Ars Medica

A Journal of Medicine,
The Arts, and Humanities

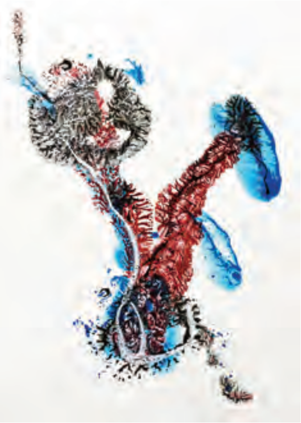
Vol.
16
No.
1

Ars Medica
A Journal of Medicine, The Arts, and Humanities

Volume 16
Issue 1

Pandemic Response (2799)

by Elaine Whittaker



Elaine Whittaker is a Canadian visual artist working at the intersection of art, science, medicine, and ecology. She considers biology as contemporary art practice and as the basis for her installations, sculptures, paintings, drawings, and digital images. Presented as investigations on the fear and beauty of microbes, her artworks examine the emerging, and re-emerging, of infectious diseases as our environment becomes even more fragile from globalization and Climate Change in this unsettling time of contagions.

AMS healthcare Transforming Education and Practice

MOUNT SINAI HOSPITAL Bright Minds. Big Hearts. The Best Medicine.

L'Association Canadienne des Sciences Humaines en Santé
Canadian Association for Health Humanities

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 support from the Canadian Association for Health Humanities / L'Association Canadienne des Sciences Humaines en Santé and Associated Medical Services (AMS). Published in partnership with CISP Journal Services, Simon Fraser University.

For subscription information or to submit a manuscript, contact arsmedica@gmail.com or visit: http://ars-medica.ca

ISSN 1910-2070

Ars Medica
A Journal of Medicine,
The Arts, and Humanities

Ars Medica

Volume 16, Number 1

Ars Medica
A Journal of Medicine, The Arts, and Humanities

Contents

Volume 16, Number 1

EDITORIAL

FEATURE PIECES

PHOTO ESSAYS

Ars Medica
A Journal of Medicine,
The Arts, and Humanities

Volume 16
Issue 1

POETRY

Ars Medica
A Journal of Medicine, The Arts, and Humanities

Volume 16
Issue 1

Editorial

Special Issue: COVID-19

As the COVID-19 pandemic continues into a third successive year, its profound influence on most aspects of contemporary life stubbornly persists. The pandemic itself is not unprecedented, in length or impact. Yet this fact is not a comfort because the various consequences of this slowly evolving event affect us nevertheless, with no indication of when these conditions will ease or which transformational changes will remain. One indication of the anxiety this uncertainty produces, globally and in our own communities, is our efforts to comprehend the significance of the pandemic. Web search queries for the term “new normal” peaked around the world in April–May 2020, when the contrast was greatest between our limited knowledge of the COVID-19 virus and its obvious effects on our societies (Google Trends, 2022). Yet search data from specific countries offers a more revealing view of our collective uncertainties. In highly developed states, such as Canada, the United States, and the United Kingdom, where most of the submissions to *Ars Medica* originate, this desire to better understand what is “normal” waxed and waned over the past two years as we experienced several phases of what is still the first stage of this epidemic (World Health Organization, 2009).

The purpose of this special issue is to highlight creative responses to the pandemic—and the conditions our contributors experienced, both collectively and individually, as a result—during what we might label its first major phase. During this period, much of the developed world retreated into relative isolation, without much indication of what would occur next. What is now clear is that forced isolation facilitated alternative forms of expression and interaction among artists, especially those forms possible across distances. (Indeed, the editors of this issue collaborated remotely from San Francisco, Toronto, and Vancouver.)

Of course, we anticipated that the profound effects of isolation would be a theme in these works. However, several contributors presented an ironic take on this situation. Notwithstanding the potentially negative psychological impacts of physical and social isolation, several pieces in this issue show that it has become strangely comforting to observe collective frustration toward our circumstances and the virus itself. For example, in their interview with Emilie Kadhim for this issue, **Valentín Falconí** and **Toni Alarco** note that many animators who contributed to the #StopMoMonsters project chose (without prompting) to portray the destruction of the virus in one way or another: smashed, consumed, or thrown away. These repeated sequences encouraged viewers of the project to affirm that we are not alone in our feelings of impotent frustration, and they offered catharsis too.

A related phenomenon, which persists today and is another theme throughout this issue, is disruptions to our perceptions of space and time. Just as the pandemic has progressed in unexpected ways, our lives no longer seem bound by familiar, cohesive milestones. The pandemic has upended how we temporally organize our lived experience, through repeated-and-seemingly-endless “waves” of medical emergency, followed by other fluctuations, upheavals, and the dysregulation of our personal narratives. **Keith Schwager** conveys how this uncertainty can become mundane in his staccato verse: “Deaths, / and recoveries / forgotten in repetitions of / yesterday / and tomorrow.” Many visual works in this issue also reveal signs of this contradiction. As the pandemic continues, we grow more accustomed to this alienating feeling.

That said, we were surprised at how contributors often expressed optimism amid this chaos. **Kayla Whitney’s** illustration is a good example. Her message, “WE WILL HUG AGAIN,” gives meaning to an otherwise disembodied pair of hands: simply, that this isolation is not for forever. In the meantime, the subjects of **Teri Donovan’s** collages keep their hands busy (they are, as she explains in the title of one work, “Taking Care of Business”) as they attempt to manage the coronavirus in their own imagined lives. We might interpret the invitation to “do *something*” a bit differently now, nearly two years into the pandemic. Nevertheless, this impulse motivated our contributors to seek out opportunities for creative expression with others. In other words, they did not *act* in isolation and, as a result, we benefit from their desire to make meaning collaboratively. Many of those same feelings of uncertainty about the future continue to trouble us. This special issue proposes that it is better to confront them together.

References

Google Trends. (2022). “New normal” 1/2/20–1/2/22. URL: https://trends.google.com/trends/explore?date=2020-01-02%202022-02-02&q=%22new%20normal%22 [Accessed February 1, 2022].

World Health Organization. (2009). *Pandemic influenza preparedness and response: A WHO guidance document*. Geneva, CH: World Health Organization. URL: https://www.ncbi.nlm.nih.gov/books/NBK143061/ [Accessed February 1, 2022].

Emilie Kadhim, Rachel Lallouz, & David Mastey

Ars Medica
A Journal of Medicine, The Arts, and Humanities

Volume 16
Issue 1
2021

Interview

Stop Mo Monsters

Emilie Kadhim

Artist: Valentín Falconí

Artist: Toni Alarco

Apart, but United. #StopMoMonsters
The COVID-19 pandemic had an incredible impact on the stop motion community worldwide, both negative and positive. Many artists found the travel restrictions to be a barrier to work in studios, and instead found themselves in their home studios creating independently.

From political protest to remote global capacity building, stop motion artists Valentín Falconí and Toni Alarco use plasticine to share their spin on the pandemic. Together they started a hashtag movement called #StopMoMonsters with over 20 different 84-frame animations with participation from artists all over the world. Toni and Valentin used the pandemic as an opportunity to host workshop video calls with new stop motion animators to build their capacity with the medium. The hashtag challenge quickly became a global community with a profoundly positive impact.

Interview with the Creators

Emilie Kadhim (EK): Why #StopMoMonsters? What inspired this idea?

Toni Alarco (TA): Valentín and I wanted to focus on something more worldwide. COVID-19 is something that we can talk about and everyone understands and relates to it. We decided to use COVID-19 as a main theme because that is what connected us. It was because of COVID-19 that we became comfortable with video calls and it made us able to communicate in the first place. Without COVID-19, I would never think to get in contact with Valentin, a person in Peru, while I am in Barcelona. So I thought, okay, COVID is the thing that divides us, but also unites us.

EK: You mentioned that opening it up to the public opens it up to the larger stop motion community and creators. Why a public challenge and hashtag? Was there a global reach?

TA: We decided to make it public because we know that many people have studios at home and are able to do it. Why not unite and work together? The hashtag was created to help share the work that all "stop mo" animators are doing at home. Basically, we wanted to create a community. We wanted to have our community of monsters, united for stop motion, against COVID-19. We thought it would be nice to open this idea to more people as all these people have the same situation as us, and we can all do something together. We hoped to find the "positive parts" of COVID-19 that can connect people. Also, we find that more people are getting into stop motion, and we want to support that. We wanted to show that many people are doing it and that anyone can join stop motion.

Valentin Falconi (VF): We thought it would be better to invite more artists. Stop motion is a very collaborative technique that allows for connections between many artists. COVID-19 is the thing that started it. We didn't know it [the hashtag] was global at first. We shared it with our followers and they shared it with other people. So many people from other countries participated. Toni actually had the idea to have a call with those who wanted to participate in the hashtag challenge. They make stop motion animations, but had questions about their techniques.

TA: Yes, we decided to do a video call with people who wanted to make stop motion animation, but needed some help and advice. There aren't many people doing this and we wanted to support them. We gave them some advice and did a private video call with people trying to participate in the challenge. There was one person from Mexico, one from Chile, really all around the world. COVID-19 made us more able to be united because before I couldn't see myself video calling people from all over the world. It's something positive that came from this situation.

EK: Has COVID impacted your art? How?

VF: Well, COVID-19 and politics in my country are very related. In the last four years we have had four different presidents. I use my art to protest. The politics surrounding COVID-19 have been very, very bad, particularly the decisions [regarding COVID] against the people. Perú is one of the worst countries with COVID. I use plasticine and my figures to talk about these things.

EK: What can this hashtag contribute to the dialogue surrounding COVID-19?

VF: I think the challenge helps with mental health because we are all locked up. We have the opportunity to physically strike the virus. It is liberating in a way.

TA: Many people [involved in making] the videos chose to destroy the virus although we didn't require that. Valentin's animation [the clay monster] eats the virus to destroy it. Interestingly, many people eat it or throw it. It's kind of a way to characterize this hate and struggle with the virus. We used COVID-19 as an opportunity for creativity. Valentin and I are positive people and we wanted to cultivate positive things from the COVID-19 experience. We created a little thing that connects people from around the world in a creative and positive way.

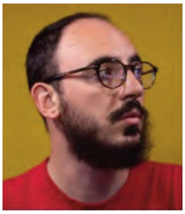
Website

Alarco, Toni. (2021). *StopMoMonsters*. [Home studio]. https://www.instagram.com/p/CI5Fid2iaXz/

About the artists

Valentín Falconí is a Perú-based director and animator Valentín Falconí (@valentinfalconi) who has dedicated his latest years to the development of stop motion animation projects. In 2020, he released the short film *198451*, a work about the degradation of social behavior and excessive consumerism, which earned him an award from the Peruvian Ministry of Culture.

Toni Alarco (@tonialarco) is a director and stop motion animator,



born in Tarragona, Spain. He studied Fine Arts at Barcelona University, where he specialized in sculpture, but discovered stop motion in 2011. Since 2019, he has worked on animation productions like *Hiru Animation* (Valencia), *Kiwin* for XBo Films (Toulouse, France), and collaborated on *One Liner,* directed by Matthew Lee (NFTS, England).

About the interviewer

Emilie Kadhim is a research coordinator at the University of California, San Francisco and an editorial board member for *Ars Medica.*
Email: emiliekadhim@gmail.com

Ars Medica
A Journal of Medicine, The Arts, and Humanities

Volume 16
Issue 1
2021

Experiencing Cancer during the COVID-19 Pandemic: Reflections and Wagers

Richard Hovey

In August 2019, I was diagnosed with advanced metastatic prostate cancer. My cancer treatments meant not only confronting the challenges of the cancer itself but experiencing them through the COVID-19 pandemic. This writing is an attempt to express the meaning of the experience of living with cancer under the umbrella of COVID-19. The overall context of the writing is both to try to make sense of my experience of living with cancer with the additional concern, anxiety, and fear of hospital visits, daily activities, and routine in the face of a previously unknown global event that hovered over and reshaped my cancer experience. Through this text, I have endeavored to explore this journey from different perspectives and to understand its meaning in my life.

My treatment regime began with androgen deprivation therapy (ADT) treatments, followed by chemotherapy, and then a course of radiation therapy. This treatment regimen coincided with the COVID-19 pandemic lockdown in my city. Each trip to the hospital created new sources of anxiety and stress. I questioned how I could safely get to my treatment hospital. Upon arrival to the hospital, I was approached by hospital employees in personal protective equipment that I had never experienced before aside from viewing a science fiction movie. My wife who has been my constant support was no longer allowed to enter the hospital. I was alone with cancer, its treatment, and this pandemic. However, a new sense of purpose arose. With this manuscript I explore alternative ways to view the cancer experience, the prevalent language used, and my experiences as a patient perspective-researcher. Through a hermeneutical perspective, that explores the human tacit activities of living through challenging conditions as transformative possibilities, I explore the possibilities of turning the language of war to wager and battle into a leap of faith in healthcare. These philosophical explorations of my experiences have offered a self-reflection that allowed a re-framing of cancer as something to engage with rather than a foe to battle. Cancer became an illness with wagers with multiple possibilities and multiple stories.

Finding a way through the complexity of a cancer diagnosis

I do not always have the words to describe my most difficult feelings. At these times I find it helpful to turn to authors from different kinds of literature. To begin to make sense of the moment my oncologist told my wife and myself about my diagnosis I turned to Richard Kearney philosophical essay *What is Diacritical Hermeneutics*. Kearney, in this work, suggested "diagnosis calls for endless dialogue: between disciplines, between text and action, between word and flesh, and above all between human persons who give and receive wisdom, attention, and healing" (2011, p. 9).

It often feels like I've been thrown into a surreally different life; one fragmented by a diagnosis of cancer. It was to me an unforeseeable eruption that invaded all aspects of my life. Cancer lives as an uninvited guest who can permanently change our sense of self, projections of the future, and the meanings of life previously understood. I hope to offer a new or different perspective on how we choose to live our lives through cancer stages, treatments, and a range of possible outcomes. Kurt Vonnegut wrote, “We have to continually be jumping off cliffs and developing our wings on the way down” (2014, p. 123). This quote spoke to me as cancer was a new, uncertain, and terrifying experience. No prior life experience had prepared me for cancer. I found the idea of being open to developing my wings while falling with cancer was somehow reassuring, empowering, and a creative way to begin a wager and leap into uncertainty.

Cancer as text

The introduction of cancer as text is offered to create awareness of personal narratives located around a specific topic of interest. I am continually adding to my cancer narrative using metaphors, challenging taken-for-granted language, and offering different ways to describe living with cancer. This was helpful for me as months of treatments continued to unfold. It might also be a helpful construct for others living with cancer, their families, friends, and healthcare providers. Text is not a single entity, but a composition (Davey, 2013). It is a composite of part-whole relationships, which constitute our evolving understanding of living with experiences such as cancer.

As Gadamer described

> “genuine text… is exactly what the word literally says: woven texture that holds together. Such language, if it really is a proper text, holds together in such a way that it stands in its own right and no longer refers back to an

> original, more authentic saying, nor points beyond itself to a more authentic experience of reality." (1986, p. 142)

This article endeavors to bring forward my personal reflections and the interpretation of my cancer experiences as text, from the mundane to the life shattering. What we interpret can be considered as text—where text is the representation of our thoughts, emotions or perspectives—from a different perspective, in this case, that of living with cancer. The role of interpretation becomes the restoring of text from internal thinking (about cancer experiences) into living communication, through poems, short stories, paintings, photographs or artwork. In the context of cancer, these events interrupt us, our thinking, our reflection about the meaning through interpretation of *text*. Interpreting a *text* with others encourages new understandings that are greater than one's own limited capacity and encultured horizon prior to these new understandings. We transform our understanding from the tension of having other perspectives that disrupt our way of knowing, sensing, or thinking. *Text* serves to invite or promote synergistic thinking, knowing, and sensing in relation to a topic, person, or thing. This personal narrative explores text within multiple contexts as a means to understand. This occurs through a hermeneutical sensibility about text and its ability to provoke ours senses into understanding beyond what we see or hear. Since we as humans are always in the process of interpreting through our senses, this personal narrative about my cancer experience strives to offer a provisional, initial hermeneutical explication of that experience. It is provisional given that all interpretations are new or different until ones become available to add and extend our understanding of an experience. The text that follows is from the perspective of a person (myself) currently undergoing cancer treatments, (ADT, chemotherapy radiation therapy) expressing them as best I can reflectively, interpretatively, and philosophically.

The leap of faith (and belief in my healthcare team)

> Faith is more than hedging your bets. A leap of faith requires something else in order to earn the name 'faith' rather than 'belief,' 'guess,' 'opinion,' or 'wager'". The difference between belief and knowledge is epistemic and has to do with how certain we are about a given proposition, while the difference between belief and faith is existential, … having to do with our commitment to live in light of a certain proposition. (Treanor, 2010, p. 549)

A life threating health condition necessitates a leap of faith that is existential concerning my personhood while coinciding with a belief that the healthcare system will do their best. Their knowledge and care are epistemic, based in decades of research, clinical practice, and commitment of helping persons diagnosed with cancer. There are however for the person living with cancer no guarantees, nor certainties of cures, remission, or life. It requires a wager of sorts. To me this epitomizes the hermeneutic wager outlined in the work of Kearney (2011). The wager requires risk. It is one not taken willingly, and it offers a multitude of possible outcomes. This kind of thinking then opens up other ways to approach the narratives of cancer treatments, not only as a battle to win or lose, but rather as a wager confronting the risks. This wager all begins with a leap.

The imposition of other people's narratives

Often people diagnosed with cancer are told that they have entered into a battle or fight against this disease, a statement that, at first glance, offers a sense of purpose and strength against an unknown enemy. After my diagnosis, many friends and family defaulted to the battle narrative to encourage me into a fight against my cancer. "You're strong/you will beat this/you got this/kick its ass." There were also the friends or family members who told me of others they knew who had had the same kind of cancer and were fine now—as if one cancer story was interchangeable with another, as if those cancers and mine were identical, predicable, and would share the same outcomes. As well-meaning as these comments were, they were not helpful in the long run, as the treatments wear you down and you wait for the next "update" about your cancer "battle" status.

Cancer and philosophical hermeneutics

For me, cancer will always be intertwined with the arrival of the COVID-19 pandemic. They became an inseparable entity with increasingly complex engagements with healthcare at an unknown and unprecedented time for healthcare systems worldwide. In the midst of this experience, I encountered very early on the battle and war metaphors commonly used to describe cancer treatments, which I found uncomfortable and even repugnant. This language is pervasive in discourses surrounding cancer and other chronic health conditions. However, wars and battles suppose winners and losers. Consequently, from my perspective, I either win the battle and the war if my cancer goes into remission, or I am a loser if the cancer continues or I die. That is, I die a loser even though I did everything medically and humanly possible to win. I was able to find several specific articles that explore in detail the war and battle metaphors in healthcare. The following references are helpful for a reader to explore and who wishes to have more information: Hendricks et al., 2018; Nie et al., 2016; Tate et al., 2016; and Paris, et al, 2016.

In wars against anything, the battles fought aggressively and skillfully often dichotomize into winners and losers. The winners being survivors whereas the losers, leave us. Who wants to die knowing they were a loser in a battle they did not enlist into voluntarily—cancer conscription? Furthermore, there are no prisoners in this metaphor of war against cancer, other than the incarceration we feel as we go through cancer treatments. We wait as captives' in-between therapies, with a host of side effects that become inexpressible to others, coupled with the anxiety, the unknowing, and depression this process can create. When I had completed five out of six recommended chemotherapy treatments my side effects had become severe. I had potentially permanent damage to my peripheral nerves, vision, and internal organs. Yet due to the COVID-19 pandemic my oncology appointment was postponed. Much needed treatment verification methods such as MRI, PET scan, bone scans were delayed. I sat in limbo waiting to know about the progression of my cancer and for much needed information.

Treatments as wagers

The physical and emotional toll of chemotherapy was becoming unbearable. In consultation with my oncologist, I decided to stop chemotherapy. This is an example of a wager where I chose to not to risk a sixth treatment. The outcome of this wager is difficult to know, but a risk was taken, not a battle fought. There was no war. The internal work of chemicals, hormone treatments, radiation, and cancers are beyond my sight and hearing, but all of this can be felt deeply as I change physically and emotionally. In the midst of it all, I realize I have no control other than being compliant and committed to the treatments. In this way, I am developing my wings and changing perspectives in order to find my balance once more.

Wagers and leaps

Progressing through cancer treatments has led me to the ever clearer understanding that this indeed resembles more of a wager than a war. In this personal leap of faith, there are many things at stake: my belief in the doctors, pharmacists, nurses, healers (with the sciences to support their actions), and my belief in those treatments, coupled with my own strong will for self-healing (self-empowerment). This differentiates a reckless leap from a wise, considered leap of faith where a healthcare team is working together with me to do the best they can for my healing. I use the word healing rather than cure for when cancer cannot be cured, we must help heal the person as they approach uncertain futures and expectations. The "push off the cliff" is an intense image and I offer it as a metaphor for accepting a cancer diagnosis as a leap of faith, with the accompanying trust in a healthcare team to help one grow wings as one metaphorically plummets downward. A leap of faith means, sometimes, just jumping headfirst into your treatments, even if you do not know where you are going yet (cancer status update). The process simply unfolds, and you must trust in its efficacy.

We learn as we go, open to all possibilities. Open to the assistance of others from our social networks, healthcare professionals, and those who unexpectedly "show-up" to help play out our wagers and leaps of faith. We can replace the win-lose scenario of the war metaphors with one of leaps of faith and wagers, where many possibilities exist (often not only black and white/win-lose scenarios). All of this unfolds within grey areas (differing degrees of healing and even death) and we learn to accept them with grace, dignity, and character of our personhood through these wagers. Our personhood continues to evolve throughout these challenges we are confronted with over and over.

Why our stories matter

I am using "story" as a form of medicine because this keeps me as an active participant during my leap of faith. It helps bring thoughts from my reflections out into the world for me and for others to read. Frank (2013) wrote:

> The wound becomes a source of stories, as it opens both in and out: *in*, in order to hear the story of the other's suffering, and *out*, in order to tell its own story. Listening and telling are phases of healing: the healer and the storyteller are one. The sufferer is made whole in hearing the other's story that is also hers, and in having her own story not just be listened to but heard as if it were the listener's own, which it is. The illusion of being lost is overcome. The healing may not cure the body, but it does remedy the loss of body-self intactness associated with suffering. (p. 183)

Unlike other experiences that have also disrupted my life—some profound, like the deaths of loved ones, failed dreams, learning to live with chronic pain and arthritis—cancer is in a league of its own. Learning from others was instrumental in helping develop my own wings as I leapt off this precipice imposed by a diagnosis of cancer, calling on my leap of faith and belief. This, and a reconceptualization of this process (treatments), is reframed through using the term wager rather than a war with battles. A wager implies a degree of risk, unlike a battle in which there is a winner and loser. In the context of a wager, we now have degrees of success and disappointments. The hermeneutic wager neither excludes nor denies the possibility of death due to cancer, but there are no winners or losers—only the acknowledgment and interpretation of existing as a human being. Our finitude becomes a source of conversation, unsilenced, and unconcealed.

The hermeneutic wager

While progressing through my cancer treatment I reflected upon the work of Richard Kearney and his work on the hermeneutic wager. This wager is comprised of five reflections and/or conversations to engage in that I have adapted to learn about living with cancer and its treatments. The hermeneutic wager has five points of reflection: imagination, humility, commitment, discernment, and hospitality. These will be used to provide examples of how to offer insight into one's experiences. Through these kinds of reflections on cancer, particularly during the time of the COVID-19 pandemic uncertainty can help us develop wings for the journey into the unknown uncertainty that often a diagnosis of cancer requires.

Imagination makes the wager or leap possible by opening up alternative ways of seeing or experiencing a situation. There are many possibilities associated with cancer: type, location and stage, combined with a continuum of treatments. This represents one leap and wager that includes all impossibilities. Imagination keeps the conversation open with others who can help when the treatments and the emotional aspects of cancer become unbearable, or even unimaginable.

The next possible reflection to consider is *humility* which flows from recognizing the necessity of imagination. It reminds us that beliefs about cancer, treatments, and future are interpretations rather than empirical facts. Taken together, humility and imagination remind us that there are always other translations and interpretations of the possibilities of how one lives or dies with cancer. It is our commitment within the cancer wager, which safeguards us from indecision or denial, that ensures our lived, existential experience. Humour related to humility helps people engage with one another. Often, as I waited for my treatments or appointments with my oncologists, I heard laughter, saw smiles, and sensed generosity of people living with a diagnosis of cancer, their families, and social support network. This phenomenon is one that is part of a shared understanding of what the other is going through. Even if we never know the specifics of their condition, we share in a common experience, which brings out the kindness and generosity of others.

The third reflection is that of the *commitment* to the leap of faith or belief that our healthcare team is doing everything they can to help us live with and through the cancer experience. It speaks to hope and confidence in those around us to know that as we metaphorically develop our wings while falling from the cancer-cliff, we are not alone; we have access to multiple forms of help and support. This was invaluable for me, as once I was able to let go of fears and doubt about my treatments, I was able to enter into them with confidence and hope.

Discernment, the following reflection, adjusts imagination by reminding us that not all possibilities are available to us (for example, a cure) and moderates' commitment by reminding us that some wagers will evolve in ways we did not hope would be our outcome. This is important because having realistic expectations helps our emotional equilibrium. We know that being positive and hopeful is realistic, but there are always the possibilities of setbacks or discouraging news along the path.

Finally, *hospitality* tempers discernment in order to ensure that we remain as loving to ourselves and others as best as possible, even believing in the possibility of the impossible, so that discernment does not become primarily a negative interpretation. This reflection prevents fear and anxiety from becoming the driving forces of the leap of faith. Our belief in the hermeneutic wager will play out regardless. Hospitality offers an openness in the face of our natural tendency to fear and exclude the stranger, in this case, cancer. It also means we need to be open to whatever comes our way: the good, the disappointments, the nervousness as we wait to hear about our cancer status. All of these need to be welcomed parts of the process. They might be anxiety provoking, but if we welcome them all as expected, the wait they carry might lessen or even dissipate. Taken together, these five reflections combined with humor, support and define each other. They are open rather than closed; humble rather than victorious; imaginative rather than unembellished; engaged rather than passive; and exploratory rather than closed-minded.

During this quietude of waiting for the next set of scans, I reflected on what might come next. I was anxious, nervous, and exhausted, but I am willing to leap again and wager the outcomes. The metaphorical wager may be joyful and exuberant at times, while realistically I also know they may not play out in my favor. In this context however, I am not ever going to be a loser of a battle, but rather a risk taker and believer. I don't know yet how these will play out in the long run. But this lifts hope.

A treatment trifecta

The chemotherapy was over, while the ADT continued with monthly injections, and with radiation therapy next in line. This occurred right at the beginning of the COVID-19 lockdown, when going to the hospital added an additional layer of distress. Living with an already compromised immune system I felt the extra vulnerability. However, treating advanced and aggressive cancer while risking exposure to COVID-19 was another necessary wager.

I use the term trifecta because of its connection to the act of wagering; betting on the first three horses to finish in the correct order. In this narrative, those three horses are chemotherapy, ADT, and radiation. Exhausted by the continued monthly ADT injections and 21 weeks of chemotherapy now completed, I witnessed my body endeavor to slowly return to itself; my vision improved, and my hair began to grow back. My fingernails and toenails, however, are changing texture and colour. This is not winning a battle, but rather, it is how the wager plays out while I await the third leg of the cancer treatment trifecta (radiation therapy). What remains is the unpredictable chronic fatigue that changes my level of enthusiasm towards everything, including how and when

I can accomplish my day-to-day tasks. I surrender and adjust and mend my damaged wings as I continue to fall from my cancer precipice.

Radiation therapy started at the beginning of March 2020 and represents the third leg of my leap of faith and belief in my healthcare team. This is the continuation, with a new aspect, of the cancer wager. This process was rather painless. The main discomfort of the treatment was attributed to the placing of "seeds" into my prostate gland. Prostate brachytherapy is a form of radiation therapy used to treat prostate cancer. It involves placing radioactive sources (seeds) into the prostate gland, where the radiation can kill the cancer cells while causing less damage to healthy tissue nearby (Mayo Clinic, 2020).

Now, I await the side-effects of this trifecta on my physical and emotional equilibrium. The continued extreme fatigue coupled with lower back pain from the metastatic disease in my spine has been the worst to navigate. A recent meeting with my oncologist revealed the metastatic bone-based cancer has shrunk in several places while others remain unchanged. This wager was helpful. I did not win or lose, but neither did I surrender. My cancer treatments remain in play and risks continue to be wagered daily.

Experiencing death, the ultimate wager

People die. We hope we die in older age, painlessly, perhaps in our sleep, but that is not always the case. A diagnosis of aggressive metastatic cancer brought the topic of death to the forefront of my mind swiftly. This was not a someday far-off notion pushed aside. It became real and imminently present. When contemplating death Gadamer (1986) wrote:

> We must ask ourselves what knowledge of death really means. For there is a deep

> connection between the knowledge of death, the knowledge of one's own finitude, that is, the certainty that one day one must die, and, on the other hand, the almost imperious demand of not wanting to know, not wanting to possess this sort of certain knowledge. (p. 64)

Cancer reminds us that we are all vulnerable to the possibility of death well before we believe we are ready. It moves it from an unknown distant event to one closer at hand. Prometheus, in Greek mythology, is credited with helping mankind by taking away the knowledge of the exact day and time of our death.

> Before man had been brought by Prometheus this gift of concealment concerning his own death, he must have lived wretchedly and unproductively in caves and created none of those cultural achievements which distinguish mankind over all other living creatures. (Gadamer, 1996, p. 64)

As a person aged 62 at the time of writing this article, my pre-cancer vision of life has faded away. Now, with the onset of COVID-19 world-wide, the vulnerable have become even more vulnerable. The gift from Prometheus is now in question as cancer reveals an uncertain future where the perception of decades of life shrink to years or even months. Gadamer wrote:

> For every living person there is something incomprehensible in the fact that this human consciousness capable of anticipating the future will one day come to an end. Likewise, for those who witness it, this final coming to an end has something uncanny about it. (1996, p. 63)

Cancer reveals our repression of the idea of death with respect to our own life, but it must be confronted as part of the reality of the wager we entered into through our cancer treatments. The outcomes are uncertain, but we continue to have faith in ourselves and belief in our care.

The experience of death remains the ultimate human mystery. We fear the thought of our own finitude, we keep the talk positive and hopeful, treatments offer a wide range of possibilities from highly effective to ineffective. The cancer wager includes all possibilities with the understanding that not all wagers pay off and we may not get what we expected or hoped to receive, a lost wager.

Metaphorically, the losing of a wager does not mean the person who dies from cancer was a loser. They were rather a human whose leap of faith and belief in their healthcare could have no other outcome. The wager ran out. The person however has found peace in the leap and belief of throughout this ultimate human experience. We die not as a failure of a battle, but as a person who did everything possible to live. No wars fought, no battles lost or won, just a human being human. The wings we develop on the way down the side of the cliff become inspirational and life affirming.

It has now been two years since my cancer diagnosis. I have landed from my precipice cancer fall. The metaphoric wings I developed over this time are neatly tucked away for now. The reflections about my experiences from the hermeneutic wager were always helpful to shed light on my feelings and thoughts during dark times riddled with anxiety, exhaustion, and doubt. As I finish writing this manuscript I feel better as I heal, but I am continually reminded I am not cancer free. I will have to learn to live with it for the remainder of my life.

Treatment and efficacy monitoring continues each month. It is not the significant wager of months ago when I experienced cancer through chemo and radiation therapy. It is now a series of smaller yet still significant wagers revealing my monthly status of living with cancer. Each month's new wager presents the possibility of either my cancer being controlled or not. I perpetually live with a sense of risk.

There never was a war against cancer for me, no battles or even skirmishes, only constant reflection about the distressing times applied through wagers of risk, with faith and belief in the care and treatments I received. My story, like so many others of those who are fortunate enough not to write a conclusion but end this text as a coda. Life continues, just differently.

Coda

There is no conclusion to this manuscript. Rather I end with the term coda as a means to say something about the ongoing possibilities of expression to help people living with cancer and cancer treatments. Coda is a musical term originating from the Latin word *cauda*, which means tail, or the end. The hermeneutic wager, however, is not something that is concluded abruptly. Based on my cancer experience, during this time of COVID-19 and the vulnerabilities it has exposed, I have adopted another interpretation of the word coda:

> Used in a more complex sense, as in a movement in music that echoes and replays the basic structure and motifs of the work as a whole, and, in doing so reminds us of how a story has unfolded in both what was amplified and perhaps what is still hidden in the silences. (Lund, 2012, p. 131).

This is where the possibilities of a wager resound over and over by breaking through the silence of our hidden thoughts and lived experiences, for the person, their family and their friends. Conceptually, the idea of a leap of faith and belief that all that can be done is being done is in itself healing. Within the hermeneutic wager, reflections of imagination, humility/humor, commitment, discernment, and hospitality bring into presence our inner reflective thinking, emotions, and self-empathy to help ourselves and others who suffer alongside us.

References

Davey, N. (2013). *Unfinished worlds: Hermeneutics, aesthetics and Gadamer*. Edinburgh, UK: Edinburgh University Press.

Frank, A.W. (2013) *The wounded storyteller: Body, illness, and ethics* (2nd ed.). Chicago, IL: University of Chicago Press.

Gadamer, H-G. (1987). *The relevance of the beautiful and other essays* (N. Walker, Trans., R. Bernasconi, Ed.). New York, NY: Cambridge University Press.

Gadamer, H-G. (1996). *The enigma of health: The art of healing in a scientific age* (J. Gaiger & N. Walker, Trans.). Redwood City, CA: Stanford University Press.

Hendricks, R., Demjén, Z., Semimo, E., & Boroditsky, L. (2018). Emotional implications of metaphor: Consequences of metaphor framing for mindset about cancer. *Metaphor and Symbol 33*(4), 267-279. doi:10.1080/10926488.2018.1549835

Kearney, R.M. (2011). What is diacritical hermeneutics? *Journal of Applied Hermeneutics*. doi:10.11575/jah.v0i0.53187

Lund, D.E., Panayotidis, E.L., Smits, H. & Towers, J. (2012). *Provoking conversations on inquiry in teacher education*. New York, NY: Peter Lang.

Mayo Clinic. (n.d.). *Prostate brachytherapy*. https://www.mayoclinic.org/tests-procedures/prostate-brachytherapy/about/pac-20384949

Nie, J-B., Gilbertson, A., de. Roubaix, M., Staunton, C., van Niekerk, A., Tucker, J.D., & Rennie, S. (2016). Healing without waging war: Beyond military metaphors in medicine and HIV cure research. *The American Journal of Bioethics, 16*(10) 3–11. doi:10.1080/15265161.2016.1214305

Parsi, K. (2016). War metaphors in health care: What are they good for? *The American Journal of Bioethics 16*(10), 1-2. doi:10.1080/15265161.2016.1221245

Tate, T.P. & Pearlman, R.A. (2016). Military metaphors in health care: Who are we actually trying to help? *The American Journal of Bioethics, 16*(10), 15-17. doi:10.1080/15265161.2016.1214320

Treanor, B. (2010). The anatheistic wager: Faith after Faith. *Brill, 14*(5), 546–559. doi:10.1163/156852910X529322

Vonnegut, K. (2014). *If this isn't nice, what is: Advice for the young*. New York, NY: Seven Stories Press.

About the Author

Richard Hovey, PhD, is Associate Professor in the Faculty of Dentistry at McGill University. Email: richard.hovey@mcgill.ca

Ars Medica
A Journal of Medicine, The Arts, and Humanities

Volume 16
Issue 1
2021

In Times of Crisis, Art Is Our Greatest Antidote: An Interview with Tatum Dooley and Margaux Smith, Organizers of Canadian Art in Isolation

Rachel Lallouz

As the coronavirus pandemic began to spiral out of control in the spring of 2020, when lockdowns and physical distancing measures were implemented, one after the other, with increasing severity in neighborhoods, cities, and countries across the world, writer-curator Tatum Dooley and artist Margaux Smith began to collaborate on what was initially envisioned as a small project to solicit, collect, and provide artworks to long-term care homes in the Greater Toronto Area (GTA). Now, having accumulated hundreds of artworks, Dooley and Smith have placed these works in multiple GTA facilities, including Castleview Wychwood Towers, Wesburn Manor, Fudger House, and Wyndam Manor. Scattered throughout this interview are examples of some of these pieces.

For Dooley and Smith, Canadian Art in Isolation is an effort to combat the grief, loneliness, and shock that disproportionately affects some of the most vulnerable members of our society: those who are older, often differently-abled and in some cases, terminally-ill residents who have now long been inhabiting such spaces of precarity.

Rachel Lallouz (RL): Can you explain to me the personal origin story of this project? How did Canadian Art in Isolation unfold?

Tatum Dooley (TD): If we think back to ten months ago, that first lock down was incredibly serious. We didn't know what would be okay. We were spending most of our time indoors—I work from home, and the libraries were closed, so Margaux was also working from home. But we were having very long phone calls at night together. Throughout those phone calls, a lot of our attention would turn to the people that the pandemic was affecting the most. It was a really organic and natural progression for us to start thinking, "Well, how can we help them?" It came up that it would be a very easy and natural progression for us to donate art to long-term care homes.


Sunday Lunch, Keiran Brennan

RL: What are your personal connections to art as they relate to the pandemic?

Margaux Smith (MS): As a painter, I was at the studio a lot. I was spending long hours there, really enjoying the kind of extended time alone to focus on painting. We were thinking how lucky we were to have access to our own disciplines, so that brought us a lot of comfort and engagement during the first lockdown. It's a bit more lonely a year into it, but during that phase this was the initial instinct we both had, to try and share that pleasure and enjoyment and comfort we both had from painting and writing and our own artistic engagements.

TD: With my practice writing and curating art, it just fit so well. It's so nice to have an artistic collaborator like Margaux. I had also just finished an essay for Patel Brown Gallery, about artist reactions to the pandemic, and community sharing and mobilization, and so I was really in this headspace asking, "What does it mean to be an artist and work in the arts and how can this contribute to making this time a bit easier for people?"


Night Garden, Teri Donovoan

MS: I would also add that it was a way for me to feel socially engaged, and to be doing something tangible, because there's something special about making art and living with art in real life that you can't get from a virtual experience or a Zoom call. Tatum and I are both believers in the power of the physicality of art—*living with art*—so it was a way to stay social and connected to our community during that first lockdown. We both have a conviction that the arts can make a difference during a time of crisis. Even if it's not solving major problems, it can keep a spirit of optimism and community alive, so that was one of our goals.

RL: That's amazing. Can you speak a bit about the response you've received from care homes in implementing this project?

MS: We plan on going and visiting when this is all over. We occasionally get photos of residents who have selected their art works—each long-term care home has a different process for working with the residents to select works that they like. [But] these care homes have been in and out of outbreaks, so it's been a really slow process [hearing back]. We've gotten a lot of positive feedback, though, and so much gratitude from administrators. This art draws out and engages the residents.


Lambton Pines, John Lynch

TD: Some institutional settings can be very monotonous—all of the walls, for example, can be very neutral shades, [and] there are limited elements of personalization in some of these care homes. So having a piece of art on the wall, just from a very aesthetic point of view, something that presents a lot of colour and illustration, or if it's an abstraction that people can project onto that painting, or if it's a pastoral scene—what it can evoke from memory—from that aesthetic point of view, art is something to look at every day that is beautiful and engaging. I certainly feel that from the art that I live with in my home. But also, in a more abstract or metaphorical way—the art [suggests] a sentiment that somebody has taken the time to make you something, has donated it—some of this work takes a lot of time to make—that someone cares enough, is thinking about you, and wants to do it … there's an empathetic care that [residents] might feel.

MS: It's hard to speak generally about the affective impact of the work, because we didn't prescribe any parameters about the kind of work that people could donate. So if you look at the collection, you'll see that there's all kinds of images, and we leave it open to the residents to decide what they want to live with and what's going to be meaningful to them...but I think it's also been really meaningful for artists.

What I really miss is just connecting with strangers and community members on the street that are not part of [my] immediate family or social bubble. So, I think it's a really nice way of showing that kindness and that relationship of connection with someone that you haven't already met. There's a lot of people that submitted in our own generation, cohort, of artists. But there's a whole, kind of less visible, population of artists [that submitted]. We received a lot of donations from them, along with letters, and for some it was their first time exhibiting work. So, it was a meaningful way for seniors to connect with other seniors, or people dealing with health issues and isolation. I think [the project] had a different role in everyone's life.

RL: Reaching to a broader question in relation to this project, why do you think art is necessary in our world today given the current social climate?

TD: For me, art translates the world around us. It allows people to articulate their experiences and their worldviews [through] multiple different mediums. That act of archiving feeling and sentiment and our surroundings is important. The reactions people have to art are important. And for me, what art is—and I've written about this as well—is permanence. An artist is looking to art history and the past to influence their work, and they are making that work in the present, and this piece of work will be propelled into the future. This is an act of optimism in our world today, especially during a time when we are all very much living in the moment, and it's hard to think to a year or ten years ahead. Making art is the most optimistic thing a person can do, because it's saying, "I'm here. I'll be here in 20 years." I find that very touching.

Image 0, Emily MacLennon

RL: I really appreciate hearing that. In a time when many definitive strangleholds on art are emerging, did you or this project face any challenges?

MS: I think organizationally, we were just overwhelmed. We thought it was just going to be a small volunteer project, but the scale just kept on expanding. It was hard to plan because everything was so unpredictable. People just kept reaching out and saying they wanted to start this in their town. It seemed like the need was expansive and we had to figure out how much we could commit to that.

TD: To add on to that, there was also the issue of physical storage. It's such a logistical thing, but if we have 300 pieces of art, where are those going to be stored before they can be dropped off? And the drop-off process also meant working closely with long-term care homes in a safe manner. We didn't go into the care homes—they would bring a cart out and we would stack all of the art onto it, and they would isolate the art, making sure everything was up to par in terms of health and safety. At one point, we had so much art in our homes we couldn't accept any more, physically.

Study for a Fly Trap, Emma Welch

RL: Thinking to the future, how do you see this project evolving given the unknown or the uncertainty of the coronavirus? What are the different dimensions or spaces this project might evolve into?

MS: [This summer] we put together, with [University of Toronto] students, a DIY document for anyone else who wants to do something similar, and we have been forwarding that to people in different cities outside of Toronto. I think this phase of the work [for us] is completed now.

TD: Thinking about more efficient ways to do it in the future, we'd love it if the city of Toronto saw the project as something to be implemented permanently, and [could make] a budget for it. That would be amazing. It may be easier to do some sort of programming in which people are mailing this art to long-term care homes. We're open minded about where it goes from here.

Joane, Margaux-Smith

About the Curator and the Artist

Tatum Dooley is a Toronto-based writer and curator whose work can be found in *Artforum International Magazine*, *Border Crossings Magazine*, *Canadian Art*, *Garage Magazine*, *The Globe and Mail*, *Lapham's Quarterly*, and *The Walrus*. She has curated shows at Dianna Witte Gallery, General Hardware, and the Drake Devonshire (upcoming). She received an MA in Literatures of Modernity from Ryerson University in 2016, where she wrote a Major Research Paper on accessibility in the art world.

Margaux Smith is a Toronto-based artist who uses layers of paint, drawing, and collage to convey the body's state of constant transformation. Smith received a BFA from OCAD University and went on to complete a Master of Information degree at the University of Toronto. Throughout her works on paper, Smith incorporates grids, graphs, and data alongside portraiture and figuration.

About the Author

Rachel Lallouz is a PhD student in English Literature at the University of Alberta and editorial board member of *Ars Medica*. Email: rlallouz@ualberta.ca

Volume 16
Issue 1
2021

Hug

Kayla Whitney

We See You, We Hear You, We Thank You

About the Artist

Kayla Whitney is an artist, muralist and community engager and the owner of Koe Design Studio. Email: kwo8tp@gmail.com

Ars Medica
A Journal of Medicine, The Arts, and Humanities

Volume 16
Issue 1
2021

Selfless

Jose Cifuentes

About this Work

Let my work be known for manifesting visual representations of freedom. These unexpected paintings are a mixture of thick knife strokes with free-hand illustrations on canvas and recycled surfaces. I collect and portray moods that are in vivid, visceral paint strokes, loose lines, deliberate drips and passionate splatters using a combination of

media including acrylics, oils, spray paint, markers and things gathered from all around. All this to the novel end of creating an
unconventional marriage of fine and urban art.

Drawing from my experience as an immigrant in the U.S.A, and now Canada, my work expresses the authenticity of artistic freedom and the emotional havoc that surrounds it. To be an immigrant is to struggle in life with instability, but this also means embracing the realities of said struggle to grow bold, fearless and free.

Acknowledgements

The artist would like to acknowledge funding by the Toronto Arts Council and is proud to be a part of CARFAC Ontario and the TMFA Community (The Most Famous Artist) allegedly responsible for the monolith craze in 2020. The artist would also like to thank Enzo Rodriguez for the amazing photography. The portrait above is part of his thesis project at Sheridan College, and I am honoured to be a part of it.

About the Artist

Jose Cifuentes is a thirty-six-year-old mixed media abstract artist from Medellin, Colombia. He moved his life and practice to Toronto, Canada, to find inspiration for his current chapter of creation. Email: jose@josecifuentes.com

Ars Medica
A Journal of Medicine,
The Arts, and Humanities

Volume 16
Issue 1
2021

Taking Care of Business

Teri Donovan

Taking Care of Business

When the Was that Was, Isn’t the Is that Is

Begone!

Invasion

About the Artist

Teri Donovan is a Toronto based artist whose practice includes painting, drawing and photography. With her work, she aims to evoke feelings, sensations and memories through the use of imagery, texture, colour, and mark making. Donovan's work has been exhibited in Toronto, southern Ontario, Halifax, Chicago, and New York City. Email: terdonovan@bell.net

Ars Medica
A Journal of Medicine, The Arts, and Humanities

Volume 16
Issue 1
2021

Hug

Kaisu Koski

HUG (2021) is a pneumatic garment that creates a sensation of a hug without the proximity of another person. It is inspired by "hugging" garments, used in so-called deep-pressure therapy, imitating the structure of embodied human empathy. It is the first prototype in a project exploring artificial empathy, to be used independently by blowing air into two tubes. The garment has two air pockets, one on the chest and one between the shoulder plates. These can be filled with air separately or simultaneously to simulate a hug. The prototype utilizes recycled materials from lockdown online order packaging.

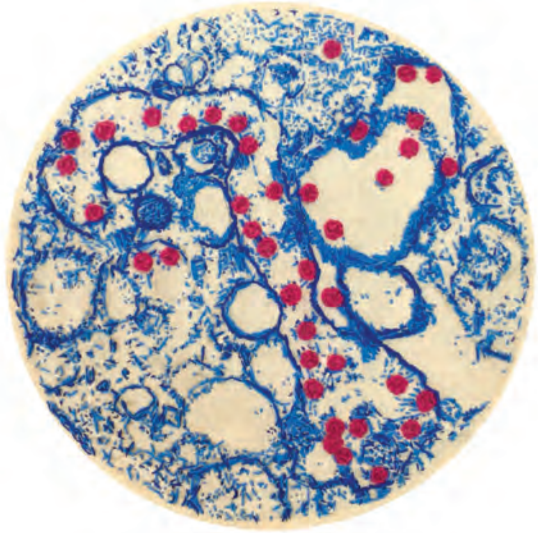
About the Artist

Kaisu Koski is a cross-disciplinary artist and humanities scholar with a background in performance and screen-based media. She is an Associate Professor of Art and Design at Lab4Living at Sheffield Hallam University in the UK. Email: k.koski@shu.ac.uk

Volume 16
Issue 1
2021

Replication/Domestication

Kristen Hardy



Media: Cotton embroidery floss on unbleached muslin.

Source: "SARS-CoV-2, COVID-19 Virus, TEM," by CDC/Hannah A Bullock & Azaibi Tamin. URL: https://www.npr.org/sections/health-shots/2020/03/04/811146915/how-computer-modeling-of-covid-19s-spread-could-help-fight-the-virus

Artist's Statement

Limited to my home during the pandemic due to health vulnerability, I used this as an opportunity to explore a new-to-me creative form, embroidery. Working from a colourized electron-microscope image of the novel coronavirus (2019-nCoV) in an isolate from the first identified case of the disease in North America, embroidering the virus allowed me to explore the formal resonances of the embroidery

[illegible]

About the Artist

Kristen Hardy is an interdisciplinary sociological researcher, whose work explores relations between systems of power and the constitution of marginalized subjects, with a focus on embodiment and pathologization in medicine and other sociocultural spheres. She has published work in a variety of academic journals and edited collections. Hardy is a contract faculty member at the University of Winnipeg, as well as an Associate Member of the Faculty of Graduate Studies and an Adjunct Professor in Health Studies at Brandon University. Email: kristen.anne.hardy@gmail.com

Ars Medica
A Journal of Medicine, The Arts, and Humanities

Volume 16
Issue 1
2021

No Visitors

Mike Laurenza

This image from April 2020 is dedicated to all the lives lost thus far due to COVID-19. Since the beginning of the pandemic, our elderly have always constituted (perhaps intuitively) a great majority of all the most serious cases, hospitalizations and deaths. Healthcare institutions at every level were asked to adopt and enforce policies that were murky at best. Long term care facilities were among these institutions of course, and found themselves under particular strain and scrutiny. As human contact grew more infrequent and social events grew more distant, the critical importance of bedside manner rose dramatically.

"No Visitors" is one of many moments in time since COVID-19 began where a parking lot stands empty at an old folks home. The image askes questions about mortality, and why so many of the most precious members of our society were made to spend their final days with either zero or severely reduced physical contact with their loved ones.

About the Photographer

Mike Laurenza. A primarily lens-based artist, Michele "Mike" Laurenza is an analog photographer and commercial film industry technician. His creative focus is printmaking. Email: mike.laurenza@live.com

Ars Medica
A Journal of Medicine, The Arts, and Humanities

Volume 16
Issue 1
2021

Giving Pause

Savita Rani

You know your life's ship
was crafted to sink at sea
one day—but from this?

How did this unseen
slight speck of protein and gene
sink its teeth so deep?

Did it know it would
truly unfold and remould
the shape of us all?

It is not all bad.
Air, soil, wealth of Mother Earth—
sweeter than the past.

Slight speck giving you
moments of pause to sit still,
feel uncertainty.

Every changing day
revealing new soft spaces
to live with presence.

Maybe you've never
relaxed into the chaos.
Now you have a chance.

About the Poet

Savita Rani is a resident physician in Public Health and Preventive Medicine at the University of Saskatchewan. She has a special interest in incorporating experiences from arts, humanities, and the outdoors into medical education as tools for teaching, learning and reflection. Email: savitaativas@gmail.com

Ars Medica
A Journal of Medicine, The Arts, and Humanities

Volume 16
Issue 1
2021

Pandemic

Keith Schwager

Masks tight.
Noses raw.
Breaths against glasses.
Ears fatigued and sore
from banding.
Hair frayed, wet
against hot necks.
Hands dry,
obsessive,
clean.

Lost breaths.
Chasing time,
settings,
drips,
and pronations.
Lonely donnings
and doffings.
Slow eye contacts
behind plastic shields.

Hearts working and
fatigued as
voices between the
interned and well.
Deaths,
and recoveries
forgotten in repetitions of
yesterday
and tomorrow.

About the Poet

Keith Schwager is an emergency medicine physician at Ochsner Medical Center in New Orleans, Louisiana.