Issue 1
2017

Dramacare / Triaging Your Life / Bottom Line

Virginia Aronson

Dramacare

The doctor says he made a mistake,
throws back his handsome gray head,
howls like a wolf.
The doctor fires his number one nurse,
the pretty blonde who made the call.
He apologizes for scaring you.
The doctor's license is taken away
for lying to patients. About everything.
The doctor drives off a cliff after overdosing
on a toxic cocktail stolen from his pharmacy.
Your illness? Misdiagnosis.
The doctor giggles like a little girl,
blushes hot pink and reminds you
it's April Fool's Day. Again.
The doctor goes backpacking in Katmandu.
Alone.
Lost. Your records
gone.
The doctor as funeral director
of your foreshortened future

fading into pale green sea foam
on the edge of a dream you
awaken to your old life
cancel the next appointment
forever.

Triaging Your Life

It is not a high wire act. It is
not a rock concert after-party on speed.
You are out of context, and it shows
in the deep rose of your bloom, in the
sad whites of your eyes. The labcoats
rush by, Starbucks in hand. Stethoscopes
flying as heels click across tile. No time
to stop dancing, ask how does it feel
to be you in crisis.

It is not an Oscar handed down
generation after generation. First woman
to win the Nobel Prize for weepery.

It is not a one act play starring Ellen
Burstyn and Meryl Streep and you
are not the spotlight crystal centerpiece.
No, this is a lying ovation, sharp sound
of one brown hand clapping, the waiting
room in stitches, you cracking them up.
You are the crisis.

It is the anger that you carry with you
always, who you carry it for
the one inconstant. Before the fight, burly cops,
the broken tooth and ribs and lacerations,
before the ambulance, the butt shot, the restraints
at the last decent coffee bar in the city it was
you and a nice hot grande, black, with sugar.
It wasn't your fault. You are a crisis
behind any curtain.
Pick one.

Bottom Line

I am the knock at your door
the paper sack full of your new life.
At home, I am a regular man
on a regular throne.
Healthy.
This is why I am a perfect fit
for your disease,
the one killing you
slowly but with great precision.
You open my gift after jokes
we never thought we'd share
Lactobacillus,
Helicobacter pylori
a hundred trillion microbes
enterotypes
the bacteria that live in our guts.

We josh one another like boy pals
about beets and corn
vegan poop
versus carnivore crap.
Me and you
and the blender of fresh feces
you take from the bag
to the bath
where you use a glorified turkey baster
to insert my intestinal flora
into your colon,
my words in your ear
my thoughts in your mind
my inner
life
up your bum
so you can live
like a normal man again.

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Volume 12
Issue 1
2017

Naming, Not Blaming: A Story about a Surgery Gone Wrong

Cammy Lee

Decisions are made every day. Some are so small, seemingly insignificant, yet others are monumental, changing lives forever. This piece is about my process of healing, and how the combined efforts of mindfulness-based practices, including writing, have helped me learn and grow from an event that almost killed me.

Here's my story.

The Surgery

In 2013, as newlyweds, my husband and I decided on a common day procedure in hopes of having a family, to “create space,” as we were told: uterine polyp removal. I was advised that I could go to work the following day, since it was billed as easy, simple, and routine. So it was booked for June 13. What I didn't know was that a “simple day surgery” would change my life forever.

The surgeon had punctured my uterus. She assured me that that would correct itself, and not to worry. Despite her reassurances, I did not feel well

and was dizzy and nauseated. I told them this but they did not listen, so I was still discharged the following day.

I was back in Emergency three days later. It was well after midnight, and the hospital was quiet. A team of medical staff rushed to my side, and told my husband and me that, in addition to puncturing my uterus, the surgeon had also unknowingly perforated my bowel in two places. I had gone septic. I needed another surgery to repair the damage. My organs were shutting down. There was no choice: if they didn't operate, I would die.

This surgeon saved my life, performing a laparotomy. The surgery took four hours, and an hour and a half of that was spent scrubbing my organs so I wouldn't re-infect and die. Just out of the ICU, I contracted a *C. difficile* infection and was sent to isolation. *C. diff* could kill me as well.

I was being carefully monitored: blood pressure was too high, oxygen in the blood too low, heart rate too high; breathing was laboured and not deep enough. Elevated white blood cell counts meant a blood transfusion was necessary. Blood was drawn on a daily basis, but after a few days of poking, and with bruising on both arms from hand to elbow, they couldn't draw anything. As a result, another procedure was required: a PICC line would be inserted in my upper arm, directly accessing my jugular. To do this, I was wheeled into another room where they hoisted me onto a table. I realized now this was serious. And yet, the two young men who were about to insert this PICC line were chatting about their upcoming

weekends and where they were going clubbing. Was I dreaming? But then, as I lay shivering on the metal table, one of them said, “Please don’t move when we put this in, because if you do, it could cause paralysis.”

Countless CT scans, ultrasounds, X-rays followed as my body ballooned out beyond recognition due to medicine and water retention. Time and again, doctors commented to me, my husband, and family on how strong I was, surprised I hadn’t died, saying things like, “A lesser woman wouldn’t have made it.”

Contrary to being administered the highest legal dose of morphine, I spent most of my time awake and lucid. So lucid in fact, that I needed to notify staff that on a few occasions they had given me the wrong name bracelet. Being awake also meant that I overheard doctors’ conversations regarding my care and was therefore able to tell a nurse that the form of medicine she brought was incorrect. Thankfully, she followed up with a doctor and brought the right medicine.

Along with sutures, twenty-four staples held the incision together. But the wound needed to be opened in three places so it could “drain.” This required a new dressing daily, and each time, I couldn’t look at my own body. And like that, on July 2, with seventeen staples intact over a partially opened incision, I was sent home.

That meant a whole new phase of recovery began. A homecare nurse tended to my wound every day until September 30. In hospital, my toes had looked like sausages, but in a day and a half I

lost all the weight and was less than 100 pounds, which was at least 20 pounds underweight. Another unexpected surprise was that in some people, major trauma to the body causes hormonal shifts, so most of my long black wavy hair fell out.

It would not be until March of 2015 that I would take my first yoga class since the surgery. And when I laid face down with my abdomen pressing against the mat, the unevenness of breath was audible.

The Aftermath

I walked into hospital as a strong, athletic woman, and left it in a wheelchair. Unlike the gradual process of aging, my transformation was dramatic and sudden.

I became consumed with all things physical: healing my body, its functions, tracking everything that went in and out, coping with extreme hair and weight loss. Soon after, I eliminated meat because too much scar tissue on my bowel made digestion painful. Told that I may herniate, I was preoccupied with thoughts of my insides spilling outside. I lived in a constant state of fear. Anything and everything was threatening.

During this period of recovery, I had a profound experience. The day arrived when the home-care nurse would have to remove the remaining seventeen staples. In anticipation, I was terrified and tense, but everything went smoothly—that is, until the last staple, which was caught. And when he pulled I thought I was going to go out of my

mind in pain. The nurse saw this and immediately asked me, “What do you do?”

I replied, “I’m a teacher.”

He said, “Tell me about a happy teaching experience.”

So I told him about my last week at school when my students surprised me with a birthday cake, and we had a party. As I recounted the details, I was re-living the experience, visualizing it, making it real. And before I knew it, the staple was out and the wound redressed. In such acute physical anguish, I got *out* of my body by getting *into* my mind. Although I didn’t realize it then, that was the beginning of learning how powerful the mind can be. And how my mind and mindfulness would play a role in my recovery.

Until the surgery, I had always trusted doctors, but now my faith in the medical profession was shattered. As my body healed, thoughts about what happened and why took over. The realization of the inability to conceive was overwhelming; fertility experts explained that the extent of the internal damage was difficult to gauge, but that it most probably obstructed the passage of the remaining healthy eggs, which were already reduced given my age.

To accelerate my healing, I used homeopathic remedies, tried hypnosis, even smoked marijuana to stimulate appetite. Whereas before I could fall asleep anywhere, now I took melatonin nightly for a full year, as my mind wouldn’t, and couldn’t, shut off. It was like my body was on high alert because it felt it needed to be. And, in hospital, it did,

as my story shows. But afterwards when I was safe, I found I still couldn't let go. Any event, it seemed, was a trigger.

Dark clouds of blame swirled around me. Though I knew I was not responsible, this left little comfort. After all that had happened, feeling butchered in hospital, perhaps the worst part was that in my darkness, I realized I had become my own butcher. It was at this point that I sought out psychotherapy. And there I tackled the worst kind of blame: self-blame. Given my superstitious Asian upbringing, and the prospect of karma, I felt I was being punished for *daring* simply to want more.

I was diagnosed with post-traumatic stress disorder (PTSD). Although no doctor told me this, they told each other in referral letters. I only know this because I had asked for copies. So I began to do my own research. Finally, I had a name for this fearful belief that everything and anything was potentially damaging. I wasn't losing my mind after all. Post-hospital, I was an open walking wound. And then when I wasn't, somehow I still was. It would not be until two years later, once my body and its functions stabilized, that I felt I could then focus more on the PTSD. I learned that left unchecked and untreated, PTSD could be fatal.

In 2015, help came first not from a doctor, but from a caring neighbour who told me about the Mindfulness-Based Stress Reduction (MBSR) program. Pioneered by Jon Kabat-Zinn, it is an eight-week course, facilitated by a medical doctor, in my case, Dr. Heidi Walk. It is a group environment but not group therapy. People work individually and

learn together. Various tools are introduced to help manage stress, including different forms of meditation, body scans, visualizations, journaling, and yoga. We train to pay attention to our responses, our body, thoughts, feelings, and behaviours—and how they are all interconnected. MBSR is not a religious program but takes a scientific approach to mindfulness and how meditation actually has physiological effects and produces cognitive changes.

Now I meditate every day, from twenty to forty minutes. I am learning to focus on my thoughts and try to look at their processes rather than their content. As a result of my combined efforts, sometimes—not always—I am able to put a space between something that happens and my reaction to it, I am no longer a victim to my automatic responses. In this small way, I feel like I have choice. And it is this element of choice that is enormously liberating.

It wasn't until the fall of 2015, when I took Professor Mary Beattie's course at the University of Toronto at the Ontario Institute for Studies in Education called "Narrative and Story in Research and Professional Practice," that I would learn the power of storying this experience. I had talked quite extensively about my surgery, but I had never written about it: there was resistance and fear. I wondered if enough time had lapsed, enough distance between me and it. And yet, I know that I carry "it" with me wherever I go: this experience altered everything about me, from the food I eat, to the clothes I wear, to the relation-

ships I have, and to the way I teach. When, then, is one ready?

My surgery was a story I was unsure I wanted to write, yet I also knew, deep down, that it was the story I *had* to write. As I struggled to name my experience, Canadian writer Ann Michaels' words inspired me: "If one could isolate that space, that damaged chromosome in words, in an image, then perhaps one could restore order by naming" (Michaels, 1996, p. 111). For order was what I felt I had lost.

Writing pushed my healing to another level: it put distance between me and my experience. I learned that I could inhabit this space and breathe. And in this space, I could think about and question not only the "why" or the "how" of the surgery, but the "what now?" And going forward, how this impacts me not only physically, but spiritually, emotionally, and psychically. In storying, I've attempted to re-make the self that got hurt, that was then lost to me. Writing allowed me not only to re-claim, but re-create.

Conclusion

I will never be able to make sense of what happened to me. Writing about my trauma doesn't make it understandable. Or make something bad into something better. But I learned that writing can turn it into something more. For one, it opened up a whole area of research I am driven to learn more about.

By providing the opportunity to story my traumatic experience, the self-study had given me a

way to capture and channel some of that fugitive energy into a craft that has saved me many times over. In a paper, I wrote: “As a patient on the operating table I was unconscious, helpless, and vulnerable. But as a survivor, I can choose to be conscious, informed, equipped, and prepared as much as I can be. For it was the trauma that brought me to MBSR training where I would re-learn practices with a renewed sense of purpose, that while helping me cope in the present, can sustain me for a lifetime” (Lee, 2015, p. 10).

Granted, my recovery is on-going, as it is with such traumatic events; however, I am beginning to experience more moments of space. I am slowly moving out of a place of darkness and into a place of light. Perhaps I have found “that crack that would let in a sliver of light” (Lee, 2011, n.p.). I’ve had to completely change my life. A new diet means there is little to no discomfort, and I am doing many activities I used to do, albeit with a greater degree of mindfulness: things like yoga, Pilates, meditation, and journaling. But I also know that I was not alone in my recovery; the love and support of certain hospital staff, family, and friends were instrumental. More and more, I am experiencing gratitude. Every morning when I lie awake in bed, I recite this part of His Holiness the Dalai Lama’s prayer: “Today I am fortunate to have woken up. I am alive, I have a precious Human life. I am not going to waste it.”

There are still times when some things will catch me off guard. Recently at school, a classmate asked us to put our hands on our womb. She ex-

plained it is the area between the belly button and reproductive organs. My scar begins 6 cm above my belly button and stretches 14 cm below, right over my womb...and so I cried. I am learning to welcome my feelings, all of them, and without judgment.

Stresses and challenges continue, as is the nature of life, but now I have tools that can help me cope, whether I use them or not, sometimes or always, perfectly or imperfectly. Regardless, I know the resources are there, and it is *that* knowing that changes everything.

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Volume 12
Issue 1
2017

Consent to Orchidectomy

P.W. Bridgman

Just as a razor blade can be concealed
in some poor kid's Hallowe'en apple,
just as a darning needle can lurk
in a Hallowe'en pear,
so, too, something unpleasant hangs back today
in M.D., F.R.C.P.C., F.R.C.S.C.'s mealy mouth.

Something unpleasant hangs back
in the surgeon's mouth today,
like a fatty morsel of yesterday's braised lamb special at
Hawksworth's
that has become trapped between two molars
and is beginning to stink.

The masked medic's word-pistol has,
through culpable inadvertence,
remained securely holstered until the last minute.

The patient is laid out on a gurney, parked and idling
outside the O.R. He is prone, gowned, shaved, shorn,
partially informed and scared.

And now, he feels the word-pistol (a word-*pistil*), cold
against his temple.

“Here, you need to sign this,” says the surgeon,
his face concealed by his surgical outlaw’s mask.

What is it?

“A consent form.”

I’ve already signed a consent form.

“That was for the exploratory.”

Yes...

“This is in case we find something
during the exploratory.”

There are three pages here.

“It’s mostly boilerplate. You sign on the last page.”

What’s an orchidectomy?

“We need your permission to take one
or both of them if the growth is obviously malignant.”

You’re telling me this now?

“Come on. You’d prefer we leave them in?”

I just didn’t ... I thought maybe there were other ...

“Look...”

Why is it called an orchidectomy?

“For God’s ... I haven’t got time for this.”

Orchidectomy.

The annealed, reusable, slender
stainless handle of the scalpel,
sheathed and innocuous in the
shiny green plant casing of the
word stem.

Orchidectomy.

The disposable, high-carbon scalpel blade
of the pretty word nestles, barely seen,
within the soft, purple cluster of its
benign petals.

Orchidectomy.

*Would you please give me just a couple of minutes
With the form? I just need to ...*

“Alright, alright.”

The surgeon retreats. A long minute passes.

Then another.

He keeps his distance. For now.

Huddles with the nurses.

They speak softly together.

The patient tries to think.

Finally the surgeon’s exasperation gets the better of him.

Looking over at the gurney, still idling outside the O.R.,

he sees nothing happening,

nothing, and exclaims softly:

“Jesus H. Christ on a bicycle!”

The patient hears him.

He finds the signature line

on page three and signs

in a clear, confident and legible hand:

“Jesus H. Christ”

Then he calls out:

Okay, I’ve signed it.

M.D., F.R.C.P.C., F.R.C.S.C. returns to the
side of the gurney, whisks the form out of the

patient’s hand and tosses it onto a nearby counter.

“Alright. We’re good to go.”

Someone pushes a button and, with a quiet whine,
the stainless double doors to the O.R. slowly begin to
open outward.

“It’s show time,” says the surgeon.

All scrubbed now, he gives his patient a big, friendly wink,
just so it’s clear that he’s over it—that he has moved on.

The surgeon gives his patient a forgiving wink,
just so it’s clear that he bears no hard feelings toward him,
even though it took him so goddamned long to sign the form.

Just so it’s perfectly clear that he bears no hard feelings
toward him
for holding up the show.

P.W. Bridgman’s
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have appeared (or are
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Moth Magazine,
Glasgow Review of
Books, *Grain*,
Antigonish Review,
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Volume 12
Issue 1
2017

Eating, Sleeping, Playing

John Vurro

If you're ever up for a challenge, try forcing your sixteen-month-old son to swallow two eight-ounce containers of fruit punch laced with the contrast he needs for his CT scan. That's what I'm doing. Well, not really. What I am doing is sitting on a hospital radiator, my back pressed against the window. From here, I watch two nurses. The first, a short nurse, her belly peeking out from underneath her blue scrubs, presses my son's legs down onto the gurney, while the second, taller nurse, wearing yellow scrubs, presses her palm against his forehead. Yellow steadies him so she can insert a tube, thin as Cappellini, into his left nostril. Before they started this procedure, they introduced themselves in sugary voices, which in a pediatric oncology ward means they're about to do the worst possible thing to your child. I can't remember their names. They've done this before. Anyway, it's as if he's being manhandled by a pair of Mylar balloons.

But Yellow keeps missing.

It's not her fault. Even with two balloons subduing him, my son twitches his hands, wriggles his

feet, arcs his back, as if he's being electrocuted. And how he screams. A gagging wail that makes the hairs on my neck prickle. Do I even qualify as a responsible parent? For the last eleven months, I've given written consent for biopsies, bone marrow aspirations, blood and platelet transfusions, MRIs, MBIG scans, morphine, chemotherapies, and week-long hospital stays. Enough procedures and operations to make even Dr. Frankenstein blush. I want to hop off this radiator and hustle past Yellow and Blue. Sneak past my wife holding her plastic baggie in the waiting room and hit the elevator. But instead of abandoning him, I press my back against the window. Rain pelts against the glass, sharp tapping sounds that run counterpoint to the higher-pitched sounds of my son's screams. Sitting here, I watch Blue sway with each of my son's kicks, Yellow jab at his nose with the tube. Sitting here, I run down my checklist: he's eating, sleeping, playing. This test is protocol. One scan, every three months. And here we are at his first test.

After eight months of chemo, I've learned not to watch the world for signs. That it's better to focus on concrete details. I'll just sit here. He's only sixteen months old. He won't remember me, the only father he'll ever get, seated on this radiator.

Yellow tells Blue to keep him steady just as my son wriggles his leg free and pops Blue in the mouth. She teeters away, her weight shifting left to right, heavy, as if she's a wind-up toy. Her hand still pressed to her mouth, she says, "This isn't working."

Yellow drops the tube onto the gurney, relieved that someone has acknowledged the futility of the situ-

ation. She keeps her palm resting against his forehead, so he won't sit up. "Dad, give us a hand?"

"No." She flinches, confused. We stare at each other. The only sound in the room is my son's sobbing, waves of jagged breaths, rolling out in sets of three. "I'm afraid I'll hurt him."

Blue pulls the bottom of her shirt over her belly, her face softens. She's trained to shift moods until she gets the response she needs. "He trusts you."

Does he? I wouldn't trust me. I press my head against the window. I imagine the shatter of glass, then falling backward. When nothing happens, I slide off the radiator and shuffle toward them.

My son has rash marks along his forehead from Blue's hand. Snot leaks from his nose. His hair hasn't grown back yet, only a shadow of stubble, so when I brush my fingers along his head, it feels like my unshaved face. I go to wipe his nose with my sleeve, but Blue says, "Don't. The tube will slide into his nostril better." She steps in front of me, making fists, preparing for the task ahead of her.

Yellow says, "Dad, grab his legs."

I shift toward the end of the table. He's wearing the same pair of red socks he wore a month ago, when our doctor told us he was in remission. My wife slipped the socks on him today, hoping to push the odds in our favor. So much for facts and concrete details.

I extend his legs and he starts his gagging wail.

Unfazed by his screaming, Yellow and Blue hunch over him. If you forget that it's your child, ignore what's at stake, it's almost fascinating. Blue places her palms against his cheekbones, where only months ago, on his right side, there was a walnut-sized tumor.

Yellow hovers over his face. She swabs the tip of the tube and inserts it into his left nostril. She feeds the tube down into his nasal passage, which slides down his throat and into his stomach. My son gags, as if choking on seawater, until Blue says, “Done.”

Yellow picks up the exposed end of the tube and attaches a syringe-less needle. She sticks the tips of the stethoscope into her ears and presses the diaphragm onto his stomach. She presses the needle plunger. She nods, then slips off the stethoscope and holds it toward me. “Listen.” Having no choice, I fasten the stethoscope plugs into my ears. Yellow presses the plunger down and I hear hissing, like a tire filling, and nod. Blue lifts her hand and Peter sits up. She places the tube over his shoulder so he’s less likely to yank it out of his nose. Sometimes the nurses fasten it against his cheek with green tape, but not today. Then, perhaps to lessen the cold procedure of it all, ease my fear, Blue says, “We’re almost done,” though we both know the real stuff hasn’t started. But at least this part of the process is over and that’s comfort enough. Once my son was diagnosed, my life dissolved into two, fairly straightforward, segments: being in the hospital and being at home. During his tests, therapies, surgeries, it’s easy to wish that we’re safe in my apartment. But when I’m sitting on my couch, watching him teeter, pale and bald, around my living room, or when I’m spot-checking him for tumors while he’s sleeping in his crib, I’d rather be staying in the hospital, where at least he’s being monitored, at least I know he’s safe.

My son sits on the edge of the gurney and stares at his socks. Placed in a row next to him are the containers of contrast-laced juice, their foiled corners peeled

back for Yellow to insert the syringe-less needle and fill the barrel. Before continuing the process, the nurses have decided to, “Give him a breather,” so we stand around, awkward and silent. Waiting here with Yellow and Blue, I try to imagine them in a different context: at home watching sitcoms. Cooking. Cleaning. I’ve never seen a pregnant nurse on this floor, yet they guiltlessly talk about their children. Does working twelve-hour shifts at a pediatric oncology hospital, seeing kids like my son, make them hypervigilant? I know they have a caring nature that I just don’t possess, but they must also have the ability to sever themselves from the worst possible thing. Blue tugs her shirt over her belly, then adjusts her stethoscope. No, I only see them being nurses. As if to prove me right, Yellow says, “Let’s get started.”

Blue steps behind Peter and swabs the nozzle, then pokes the tip of the needle into the container. She pulls the plunger back and contrast juice fills the barrel. Blue grabs the loose end of the tube that hangs down my son’s back. She pulls the syringe out of the container and wriggles the nozzle of the syringe into the open end of the tube. She presses the plunger down. Juice loops around the coils of the tube and enters my son’s nostril. He swallows as if he’s drinking. He seems fine. He’s sleeping, eating, playing.

I glance down at his arm and notice that sometime during the process, Yellow or Blue stuck a butterfly IV into his arm. Things just seem to happen. The situation swells and recedes. One day your child is healthy. The next he’s not. It’s that scary. It’s that simple. Like now—how the room is quiet, almost peaceful. We’ve all adjusted to this reality, until there’s a knock on the

door and Dr. Lin strides into the examination room. Her chunky-heeled shoes clop against the tiled floor. Her yellow cardigan folds around her thin frame. Her lab coat is unbuttoned, the bottom flaring outward, so it appears as if she's sailing into the room on a beam of light. That she just might save my child. As if Dr. Lin knows what I'm thinking, she touches my shoulder, then nods at Yellow and Blue who retreat toward the window. She steps toward Peter, smiling in a less-doctor-more-parental way. Peter puts his arms up, wanting to be held, which always surprises me.

She says, "How's my brave boy?"

I say, "I'm fine, thanks."

She laughs in a series of high-pitched breaths, which sound more like subdued sneezes. She smells like fabric softener and hand sanitizer. We stare at each other for a second too long. I smile and pray it appears less desperate than it feels. I know she's his doctor, the conduit of the worst news, but Dr. Lin has also guided us through our best moments. Plus she's young and smart, okay pretty too. How can I not feel some underlying attraction?

Dr. Lin kisses my son, says, "I saw your wife."

"Lucky you," I say, immediately wanting to take it back.

She bites her lower lip, searching for the right words, or possibly debating if she should say more. She says, "Is she okay? I said hello, but I don't think she saw me."

Make no mistake, doctor, she saw you. Hopefully, when you saw her she wasn't holding that stupid baggie. I watch the rain beat against the window. I say, "She's just worried, that's all." I wait for her to say

something reassuring that I can cling to, carry into the next moments: “There’s nothing to worry about,” or “His cancer is never coming back,” or simply, “He’ll be fine,” but she places Peter back onto the cot. He leans forward to be held. She steps back, her body stiffening, as if she remembered why we’re all here.

She says, “I called ahead downstairs. Speed things up.”

When I realize the scan is just an elevator ride away, I can’t meet Dr. Lin’s gaze. My vision shifts toward objects in the room: the bell jar filled with tongue depressors; the asterisks of light reflecting off the knobs of the cabinets; the cast-iron pedals underneath the sink, as if by memorizing meaningless details, I can somehow control what’s happening. I do this until I feel calm enough to face the doctor. She runs her finger along the toes of my son’s red socks. She says, “Those are really cute,” and I take it as a positive sign. Then Dr. Lin whispers in Peter’s ear, “You take some good pictures for me.”

* * *

When I enter the examination room, I recognize the nurse, who is leaning against the ring of the CT scanner, whispering into her cellphone, “That’s why I’m leaving. I can’t manage it anymore.” I shift my son to my other hip, surprised that he’s not crying like he always does when he sees the machine, and fake a cough. She holds up two fingers. I think about the physical and mental effort it has taken me to enter the exam room, but I can’t stay here, so I open the door and walk into the hall.

My wife pops out of her chair, says, “What’s wrong?”

“Nothing. She’s on her cellphone.” My son leans forward, wanting to swap parents, but I step back.

She says, “For what?”

“For whoever she’s talking to.”

She shifts her weight, her face darkening. We watch a nurse walk past us, her soft-soled shoes making shushing noises as she moves down the hall. She says, “Bullshit. There are kids waiting.” I stare at the rows of empty chairs, the primary-coloured cubbies filled with donated toys. We’re the only people here. “Not really time for phone calls.”

“It seemed important,” I say.

“Good. Take her side.” The plastic corner of the baggie peeks out from between her fingers. She crosses her arms, hiding it. “Why would you ever be a husband?”

My arm muscles are burning from the weight of my son. I twist toward the exam door and pray that it swings open so I can escape this argument. I say, “Oh fuck off.”

“No. Look at me.” She yanks my shoulder, and I feel plastic slap against my neck. When I twist around I see her kneeling in front of our son’s curls, strewn across the floor. She scoops hair up and stuffs it into the baggie. I almost tell her that this is why she should’ve left her insanity at home, but then I remember how, after his second round of chemo, I saw Mara hunched over Peter’s crib. She was using the muted television as a light as she pinched hair off his mattress and stuffed it into the baggie. Now, I place my son onto the chair, trying not to think of the bacteria, his immune system, and kneel onto the floor.

She points toward a knot of hair drifting down the hallway. “Stop moving.”

“I’m not moving,” I say.

“Yes you are.”

She drags her arm along the floor. Her fingertips are grey with dust. I lean over to snatch a thick curl near her sneaker. She shoves my hand, plucks it off the floor, and drops it into the baggie. “I need to do it.” She holds the baggie up toward the fluorescent lighting, measuring the contents. “Besides here comes your pal.”

From behind me I hear the door open, then the nurse’s voice says, “Ready?”

If I didn’t focus on concrete details, I’d convince myself that this accident was a warning, a sign. But he’s eating, sleeping, playing. So I stand, lift our son off the chair, and follow the nurse into the room, toward the scanner’s patient table, already draped in hospital sheets. Children’s rainbow-painted handprints circle the room in a jagged line, brightening the green cinderblock walls. Stuck along the CT detector ring are stickers of spaceships, focal points for kids as they’re passed through the machine. Behind the ring is a wall-length panel of darkened glass, where the techs operate the machine, their silhouettes shifting.

The nurse says, “Sorry about before.” She straightens the rosary beads hanging around her neck and tucks them into the V of her maroon scrubs. She whispers, “That was my therapist.” I try to think of the proper response. “Who cares right? All you’re going through.” She rubs Peter’s back, and he digs his fingernails into my neck. “Here, let me.” She slips her hands underneath his arms and peels. As Maroon carries Peter to the machine, he juts his arms toward me, his eyes filled with desperation.

When they reach the CT machine, Peter clamps his legs around her hip and buries his head in her shoulder. Maroon pries his arms off her neck, then tips forward until his legs fall free. She straightens and places him onto the bench. Unable to move, I follow the handprints along the walls of the room until I hear, “Dad, can you help?” At first I think it’s an inner voice, some paternal instinct, but then I realize the disembodied words came from the overhead speaker, uttered by one of the faceless lab techs. When I walk over, Peter screams, and I can’t tell if he’s scared or angry at my mid-sized act of betrayal. I say, “We’re almost done,” probably not what he wants to hear, then press his legs onto the bench.

Maroon drapes the tube along his chest. Checks the IV butterfly, says, “I’ll start with his arms.” She leans across Peter’s chest and pulls the end of the sheet hanging off the bench. She wraps the sheet across his chest, pulls it taut, and tucks it underneath him. She walks to the other side of the platform. She grabs the sheet, pulls and tucks, leaving a tight braid across his body. Then she walks to the other side. She weaves the sheet over his stomach and hips, the rhythm of movement trance-like. She holds his ankles and spins the sheets around his legs. Peter tries to wriggle free. I see the poke of his elbow, the claw of his fingers. I place my hand on his knee, I think, and tell him to keep still. The nurse says, “I forgot.”

She digs through sheets until she reaches the butterfly IV in his arm. She pulls a syringe from her pocket. She clicks open the lock valve of the butterfly and inserts the needle. The needle filled with contrast is used in conjunction with the contrast-laced juice he

drank upstairs, though I'm not sure how they work together. She says, "I'll inject it slowly. Sometimes it burns." She pushes the plunger down, a fluid movement, and steps back.

The voice says, "We're starting," and a turbine noise swallows the room.

The plank moves through the ring smoothly, stops with a jolt, then slides away from the ring, toward me. Peter shakes his head, crying, struggling to wriggle free. How will I explain this to him? All I see are apologies. Mara showing him that ridiculous baggie. And yeah, this is all—supposedly—saving his life, but look at what we do to get him to that place. Peter lifts his head and I wave, then feel ridiculous. I step back, where he can't see me, and stare at a rocket pasted onto the CT ring. This is the third time I've done this. Adjusted to this reality, I wait for him to pass through the machine again, but the bench stops with a jolt. The turbine slows. The speaker clicks on, "Nurse."

I hustle after her and peek inside the doorway. She leans close to the techs, as they whisper intensely to each other. What if they see something? Maybe the machine is broken? Maybe the hair spilling out of the baggie triggered this outcome? I try to be rational, but the fear of relapse has metastasized into everything. He's sleeping, eating, playing.

The nurse retreats out of the room and bumps into me. She says, "They have to redo the scan. Something's there." I shoot my arm, bracing myself from falling, but there's no wall, so I stumble toward nothing. The word "bad" flashes inside me like a neon sign.

Maroon grabs my arm, says, "No, something's blocking the pictures."

“They see something?”

Her face searches for the words. “He’s not sure. He thinks it’s technical.”

“Technical how?”

“I can’t disclose information.” She points toward the glass. “He just said technical.”

She’s lying. The way her eyes drift toward the machine, the pause. Unless she’s telling the truth. I follow the row of handprints until I see Mara’s face pressed against the glass cutout of the exam room door. The baggie hangs against her cheek. She mouths, “What’s wrong?” I mouth back, “Nothing.” He’s eating, sleeping, playing. I watch as the nurse signs the cross on Peter’s forehead, then unravels the sheets.

We’re hiding in the hospital kitchen, about the size of a bedroom, simple really: two vending machines, a sink, a refrigerator, a water cooler, and a couple of tables. The windows face the bridge, gunmetal blue, its arms spanning across the river, parting the cliffs of New Jersey. Peter is sitting on my lap, his back leaning against my chest, sleeping. The only sounds in the room are the buzzing of the fridge, the rain beating against the window. I try to forget about our doctor, the scan, Yellow and Blue, all of the details propelling us forward but getting us nowhere, and stare at the river. I wait for a sign to latch onto, something to show me that the odds have finally tipped in our favour: a break in the clouds, a tanker passing underneath the bridge, gulls skimming the cresting water. Something telling, climactic. Like that big scene in

a book or movie, but all I hear is our doctor's heels, coming closer. She calls my name. I hold my breath and keep rabbit still. He's eating, sleeping, playing. She'll find us eventually. She always does.

But I know what you're waiting for. Test results.

It doesn't matter. Whatever the outcome, whether Maroon was honest or lying, we'll always be waiting for the other proverbial relapse to drop. Even if it's not today. Even if it's ten years from today, though we can't tread this pace forever. Eventually we'll drown. So I'm sorry, but I have no wisdom or comfort to offer you. Well, how's this, pray your kids don't get sick, and thank Christ you're not one of us.

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Volume 12
Issue 1
2017

The Psychobiology of Feeling

Schneider K. Rancy

Touch me
 put your hands
to my face

be gentle
 like
the brush strokes
 in a Simonet painting.

I want to feel you

 feel the neurons on your fingertips
 fire
like a trail of lamplights up
 a seaside mountain road
in the dark
 waves of action potential
breaking back & forth

 I want to see the
sudden electric magic

e p i p h a n y

in
 your face
 radiant sunshine, archangel Michael
 I want the neurochemicals
 to flow
 across synaptic clefts
 dopamine adrenalin oxytocin
 like two hands
 reaching
 across
 a distance
 There are
 so many
 distances
 so many black seas
 to traverse

I only want

understanding (love)

to understand (you)

I want/

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 etry has been fea-
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The weatherman says
 no traveling today
 sky looks like
 rain.



Volume 12
Issue 1
2017

Mustapha

Jami Driedger Neufeld

Crunch went the large gravel under my oversized rubber boots as I walked in the dark, covered from head to toe in plastic personal protective gear. My eyes were straining to see the path in front of me. I was not alone and could barely see the eyes of Theresa in her goggles; they were slightly fogged behind me as I turned to open the double gate. The heat of the night was heavy, and though we thought the air was cooler than midday, the sweat was dripping down the sides of our bodies inside the plastic suits.

Earlier that evening, as I greeted everyone's smiling eyes on arrival at the Ebola treatment centre, I had ended up with the clean scrubs of Mustapha. He was one of the local infection prevention and control workers. His name was written in permanent marker on white medical tape still attached to my laundered scrub top. I left the tape on. My temperature had been taken for the evening, my shoes sprayed with chlorine, my hands washed. I walked around cheerily throughout the evening, preparing to enter the high-risk

area as a Euro-Canadian girl addressed as Mustapha.

It was hard to see on this night, the fluorescent light bulb was casting beams of light and shadows in all the wrong places. The temporary tent structures of the Suspect, Probable, and Confirmed areas covered an expansive amount of space, and the walk in protective gear seemed to be in slow motion. Our coworkers, cool in their scrubs, waited to pass us supplies over the double fence from the low-risk area.

We walked to the plastic table holding a cardboard box covered in a mosquito net under a sturdy but haphazard shade structure. The baby girl in the box and her mother were our last patients. Every day I walked slowly to the structure preparing for a dead baby in the box. Her wide-open and life-filled eyes made me feel that I would not.

The baby and her mother had come from a small village deep within the dense southeastern jungle of Sierra Leone. The village had thus far escaped the terrors of Ebola that were sweeping the nation. The village people had been cautious and had been restricting travel in and out of the area to protect themselves from the deadly virus. They were fortunate to have impassable roads. On the night the mother had begun labouring, no one had anticipated that they could become suspected Ebola patients.

The birth hadn't gone well. First of all, the village people thought that it was too early for her labour to begin. The mother didn't know her due date as she had spent endless days with her chil-

dren carrying wood and provisions and water daily as her belly grew. She was swollen and often hadn't felt well, but there was no option for help. A village woman noticed her trouble and brought her some local medicines from the jungle, but there had not been any change in her condition.

Because her husband knew there was something wrong with this pregnancy in comparison to the rest, he struggled to have her give birth in the closest hospital in the city of Kenema. There she gave birth, with too much blood, to a tiny one-kilogram baby with wide-open eyes.

Now this was the wrong time to be in the Kenema hospital, where "unexplained" bleeding met the case definition for Ebola. They were brought in the back of the hard-surfaced and cold ambulance, to the local Ebola treatment centre in a field 10 kilometres outside of the city.

On that night, the mother was dying. The five-day-old baby was still wide eyed and eating enough for us to believe that she would live, despite her harsh environment. Theresa and I, both nurses, wondered about her chances without a mother in Sierra Leone. Theresa, a local, seemed decided that she would not live, while I, a foreigner, had hope.

We lifted the dying mother on the metal and canvas stretcher and carried her into the shelter of the Suspect Ebola tent. I had stopped the intravenous fluid hanging on a nail on the two-by-four post of the shade structure. There was inadequate light and staff to monitor fluids safely in the night.

I picked up the baby, holding her tiny body close to me as I fed her through a tube in her nose, while Theresa worked silently around me. I bent down to change the diaper that was so large it covered the baby's entire body. As I stood up and lifted my head, I felt the goggles slip off my ponytail under the plastic and fall down below my eyes onto my face.

"Are my goggles off my face?" I asked Theresa, my voice muffled by the mask.

"Yes," she said.

I saw the hesitant, uncomfortable look in her eyes.

A breach in personal protective equipment meant that the person and their partner had to leave the high-risk area immediately. It also meant that I would be sent home to Canada if my eyes had even the chance of being exposed to Ebola. For Theresa, it meant quarantine and observation for 21 days or possibly the end of her life as a patient in this treatment centre. We both knew this.

I slowly lifted the baby and wrapped her in the warmest way possible and carefully placed her in the box. I was grateful Theresa had prepared the bed with the reused water bottles filled with hot water to keep the baby warm for the night. Theresa brought the box into the Suspect Ebola tent beside the dying mother.

We moved slowly. Theresa led me through the long alley between the tents to the Probable Ebola area where we washed our hands with chlorine. I held my face back while washing, to protect my eyes from the high-concentration chlorine tap erected and piped from beneath the gravel. It was

difficult to see with the top portion of the goggles poking into my eyes, and I struggled to close the gates separating the empty Probable and Confirmed tents. I gave up and tried to catch up with Theresa in the darkness.

Theresa held open the gates as we walked with our rubber boots through the chlorine bath and into the light of the undressing tent to remove our protective gear. The shadows and my misplaced goggles made me struggle to see where to go. Theresa pointed me forward and then walked to the other undressing station separated by a divider covered in randomly stapled plastic.

The undresser in front of me looked at my goggles. Despite the layers of plastic over my ears, I heard the concern in his muffled voice.

“Just be calm,” he said. “Turn around and spread your arms. Don’t tip your head back as far as you normally would this time.”

I turned my back to him with my arms wide out to the side. He sprayed me from head to toe in cool, strong chlorinated water that was a relief to my sweating body. He was careful not to spray into my unprotected eyes. I could hear the dialogue of Theresa, undressing much faster than me, and her undresser in the booth beside me, but my racing thoughts disregarded them.

“Wash your hands,” he said pointing to the 0.5 percent chlorine tap nailed roughly to a board coming out of the ground. “Be careful not to spray your face,” he said calmly.

I had to trust him in that moment and something made it easy. I bent down nervously holding

my head as far back as I could and very thoroughly washed my hands, grateful for the smell of chlorine.

“Remove your outer gloves.” He said this as if this was the easiest thing in the world to do.

I slowly removed the tape connecting my outer gloves to my plastic suit and then peeled back the gloves into the heaping garbage. I wondered how we were going to deal with these out-of-place goggles.

“Wash your hands.”

I did as he said, bewildered about the next step in these circumstances.

“Remove your apron.”

I wondered when we were going to remove these goggles which were poking me in the eye. I removed my thick plastic apron and dropped it into a garbage can filled with chlorinated water.

“Wash your hands.”

“Remove your goggles,” he said it as if there was no problem at all, as if he had thought critically and calmly decided this was the safest move for me.

I carefully removed my goggles, feeling somewhat ashamed about my inner distress that this whole mishap would result in an undressing process much more dramatic than it was.

“Wash your hands.”

The remainder of the undressing that evening went the same as it always did under the instructions of the undresser across the “Clean” line. As I removed the hood, the coveralls, and then the mask, washing my hands in 0.5 percent chlorine after every step, I was in awe of him. He was wear-

ing scrubs and rubber boots, a mask over his perfect glowing skin, and a thin plastic apron. With my eyes adjusting to the single light bulb in the tent, despite the surrounding darkness, I recognized the composed eyes of Mustapha.

I smiled to myself, but did not want to interrupt the calm demeanor of the young man in front of me who had simply, kindly, and without wavering made critical decisions for my life. He must have seen the white tape on my sweat-soaked scrub top with the name Mustapha when I removed my coveralls, but he continued his instructions.

After being told to do so, I removed my last pair of gloves.

“Stand like an Egyptian,” he commanded.

I stood sideways in the stance of an Egyptian hieroglyph in order for him to spray my boots. I then carefully stood on one leg and then the other (not an easy task in oversized rubber boots on oversized gravel) so he could spray the soles of my boots as I crossed the “line” from Dirty to Clean.

He said his final, “wash your hands,” and I bent down to clean my bare hands and arms in the 0.05 percent chlorine tap.

I was bursting on the inside to thank him and to mention the irony of our common name on this evening, but before I could, he asked me to go to the water tap and wash my face with soap and water.

I breathed deeply with relief and said proudly with a grateful smile, “We are Mustapha.”

He grinned and nodded joyfully, losing suddenly his composed and professional demeanor.

I rode home in a white land cruiser, passing the occasional brightly coloured motorcycles with their brightly coloured riders flashing in the headlights, but unable to see the sparse and stunning African landscape in the night. That night I only thought of Mustapha.

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Volume 12
Issue 1
2017

Speck of White

Tharshika Thangarasa

You seemingly insignificant speck of white,

You chemical concoction,
You robust remedy.

Contained within your capsule is the solution.

A formulation,
Created and scrutinized
By all-knowing beings,
Armed in white coats.

Your properties transcend
The boundaries of my understanding.

You seemingly insignificant speck of white,

In you I place,
The entirety of my faith.

As I allow you to slide effortlessly
Down the back of my throat,
And course swiftly through my veins,
Exerting your effects,

Tempering with my maladies,
Defeating my disease.

To you, I am forever grateful.

You seemingly insignificant speck of white.

Little did I know,
That what you enclosed
Was nothing more than
Sugar.
Inert.
Serving no purpose.
Exerting no effect.

Yet, you basked in your fame,
Took wrongful credit for my recovery.
Called to question my sanity.
Toyed with my mind.

You insignificant speck of white.

Tharshika

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