



Lifelines 2013

Lifelines

2013

A Geisel School of Medicine at Dartmouth Literary and Art Journal

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From the Editors

As medical students, we embark on a journey to understand the human body. The vast majority of our time is devoted to the science of medicine: anatomical relationships, biochemical pathways, cellular processes, and physiological concepts. During the pre-clinical years, when our education revolves around exams and factual information, it can be easy to lose sight of the humanism in medicine.

Although attending to the underlying abnormalities of disease is important in treating a patient, true healing can only be achieved by putting the disease in the context of the individual before you. However difficult, finding a balance between the austere, rigorously objective world of science and empathetic humanism is crucial to successful medicine.

Therefore, when the science of disease begins to obscure the patient, we must remind ourselves of who, not what, we are really treating. Additionally, in order to maintain humanism within medicine, we must keep in mind that all participants in healthcare - doctors, nurses, hospital staff, family members, and so many others - have stories of their own. Each of these stories provides us with valuable insight into the experiences of others and can help us all to understand how we can help those around us to heal. By sharing these stories, we can grow collectively and work towards a better system for all.



With this in mind, we have sought to incorporate a variety of perspectives in this edition of our journal. The staff of Lifelines hopes to give its readers insight into the personalities within and affected by medicine. It has been a rewarding year for us as we delved into the many interesting and enlightening submissions. The varying perspectives portrayed in these works have served to remind us of why we entered medicine in the first place. We hope that these works will similarly provide you with a humanistic perspective of medicine.

Lawrence Kuklinski GSM '16
and Rachel LaRocca GSM '16
Editors-in-Chief

Table of Contents

Murmurs of the Heart <i>Jamie Hutchinson</i>	1
Il Diavolo Rosso <i>Bonnie Ashmore-Davis</i>	6
Cookie at Twenty-Eight Below <i>Dennis Vanvick</i>	7
A Resident's Villanelle <i>Jacob L. Freedman, MD</i>	13
Japanese Crane <i>Thanapoom Boonipat GSM '16</i>	14
Blue Glove <i>Benjamin Blais GSM '15</i>	15
Green Glove <i>Benjamin Blais GSM '15</i>	16
Simple Gifts <i>Lynn Hoeft</i>	17
Dirge for an Anorexic <i>Gene Fehler</i>	18



Lifelines

Being Different	19
<i>Andre Kweku OKoreeh, MD</i>	
Valve Replacement	24
<i>Ralph G. Adams</i>	
The Calls	25
<i>Roberta King</i>	
Wound Care or Turn Q2	29
<i>Judith Mesch</i>	
Writing Lessons	31
<i>Frances Saunders</i>	
Courage	39
<i>Jocelyn Boor</i>	
Harvest and Aftermath	40
<i>Christine Jessica Margaret Reilly</i>	
Mrs. Thames	48
<i>Sheila Good</i>	
Roland Leaving	52
<i>Christopher Woods</i>	
Divided	54
<i>Jeffery Cohen</i>	
Girl Tree	55
<i>Carrie Steinfeld</i>	

Lifelines

Girl Stand	56
<i>Carrie Steinfeld</i>	
Koi Nine	57
<i>Thanapoom Boonipat GSM '16</i>	
A Breast Poem	58
<i>John Minser</i>	
Details from Real Life	59
<i>Caitlin Kindervatter-Clark</i>	
About the Art	74



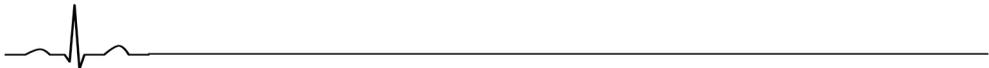
Murmurs of the Heart

Jamie Hutchinson

In for my annual physical a few years ago, and lying half-clothed and vulnerable on the examining table, I watched as my new doctor methodically moved his stethoscope across my chest, cocking his head and listening from different angles. Previous doctors had always pronounced my heart to be in good shape and rapidly moved on to some other diagnostic procedure. This new one, though, seemed intent in ways I didn't find comforting. He listened, I watched, the stethoscope's touch cool against my skin and strangely soothing. I remember scanning his impassive face, as if I could read there the amplified sounds he was hearing. After what seemed an indecently long time, he pulled the stethoscope from his ears and remarked, a bit too casually I thought, that I had a heart murmur.

In retrospect, my initial response seems curious: I accepted the news with the same detached manner as it had been delivered, then found myself not thinking much about it as he dutifully went on to tap my knees, peer into my eyes, and make his way through the rest of his checklist. It's easy enough to see now that I was in a state of shock and temporary denial, and ready to grasp at any straw of consolation. I recall feeling inordinately proud of my physical reflexes: my spastic kicking at the tap of his little hammer proved that my body worked well and that I was at least still alive in the extremities. Could my heart be that bad if all other systems were up and running? Only later, driving home, did the potential gravity of the news register. Only then did I begin to strain to listen to my heart, disturbed that an old friend, one whose trustworthiness I had taken for granted all these years, had suddenly turned traitor.

The more I thought about it, the more having a heart murmur unsettled me, despite his comforting reassurances that I could go on running and biking with nothing to worry about. Like most others, I suspect, I



have been trained to hear the term “heart murmur” as potentially threatening, the first sign of a glitch in the machinery, a reminder of the promise you made at birth but conveniently forgot – the promise to someday wear out and die.

As the days went by, though, and life went on in its usual course, I began to regain a degree of equilibrium. I began, in fact, to think of the murmur in my chest in more appealing ways, moving past fear towards a kind of poetry. Perhaps this was another stage of denial, but I was glad for it nonetheless. In those moments when I could let go of the faulty machinery metaphor, others surfaced to take its place: murmur, in its lovely unity of sound and meaning, made me think of dark water running over nearly submerged stones, or of crickets in an autumnal garden. I thought of this murmuring as the sound of a language foreign but not untranslatable. The idea charmed me. My defective heart had been replaced by a poetic heart. I found myself wanting this heart to go on murmuring endlessly as I bent my ear to listen or tried to read its words, Braille-like, my fingers resting gently on my wrist. And even if the mysterious murmurs of systole and diastole remained forever foreign, I told myself, there would always be those other, all too familiar murmurs, the ones that had led me in the past into the confusions of love, and, for all I knew, might do so again, even at my advanced age. Those murmurs had their own kind of danger, but in a way that seemed familiar and manageable rather than life threatening.

All of these poetic murmurs, of course, were not wholly convincing, but they provided me with an intermittent sort of comfort in the days that followed the initial diagnosis, as well as the days following the further testing I had to undergo a week later in the hospital. My doctor, in the parental manner that seems part of every doctor’s training, had tried to make the testing sound like fun by telling me how much I’d enjoy seeing my heart sonically imaged on the screen. Somehow I didn’t have the experience he’d promised.

Lying on yet another examining table, my body in a slight fe-



Lifelines

tal curl, with wires running from my chest to the blinking machinery, I listened to the echoing thump-thump, thump-thump, thump-thump of my heart and thought of what it must have been like floating in the womb listening to my mother's heart. I wondered if my own small heart had murmured then, murmuring back to that larger, nurturing one whose blood coursed through it. Now, though, I was no longer hooked up to that primal life support system, but to something inanimate, cold, and purely diagnostic. My heart, for better or worse, was on its own.

I wondered, too, if this apparent late-life defect in my heart had been encoded in some single gene passed on at the moment when I had been conceived in a hotel room in New York City in 1943. Some unforeseen destiny transmitted in a blameless moment of passion while my father was on leave during the war. I wondered, as well, about my own children's' unsolicited genetic destinies lurking in their healthy young bodies. I thought of all that parents can't do for their children. Such thoughts left me feeling particularly alone. And strangely defensive. I felt like standing up and trying to tell anyone in the hospital who would listen that my heart was perfectly fine, that it didn't need tests, that it had been mine since birth and I was perfectly happy with it. I felt like someone was trying to break up a long-standing friendship. I resented their meddling.

And as for the sonic picture and my supposed enjoyment of its graphic imagery, about all I could see was something that looked vaguely like a tornado forming on the horizon, ringed by massive, fluctuating storm clouds. It was not a comforting image. The technician's polite but measured responses to my questions weren't comforting either, though I understood she was bound by hospital protocols. It was hard not to assume that the occasional nods of her head as she adjusted the machine's dials and moved the sensors on my chest meant she heard things I couldn't hear. I wanted her to translate for me, to tell me the unfolding story of what the machine and my heart were saying, but she deferred my questions to the "examining cardiologist," the expert in a nearby city who would be receiving the echocardiogram's results, and who would then



decode its mysterious sounds and rhythms. I envied the intimacy of their shared knowledge, though I feared it as well.

A woman I was once involved with had a habit of putting her head on my chest as we lay in bed together. She swore she'd never heard anyone's heart beat so loudly. At the time I had felt flattered. Because I also wanted to believe it was her way of telling me she loved me, I didn't let on that the booming in my chest was probably just a function of tiredness and nerves. Faced with the doctor's discovery, however, I began to wonder if my heart had been beating way too hard all these years, murmuring not out of love, but straining to keep up with the daily rollercoaster of physical and emotional stress that I had subjected it to. I didn't like the implications – that now, approaching sixty-five, the machinery was beginning to wear out, that the next fifteen to twenty years (if I were lucky) would be a gradually unfolding story of minor and major breakdowns in what had been up till now a perfectly healthy and reliable body.

Mortality isn't a thought we're born with; at least I don't remember dwelling on it as a young child. My sense is that it arrives in consciousness only after direct and repeated experience, and perhaps only fully once we have had to acknowledge our own alliance with it. Being informed of my heart murmur had suddenly allied me more firmly with my own mortality than even the loss of my parents a decade earlier. They no longer seemed so far away - no further away than each successive heartbeat and its reminder that no one is given an infinite number.

Faced with such thoughts even now, some years after the initial diagnosis, I try to remind myself that heart murmurs are a dime a dozen. In fact, almost every one I spoke to after my diagnosis confessed to having a heart murmur of their own, and they all seemed to be going about their lives as if they expected the sun to rise the next day. Something I had long associated with mortality turned out, after all, to be relatively common and seemingly innocuous. Mother nature hadn't singled me out for a special fate. I had lots of company. Somehow, though, the democracy of the condition hasn't turned out to be as comforting as I might have hoped.



Lifelines

A flaw in the machinery, however minor and however common, is still a flaw in the machinery.

And while the echocardiogram confirmed, in the cardiologist's words, that my murmur was "not significant or life-threatening," thereby allowing me to go on seeing my heart, at least on a good day, as an old friend and a richly poetic trope, the poetry is now tinged with traces of something new and alien, some foreign matter not there before. I'm not sure either my doctor or the cardiologist is capable of detecting what that signifies. And even if they could, curing it is beyond their skill. It's hard not to feel as if life changed irreversibly at the moment the stethoscope picked up the faint whisper in my chest – the kind of change that can't be accounted for by anything in *Gray's Anatomy* or *The Manual of Cardiovascular Medicine*.



Il Diavolo Rosso

Bonnie Ashmore-Davis

A brief affair.
Lasting only 8 weeks.
My second Italian.

She introduced us.
Gowned and gloved.
And guided you
on your way
to my heart.

Valentine Red.
Dressed to impress.
I held my breath
as you entered me.

And the trip,
so far from that ancient land,
and oddly shaped castle
to this windowless room.

We can never meet again.

Cookie at Twenty-Eight Below

Dennis Vanvick

Cookie swabbed the bar top, glancing occasionally to the frigid scene framed by the bay window of *Charlie's White Pine Tavern*. Her final customer was trudging to his car. A lone bulb swayed atop the pole in the parking area. Snow, blown off the surrounding banks, pelted his mackinaw as he turned his head from the northern Wisconsin wind and raised a gloved hand to shield his face.

The man, half drunk, threw himself into his old pickup, started it, and rumbled out toward town, a couple of chunks of firewood banging around purposelessly in the bed of the truck, much like the errant thoughts banging around in Cookie's head. Only Cookie's car remained, parked as always by the huge white pine - Charlie's favorite tree - in the corner of the lot. She hoped the old car would start.

She could've asked him for a ride to her house, just a few miles away, but Cookie knew that even this cold snap didn't put a freeze on the aspirations of lonely men, especially when they're drinking. An innocent lift home could turn into something she wasn't interested in since her husband, Charlie, snoozing at the wheel, crashed his car through the guard rail and plunged through the thin ice of Lake Namekagon. That was nine years ago and two days before her thirtieth birthday. Since his death, the half-dozen regulars of the bar - most married with children, the others single with good reason - became bolder, less sneaky with their sideways looks at her body. And those dopey grins from out of nowhere, like they'd just won the lotto - forget it. They might be wolves, but Cookie Johnson was no Little Red Riding Hood.

Actually, they didn't have the dignity of wolves. More like a pack of wild dogs. Their feral eyes tracked her when she had to come out from behind the bar - her haven - to deliver beers or hamburgers to the two small tables against the walls. She wasn't fearful, it was more a feeling of mild



disgust.

She clicked off the light over the sign proclaiming that *Leinenkugel* beer was “handcrafted in small batches” and flipped the *Welcome* sign over to *Closed*. No one was welcome now; this was Cookie’s time for a drink or two. This ritual began a few months ago and the drink or two often turned into three or four.

She grabbed a shot glass and a bottle of *Windsor Canadian* by the neck and moved to the customer side of the horseshoe bar to pour a shot and continue her ruminations about men.

*

Some form of male companionship would help, but she hadn’t met a new man worth the trouble of deciding who would sleep on which side, who would put on the coffee pot, and who would do the laundry. Cookie found it almost chilling to picture a new man bringing her wintergreen tea, or hooking night crawlers on her bluegill jigs, or napping with her nude under the big down comforter in the dead of winter.

She threw back the shot, closed her eyes, and shook her head as if to hasten away the burning of the whiskey. Then she sat the glass back on the bar and poured another shot.

The only serious temptation since Charlie’s passing was his friend Mark, a CPA in Cable who handled all their taxes and shared with Charlie a keen appreciation of silence and sitting for hours on the unforgiving seats of Charlie’s cedar strip boat fishing for Musky. It was always easy for Cookie, watching from shore, to tell them apart. Charlie was the bald, bulky one in the stern, leaning against the Evinrude. The smaller form, in the bow, the one with the full head of auburn hair and usually clenching a pipe in his teeth, was Mark. They indulged sparingly in small talk about the beautiful day or the cold or the rain or the wind. They deemed most conversation as pointless, unless it was needed to convey an absolute need, like “Pass me a Leinie...Get the net ready...Gimme the bucket, I gotta take a leak.” They liked their beer, but neither man was a heavy drinker.

She recalled Mark’s clumsy attempt at asking her out. He sat at



Lifelines

the bar and took a deep calming breath before inviting her to join him for the Friday night fish fry at *Mooselips*. It was a bit too soon after Charlie's passing – about three months – and Cookie gave him a flimsy excuse about being tired. He never asked again, though she sorely wished he would.

She picked up the shot, tossed it back, and leaned over the bar to draw a snit of *Leinie Honey Weiss*. She tossed that back too, washing away some of her harsh reality along with the whiskey. It was only ten o'clock, yet she was sure there would be no more hardy souls venturing out to the tavern on this Monday night, bar stool vacancies guaranteed by a forecast calling for twenty-eight below by morning. And that was without considering the wind chill factor. Mark often stopped on Monday nights, but seldom after nine o'clock. Regrettably.

Mark was the only man who treated her with the same quiet respect as Charlie and one of the few male customers who didn't laugh uproariously at stupid jokes and slop beer on the bar and use the word "fuck" in every sentence and in every possible grammatical form known to the English language in a pathetic attempt to assure all listeners within fifty feet that his masculinity was alive and thriving and far beyond suspicion.

At four shots and several snits past ten o'clock, she lowered her head onto the bar and began to sob. She often wept when she drank, especially when the whiskey pulled her down to wallow in predicaments like the slow receipts during the cold snaps or her visit to Doc Knudsen five days ago. She'd gone to see him for a persistent cough and he ended up taking x-rays in his little brick office off Main Street in Cable.

"It doesn't look good, Cookie," he said, shaking his old grey head, as he examined the x-rays.

"What do you see, Doc?"

"Well, there are some suspicious places in your lungs, but don't get yourself all worked about it. It could be nothing. I won't know anything for sure until I get the tests back. Should be about four days. I have to send them off to the county hospital in Hayward."

"Never had a cigarette in my life, Doc."



“I know Cookie, but that damn second hand smoke in the bar...” Doc shook his head again. “But, let’s not get all stressed out until we have the tests. I’ll call you as soon as I hear back.”

That was five days ago and still no word from Doc. Maybe he left a message at the house today, though she was sure she told him to call the bar. When she remembered Doc’s comment about second-hand smoke, she stopped weeping, raised her head up from the bar, and felt righteous indignation toward anybody who smoked, especially those smoking dogs at the bar, sitting there night after night, fouling her air. If it was lung cancer, she hoped that her health insurance wouldn’t drop her because she worked in a hazardous environment or some other excuse.

Outside, the wind whipped the snow and it gusted up, settled down, and then swirled again in actions not entirely rational nor entirely random, similar to Cookie’s thought process. Another shot. Another snit. She looked out again to the storm. Spring was still too far away to be a promise. More like a distant hope. She again wondered if the car would start, aware that there was not enough cash in the till to pay for a jump.

Before she left the bar, she tended to the little things she did since the first day she and Charlie bought the tavern. She lined up the jars of pickled pigs’ feet and hard-boiled eggs on the shelf below the *Schlitz Beer* mirror and moved the *Green Bay Packer* bobble head to the front as it nodded nervously.

Finally, Cookie turned down the thermostat, clicked off the last light in the bar, and put on her down parka, felt boots, choppers, and a wool beanie still dank from the morning’s snow. She stepped out into the night, leaving the door unlocked, thinking she would come back in the bar while the car warmed up for a few minutes. By the time she reached the car, the icy fingers of the storm had already begun their violation, snaking through her parka, flannel shirt, and thermal underwear.

The car door creaked its wintry complaint as Cookie opened it. She sat behind the wheel, fumbled the key into the ignition and turned it. A dead click. She sat motionless for a few moments.



Lifelines

“Been drinking too much to drive anyway,” she said, teeth chattering as she tried a chuckle that morphed into a small gasping sob. A tear rolled down her cheek as she got out.

“Damn it! If it’s not one goddamn thing, it’s another,” she cursed, as she kicked the door shut. “Charlie’s gone, money’s gone, lungs gone, and now this damn car. Everything’s gone.”

She kicked the car again, slipped as she made contact, and fell heavily atop the snow of the parking lot. She lay on her side, directly in front of Charlie’s tree, where she’d scattered his ashes nine years earlier.

The wind swayed the boughs; seemed like they danced, seemed like the needles whispered, seemed like it might be warmer within the branches, closer to the trunk of the great pine – where Charlie was – protected from the punishing wind. She pulled herself up using the door handle to gain her footing and moved – somewhat drunkenly, somewhat hypnotically – through the snow toward the great tree.

She dropped her mittens, fingers numbing as she opened the zipper on her parka. Leaning into the tree, she hooked one arm over the lowest branch and draped the other loosely around the trunk, in a sort of embrace. The tear on her cheek froze into an icy track. Death had the express lane, now.

“Can you hear me, Charlie? Can you feel me?”

*

Later, Mark – on his way home from a late *Lion’s Club* meeting in Cable – pulled into *Charlie’s White Pine Tavern* and parked next to Cookie’s car. He surveyed the disturbing scene illuminated by the SUV’s lights and quickly left his vehicle to pry Cookie’s stiff, cold fingers from the bark, drag her away from the tree, and half-carry her back to the bar and up the stairs to the personal bathroom in the old living quarters. Mark had drawn the water and helped her disrobe down to the sorf white cotton thermal layer within fifteen minutes.

And then he gently stroked her forearms from the elbows down to the hands, coaxing back the warmth. She said nothing, simply watched,



eyes glistening as he performed this simple act of kindness. She was thankful that Mark massaged silently, saving the inevitable questions – about why she was clinging to the big pine – for a later date. Neither of them had been this close to a sensual situation in years, but this was certainly not the time, and Mark took leave to wait at the bottom of the stairwell. Cookie clumsily took off her thermal underwear and stepped into the ancient claw-foot tub which – to her still highly whiskied, half frozen state of mind – seemed like some type of vessel waiting to bear her into a new life. The tingling, amniotic comfort of the water did nothing to alter the effect. Leaving the tub no longer seemed possible, her reluctance encouraged by a narcotic, overwhelming drowsiness. Mark, listening carefully from the stairwell, noticed the cessation of the water sloshing in the tub.

“Cookie? Don’t fall asleep now. I’ll drive you home as soon as you’re ready.”

No reply.

“You hear me?”

“Cookie?”

“Yes, I’m coming down,” she answered, struggling awake, remembering she wasn’t alone.

He waited until he heard her get out of the tub before he spoke, “Be sure to dry yourself off real good. I’ll go out and start my car and get the heat blasting. Be back in a minute.”

Cookie used two rough towels to rub off the moisture, leaving her skin a newborn pink. Then she bundled herself back into her outer clothing, including the parka and cap. When she finally came down the stairs, Mark found a wool blanket in the back room and placed it over her shoulders as her eyes again welled up, shined with gratitude.

On the way to Cookie’s home, Mark would again – after a scant nine-year hiatus to patch his pride – invite her to dinner.

Meanwhile, at Cookie’s home, the green light on the answering machine blinked in the rhythmic, peaceful cadence of a firefly.

A Resident's Villanelle

Jacob L. Freedman, MD

I took an oath to always heal
On graduating late in May
And nothing else could be so real

My white coat had a starchy feel
But now it's soft and stained and grey
I took an oath to always heal

I microwave my daily meals
I didn't see my wife today
And nothing else could be so real

"If you want Xanax, I can't deal,
I'm sorry you're in disarray."
I took an oath to always heal

"An ulcerated, crusted heel
Needs methadone six times a day?"
And nothing else could be so real

But still I've got my Dad's alleles
And smile when healthy patients play
I took an oath to always heal
And nothing else could be so real





Japanese Crane
chinese water colors

Thanapoom Boonipat GSM '16

Lifelines



Blue Glove
colored pencil

Benjamin Blais GSM '15





Green Glove
colored pencil

Benjamin Blais GSM '15



Dirge for an Anorexic

Gene Fehler

Razor-sharp, they poke against her skin;
we wonder how the blood stays in.
There seems little room for it to hide
inside a body so thin her muscles
have such a tiny space to begin.

We wonder if her mirror cried
to see the body waste away,
wonder if its reflection
had reason enough to wish to stay.
The body was strong once,
lean yet lithe, full of life.

Now the refrain from that old cowboy dirge,
“Bang the drum slowly, play the fife lowly”
sings what should never be said.
We try, but cannot make her see
the girl we love
might all too soon
not be.

Being Different

Andre Kweku Okoreeh, MD

During my first clinical rotation, I rarely felt like a doctor. I had the hanging stethoscope, the white coat, the access card, and the cursive title; however, I could not develop strong doctor-patient relationships. Whenever I talked to my patients or asked probing questions, I felt an essential disconnection and misunderstanding. Most were from small-town Texas, and they showed it. Some owned “street legal” monster trucks, wore cowboy boots – and yes, used the phrase “get ‘er done.” All of these small-town characteristics boggled my Los Angeles-bred mind. Not to mention, I was gay and proud; and I showed it. Driving to the clinic in my Mitsubishi Eclipse, I was surrounded by trucks labeled with bumper stickers like “Secede!”, “Don’t mess with Texas!”, “Proud Parent of U.S. Military Son”, and of course, the ubiquitous “Howdy, Dammit!” And well, my liberal bumper stickers (e.g., the pride flag and Coexist) did not mesh well with the trend around town. Still, I understood this as a part of being in College Station, Texas.

These clashing sentiments usually did not present in the clinic. Yet, once I greeted my patients, particularly the older ones, with my effeminate “Hi!” instead of the indigenous “Howdy!”, several patients crossed their arms and sucked their teeth. I saw the judgment in their eyes: This boy was foreign and queer. They were ready to mosey on to another doctor. Some did; most did not. However, I knew my mannerisms weakened my doctor-patient relationships. My swinging walk, musical voice, and slight gestures all unnerved my patients. So realizing this issue, I did my best to conform to the local spirit. I started with my favorite area – clothes. I drove to the Houston outlets and paraded store-to-store to purchase a more small-town style. Unfortunately, retailers laughed when I double gaited around the mall with my new cowboy boots, hat, and belt buckle. I guessed my gay stride did not merge well with the Texan



mosey. Then I tried their accent. However, my Californian, gay tongue rejected “Howdy!” with each attempt. Then, my partner and I tried a few local bars instead of our usual queer-friendly scene. But, we disliked the country music and dancing. I did find a minor solution. I visited a local military recruiting office to purchase a few Texas military pens and clipboards. The officer, of course, tried to recruit me; well, at least until I winked at him – you have to love “Don’t Ask, Don’t Tell.”

The clipboard and pens helped me. However, my mannerisms always betrayed me – “et tu limp wrist?” Still I learned to get by; I evaded questions about politics, sports, and my Californian origins. In time, my true Texan patients partially stopped crossing their arms and sucking their teeth. And the attending, Dr. Rodriguez complimented me on my progress. Still, I envied my Texas-bred colleagues’ patient relationships, which were far more jovial than mine. I overheard my colleagues laughing and relating with their patients in several ways I could not: They went to the same high school, they joined the same sport or frat, or they shared similar views. I was just foreign and queer.

My perspective changed when I walked into the examination room of Ms. Sasha Green. Ms. Green was not a new patient to the clinic, though she was new to me. Dr. Rodriguez had mentioned her the previous week when I was talking to one of my colleagues:

“Howdy, how’s it going?” my colleague said after leaving his examination room.

“Hi. It’s all good,” I said.

“Yep, I just saw an odd one, Ms. Green. She had her sister with her who kept interrupting my – ”

“That must be Ms. Sasha Green and...her sister, Rita: the Green sisters,” Dr. Rodriguez said. He stood a few steps away.

Dr. Rodriguez detailed three facts regarding the infamous Green sisters: they were originally from Austin, which meant they were foreign; they rode motorcycles, which was odd for women in College Station; and they were difficult to interview, which was rare to hear from Dr. Rodri-

Lifelines

guez. He was a well-respected Texas born, raised, and trained physician. He understood his patients, and they spoke highly of him. He was the type of doctor that doctors wanted to be. He connected to his patients before asking them a single question. But alas, my Californian, queer nature prevented me from imitating him since he had such a Texan drawl. I tilted my head when he said: “I don’t understand those two.”

Now, as I sat down on the gray stool, I tried to understand why these women were so infamous. Sasha wore a conservative dress, which touched her ankles. She sat with her legs spread. Next to her sat a pear-shaped woman wearing oblong glasses. I assumed the woman was her sister. They seemed normal. The only distinguishable feature was her sister’s T-shirt, which read “Keep Austin Weird.” I often saw similar T-shirts locally; however, they read, “Keep College Station Normal.”

I prepared myself for a focused exam. I had my military pen and pad. I quickly looked over Ms. Green’s chart. I smiled, then began: “Hi, Ms. Green.”

“How—... Hello,” Ms. Green said, and she tilted her head.

“So, how can I make you feel better?” I said.

“You not from ‘round here?” her sister said. I just waved the pen in response.

I let them pause to become accustomed to me. The room was ours. It was quiet and sterile. I looked at Sasha Green as a doctor looks over any patient. She was not in any acute distress. She seemed happy though she sat a bit oddly. However, there was nothing visually apparent to explain why they were so difficult. I half-listened to her explain why she was here: it was a routine follow up. Something felt awkward, like *déjà vu*. I ignored it, however, and continued the interview:

“How have you felt in the last two weeks?” I said; I crossed my legs at the knee. “Do you feel exhausted, nauseated...peppy?”

“She’s fine,” her sister said. “My name is Rita. Rita Green.”

I continued the examination. I got used to Rita answering my questions.



“How are you related?”

“She is my sister?” Sasha said.

Later in the examination, I asked: “How are your sleeping patterns?”

“She sleeps fine,” Rita said.

“You know...how?”

“...’Cause we live together...in separate rooms?”

“Oh...ok,” I said. Then it hit me.

Small-town coziness leads to small-town nosiness. Because of the size of the town I saw my patients commonly at the mall, the gym, and restaurants. I remembered seeing Rita and Sasha Green before at the local queer-friendly bar, Halo. I glanced again at the two women in front of me. I noticed the wedding bands on their left hands. They were not sisters; they were partners.

I was tempted to ask, “How long have you known each other?” just to see if they would slip. I grinned. Rita continued to answer for her partner. I explained her disease as best I could with diagrams and pamphlets. But I kept the secret till the end of the visit, then I said: “Yea, my partner and I can’t find much to do in this town. I hear the pride festival in coming to Houston.”

“I knew it!” Rita cried. “I knew you were gay when you said ‘Hi’.”

I smiled without restrain.

“One question: what about the pen and clipboard?” Sasha asked.

I let the musicality enter my voice again as I said: “I flirted with a recruiter to get them.”

I told her about my attempt to be “normal” and included the story about the recruiting office. They responded in unison: “Gotta love Don’t Ask, Don’t Tell.”

We walked out of the examination room, laughing and patting each other on the back. I proceeded to my desk and organized my notes; however, Dr. Rodriguez interrupted me to ask about the visit. I presented



Lifelines

the case to him, excluding the details about the Green sisters' relationship. When I finished, he asked simply: "So, did you relate to them?"

"Yes, sir."

"I bet," he said. I never discovered what those two words truly meant.

I walked out to my car, gaily. I looked at my bumper stickers. I smiled.

This day I learned my place in small-town Texas. I would be a queer doctor, and I could most effectively serve my queer patients. I still tried to relate to all my patients. I still used the military pens. I made an extra effort, however, to serve those in the community who may hide their sexuality, who may be more weird than normal, and who may consider themselves just a bit queer.



Valve Replacement

Ralph G. Adams

What if I am one
of the one percent?

One percent is enough
to make you want
to hold your wife's hand
and sit in silence feeling
beyond words,
your life together,
two strands twined
to one rope.

When the time comes
I will find the words
to tell her that my heart
pumps not just red blood
but also a white lace wedding dress,
and brown buttermilk biscuits,
and blue winter Vermont sky,
and red geraniums on our deck,
and green trees and yellow goldfinches
that play in our yard,
and two dark-haired tall boys,
and a blond daughter-in-law,
and three giggly grandchildren,
and pink and turquoise Bermuda,
and orange sunset walks.
A flow that rises
slow and hot
spills out my eyes
and burns my cheeks
with gratitude.

The Calls

Roberta King

For an hour or so after Noah died, Mike and I stayed with him, touching his hair, holding his hands, looking at his face, kissing his cheeks and crying. We noticed how a small scratch near his mouth had disappeared and how his hands, normally stiff from the cerebral palsy, were relaxed. I kissed and sniffed them for the last time. We'd just taken our seventeen-year-old son to the other side and now we were seeing his body for the very last time. I didn't want to leave him and resisted even looking away. I didn't want to leave him because I knew that even though he was dead I'd never see him again after today.

The hospital staff offered to give him a bath and take the oxygen support and other monitors from the room while we made phone calls to family members. They told us we could stay with Noah as long as we wished, and if people wanted to come to his room they were welcome. As reluctant as we were to leave him, even just for a bit, we needed to make those calls.

The hospital staff brought us to a small room with overstuffed chairs, a low-lit lamp and a corner table with a box of tissues as a centerpiece. A large print of a meadow done in subtle yellows, greens and browns was positioned at eye-level to provide solace and serenity. I looked at it and the room and thought, "Bad news is delivered here."

We already had our bad news. In our presence, and on his own terms, Noah had followed a short path over two weeks from sick child to dead child.

"I better call my dad," I said. My hands were shaking and I was relieved that my mobile phone had important numbers programmed in. At least something would be easy.

"Hi. It's me," I said as my dad picked up the phone. How does a daughter tell her father that his only grandson is dead? Are



there any right words to deliver comfort and terrible news at the same time? I felt like I needed to do both.

“Can you come over to the hospital? Noah died.” I squeaked out that much. “Just a little while ago, around three. He just couldn’t breathe anymore,” I said. “I love you, too.” I pressed End.

“I should call my mom,” Mike said. He dialed and I turned away. I wasn’t used to seeing him cry and it made me feel even more vulnerable.

We continued to make calls, trading off the responsibility of who had to speak to whom.

“Kathy, it’s me,” I whispered. I didn’t need to ask. I knew she had picked Tasha up at school and they were on the way home. “Noah died a little while ago. Would you bring Tasha to the hospital, please? Thank you. Umm. Sure, put her on,” I said.

“Hi honey!” I said with false cheeriness, trying to hide the pinch, tightness, and waver in my voice.

“Aunt Kathy says we’re coming up to the hospital,” she said. “I can’t wait to see Noah.”

“Oh, honey. We’ll see you soon. Bye-bye,” I said, disconnecting before I had to say anything else.

“Tasha is on her way here,” I said. “What are we going to do?”

“We’ve got to tell her,” Mike said.

“I know that,” I said trying not to be annoyed. “But what do we say? When? She’s going to fall apart. She didn’t see this coming.”

“This is going to be bad.”

We held each other tight and I cried into Mike’s chest, his fleece sweatshirt was soft and I used it to wipe my eyes. I could feel his chin on my head and by his ragged breathing I could tell he was crying again, too.

“I love you,” he said.

“Love you, too. God. I’m missing Noah so much,” I said.

“I can’t imagine life without him,” he said.

“Me, either. The idea of going home without him scares me. What will we do without him? The house won’t be the same, nothing will be the



Lifelines

same,” I said. All the change we were facing seemed vast and overpowering. Too much was new and it happened too quickly.

“I don’t know...I just don’t know.”

“I just can’t believe he’s dead,” I said. This is something I said over and over that afternoon and evening. Even years later I am in disbelief, still.

*

Tasha was Noah’s sister for just six years. She came to us at eight years old as a foster child and a year after that we adopted her. Her “pre-us” life had been dreadful and rough. Physical and sexual abuse heaped on top of neglect left her damaged and depleted – physically, mentally and emotionally. But Noah gave her something she had never had – unconditional love. She was his protector, his defender, helper and his best friend. They spent hours after school each day together messing around, taking wheelchair walks with her happily pushing, playing games, doing homework or watching videos. It wasn’t always easy – they’d fight and call names – but it was clear she loved and trusted him more than anyone else in the world.

*

Strategically stationed in the hall outside the PICU, we waited. If we weren’t in the hall to stop her, she’d burst into the hospital room where Noah’s body lay. During his hospitalization she learned her way to his room from the elevator.

“Mom! Dad! I want to go see Noah,” she said as she came off the elevator. Kathy followed, her face looked red, puffy and stressed, she’d been trying to hold back the tears.

“Hey. Hold on. How about a hug for me?” I said.

She gave me a quick hug. “I want to go see Noah.”

“Wait. Wait. Let’s talk a sec,” Mike said.

“Come here,” I said grabbing her hand, leading her into the bad news room. Mike closed the door and leaned against it. “Sit down, Tasha.”

Her face lost its excitement as she sat down. Somehow she already



knew we had something bad to say.

“Where’s Noah? Why won’t you let me see Noah?” she begged.

“Honey. This is going to be hard, but Noah died this afternoon,” I said as calmly as I could.

She jumped up as if she’d had an electrical shock. She leaped toward the door.

“No!” she screamed. “What happened? Why did Noah die?”

“He just died, Tasha, that’s all. He was ready to go. He was having hard time breathing and couldn’t hang on anymore. Dad and I were with him.”

“Where is he?” Her face was wet with tears and her fists were clenched.

“He’s in heaven now,” I said.

“No! Not already! I want to see him. Oh no,” she panicked, flinging herself into a chair face first. “Noah!”

“Oh my, Tasha. I’m sorry. I said that wrong. You can still see Noah. His body is still here. I thought you meant...” I didn’t bother to finish.

She pushed Mike away, or tried to.

“Give me your hand, Tasha. Let’s go down and see him together,” I said.

“Mom. Why did Noah die?”

“He just had to. He was too sick and couldn’t breathe anymore. It was too hard for him to keep living.” I would repeat this over and over again for the next few days to her. I wished I had better answers, something that made more sense.

She went straight to him, crying and whispering things I couldn’t understand. She took his now-cool hand and pressed it to her face. She wasn’t afraid or aware of the social mores regarding bodies of the dead. She hugged him and climbed onto the hospital bed next to him, as if they were just resting together.

“I love you, Noah,” she said softly into his ear.



Wound Care or Turn 2Q

Judith Mesch

Wounds
Like
To be crooned
to
And importuned.
Like roses that are pruned
Or orchids closely tended...
One must be finely tuned
To apprehend
The frequent swings
Of mood
From bad to good
From wet to dry
Does one apply
An alginate, or film
Or saline
Packing strips with petrolatum
Collagen, Honey
4x4's
Then
Hydrocolloids
May appeal
They compass wounds,
Surround,
Conceal
And
Silvadene or Bactroban

Successes, failures, disappointments
Then mattresses, and overlays
And beds for which insurance pays
That turn and flex and flip you
sideways
And work in hard-to-get, implied
ways
With gel or air or sometimes water
(Although massage still costs a
quarter)
And on and on
Unending choice
Each preference finds in product,
Voice.
Still:
Skin is best if never dented
And wounds, ideally
Are prevented
Not by products bought or rented
Not by systems just invented
Rather
By a means quite plain:
Turn Q2h and turn again
Use lots of A and D and Zinc
To keep integument in the pink:
Avoid like plague the deadly Shear



Will help to heal
Iodosorb will fend infection
But turns to brown the wound's
complexion,
There's tapes and dressings, sprays
and ointments

And prolonged pressure on the
Rear,
Keep turning often as you're able
And skin will keep as soft as sable.



Writing Lessons

Frances Saunders

“What is your name? Date of birth?”

Awakening from a dark void, dappled faces peered down at me. I felt my upper arm squeezed, loosened, tightened, released. “Where am I? How did I get here?”

“It’s Susan,” a soft voice whispered. I’ll be here until midnight, then Rosette will take over. Your daughter has been notified and will start out from New York at daylight.”

I shut my eyes in an attempt to block the harsh lights and retrieve the recent past. On the second day of a Writing Workshop, animated after listening to a stimulating presentation, tongue wagging, I lost my footing and tumbled head-first down five concrete steps. Why, free from pain, am I confined to a gurney, helpless as a tortoise on its back? It seemed to me that a doctor could have made an appearance by now with words of reassurance. As the evening wore down and a physician hadn’t materialized, there was nothing for it but patience. From what I could tell, there appeared to be a paucity of doctors, at least none that I could identify. I pulled the thin coverlet over my head to dull the raucous sounds, and quell my restlessness.

*

After years teaching fourth grade in an underfunded, oppressive school where, “spare the rod and spoil the child” was a daily ritual and a wooden paddle hung like an ancient artifact on the Principal’s office wall with his citations and family photographs. The daily shrieking went on unabated until I could no longer tolerate the abuse. A commiserating friend suggested I try a change of pace and enroll in a summer writing workshop. “It’s like panning for gold surrounded by seasoned writers who have been at it longer than either of us...” Two days into the workshop, my plans ended abruptly after one misstep. I swallowed an ache in my



throat. With nothing with which to occupy myself, I poked around in the corridors of my mind. It occurred to me that out of adversity a story might emerge once this nightmare receded. Before I had the opportunity to consider the possibility, my coverlet was gently lifted from my face.

“What’s your name? Date of birth?”

“I told you already,” louder than intended.

“Tell us again.”

“Maybe I would if you told me what you’re looking for?” All I got in return was an incoherent grunt. It came to me, like a punch to the gut, the questions were specific to memory. Were they looking for a concussion, amnesia, symptoms of brain damage?

A parade of nurses, dressed in green uniforms, flew past my gurney with the speed of wild parrots in flight. I couldn’t intercept one. My upper arm was cuffed again. Squeezed, released, pinched, released. The same male nurse recorded my blood pressure. I requested he lift my headrest, but he already had one foot in the direction of his next patient before the words left my mouth. The evening progressed with Susan as my timepiece. It must be past midnight. Rosette, my other good Samaritan who had accompanied me on the medical van from the workshop told me she would be within earshot, dozing in a wheelchair removed from human traffic.

Random voices cried out, whimpered, whined, groaned, making sleep impossible. Clusters of gurneys rolled by in swift succession, carting patients wrapped in white sheets, like ancient sarcophagi. Their faces barely visible. Police, eyes focused straight ahead, escorted these late night unfortunates.

“What’s your name? Date of Birth?”

What’s wrong with me? The concern for my brain function didn’t let up. My already diminished self-confidence plummeted further with the persistent interrogation. If only a doctor took a moment to clarify why my mental judgment was in question. It was the withholding that was driving me over the cliff. A cacophony of harsh profanity battered my



Lifelines

ears. If I didn't know better, I might have imagined I had mistakenly wandered into a sleazy bar at closing time. Why were police needed? Could those patients in sheets have overdosed? booze? drugs? Totaled their cars, hit a pedestrian, ended a life? "Saturday night is the loneliest night of the week." Not here, for sure. I dropped off from sheer mental exhaustion.

The male nurse, the one with no time for chit chat, wrapped my arm again and recorded my blood pressure. Rosette surfaced to ask if I needed anything. She all but tripped a passing green-appareled woman to find someone to raise my headrest for more comfort. It didn't help by much. I still had a limited view of a barn-like room, judging from the amount of one-way traffic that continually passed my gurney.

To my left, with my slightly elevated position, a young woman with shoulder-length crinkly black hair and bloodless skin sat on a bed in a cubicle, or what passed for a private room. From snippets of soft sounds, I got the impression that the staff attempted to mollify her agitation. The monitors on her bed might have been indicating heart problems, but, on second thought, wouldn't she be in ICU? It was all I could do to attend to my own frightening assumption about myself without spending time speculating about the young woman's problems. Yet it was difficult to ignore the distress and the frequent screams coming from her room: "Don't touch me! Don't touch me!" sent shivers of horror down my spine. A hand reached over and drew back the gauzy curtain.

A chubby-cheeked, pleasant young man in casual blue attire repeated the same mundane questions. I didn't feel sick to my stomach. Didn't have a headache or vertigo. "Please let me speak with a doctor."

The man lifted his eyebrows. "I am a doctor." I ran my eyes from his head downward as far as I could manage in my prone position. I'm used to doctors who wear white coats, or at least have stethoscopes draped over their necks. What had I overlooked? Could this facility be a psychiatric clinic for the mentally unstable? I was about to ask him why I was subjected to the same questions and find out what I could say to convince him that I'm fine and dandy, but another doctor, or so I as-



sumed, waved him into the room with the crinkly-headed young woman. I had the urge to scream, but that would definitely have been the wrong approach.

*

My limited hospital experience included one birth and an out-patient procedure. My tonsils were removed as a child. I still recall being told that as soon as the surgery was over, I could have all the ice cream I wanted. By then my throat felt as if it had been cut. I resented the deception and harbored a long-standing mistrust of doctors.

Distractions failed me. My stomach kneeled. If I didn't calm myself, do some Yoga breathing, I might do myself more harm than the original fall had. Tomorrow, when my daughter would come to rescue me from this nightmare, couldn't come soon enough.

A male voice, insistent and robotic, interrupted my struggle for tranquility: "Mama, Mama, Mama." It was a pathetic, deep-throated wail, urgent, resembling a wounded child. "Mama, Mama, Mama," a sound so unbearably troubling, I actually welcomed the appearance of my nurse recording my blood pressure. It occurred to me that I hadn't eaten since noon yesterday, or used the toilet.

"Would you please help me to the bathroom?"

"I'll fetch a bedpan."

"A bedpan? I can walk."

"Sorry. Doctor's orders forbid walking."

"Why?"

"That's a question for your doctor."

"Okay. Send a female nurse." He opened the curtain where the agitated crinkly-haired patient moaned. He tapped a tall black nurse with hair piled high on her head. She wheeled my gurney into an empty cubicle and drew the curtain. Her movements were quick, efficient. She asked me to pull my pants down. It was then that I discovered that I still wore my own black-cropped pants and black and white striped shirt. The identical outfit I had on when I fell. It seemed to me a hospital would be



Lifelines

concerned with comfort and sanitation, but in a long night of quirky behaviors, I refrained from my usual inquisitive way of being. Maybe they ran out of hospital gowns. Just as well. The ones I saw on friends opened in the rear and exposed the naked buttocks.

“Lift your hiney,” she ordered. Did she mispronounce the word heinny or was she speaking ancient Gullah? I looked at her with greater attentiveness. She was impressive in height and girth, with dark eyes that caught the overhead light. I peed a river.

“Do you have any coffee in the cafeteria?”

“We don’t serve caffeine.”

“What does the staff do for coffee?”

“We go to Dunkin’ Donuts down the street.” Now it made sense why the police escorted the patients. The sad tale of a city in sharp decline.

A short time later, my physician in blue returned to inform me, in his terse, modulated manner, that he had ordered a CT scan. Reality could no longer be denied. The need for a head scan confirmed my worst fear. The trolley pusher rolled my gurney out before the doctor had put a period on his instructions. Claustrophobic, I exhorted wildly to the technician that I suffered from a fear of enclosures, elevators and rest rooms with tricky locks. The pleasant operator assured me “not to worry.” The procedure would be speedy and the sides open.

The CT over, I had a premonition that the doctors already knew something I didn’t and were confirming that the fall had damaged parts of my brain. Why, then, didn’t I feel different, babbling, incoherent? I moved my lips, said my name, birth date, and added Cambridge, MA for good measure.

Back in my designated position, I awaited the CT results. I shut my eyes to dull the sounds and unbearable thoughts that scuttled my composure. A gentle tap on my shoulder awakened me from the doldrums of down under. The doctor in blue hovered over my gurney. His expressionless face, trained to do no harm, stared down at me. My heart went into



overdrive. He hesitated.

“There will be another scan in two hours.” The results of the last showed a pinpoint of blood in the subdura, or what sounded medically close, given my state of apprehension.

“There’s a good chance the second CT will show the speck has dissolved.”

“What are the odds for a favorable CT result the second time?”

“90%”

“What if I’m one of the 10%?”

“We’ll have a room in the hospital ready.”

I bit down on my lower lip. What did fate hold? The Lady or the Tiger? A book I had read and reread as a teen. The outcome wasn’t simple, but then a fall on the head may not be either. No hand-holding, no comforting, only bald, wrenching reality. It’s all about efficiency and on to the next patient. I withdrew, eased myself into oblivion to escape for the next two hours. Unfortunately, my mind had a will of its own. I was alert, tormented with images of Gabby Giffords struggling to regain her mental capacity after a lunatic on a shooting spree gunned her down. A friend, at about that time, suffered a blow to her head when she fell from her bike on a country road: medically destined to spend the rest of her days in a wheelchair. In a blink of an eye, anyone’s life could change, even be snuffed out.

Rosette checked in. I shared none of this. I didn’t choose to break down sobbing when there was nothing for it but to endure the two hours. Rosette smoothed my covers and stroked my arm.

“Your daughter has been completely updated and is confident you’re receiving superior treatment. The doctor spoke to her earlier. I did too. Rest. You’ll be on your way home in the morning.”

A short while later, I learned why I wasn’t allowed to leave the bed for the bathroom. It came in a stream of blunt downturns. A ragged gash on the back of my head would require suturing. The nurse called it stapling. I snickered, thinking it was a cruel joke. Wheeled into a partially-lit room, I remember a steel stapler being lifted into my line of vision.



Lifelines

Would professionals do something like that or had I reached the nadir of endurance and hallucinated? And then it was over. I didn't know then, but I later laughed when a friend told me that I had a punk rocker's spiky hairdo. My head had been generously lathered in the back with anesthetic salve. I dozed intermittently to the background drone of shouts, moans, and shuffling footsteps. Two hours later, I was awakened from shallow sleep. The same chubby-faced doctor spoke softly. It was time for the second CT scan, the one that could decide my fate. Released from one wretched situation to another.

The line for scans had increased. Finally, I was wheeled into a stark-white holding room with a cluster of pipes on the ceiling, also painted white. I shook off gloomy images and told myself to lighten up and ignore signs and portents or I'd shut down for good. This time I knew what to expect. It was over and I was being wheeled back to my place on the floor, within sight of the curtained cubicle. I realized that the young woman was still on a tear - screeching, flailing, resisting. I desperately craved quiet, perhaps to doze. I wished, selfishly, that she would shut her mouth. But as soon as I denigrated her agony, I thought, *what if my daughter were in her place?* The wait would be agonizingly slow. I pulled the coverlet over my head and mouthed an old show tune, "Luck be a Lady Tonight."

My coverlet was lifted. I sucked in my breath.

"The CT result showed the spot of concern has completely dissipated. Your discharge papers are being processed." My relief was co-opted by a new round of shouting: "Don't touch me!" I extended my hand to the doctor in a show of appreciation. Then quickly, while I could, said, "This is my only experience in an emergency clinic and I hope the last. Considering the crush of patients and limited staff, I'm grateful for the way everything turned out."

"Would it help if I said you were the only reasonable patient on the floor on one of our more demanding weekends."



I threw back the covers, sat on the edge of the gurney and dangled my feet. As for the crinkly-haired young patient, there seemed to be no solace.

“Why doesn’t someone request psychiatric help for her?”

“That’s always an option.”

The black nurse and two doctors stood like sentinels around the young woman, their backs toward us. “Don’t touch me! You heard me. Don’t touch me!” Her voice was coarsened from hours of strain. The male nurse replaced the doctor to administer my final blood pressure recording. He conveyed the information that my daughter had arrived. My records had to be faxed to my doctor at home and then I would be on my way. At that moment, the agitated young woman corralled her breath and spittle exploded like a shaken bottle of pop. “Don’t touch me you fuckin nigga!” A hush choked off our conversation. The nurse in attendance didn’t flinch any more than she would have if confronted by a severed limb. She stood upright, an ancient oak that had weathered decades of foul weather. My face tightened, ashamed at the appalling profanity, ashamed for the scowling male nurse beside me.

*

I returned home, sorted through my mail, and spent a week recuperating. I made an appointment to have my doctor remove the staples. All the while, the convulsive burst of ignorance at the ER wouldn’t leave me alone.

Soon after, in the early hours of sunrise, I pour a second cup of coffee, carry it to the computer, sit down, and start writing a story.

Courage

Jocelyn Boor

I need courage to share grief
When my heart shies
From a pain so deep
It barely flashes
Across my face
As it burrows
Into my heart.



Harvest and Aftermath

Christine Jessica Margaret Reilly

Real trouble lay in Lucy's Heart, which ceased to work as any healthy person's would. The doctors at Good Samaritan Hospital Medical Center, Children's Ward, told Claudio and Mathilde Simone that Lucille had about nine months to live if she did not get a transplant donor in time.

In April, just six months shy of her seventeenth birthday, Lucy had often felt her breath shortening, even when she did regular activities like opening envelopes or washing her hair in the shower. Her feet and ankles swelled up to voluptuous proportions. She was coughing all the time, and her belly began to swell out as though she was pregnant, even though she had no appetite for lunch or dinner.

Mathilde took her to the family pediatrician, Dr. Sugarman. Lucy loved going to the doctor. She never told anyone this. It was weird, she understood on a level one degree removed. Growing up, when she was bored, she would often just daydream about her most recent checkup, and Dr. Sugarman's voice, making her feel safe, like her body was just as private as it was important as it was hers. The most similar feeling was the one she got after talking to technical support operators on the phone. She loved how present they were, how sincere they could sound. It could all mean something.

Dr. Sugarman made Lucy feel comfortable. She adored how he said the word "we" while referring to only her body. She liked how he always opened her folder, which had every detail of her medical history, and looked over it without showing her. He made her feel passive, as though her health was entirely in the hands of professionals, and not like something she would ever have to be responsible for.

"Hi Lucy," Dr. Sugarman greeted her. "How are we doing today?"
"I think I have the flu. Or heartburn."

After a series of tests, in which Lucy unbuttoned her shirt and put



Lifelines

on the cloth robe with an opening in the center, and technicians gave her EKGs and EEGs and blood tests, Lucille discovered that she had dilated cardiomyopathy. Dr. Sugarman described her condition terribly: her heart was becoming weakened, and so was enlarging to compensate. Eventually, though, it wouldn't be able to supply blood to her body.

How could this have happened? Lucy thought about her dentist's appointment last week, with Dr. Chubak, who told her, "Lucy, you're a lucky girl. No cavities this year."

"Didn't your grandfather have a heart attack?"

"Yeah. I never knew him." Lucy thought of all the things she knew about the late grandfather she'd never met: he had been tall and always wore a suit, even on vacation. He had loved Viennese art, especially Gustav Klimt and Egon Schiele. He'd worn a 24-karat timepiece that was now around Uncle Sawyer's wrist. He was a big smoker and drinker and that was why he died young. That was what her mother had told her.

It was the era before Dr. Sugarman cast her away to some specialist, Dr. Weinstein, on Long Island. Dr. Weinstein listened to Lucy's breathing and told her that she heard crackles in one of her lungs. She told Lucy that her decreased heart function had begun to affect other parts of her body. In fact, the noises from Lucy's breathing overshadowed the sound of her weak pulse.

While she sat in Dr. Weinstein's office and listened to her doctor tell her what was wrong with her body, Lucy silently named her heart Face.

Face, in her dreams, looked like it could have been a Georgia O'Keefe painting. Something swollen and slow. It was yellow, with a melty texture, filled with quiet. Lucille reached out to touch her heart. She was surprised that Face felt rough, like it was made of sugar or white sand.

She felt Face aching as she woke up. She sighed, rolled over, and called out to her mother, who she knew would take her to the hospital for more tests.



“How’s it feel?” asked her mother.

“Like it’s dragging. Like an ellipsis.”

“You’re a poet, you know that?”

“Of course I know it. I’m a poet!” Lucy hijacked a smile. “Who else compares a heartbeat to a piece of punctuation?”

*

The name Lucille Simone was placed on the National Heart Transplant List. Whenever she moved up on the list, it was because somebody before her either received a heart or died of heart failure.

There were ifs involved. If somebody in the United States was to die young, perhaps from an accident, and if he or she was declared brain-dead with their body still on life support, and if his or her heart remained intact, and if he or she had agreed to volunteer their organs to be donated, and if the heart was a good match in terms of similar tissue to Lucy’s old heart then the heart would be shipped to Good Samaritan Hospital Medical Center, Children’s Ward.

Dr. Weinstein gave Lucy a beeper, which could go off at any time when a match was found. Lucy would have to go to the hospital and wait while the doctors would prepare her body to receive the new heart from the person who died. Lucy would be put into a deep sleep with anesthesia, and the surgeon would cut through her breast bone. Lucy’s blood would be circulated through a heart-lung bypass machine to keep her blood full of oxygen during the surgery.

Lucy’s old heart would be removed. Her new heart would be stitched into place. The heart-lung machine would be disconnected. Blood would flow through her new heart. Tubes would be inserted to drain air, fluid and blood out of her chest for many days. This would allow both of her lungs to fully re-expand. For the rest of her life, Lucy would have to take anti-rejection medications in order to ensure that her body would not reject her new heart.

“Your body is smart,” Dr. Weinstein told Lucy. “Your immune system detects something new, and it wants to get rid of it.”



Lifelines

There were risks to the procedure, but Lucy supposed it was better than the alternative. Dr. Weinstein recited them. “You could have a bad reaction to the anesthesia. You could have problems breathing during the procedure. You could bleed heavily or get an infection during the surgery. You could get a blood clot. You could have damage to your kidneys or liver or other body organs from the anti-rejection medications. You could get a heart attack or a stroke. You could have heart rhythm problems, or wound infections, or an increased risk for infections from the anti-rejection medications.” She sounded like the voiceover in a commercial for one of those new medicines, reciting the side effects very quickly while shots of old people running in fields with dogs flash across the screen.

Lucy asked, “These are all possible?”

“But not probable,” Dr. Weinstein reassured. “As a doctor, I have to inform you of all of the potential terminations.”

Lucy said, “Thanks, I guess.”

When she got home that night, she wrote down everything Dr. Weinstein said to the best of her memory in her diary. *I could bleed heavily...* She drew a caricature of herself clotting and getting a heart attack. She tried to make a joke out of everything. She did a Google search for transplant surgery. She asked a question on Quora. *What does a heart transplant feel like?* Then, she re-read what Dr. Weinstein had said at least twenty times. It was hard to believe Dr. Weinstein said this. It was even harder to grasp that what Dr. Weinstein said might actually happen to her.

*

Lucy’s beeper went off at 4:33 AM, on October 27th.

It felt like her birthday and the night before Christmas and she was in love, all at once. And on top of this, the fizz of guilt in her ears. Somebody was in a hospital right now somewhere in America, being declared brain-dead. When she told this to her family, inside the car on the way to the hospital, Natasha interrupted. “Don’t think about that. Focus on being strong.”

The morning was nippy and certain. Lucy touched her own fore-



head. Her face felt loose, immaterial. She felt herself sweat in the dark. It's sad he or she died, she said.

*

Another name for a brain-dead heart donor is a beating heart cadaver. Lucy prepared herself for the worst. Dr. Weinstein had warned her that sometimes the donor's heart could be deemed unsuitable. Lucy waited to hear the bad news. She told herself that she should always assume the worst. That way, anything she could hear would either be good news or something she already knew.

The heart was reckoned suitable at dawn. Outside my window, the sky was marked by streaks of cornflower and marigold. It was a heart from Oxford, Mississippi. This Southern Heart. There were rules against finding out news regarding the donor, with good reason. Lucille had nothing in her to find out any more information about the body. A body, she thought. Nothing could be worse than calling the body a person.

They had to wait for the new heart to arrive, shipped from south to north. Lucy knew that it probably wasn't a good idea to name her new heart, just like how she shouldn't have named her old heart, but she did anyway. The new heart's name would be Dirty Martini. Lucy had always wanted to try one, imagined it tasting bitter in a sparkly way. She felt a tense desire to be an adult. Then she thought that maybe it wasn't a good idea to name her heart something with the word dirty in it. So she renamed it Kitten. Kitten the alive, Southern Heart from Oxford, Mississippi.

*

At ten AM, Kitten arrived. The paramedics and doctor-specialists and nurses unmercifully rushed Lucy to the emergency room. She felt like an empty suitcase. They were going to take out Face and sew in Kitten.

They had done transplants before – that was what was so strange to Lucy. For her, it was her life. For the professionals, it was one day's work. High-stakes jobs. Her old heart palpitated. It was one of the last times Face would be doing this. Poor Face.



Lifelines

Trust and communication levels between doctors and patients were very essential to the doctor-patient relationship. Consent, or lack thereof, were other ways of utilizing language to feel the effects of an action, whether that action is wanted or not. She could feel the pressure from Dr. Weinstein when she asked her, “Are you ready?” Would she ever be? The anesthesia made her soft. She could still feel the pressure from Dr. Weinstein’s hands, from her instruments, evanescent on her. Dr. Weinstein told Lucy that she was only there to help.

*

Saying goodbye wasn’t Natasha’s forte. She hugged and kissed her sister, pressed her cheek to Lucy’s cold hamlet of mouth, and instead, told her that she would see her soon.

“I don’t want to go to sleep,” said Lucy. “I’m scared. Please.”

“See you soon,” said Natasha. There were a few other ways she could have said goodbye, and she only thought of this after Lucy was wheeled out of the room.

See you later.

See you later, alligator.

See you when I see you.

Never goodbye. It’s always see you later.

*

On the operating table, Lucy had a dream about the beating-heart cadaver. Her unconscious decided he was a boy. It’s a boy, Lucy said, like he was being born. He smelled like sheep. Lucy recognized Kitten sitting scarlet and good-postured among his ribs. He reached inside himself for his heart and plucked it out. There was a light sound of ripping. His heart actually had strings. It wasn’t just something people said.

She clutched onto Kitten with her bare fingers. The boy pushed it through her throat, past her collarbones, let his hand hang still for a second down her esophagus. She didn’t choke, but his arm tickled. The heart pulsed, nuzzling Lucy, dwarfing her body. The beat felt heavy and collective, like a round of applause.



The boy kissed her bones, one at a time, like he was a cancer infecting her. When he kissed her humerus, they both started laughing. Lucy didn't think she'd ever laughed as hard in her entire life. The laughter both hurt and scared her. She looked down, and she was naked. Typical of a dream. Then she looked at the boy. He was even more naked than she was. His body was carnage, a meaty confetti. His insides reflected off her, elucidated, like clocklight.

*

Lucy woke up: a little victory. She opened her eyes and saw hymns draped over the room. Not traditionally religious songs, but her favorite songs. She saw songs by Dusty Springfield, Simon and Garfunkel, Led Zeppelin. Not the lyrics, but the actual music. She was wondering if her sense of sight and sound were being confused, or if she was hallucinating the synesthesia. She was probably just coming out of a dream. Startled, she looked down at her feet. Her toes were squashy, in the shape of mini Bartlett pears. Her mother called them princess toes because each one was slightly smaller than its neighbor, the way they're supposed to be.

The heart is in, said the surgeon, whose name she couldn't remember, though he had just placed her heart in his hands moments before. Your body passed with flying colors.

Lucille liked that he used the word colors, and flying too for that matter. It had virtue. She liked that she was alive and could still appreciate phrases like that. She liked looking at the face of the surgeon and the hands of the nurses. She liked that the room had a ceiling and a floor and pool-colored walls. She liked the feeling of her body on the bed and she liked the feeling of having a body.

The surgeon told Lucy that she was going to be in the Intensive Care Unit until probably the next week, when her body would be safe to leave the comfort and sanitization of isolation, strong enough to survive on its own. It's simple to categorize things in gradients, whether it's referring to grades or medical states: excellent, good, fair or poor. At the moment, Lucy's condition was good.



Lifelines

Lucy sneezed, but nobody else was in the room. “Bless me,” she said.

*

“How do you feel?” asked Carly.

“Still froggy groggy,” said Lucy. The drugs made her act bafflingly, succumb to impulses like sticking her hair in her mouth, trying to eat it.

The amount of flowers, candy, and stuffed animals from her classmates and neighbors that Lucy received was overkill. She named the stuffed animals after references in Elton John songs: Blue Jean Baby, Tiny Dancer, Norma Jeane, Mona Lisa, Mad Hatter, Johnny Empty Garden, Little Jeannie, Crocodile Rock, Bennie, Honky Cat, Nikita, Daniel, Levon, and You. You was the You in *Your Song*. You was a stuffed panda from Natasha. Sometimes Lucille pointed at the panda and said, “Hey, You.”

Mathilde bought her daughter a notebook and said, write. The day she arrived home from the hospital, Lucy wrote on her body with a Bic pen. She wrote one vertical poem on one arm and another poem on the other arm, pressing her arms together to make a collaborative horizontal poem. She called it, *Donor to Recipient*. This form of branding had a low ante. She could let the marks die in the bath. They weren’t like the scars on her chest, there forever.



Mrs. Thames

Sheila Good

She frowned at her reflection in the mirror and wiggled, shifting to adjust the shoulder pads in the jacket of her favorite power suit, which hung like a burlap sack on her bony frame. She'd let time slip up on her. Now, left wearing an ill-fitting suit and a head full of grey hair, she had to make the best of a bad situation. She brushed the strands of grey hair behind her ear ignoring the pallor and slight tremor as she picked up her favorite lipstick, leaned closer to the mirror, and applied it with care. At least something she wore today would compliment her.

Pulling her shoulders back, Mary Thames gave the suit jacket one last tug, opened her office door, and walked down the hall. The management meeting was today. This would have to do.

"Maggie, is Doctor Crowder here yet? I need to see him in my office as soon as possible."

Maggie, the RN working the morning shift raised her head from the patient's chart, her pen poised over the nurse's notes.

"I need you to find Liz." Mrs. Thames said, shoving papers in Maggie's face. "She isn't answering her extension. Tell her to get this typed and back to me this morning. It's important."

Maggie stood up taking the papers, reluctantly. "Mrs. Thames..." Her head jerked to the right at the blaring sound of the familiar call bell. Maggie threw the papers down and rounded the desk, spotting, at once, the flashing red light over the door. "Oh, crap! Mr. Sally!"

Maggie called out as she ran, "Wait right there, Mrs. Thames! I need to check on Mr. Sally. Please. I'll be right back," she said, glancing back one last time, as she entered the room.

Mrs. Thames threw her hand up waving Maggie off. "Don't worry. I'll come back after rounds," she said, turning to go.

Mrs. Thames walked in the opposite direction, as she watched the



Lifelines

cadre of people run down the hall into room 306. She shook her head. Poor Mr. Sally. His family is forcing me to speak to them. I can't believe no one in the family will stay with him.

She knocked on room 280, and entered. "Good morning Mrs. Jones. How are you feeling this morning?"

"Mrs. Thames, how sweet of you to check in on my mother. She had a rough night, but she's doing okay, I guess. And you?" Mrs. Jones' daughter always stayed with her mother. Mrs. Thames admired that in family. Too many times, once the patient started forgetting, so did the families.

The door to room 204 stood open. "Mr. Billings, I don't think you're supposed to be trying to get out of bed." Mrs. Thames wagged her finger at him as she walked toward the bed. His eyes followed and his leg dropped from the bedrail he'd been attempting to scale when she entered the room.

Mrs. Thames smoothed his covers, fluffed his pillow, and pushed the nurse's call button before moving on, finishing her rounds. She'd need to follow up with Dr. Crowder. Mr. Billings didn't need a fall injury. In advance stages now, and unable to communicate, it seemed important to let Mr. Billings and the other patients know she knew they were still in there.

The few minutes she spent each morning on patient rounds helped build good relationships. That personal touch had served her well throughout her career. Mrs. Thames stopped to admire the plaque hanging on the atrium wall, bearing her likeness and name.

Mary Thames
Nursing Director of the Year
2000

Mrs. Thames lifted her wrist to check the time. "Oh, shoot! I forgot my watch. Wonder what time it is?" She searched for a clock on the



wall. She could've sworn the clock had been right there, on the wall near her office. Mrs. Thames turned all the way around, looking for the clock, toying with her earring. "Well at least I didn't forget my pearl earrings."

"What did I need to do? Something...Lord, now I'm muttering to myself! Maybe, it's in the next hallway."

She pushed on the metal bar at the end of the corridor. The door was locked. She drew back frowning and looked at the card reader. The red light flashed.

Oh, my card. She reached into her pocket, frowning, and began patting in earnest. Her pockets were empty.

"Mrs. Thames?"

She stopped searching and turned around to find Sam, one of the hospital orderlies, standing behind her. "Good morning Sam," Mrs. Thames smiled, emitting a big sigh of relief.

"Can I help you, Mrs. Thames?"

"Well, I've done the stupidest thing this morning," she said, rolling her eyes. "I've left my watch and my entrance card at home today. Can you believe I did that? And, on one of my busiest days," she said, rubbing her wrist.

Sam nodded in agreement, moving closer. "You know, I've done the same thing before, too. No, need to worry."

"Do you have a card? I have an important meeting today. I need to get back to my office."

"My card doesn't work for that door, Mrs. Thames, but we can get through this way. Let me show you." He gently touched her elbow, leading her back the way she'd come.

Sam raised his hand in greeting to Maggie as he and Mrs. Thames passed by the nurse's station, Mrs. Thames worries forgotten in their conversation.

Maggie returned Sam's wave, smiling as she watched him work his magic. The Alzheimer's unit saw nurses and staff come and go; most of them unable to take the emotional toil of working with the patients



Lifelines

whose memories had faded into nothingness. Maggie and Sam were unique, having started out on the unit. She loved her patients; for Maggie, this was her calling.

“Morning, Maggie. Hectic or Hades this morning?” Dr. Crowder asked, as he walked up to the desk.

Maggie turned and walked over to the chart rack where Dr. Crowder had begun pulling his patients’ charts.

“Both,” Maggie replied, reaching in pulling out a chart and handing it to him. “You might want to start with this one.”

Dr. Crowder glanced at the name on the chart; flipped through to the nurse’s notes then raised a questioning arched brow to Maggie.

“She’s in rare form today, pretty disoriented, and her wandering is a lot worse. We keep finding her in patients’ rooms.” Maggie formed quotation marks with her fingers, “making rounds.”

Dr. Crowder snapped the chart closed and turned to listen. “Tell me what’s going on.” He said, sitting down.

“Well,” Maggie said, turning to pick up the papers lying on the nurses’ desk handing them to Dr. Crowder, “she came up to the desk this morning insisting I give these to Liz, you know, her old secretary...”



Roland Leaving

Christopher Woods

When we were in London one summer, my young son, Roland, came down with a fever. At hospital, they treated him, and he returned to normal. Or so we thought. Later, at home again, the fever returned. So we took him to a hospital in Penzance.

The doctors discovered that Roland's heart had grown very large. Much too large for a boy. Or for a man. A heart that grew and grew, and there was nothing they could do for him. We tried to keep him comfortable. He slept day and night. We knew it was only a matter of time. Clare and I felt it was better for Roland to be at home with us. Familiar surroundings and all. His room. His toys. His house. Us. Our home. We took turns, Clare and I, sitting with him. He was always so very tired, from his heart having to work so hard. It amazed us, how he lasted. We would sometimes sit together, neither of us saying a word. What can you say? You hold hands. Wait for the end. There was no doubt about it. Time was all. It's time that separates joy from mourning. All of us, we're in between.

Roland took a long time to die. I sat beside his bed and thought to myself, why does it take so long to say goodbye? I wasn't simply thinking of Roland then. He was, for all practical purposes, already gone. Sleeping, dreaming, once in awhile snagged in a nightmare. You see, I wanted to know how long it would take Clare and I to say goodbye. To Roland. If he would die before we had finished.

That is how the problem began. Because it took so long, I became restless. I'd head down to the pub. It became a habit. Soon I found comfort with a woman, Jo Ann. Oh, I knew it was wrong, being with her. But I was desperate. I needed some kind of change. I was so weary, waiting for death. I needed something that meant life. Can you understand what I'm saying?



Lifelines

However it was, I was an errant father and husband. It took me weeks to realize it. It hit me hard one morning when I came home from being with Jo Ann. When I got to our house, there was a hearse in the drive. I opened the front door and went inside. My house was a tomb. Not a sound. I learned that Roland had died during the night. I, of course, had been elsewhere.

And that is my personal definition of guilt.





Divided
acrylic paint

Jeffery Cohen





Girl Tree
photograph

Carrie Steinfeld





Girl Stand
photograph

Carrie Steinfeld





Koi Nine
chinese water colors

Thanapoom Boonipat GSM '16



A Breast Poem

John Misner

Let's envision - a mammogram
gone to disaster, quick diagnosis,
men in vinyl masks. They come off.
Fine – but still, they're out there
somewhere in a bag marked HAZARD.
They are not held for long. Marked
for immediate destruction.
I said I'd love you hairless,
chestless, stripped to the frame.
I meant that I would suck
the chemo from your wounds. I love
how your nipples point the way
to my tongue but I would ask the doctors:
cut away the softest parts of us,
as long as there is something left to shiver,
bend, and sway.

Details from Real Life

Caitlin Kindervatter-Clark

In the waiting room hangs a photograph of an old woman touching a stone sculpture. Its head and arms are missing, leaving just the naked torso, perched on a pedestal in some kind of gallery. The woman is stroking the stomach with a glazed, far-off look, as if it's something she touches every day, as if it's her own body.

Ed has been standing before this photograph for several minutes now, nodding. He nods in the way that he might at a person – *yes, I understand, keep talking*. A heating vent above his head releases a sighing metal sound, and a warm draft begins to blow. He stops nodding and runs his hands over his face.

When he turns around, his face is dry. His eyes, too. He goes to one of the waiting room's fake leather couches and sits down. The cushions release a rude sound, and a woman across the room looks up from her portable computer. Normally, Ed would smile; he'd pretend to be embarrassed and make the woman laugh. But this is not the time for that kind of joke. Besides, he's concerned with the pager hanging from his neck; he thinks he may have bumped it with his belly. He lifts it to his face in the way he would lift a thing just born, but his belly has done no damage: it is on.

The pagers were distributed a short while ago, and Ed has still not figured out why. The nurse must have explained in the presentation, but he was having trouble paying attention. All he could do was look at the other people in the room, the other people waiting. He tried to tell from their faces whether they were scared or just nervous, calm or resigned; he wanted to know how he should feel. At the end of the presentation, there was a question-and-answer period, and to this, he paid attention. The other people asked alarming questions, ones he had not thought to ask. One woman wanted to know when she could bring her husband a home-



cooked meal. Ed hadn't even considered bringing food; at home, his wife does all the cooking.

The pager's screen reads, "Feb 19, 2010" and "8:57 AM" But Ed knows this could change at any minute. He's had experience with pagers, at the steakhouse where he and his wife go for the special some Thursdays. When a table is ready, the steakhouse pagers buzz and pulse and flash with bright red light. It's quite a spectacle, but once, Ed and his wife missed it. Their table was ready, but they never heard or felt their pager buzz.

Nestling the hospital pager back against his belly, Ed turns his attention to a grocery bag on the floor. His wife asked him to check that all her things were in there; it was the last thing she said as they wheeled her out of Pre-Op. They were wheeling her to the room where she would await surgery, to the room where she still waits now. Ed checked and thought he had everything, but now he isn't sure. Now he thinks he may have forgotten something.

But everything's there. Her wool pants, her soft sweater and turtleneck (which smell, like her, of raisin bread), her slippery camisole and underpants. Two shoes, a glasses case, and her warm coat beneath it all. In Ed's shirt pocket are her wedding rings; he tried to put them on his pinkie but they wouldn't fit. He sits back up and rubs his eyes with his palms. He doesn't understand why she has to wait in that room alone.

The woman with the computer is looking at him again. Ed looks away. People feel sorry for him because he is old and alone; people think their chances are better than his are. But he is not alone! He has a wife; he has been married for forty-nine years. Could the woman with the computer even understand what that means: forty-nine years? Of course not. She can't be more than thirty. Maybe she wants Ed to talk to her, make her feel better about whomever it is she's waiting for. But he doesn't feel like turning his marriage into a story. His wife has always been better at that anyway, making things romantic.

Forty-nine years, though! Even Ed can see how that's romantic.



Lifelines

He picks up the notebook from the couch, the notebook he was reading before he got up. It is a notebook filled with questions asked from his wife's point of view. A nurse gave it to his wife, but she did not have time to read it. So Ed is reading it. Even if he can only read a little at a time, he is reading it.

Will my heart be stopped? is one of the questions.

Yes, says the notebook. *Your heart will be stopped so your surgeon can work more precisely.*

Will a heart-lung machine be used?

Yes, says the notebook. *A heart-lung machine will pump blood through the rest of your body while your heart is stopped.*

Ed closes the notebook. Until yesterday afternoon, his wife was perfectly healthy. Then she started throwing up and having difficulty breathing, so they came to the hospital and learned this was a heart attack. Most surprisingly, it wasn't even her first heart attack; the EKG showed that she'd had several, probably over the last few years. Ed is still astonished. A heart attack doesn't seem like the kind of thing a wife could keep from her husband, but his wife swore up and down she didn't know either.

"Always the innocent," Ed joked, and they were actually laughing when the doctor stopped them. They were laughing because they thought a heart attack was the worst thing that could happen, and they felt lucky that the worst thing was not so bad. But the doctor stopped them, saying he wasn't sure they understood. He explained that Ed's wife needed a triple bypass. He explained again what that meant.

Since then, Ed has not felt lucky. He wonders if he would have felt luckier if they had not come to the hospital at all. Maybe he could have brought his wife some tea, and she would have felt better. Maybe they would have never known there was anything the matter with her heart – maybe she would have died of something else, years from now. She and Ed always said they wanted to die together in a plane crash; maybe that's how it would have happened. Who knows? All Ed knows is that, until



yesterday afternoon, his wife was healthy.

He leans back and closes his eyes. The air smells the way her skin did when he kissed her goodbye. It is not a bad smell, but not his wife's. He wants to smell her turtleneck again, but that would look strange. He can hear the woman across the room, clacking away on her computer. In Ed's day, a woman who typed like that could make good money. But not anymore. Now everyone knows how to type like that.

Some women behind him are laughing. "I don't want to live to be a hundred," one says. "That's too old."

Another woman agrees, but a third one says: "Oh no."

"Oh, no," says the third woman. "I want to live to be as old as I can get." The women laugh – but she's right! Ed wants to turn around and say: *That woman is right!* Joking or no, how can anyone not see?

He hears their cards slapping the table. One asks about a nine of clubs. He sits up and turns around slowly – ah yes. They are the women he saw in Pre-Op. They are all waiting for the same man: a fat, red-faced fellow. Ed's wife was the only woman back there; she looked small and pale.

He gets up and walks back over to the photograph on the wall. It is a black-and-white photograph, but very bright, because it was taken in a gallery with lots of sun. It looks like a nice place to spend an afternoon, that gallery. The waiting room has no windows. It is located in the center of the hospital and lit with fluorescent lights. If the lights were turned off, the room would go black.

After studying the photograph a little longer, Ed realizes something. The woman touching the sculpture is blind. He's not sure how he didn't notice it before: the milky film over her eyes, the way she is looking not at the sculpture or photographer but some vague point in the distance. He thought she was thinking of something else, her hands on the marble as an afterthought. But now, he sees that she's actually concentrating very deeply, just not with her eyes.

"Did you know there's a tour?" asks a voice nearby. It is the

Lifelines

receptionist. She's watching Ed from her desk, and he goes to her immediately. She might be trying to tell him something about his wife, but he doesn't understand. A tour? Where is there a tour? Inside his wife?

"Did you say a tour?" he asks. "What tour?" His voice is gruffer than he means it to be, but he can't help it.

"An art tour," says the receptionist. She's a larger lady with a girlish voice. "We have a lot of art. I thought you might be interested, since you keep looking at that picture."

Ed looks back at the photograph.

"Are you an art fan?"

So his wife's alive. If his wife were dead, the receptionist would not be telling him about art. She might be talking to him calmly, might be telling him that the surgeon needed to see him without telling him why, but she sure as hell wouldn't be talking to him about art.

"An art fan," Ed says, and this time his voice sounds sarcastic. Of course the photograph is art, but he had not thought of it that way. To him it was just a fact, like his wife's heart or hospital procedure. Is it a good photograph or a bad photograph? He has no idea. He knows nothing about art.

"Nope," he says, turning back to the receptionist. "Not into art."

"Well, why don't you try it? It'd be something to do." The receptionist reminds Ed of someone. His niece – a larger lady who became a nursery school teacher. His niece loves it when the children have tantrums, when they throw up or shit their pants. It makes her feel like she's doing something with her life.

"You don't need to be here right now, Mr. Miltz," the receptionist continues. "It'll be a few hours before the major part of the surgery gets underway. This is the time when we recommend it: go out, get some breakfast. After the surgery starts, that's when you'll need to be here." She says this last part very seriously, as if to stress that this is the time when Ed's wife could die.

"I'm not leaving the hospital," he says.



“Of course not. You’ve got everything you need right here.” The receptionist pumps a squirt of lotion from a large bottle on the desk into her hands. “I always tell people they need to take care of themselves first. You’re not going to be any help to your wife if you’re starving.”

He looks around the waiting room. Indeed, some people have left. But they are probably luckier people. Or, at least, younger. The woman with the computer is still there, though. Still on her couch, clacking away. The receptionist’s lotion smells like the air in the waiting room, like Pre-Op and Ed’s wife. They all smell the same now. He sighs and glances out the waiting room door, into the spacious halls of the hospital. Maybe he is hungry. For years, he hasn’t experienced real hunger. Just a stirring in his stomach when he wakes up or before dinner and bam: his wife has a meal on the table.

“But how will I know when to come back?” he wonders.

“Do you remember the presentation?” the receptionist asks.

He waits, but she doesn’t continue. She’s actually asking the question, rubbing her plump hands together, although the lotion has disappeared into her skin.

“I wasn’t paying attention,” he tells her.

“Oh.” She looks at him in a new way, surprised. “Well, I’m sorry to hear that. We try real hard to make it informative – one thing we explain about is the pagers. They’re to call people back, from anywhere in a five-block radius.”

He lifts the pager away from his belly and looks at the screen. “It works everywhere in the building?”

The receptionist smiles. “Sure does. You’ll get a message when the major part of the surgery beings, and then you should come back.”

“You keep saying the major part,” he says. “What do you mean the major part?”

“When they begin the work on her heart, Mr. Miltz.”

“When they stop her heart.”

“When they start the CPB, yes. Right around then.”



Lifelines

He continues staring at the receptionist, wanting to yell something, but not sure of what. It occurs to him that he needs to stay on her good side. She has the power not to call him back to the waiting room, to let him roam the hospital while his wife...He takes a deep breath. "Well thank you," he says. "Can I buy you a cup of coffee?"

"Oh no," says the receptionist, slightly flustered. Her round face grows pink. "Thank you very much," she says, "but I'm fine."

*

Caffeinated in the sunlit atrium, Ed feels a little better. He feels, in fact, like he's in Heaven. The high ceiling is striped in snowy skylights, while the driveway behind the glass wall as bright and distant as a dream. In the air is a trace of music, the words sung in some angelic language. Not any language he can recognize, maybe a made-up language. His wife, however, is in a windowless room. She is attached to tubes and needles, and though she has not said so, she is scared. Soon, her skin and bones will be cut open, and a strange man's hands will hold her heart. The man will see Ed's wife naked, see her slack breasts and the dark space between her thighs; he will touch her bare legs, slicing veins from her soft skin.

But Ed cannot think about that. His wife will be anesthetized, while he will be awake. He feels better in the sun, sipping warm coffee. His wife would want him to wait where he feels better.

In the air above his head is a massive molar made of tinker toys. It is hollow and suspended from clear wires. Draining the coffee from the bottom of his cup, Ed watches it spin slowly. Now who would make a thing like that? It's the size of a goddamned station wagon.

He checks the time on his pager; the coffee has taken just fifteen minutes. There is a sandwich shop nearby, but his stomach is doing funny things. Directly below the hanging molar is a long desk staffed by people in red jackets. Ed throws his cup away and walks over.

"Is this where the tour starts?" he asks. But he's spoken before anyone has noticed him and has to repeat himself. The second time, his



voice cracks, and one of the red jackets looks up. It is a girl with beautiful eyes. They are gold, like cat's eyes, too beautiful to be real. Are there contact lenses that do that? The rest of the girl's face is unremarkable; perhaps she has gone most of her life unnoticed. But no, that's just what Ed always thinks – hopes? – whenever he finds a beautiful girl.

The girl regards him blankly. “What tour?”

“The art tour.” He notes a hint of desperation in his voice.

The girl looks doubtful. “Hey Alex!” she calls. “Alex!” Ed waits for one of the red-jacketed boys to come over and loop his arm around the cat-eyed girl's shoulders, whisper something into her ear. But Alex is actually another girl, sitting at the opposite end of the desk. She doesn't come over but yells back to Cat Eyes: “What?”

“Is there an art tour?”

“A what?”

“An. art. tour.”

From her end of the desk, Alex shrugs, give another blank stare. Cat Eyes sighs. “Just a minute,” she says, heaving herself up from her chair. “I'll be right back.”

While Ed waits, he watches the reflections of people passing in the marble floor. Aside from the occasional IV or white coat, he could be anywhere, anywhere in the world. A little boy zips past in a tiny wheelchair, trailed by a laughing woman. The wheelchair looks expensive – its shiny black frame decorated in a fiery design – and the boy is treating it as a toy. He balances himself on its back wheels, completes a full turn beside a potted tree.

“Found it,” says Cat Eyes, returning. She plunks a metal box down on the desk, and Ed watches suspiciously as she inserts a key into the lock. With a few jiggles, she gets it open. She takes out a remote control and a pair of headphones and holds them out to him. The sun is shining and her eyes flash.

He feels suddenly like he is going to cry. “No no,” he says, waving both hands so the girl cannot put the machinery in them. “Never mind.”

Lifelines

“But it’s an audio tour,” she says happily.

He shakes his head and starts to walk away.

“Wait!” she calls. “It’s easy!” She waits for him to turn around.

“Just plug this in here,” she says, sticking the wire from the headphones into a hole in the remote, “and point it at a piece of art. See?” She lifts the remote above her head and aims it at the giant molar. Her finger presses Play, and Ed can hear a voice filtering through the headphones.

“Put them on,” she orders, holding them out to him again.

“I was expecting something else,” he says.

“Like a live tour?” The girl’s eyes are beautiful but too artificial to be warm. He wonders about their natural color, why she prefers this feline gold. “But this is better than a live tour,” she tells him. “This way, you’re in control.”

And so Ed learns that the tinker toy molar is actually an iceberg made from aluminum tubes. The voice in the headphones is a woman’s – a real woman or a computerized woman, he cannot tell, but her voice is soothing enough. She explains that the sculpture is a life-sized replica of an actual iceberg in the Labrador Sea. It hangs in the hospital’s atrium to remind the viewer of the limitations in human perspective, the gap between what is seen and what is real. Incidentally, icebergs know no borders or nationalities, and the hospital serves many international guests. Over four thousand each year, to be exact...

The woman continues, but Ed is stuck on the gap between what is seen and what is real. He is back to thinking about his wife. Occasionally, she complained of indigestion, or felt weak and had to sit down, but she is old. He and his wife are both old; that was their explanation for all their minor pains. But how stupid of them to be satisfied with the tip of the iceberg; they should have gone to the doctor more, insisted on looking below the surface.

The iceberg spins slowly on its wires, and Ed hates it. He liked it better when he thought it was a tooth. He pulls off the headphones and the movement is satisfying, like whacking a golf ball. He understands what



the receptionist meant: something to do. Of course, there's always something to do, now. Even in a place like this, during the worst moments of your life, they try to make you feel like you're on some kind of leisure cruise. And that's what the hospital reminds Ed of, as a matter of fact: a giant ship, supposedly safe and self-contained but traveling through deep and dangerous waters. Everyone is pretending they're somewhere real, but they're not. They're in the middle of the ocean, in a place where humans were not meant to go.

He considers returning the tour. But he's started it now. He strides through the atrium, waiting for something else to catch his eye. Art is everywhere: steel sculptures and crystal mobiles and stained glass in the walls. He has never seen so much art in one place before – except, yes, once, when he was a boy and his mother took him to the Egypt exhibit at the Metropolitan Museum in New York. It must have cost her a small fortune, and he was too young to appreciate it. He treated the exhibit like a theme park, and his mother let him. He even got some toilet paper from the men's room and wrapped it around his face like a mummy.

He comes to a table of tiny dollhouses and secures the headphones back over his ears. No, not dollhouses – dioramas. Boxes containing miniature scenes. And the table is actually a sundial, over which the boxes are spread to catch the light at different times. The scenes are all simple and white – each meant to suggest a room that someone has just exited. In one, there is an unmade bed. In another, an orange peel on a table. The challenge, says the woman in the headphones, is to focus on the light and not the narrative. Try to look at the dioramas without creating a story.

Ed has not created any stories, so this is not hard. Right now, the light is in what looks to be a nursery, marking the minutes between an empty crib and a tiny rocking horse. The rocking horse alone must have taken the artist hours; she carved a little face on it and some curly mane. Ed's wife is also good with her hands; she can spend hours knitting socks and scarves without getting bored. In fact, Ed realizes, curling his toes, he is wearing a pair of his wife's socks right now. She would appreciate



Lifelines

the dioramas, the artist's patience and attention. He will have to bring her to see them when she's feeling better.

Turning away from the sundial, Ed points the remote at a faceless steel man, perched high on a boulder. But just as the woman in the headphones begins to speak, the boy in the wheelchair whizzes past again – a flash of black-rimmed flames. He and his mother are heading down a wide hallway, away from the front of the building. Ed slides the headphones off his head, and the woman's voice grows fainter.

He crosses the atrium, the snow-filtered light reflecting on the polished floor. The boy and his mother have vanished, but at the end of the hallway is a set of double doors. When Ed grasps a handle, the metal is still warm.

On the other side of the doors, the hallway is brightly carpeted. He can hear a baby crying and stops, realizing that he's about to enter the children's ward. He does not want to see sick children; the boy in the wheelchair does not seem sick at all. But there is a set of paintings on the wall. Ed aims his remote.

Pet Monsters, announces the woman in his headphones. Each patient on the children's ward is allowed to request a monster for the wall of his room. Requests can be as fantastical as possible, as long as they involve the union of no more than two, real-life animals. Among the paintings on the wall are a hippopotamus-bird with tiny wings and a giraffe-whale resting on the bottom of the ocean, its head still above water. The saintly artist works day and night to fulfill the children's requests. When the children leave the ward, they are able to take their monsters with them – souvenirs from their time in the hospital. Hospital patients have few choices; here's one way that art can give them more.

Ed removes the headphones. Of course, a fantastical monster is not a real-life choice. It's a pretend choice, a consolation prize. Still, the critters are fun to look at. When Ed leans in closer, he sees the combinations are more intricate than he first realized. The hippo's body is covered in silver feathers, and behind the long ears of the rabbit-fish are tiny, fur-



lined gills.

What would Ed choose? Something with a snake, probably. He liked snakes when he was a boy; it was part of the whole Egypt thing. Maybe a cobra-monkey? He also liked monkeys. Still does, in fact. He hears a child laughing. It seems to be coming from nearby, but the hallway is empty. Ghosts, he thinks, neither surprised nor afraid. It makes sense that there should be the ghosts of children in the hospital. He turns in a slow circle, studying the air. He hears the laughter again and realizes this time that it's coming from a flap of rainbow fur, hanging over a child-sized opening in the wall. He approaches, replaces the headphones, and points his remote.

An Enchanted Forest, says the woman, and before Ed can hear the rest, he has ducked past the shaggy fur into the wall. He has to bend himself in half to make it through, but the space yawns open like a cave, so that inside he can stand with his head bowed only slightly. The cave is dark and filled with neon-colored trees. They are rotating slowly, their branches swishing just past his nose. But the trees are actually two-dimensional, says the woman in the headphones. Computer generations projected on the walls.

Ed places a hand on a wall to confirm this. It is true. Bright blue branches appear against his skin. He leans in closer, feels a hand on his arm.

It is the mother of the boy in the wheelchair. "Sorry," she is saying when Ed gets the headphones off. She is a brunette with a French accent. "I am sorry to frighten you," she says. "I was just wondering – where did you get this?" She points to the remote control.

Ed tells her about the marble desk.

"Good idea," she says. "We will have to try it. Did you hear?" she calls to her boy. But he does not respond. He is too busy balancing on his back wheels. Ed cannot help laughing.

"Look at him! He's having more fun in that thing than he would on his own feet!"



Lifelines

“Yes,” says the mother. “He does well.”

Ed realizes his mistake. How could he be so stupid? “I’m sorry,” he begins. “My wife—”

“It is nothing,” says the mother.

She and Ed stand in silence, watching the boy. He completes a turn on his back wheels as the neon branches wash over his T-shirt and his chair. “Ok!” says his mother suddenly, followed by a clap and something in French. Ed understands her tone: *That’s enough*. The boy responds rapidly, and Ed picks up his meaning, too. *Please, a little longer. I’m not ready.*

The mother gives Ed a small smile, then takes the handles of the wheelchair and pushes her son through the flap of fur. Ed ducks out after them.

“Would you like –” he begins, trying to think of something. He is not ready to say goodbye yet. There is something about them – because they are French? Or because the child is a child? Ed and his wife never had children, just a couple of nieces.

The mother is looking at him expectantly, gripping the handles of the chair. Ed can see the whites of her knuckles. Outside the enchanted forest, she looks tired; her hair is greasy and her eyes red. The boy is looking up at him, too. Ed cannot figure out what’s wrong with him; his face is round and rosy.

“Do you want to try the tour?” he asks, holding out the headphones. “I can show you how.”

“Thank you,” the mother says, “but we must –”

Her boy, however, is reaching for the headphones. He can’t grasp them from where he sits and lets out a frustrated whine. He grips his back wheels and tries to move himself forward, but his mother holds the handles tight. Ed looks at her appealingly.

“Alright,” she says. “But just a little bit.”

Ed lowers the headphones. The boy straps them over his ears, the band arcing high over his head. Ed gives him the remote and he lays it



across his lap. Then he is off, wheeling down the hallway ahead of them. There is a slight slope to the floor, which allows him to soar with little effort. Ed and the boy's mother walk slowly behind him.

"He likes to believe he is fast," she says quietly.

"He is fast," Ed says then stops himself. He remembers the pet monsters, imaginary choices. "There's so much interesting art!" he declares. "I've never seen anything like it."

"No?"

He shakes his head, and she laughs. "You should visit Le Centre Pompidou," she says. "But yes, for a hospital, it is good."

"Are you an art fan?" he asks.

She smiles. "I am an artist."

"Aha!" He is unsure what to say. He feels like he's meeting someone famous, a film star whose films he's never seen.

Ahead, the boy turns down another hallway. "Attend!" his mother calls, running after him. Ed finds them a minute later, standing before a painting. It is a famous self-portrait, the one by the man who did all those covers for *The Saturday Evening Post*. Ed cannot remember his name, although his parents used to get *The Post* delivered. In the portrait, the man is painting his reflection while studying himself in a mirror. He has a pipe in his mouth, and Ed is surprised that they would hang a picture of someone smoking in a hospital.

Below the portrait is a child-sized mirror and easel. Ed figures the children are supposed to take the painting's example without the pipe and do self-portraits of their own.

The mother is considering the portrait with her arms crossed. "Rockwell," she says.

Of course. Ed must be losing his mind. He tells her that his parents used to read *The Saturday Evening Post*, but she does not seem to be listening, or maybe she does not understand.

At the easel, the boy is covering his picture with a mass of wormy black squiggles. He presses the crayon against the paper with great force,

Lifelines

leaving shiny smears.

“He was very unhappy,” the mother says, and Ed is alarmed. Is she going to tell him, now, what’s wrong with her boy? What made her see that he was sick? But then, Ed realizes she is still looking at the painting. She means Rockwell.

“No,” Ed says.

“Yes,” she insists. “He lived an unhappy life. I know, you cannot tell this from his paintings.”

But as Ed looks harder, he begins to notice things. A big glass of wine, for instance, which seems as if it’s about to spill. Or how in the mirror, Rockwell’s pipe and mouth are drooping, while in the portrait, he has them both pointed upwards. Maybe that’s how painting was for him. Details from real life, made better.

The boy is still smearing his paper with heavy black crayon. Ed crouches down beside him, and his knees let out a mild protest.

“Look,” he says to the boy. “You’re supposed to draw yourself, see?” He digs through the tray, looking for a peach-colored crayon, but there isn’t one. He settles on pink and outlines a small oval. He is coloring it in when the pager begins to buzz against Ed’s chest.

Author’s Acknowledgements:

The art collection at the Cleveland Clinic afforded me with the distraction necessary to write this story. I was particularly absorbed by Matt Ducklo’s “Touch Tour” series, Inigo Manglano-Ovalle’s “Blueberg,” Jaume Plensa’s “Cleveland Soul,” Hirsch Perlman’s “Cats and Dogs,” Jennifer Steinkamp’s “Michael Kelley 1,” and Mayumi Terada’s photographs of diminutive spaces, located in the ICU J-3 waiting room.



About the Art

Cover Art

Spencer James GSM '16

This image was taken at a former hospital in the destroyed and mostly abandoned city of Quneitra, located in the Golan Heights region on the boarder of Syria and Israel. This city was a central battleground for Syrian and Israeli troops during the wars in the Middle East in the late 1960's and early 1970's. Quneitra changed hands several times and was destroyed by pillaging, artillery, and bombings in the process. The destruction of a hospital is symbolic of losing sight of what matters by focusing too much on what is immediately apparent. As participant in the health care system, we must remind ourselves to look beyond the presenting symptoms in order to maximize the healing process.

Japanese Crane and Koi Nine

Thanapoom Boonipat GSM '16

Thanapoom (Mo) Boonipat, from Bangkok, Thailand, is a first-year medical student who began studying Chinese painting as a child. He continued to take Chinese painting lessons with various professors in both China and Thailand, where his work has been exhibited with nationally recognized artists.

Blue Glove and Green Glove

Benjamin Blais GSM '15

Cancer is a fascinatingly complex set of diseases that we are just starting to truly understand. This series is about how such a complicated



Lifelines

and deadly condition arises from the modest origins of just one cell.

When a cell obtains enough mutations to become cancerous, it is still our own cell. It comes from our body, it uses our nutrients and oxygen, it grows within us. Yet, there is a loss of identity that accompanies this change. Despite that cell coming from us, and containing almost identical parts to its neighbor, it becomes somewhat foreign; an “invader”.

The Metastasis drawings are an exploration of that loss of identity, and the feeling of “invasion” that may accompany a cancer diagnosis. The gloved hands, held in a way that suggests a site of cancer origin, are invading our space (metastasizing) through the sterile white paper. What may be lost in reproductions is that each Petri dish contains a single, tiny cell drawn with magnifying glass. The cell has three colors and is unique, but unimpressive; a single cell like that could hardly be an ultimate cause of death, could it? It is also certainly lost in reproduction that I have included the name of a researcher, important to the development of our understanding of cancer, within the edges of each drawing’s Petri dish.

A mole, or nevus, is present on the invading hand’s arm in each piece. Moles are interesting, superficial, visual reminders of the potential of cancer. “Mole” is also the term used to describe an agent who infiltrates a organization under false identity or pretenses.

The story of cancer is truly one of betrayal. A betrayal that is personal, complex, and potentially devastating. Yet, unlike many other medical conditions, it can arise through no fault of our own; a dart, thrown on a board of victims. Is it fair to see it as an invasion? Or is it simply an accident or mistake our bodies make?

Simple Gifts

Lynn Hoeft

More information about Lynn and her artwork can be found at www.lynnhoeft.com. The artist can be contacted at lynnhoeft@gmail.com



Divided

Jeffery Cohen

If you look carefully, underneath one of the panels is a picture of an MRI scan of the brain. Sixteen years ago I had viral encephalitis and was admitted to the ICU. I was very ill and aphasic. Afterwards, I realized that there is a fine line between being the treated and treating. A lot of colleagues and friends asked me to write about my experience. I have never had the courage to do that. So here is my best effort to explain my experience.

Girl Tree and Girl Stand

Carrie Steinfeld

These two color photos were taken in Riobamba, Ecuador, during a Geisel School of Medicine funded trip where we taught health topics to indigenous children. The little girl was one of the students, and the woman walking was the mother of one of the students.

Lifelines is a literary magazine featuring works of creativity and non-fiction from Dartmouth students and healthcare professionals, as well as current and former patients. The mission of **Lifelines** is reflected in its name: to be a thread winding amongst all those who have been touched by the medical experience, and to weave a literary tapestry offering the much-needed creative outlet for doctors and patients alike.