

Lifelines

2006

A Dartmouth Medical School Literary Journal

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About the Cover

Anna Radasky (The Last Time I Saw My Grandmother), 1995

#5 from an edition of 5

Selenium toned gelatin silver print

Collection of the Artist

©David Teplica, MD, MFA

My Grandmother was a remarkable woman. Born in 1900 to immigrant parents, Anna was just an infant when her father died with a broken back after a tunnel collapsed in a coal mine in West Virginia. Of necessity, her mother soon remarried and gave birth to 13 more children. As the eldest, Anna left school in the fifth grade to support the family, and the rest of the children soon followed her into the workforce.

In the early years of the 20th Century, there was growing national concern over child labor, but in Western Pennsylvania in 1910, it was commonplace for boys to work in the mines or steel mills or for young girls to do hand work or to clean homes. With an incredible work ethic, a sense of calm, and a self-effacing personality, Anna flourished. Her marriage to Michael Radasky produced six children, and the two safely guided the family through the difficult years of the depression and World War II. Without any formal education of her own, Anna wanted each of her children to complete an education -- and even coached them through algebra. With enviable drive received from their mother, they went on to make contributions in business, medicine, the service industries, nursing, the military, and the priesthood. A devout Russian Orthodox, Anna also worked tirelessly to support the world of the Church.

At age 95, with wit and dignity sharp, Anna suffered a series of setbacks. I will never forget a wonderful April afternoon in 1995 when nurses were surprised to find a grown grandson cuddling and napping with a frail resident of their facility. I feel so fortunate to have had those moments, and am very glad that I had my camera.

David Teplica, MD, MFA

From the Editor

Without my father, this journal would not exist. Growing up he taught me a lot, as parents are supposed to do. He taught me how to score a baseball game, how to properly diagram Christmas tree lights, how to love Jimmy Buffett and how to laugh. Most importantly he taught me that complaining was just wasted time. If you didn't like the way things were, then change them. Less complaining more doing. Well, that's a nicer version of what he used to say.

This work ethic proved to be the driving force behind Lifelines. Not to say we haven't complained, but had we been sucked into that self-pitying black hole, you would not be holding this book in your hands.

My father also donated money to Lifelines back when it was just an idea; back when we wondered if it was a foolish notion that would bear no fruit, besides lower exam scores. He was confident, though, confident that we had enough passion to sustain us and a vision that was unique. Thanks to him and thanks to all the others who supported us, Lifelines would be born in 2004. Later that same year, my father would die.

He would die. He would die by the hand of the very profession I had chosen, as a result of qualities that have always plagued doctors: hubris and poor communication skills. Our family would watch him languish in an ICU for a full month, assuming caretaking roles beyond what should be demanded of us simply because there was not enough staff. Then he would die. A sudden phone call at 5 am to tell us his heart had simply quit while he slept in bed. Then 2 weeks later he would die again. This time we learned he had actually died on the bathroom floor in a pool of his own blood because the staff had forgotten to restrain him. Now litigation is slowly lurching forward and every few weeks we learn something new. Every few weeks, he dies again.

I'm entering into my last year of medical school. Amazingly. Despite developing PTSD so severe that the sight of white coats and even the TV show *Scrubs* triggered panic attacks. Despite learning that the stigma of mental illness is alive

and well, even in the medical community. Despite the implosion of my illusion that doctors choose medicine because they wish to care for others. Despite a lot, but I am still here.

Lifelines has sustained me in a way I had always hoped it would for others. No matter how disillusioned I became, Lifelines drew me back to the humanity that lay at the root of medicine. It reminds me why I, at least, want to be a doctor.

This year's journal will take you on a journey, a journey that oddly holds tones similar to my own. The writers and poets this year will take you to the depths of depression, make you feel the frenetic pulse of a panic attack and the obsessions of bulimia. You will get a small taste of nurturing someone through their final days and the wakeful waiting as they draw closer to death. The work of the artists will give you pause and may even steal your breath. I hope for you this journey will be engaging. I hope for you this journey will be restorative, as it has been for me. I hope that in upcoming editions, you will lead us on a journey of your own. And, I hope Lifelines will continue to hold the passion that my father once saw we possessed.

Meghan McCoy, DMS IV

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Panic Attack

Where in the flesh does the bell sound?

Is it the hustling heart
hammering out the panic tocsin
immured in belljars of memory?

Or is it the betrayer eyes
squinting ahead to traps
and slaps
and mayhem
playing at precognition?

Or maybe the battered beaten hands
respectable in their wreckage
trembling as they move to make
the cut of the collaborator?

But always at my back I hear
the breathy bells;
I feel them ringing,
cupola'd on the River Spine,
chime-chant-churn-chime,
glandular bell-tongues hymning,
liturgical adrenaline
pinching off what's truly mine
(my hardwon pace, my even breath,
a grateful grip on liquid time)---

they favor mundane terrors:
the whip on the sinner's open cheek,
fist on the eye that would shine,
stiletto in the sundering back

all to see if
when I fall
my deepest devil rises
and takes me on his horse astride
bruised as a forgiven bride

Kaimana Wolff

Lifelines

Ideal Me
Kasey Halpin

(Age 18) The Wisdom to Know the Difference

During my first year away at college, I gained twenty-five pounds thanks to a strict vegetarian diet of pasta, cheese, Cocoa Puffs and Sour Patch Kids. Fat and miserable, I decided not to go back to school, at least for a semester. And as if God himself had a plan for me, the month that I moved back home, I met Lee.

Lee was a recovering drug addict, two steps into his twelve-step program. He was funny and cute and older than me, which at the time I took to mean that he was smarter and better than me. He had a great job and a beautiful apartment decorated with inspirational posters all around his living room. The centerpiece of the room was an enormous framed print right above his couch of an eerie, shadowy mountain range with a quote by Steven Covey the self-help guru, which read, “We are not human beings on a spiritual path. We are spiritual beings on a human path.” With Lee, I felt like a spiritual being and not a lard butt.

I assumed that Lee and I got along so well because we were both very fragile, so we could confide in each other. He understood that I was lost, and he told me he was “on the path to rediscovering his authentic self through self-affirmation, creative visualization, and lucid dreaming,” which I assumed was the new age equivalent of being lost. On a day when I was feeling crappy and in need of reassurance, I asked him if he thought I was fat.

Lee replied, “Not yet. You’re like the heaviest you can be without being considered fat.”

My fault. I thought. Really, how does someone successfully answer a loaded question like that? As I was trying to wrap my mind around his comment, he continued.

“Kind of like the lowest GPA you can have at Harvard without being put on academic probation.”

At that point, he had managed to amuse himself, and he chuckled a bit as he continued. “Like the lowest common denominator.”

And that’s when I started crying. Lee would explain to me a year later (and



six months after our break up) when he reached Step 8—willingness to admit that you have hurt people and to ask those you have hurt for forgiveness—that in those days, nothing could cheer him up quicker than making me cry.

(Age 4-10) Porky

I spent most of my childhood summers with my Grandma Millie and my Great Aunt Lucy in Long Island City, New York. My grandmother and Aunt Lucy had an unspoken competition about eating and digestion in general. At all family dinners, regardless of the portions they were served, they would both say the same thing, loud enough for everyone at the table to hear them: “Oh, I can’t possibly eat all this!”

And throughout the meal, they’d stare at each other’s plates to make sure one wasn’t eating more than the other.

“A lady always leaves a little food on her plate,” my grandmother would say to me, basking in the glory of her remaining two bites of meatball and quarter-inch square of lasagna in the middle of the plate. (As a child I often dreamed of having one of those compassionate grandmothers who believed that not eating everything in front of you was a slap in the face to the starving kids in China).

My grandmother had all these rules about how much I could eat. I had to eat enough for her not to give the typical Italian-Catholic grandmother “I-slaved-over-a-hot-stove-all-day-just-so-you-could-have-a-hot-meal-and-this-is-the-thanks-I-get” speech. But if I ate too much, she’d say, “Nobody likes a porky little girl.” Porky is the word she used. And her nickname for me was Petunia Pig, Porky’s girlfriend. This was her subtle way of telling me I had a weight problem, by comparing me to fatty meat.

(Age 19) ‘How’s About Cookin’ Somethin’ up with Me?’

With Lee’s sensitive encouragement, I decided to join a weight loss cult that advertised during daytime television. In the commercial, a woman in a bikini and a sarong walks around a pool with the confident swagger that we, the viewers, are to assume only the newly thin possess. And all the guys by the pool are gawking at her, tipping their sunglasses as the instrumental version of Hank Williams’ “Hey Good Lookin’, What’cha Got Cookin’?” plays in the



background.

What enticed me about the commercial was that the announcer promised that I could lose all the weight I wanted, as fast as I wanted to lose it. This particular company didn't seem to be overly concerned with frivolous details like what was a healthy weight range for me or that proper weight loss should be a slow but steady process. I didn't want modified, gradual weight loss. I had no set number of pounds I wanted to lose—fifty? A hundred? I had no idea. I just wanted to be perfectly skinny, whatever that meant.

At my first consultation, Becky, my Healthy Lifestyle Coordinator, assured me that I could lose as much weight as I wanted to if I made the “commitment to myself.” And I was committed. She gave me a little card telling me what I had to eat and little boxes to check off when I ate them. We decided that I should lose fifty pounds, which would have made me 115 pounds at 5'7”, a normal weight for a supermodel, but a bit low for me, Granny's Porky Princess, though I certainly wasn't going to complain. And since there was a “lose all you want or get your money back guarantee,” I couldn't stop until I reached the “Ideal Me” weight that I had written on my contract.

When the last stubborn eight pounds wouldn't come off, I had fewer and fewer boxes to check off because I could eat less and less food. I was down to 800 calories a day, and I was starving. And that's when I realized that if you eat and then you throw up, those calories don't count.

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Conversation with Mom

Me: Mom, what should I do if I think my 'friend' has an eating disorder? Should I confront her?

Mom: What kind of jerk would eat food and throw it up? That's just a waste.

Me: Well, what if it's a cry for help? Should I offer to help?

Mom: It's always been my belief that intelligent human beings can cure themselves.

Me: What if she's stupid?

Mom: Then I guess a little help couldn't hurt her.

~~~~~



(Age 14-20) My Body, My Trashcan

My brother's girlfriend Kim taught me how to make myself throw up. I was in seventh grade. I didn't understand why she had this skill or why she was showing me, but I thought it might come in handy if I ever wanted a day off from school or some sympathy from my mom, so I paid attention.

Six years after the initial lesson, I found myself bent over the toilet, jiggling the flap in the back of my throat, just like Kim told me to, and retching my guts out. The contents of my guts: soapy tasting stomach acid, the chewed up remains of a bag of chocolate coins left over from God only knows how many Christmases ago, three quarters of a bag of limited edition mustard and ketchup potato chips (limited edition for a reason), half a loaf of stale raisin bread my mom was saving to feed to the ducks at the park, and the remaining half of a half gallon of freezer burned Rocky Road ice cream trapped in the nether regions of the freezer that only the brave (and the bulimic) dared to venture into—anything that would fill me up but would not go noticed missing by my mother, father or brother.

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Advice from a self-help book for bulimics

Try freezing all of your binge foods. That way you'll have to wait for them to defrost before you eat them. The delay will be enough time for you to think rationally and not binge.

Results: I learned that frozen cake is really quite delicious.

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Age (4-10) Regularity is Next to Godliness

The competition would heat up between my grandmother and Aunt Lucy again in the morning. This time, it wasn't about who had eaten less, but who got it out first. I remember sitting Indian style on the floor in my grandmother's kitchen, brushing Barbie's hair while my grandmother and Aunt Lucy sat at the



table in flowered house dresses and curlers, drinking coffee and talking about going to the bathroom. A typical conversation would go like this:

Grandma: Lucy, did you shit today?

Aunt Lucy: No, Mil. My pill hasn't kicked in yet. I can feel it. It's coming.

Grandma: Oh, don't rub it in. I haven't had a good shit since 1963. I'm stuffed up like a dough boy. Nothing's working. I've tried everything.

(And she really did try everything. She would chug pints of prune juice, pop stool softeners like potato chips and sprinkle Metamucil on everything she ate. When she was really 'blocked up' as she liked to call it, she'd go to church to light a candle and pray to the Blessed Mother for a miraculous movement).

Aunt Lucy: Why don't you just drink some seltzer? Maybe you just need to burp a little.

Grandma: Oh, for Christ's sake, Lucy. What the hell do you know?

Age (22-23) Substitution

For a while, I tried starvation, but that just made me completely obsessed with food. I memorized the nutritional content of every food in existence. Grocery shopping would take me at least two hours because I would read the labels on everything. I read cookbooks like they were captivating novels, imagining what the food that I didn't allow myself to eat would taste like. And then I had strange cravings. One of my favorite dishes was Raisin Bran (220 cal/8g fiber) in French vanilla Coffee Mate (40 cal/Tbsp., 0g fiber). I also discovered that Nutella (90 cal/0g fiber), the Italian chocolate hazelnut spread, is surprisingly compatible with Nacho Cheese Doritos (150 cal/less than 1g fiber).

To supplement my weight loss, I'd run eleven miles every morning on the treadmill at the gym, refusing to stop until the calorie counter displayed 1,100. This would usually take about 100 minutes, but if I was experiencing a 'runner's high' which, in retrospect, was probably light-headedness from starvation, I'd go longer.

I became addicted to diet pills and laxatives, taking six to eight of each throughout the day. It was a two pronged strategy — take the diet pills so I wouldn't eat, but if I was weak and did eat, the laxatives would help me get the food out quicker. Eventually, when I became immune to the laxatives and



to the enemas I'd use when the laxatives didn't work, I increased my dosage of diet pills. Sometimes, I'd forget whether or not I took them, so just to be safe, I'd take more. Then if my heart started pounding to a point where it felt like it was going to burst out of my chest, I knew I'd taken an extra dose. In time, I imagined those palpitations were actually the feeling of the pills working, so I would intentionally take triple the recommended daily dosage.

(Age 20) Conversation with a Nutritionist

Nutritionist: Kasey, you're bulimic.

Me: I told you that.

Nutritionist: Well, you were right. That will be \$80.

(Age 21) Gambling on Fiber

On Mother's Day weekend, my mother, my grandmother, Aunt Lucy and I took a trip to Atlantic City. After a frustrating night without sleep, in which Aunt Lucy and my grandmother took turns snoring, we went to a breakfast buffet. Walking through the lobby toward the restaurant, my grandmother farted, loud enough for me, walking ten feet in front of her and Aunt Lucy, to hear.

"Mil," Aunt Lucy said, "Everyone heard that."

"Oh, please. Nobody heard but you 'cause you're right next to me. And what do you want me to do anyway? Hold it in?"

"Go to the toilet."

"It's not comin' out. I told you I forgot my laxatives at home. I'm not goin' til I get back."

As my mother and Aunt Lucy headed to the buffet line, I pulled out the box of laxatives from my purse.

"Here Gram. I have these natural senna laxatives. They work pretty well for me."

"Now do they soften the stool? Because sometimes the problem is that it's hard and it won't come out."

I looked on the box. "Yep. Right here it says they have a natural stool softener. See?"



She studied the box even though without her glasses she was pretty much blind.

“Well, okay. We’ll give them a try.” She took three with a sip of water and then rubbed my hand lovingly. “Let’s go see if they have any prune danishes,” she said and grabbed my hand and held it until we got to the buffet. It was honestly the most touching moment I had ever shared with her.

And while she never said thank you, that Christmas she put twenty dollars more in my card than in my brother’s.

(Age 25) Donut Erotica

This summer, I was at a breakfast meeting where coffee and donuts were served. Across from me and a few seats down was a woman most would consider morbidly obese with prematurely gray hair and pale skin wearing what looked like a smock or muumuu. She had to sit hunched over because her bottom half was stuffed so tight in the chair that her back was being pushed up and out. To my right was a stick thin blonde in one of those dresses that could be lingerie, looking unreasonably sexy for 8am.

Within the first ten minutes of the meeting, both women ate two donuts in a row. The morbidly obese woman ate both in three bites, wiped the corners of her mouth, and had this miserable “what the hell did I just do that for” look when she was done. But the model type pulled tiny pieces off her donuts and stuck her tongue into the cream filled holes to a point where it was almost obscene to watch. But all the women in the room couldn’t help but watch. As she swallowed the last bite, she ran her tongue around her mouth to lick away the powdered sugar. Then she kissed her napkin and reapplied lip gloss.

During the break, when nobody was in the room, I walked over to the donut box, lowered my head to just above it, and smelled it for at least a minute until I heard the door open. Then, I walked to my seat, feeling dirty and shameful and paranoid that merely smelling the sugary glaze made my pants tighter.



(Age 26) Running Thoughts

I've managed to modify my runs to six miles. There's an older man who walks at the speed of about ½ mile per hour on the treadmill next to me at the gym every morning. One day he said to me, "You sure do run a lot. Are you training for a marathon or something?"

How I wanted to respond: No. Actually, I have this fear that if I didn't work out so much my ass would swell up because I don't know how to eat like a normal person. Jars of peanut butter frighten me because if I have one taste, I won't stop until I lick the jar clean. I'm the only person under the age of 70 who's obsessed with getting the recommended daily requirement of fiber because I'm afraid that I'll eat and nothing will come out and I'll just keep growing and growing. Six miles is nothing. I can do this while I'm sleeping. But it has to be exactly six miles. I must burn no less than 750 calories. I've planned my meals out for the entire day, and if I burn 750 calories, I'll be able to eat 1,350 calories and I'll be expending more than I'm taking in, so I won't gain any weight. Exercise is all I have left. Throwing up left me with gastritis and a \$9,000 dentist bill. And I almost had a stroke from an overdose on diet pills; all of my blood vessels swelled so much that I could see them through my skin. They looked like thousands of tiny red donuts all over my thighs and my stomach and I could feel them puffing out all over my scalp. At this point I hate food. I wish I could just take a pill to be full so I don't have to worry about eating and gaining weight and losing weight and no longer being hot because I just don't have the time or energy and because things do affect me and I can't act like they don't because when I do, I absolutely hate myself.

How I did respond: (polite laugh) No way. I'm not crazy!



Flamingoes

Kaimana Wolff

Thursday. I am pleased with myself for getting up spontaneously at seven; less pleased that I must crawl to the bathroom like a bottomed-out fibromyalgic before standing up like a normal human. Not too much pain and stiffness, though. Hey, maybe this Prozac stuff is doing good things?

This is my third morning for a half dose, ten mg. First there were six days of a quarter dose, breaking open the diminutive capsules and estimating how little of this coke-like powder constitutes one fourth of almost nothing, six mornings of sloshing it down in fruit juice and noticing the numbness, on the tongue and in the soul, six days of pushing away the alarming nag of desire for more. I must watch myself very carefully, I thought, not to slip away into the gray land. But I treasured every hour more of work I could produce, fancying I might owe these bits of productivity to Prozac.

Yesterday I downed the Prozac together with glucosamine, calcium/magnesium and an NSAID or two in organic fruit juice, and then spent half the day battling nausea and pain. That was no fun. So today I eye the half-full capsule distrustfully. Don't be silly, I tell myself. Anybody would have been nauseated on that healthy blueberry cocktail you guzzled yesterday--take the Prozac by itself today. And I do, down the hatch at 7:10 a.m.

Jilly is edgy this morning, testy when I resort to the inevitable nagging to get on the shoes for school. I feel my own self-destructive urge arising in response, and swallow it back down--hey, this isn't supposed to be happening on Prozac, is it? Shouldn't I feel calm and serene? But at last we get there in one piece and only a little late, and sit in the warm Volvo in the parking lot for a few minutes just before nine of a beautiful late winter day, musing on whether we would not both rather just drive on, south, south, south, without packing, without goodbyes, just hop into the dew-streaked RV which happens to be parked next to the car, and wheel off into the blank blond future. Aahhh! A warm, light fantasy to set off JJ's day. I kiss her into school, down the hall, up the stairs to her class; she is such a lover still; I keep thinking this will abruptly end one day, as being too childish, but so far she kisses and hugs me a thousand times a day, whenever she can. My husband's next wife, a psychic, dares to theorize about my child's "karmic debt": Jilly allegedly owes me something from past lives.



What nonsense! I return to the Volvo, a steel gray fact stolid in the cold sun, and suddenly see the bedraggled me and the cool clean car together, like an overdone realistic painting by an eagle-eyed artist looking down from a rarefied sky, a view taken from above to suggest a wise insight on the nature of late twentieth-century reality. O karma, shmarma, I say. That too, clearly from my suddenly airy perspective, is part of the subjectivity of being alive. Not just karma, not just philosophical theory, but the apparent phenomenon of feeling in itself is a merely subjective, if essential, part of being alive. Alive being what I'm averse to, lately. Next thought: aliveness being subjective, it is also limited. Being limited, it doesn't matter. Any more.

I am released from something. Indeed, from everything.

I raise head and arms from where they rest on the car, destroying God's clever painting, breaking up reality into chaos. Into the car, where I sit again without moving for an immeasurable time. A voice says, "I am going to kill myself. Soon. Probably today." It is a firm, truthful voice, a voice recognizing reality without emotion, a voice without desire, and it is mine. For now. I am certain that soon this voice will be stilled, but I cannot find any part of my mind that cares about this one way or the other. Prozac sees where I am going and has spoken.

There is another voice, very small. Get out of the car, it says. Get out of the car and walk up the hill to your doctor's office. Now. Do not go home. There are tools there, and they are a danger to you. The Volvo makes a nice tool, too. Get out of the car.

I cannot muster any feeling to care about this small voice. Instead, I use the car key like a sure stubby knife in the ignition, and drive home, as if everything were normal. I am the walking, breathing, driving dead. The tripod usually supporting my intuition--thinking, feeling, sensing--suddenly limps on only two legs. Feeling is gone. I had never guessed that losing feeling turns consciousness into nightmare, an unbearably scratchy cloth wrapped up in uneasy sleep. Why am I taking this breath? Yes, I am thinking; yes, I am sensing--but why? "I think; therefore I am"? No! I feel; therefore I live!

But this "I" feels nothing. I love no one; I feel no one's love or respect. I do not believe Jilly needs me. I cannot believe anything about my mother except that she exists, as I do. I am not angry with her or my sister or my father or even my black-hearted husband, neither over their sins of omission or their transgressions, for "ought" and "should" have been sucked into space.



Ethics, I realize in one lightning flash, is firmly connected to feeling: no feelings: no conscience :: no compassion: no morals.

More than that, insists this horrible insight, more than that! None of this matters except to conscious beings, and there is no point, no point at all, to the unfolding of consciousness except to consciousness that wants to be conscious.

Which I don't want, and have not wanted, for some time now.

There is, therefore, no point to living.

Living does not matter. It has all been a giant subjective hoax. The horror, the horror! I see it. Its cold beautiful simplicity takes one's breath away; takes away even the desire for the next breath.

A few years ago a man in Vancouver brutally slaughtered twenty-six flamingoes in the local zoo one night. He said Prozac made him do it. Ever since, every law firm in town has made jokes about the specious "Prozac Defense". When I told my husband and law partner last week that I was on a trial of Prozac, he asked me in jest, did I feel like killing any flamingoes yet? Now my hands are covering my face, as if they belonged to someone else, but between the transparent bones I glimpse the beauty of flamingo flesh torn asunder, crimson spurves of blood on cascades of roseate feathers, hot and bright against the coniferous cold wet darkness of the northern rainforest. So ironic, that juxtaposition of hues; so poetic, that curtailment of hot, exotic tropic life by dramatic death in cold exile--the performance of an artist imprisoned in pure reason, handcuffed by thinking and sensing.

Oh, I suddenly understand how it came about for him, the terminator of flamingoes. I seem to grasp entire the chill mindscape of killers; I sense the death in life of a dispassionate, logical mind strolling over the earth. I am in a room where the cost-benefit analyses invariably come out to zero, where plans are made to end the insistent wriggling of life as efficiently, clearly, and beautifully as possible. Outside this room the worm of life slithers hungrily after its own tail, with a smacking of lips I cannot even bring myself to loathe.

Is this then why we self-styled Buddhist students struggle so hard against enlightenment, why the teachers complain that we apparently don't really want enlightenment in this lifetime? I see that there are no nice thoughts in sunyata; there are, in fact, no feelings at all in that mind-state, because it is as empty as the empty life it contemplates. Compassion seems essentially a lie for the sub-enlightened, so that they cannot hurt other beings while caught up in consciousness.



There is nothing nice about the truth that consciousness does not matter. Is that why this horrible secret is never transmitted to students—who could endure it? How could it be understood until it was thought?

The “I” that I was floats untethered in space, an awkward sack of protoplasm drifting into black, connected to nothing, even its dreams of connection, its spasms of love, lost in the flux of meaningless time.

The other little tiny me that didn’t want me driving the car is squeezing tears down the face, throwing up these useless hands, sweating, breathing fast. This, I realize, is anxiety; I recognize the acute pain in the kidney area. I know it cannot last; the body will soon run out of adrenaline and shut everything down; it will not last, thank God, and the tiny little scared me will be defeated by the vast dispassionate certainty I have become, the certainty that is seeing beautiful scenes, blood and waves of tissue issuing from my chest at the behest of a particular knife I have found to be useful for separating the physical history of chickens, a knife now lying washed and clean in the kitchen. Hokusai in red instead of blue; minute boats of life about to be inundated by crimson rolling curves. It will be interesting, briefly; lovely, perhaps, momentarily. Pure aesthetics reigns, freed from ethics, devoid of feeling. I do not even long for the freedom of nothingness, or to lie down in darkness; I merely know that the darkness will occur.

As my legs move me to the kitchen, the tiny scared me says, “You are in trouble.” It picks up the phone, and quickly, before I can pass on to the knife, dials the rheumatologist who handed me the box of Prozac, then the psychotherapist, the naturopath. No connection can be made.

Finally, the husband. For once in his hurried life he answers almost right away. I say, “I know why he killed the flamingoes. He killed them because they were pink.”

Swiftest silence. Then he says, “I’m coming over.”



Asylum

Unprepared for the unearthly beauty
of some schizophrenic women,
the perfect symmetry of their faces
undisturbed by expression lines,

I was unprepared, too, that I
could not tell patients from staff,
no one looking like my idea of
disturbance.

I tried to conceal the hand tremor
I was born with, felt my shoulders
hunch forward as if I were a girl
hiding new breasts.

At the water fountain, a man said
to me that I was a new doctor here:
I asked how he knew.

“If I went for water that fast, I’d be
sent back to the unit,” he said,

“Don’t worry.
You’ll be just fine.”

Laurence Loeb, MD



Busy

He's six. Had his first seizure at 3 a.m. at the laundromat. It's not busy then. That's when his grandmother always goes. Fifteen minutes. Generalized tonic-clonic. His mother has seizures so she says his grandmother knew what to do. He was drowsy afterwards. 3 a.m. They didn't go to the ER. What's the point? Today he's acting fine. Poking his five and seven year old brothers. I don't expect much but I send the blood work, schedule an E. E. G. The sugar comes back thirty-two. I've tried to reach them on the phone all week. Line's busy. Nothing from the hospital.

Kelley White





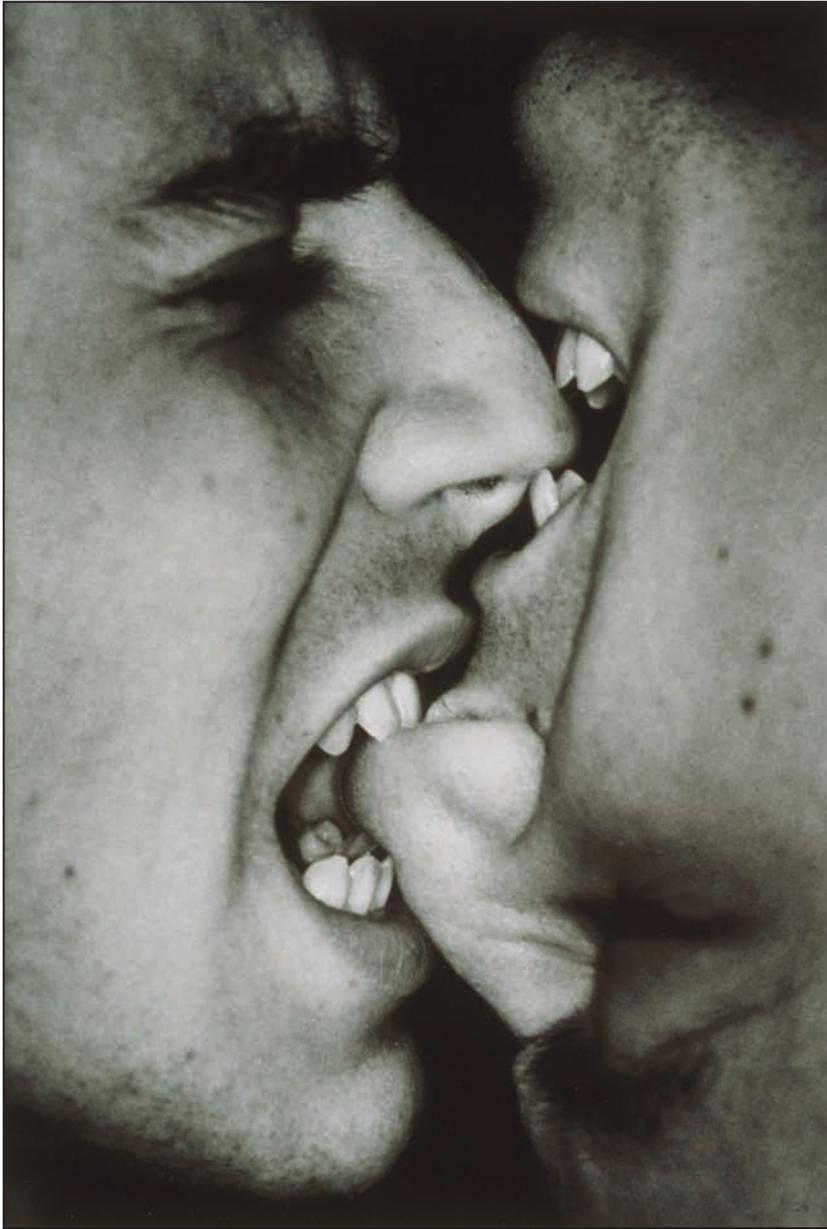
October Silence

Deborah Frankel Reese



Orozco Surgery

Alfred Feingold, MD



Untitled, (The Dworkin Twins), 1990 ©David Teplica, MD, MFA



Coconut bike

Dan Kaser



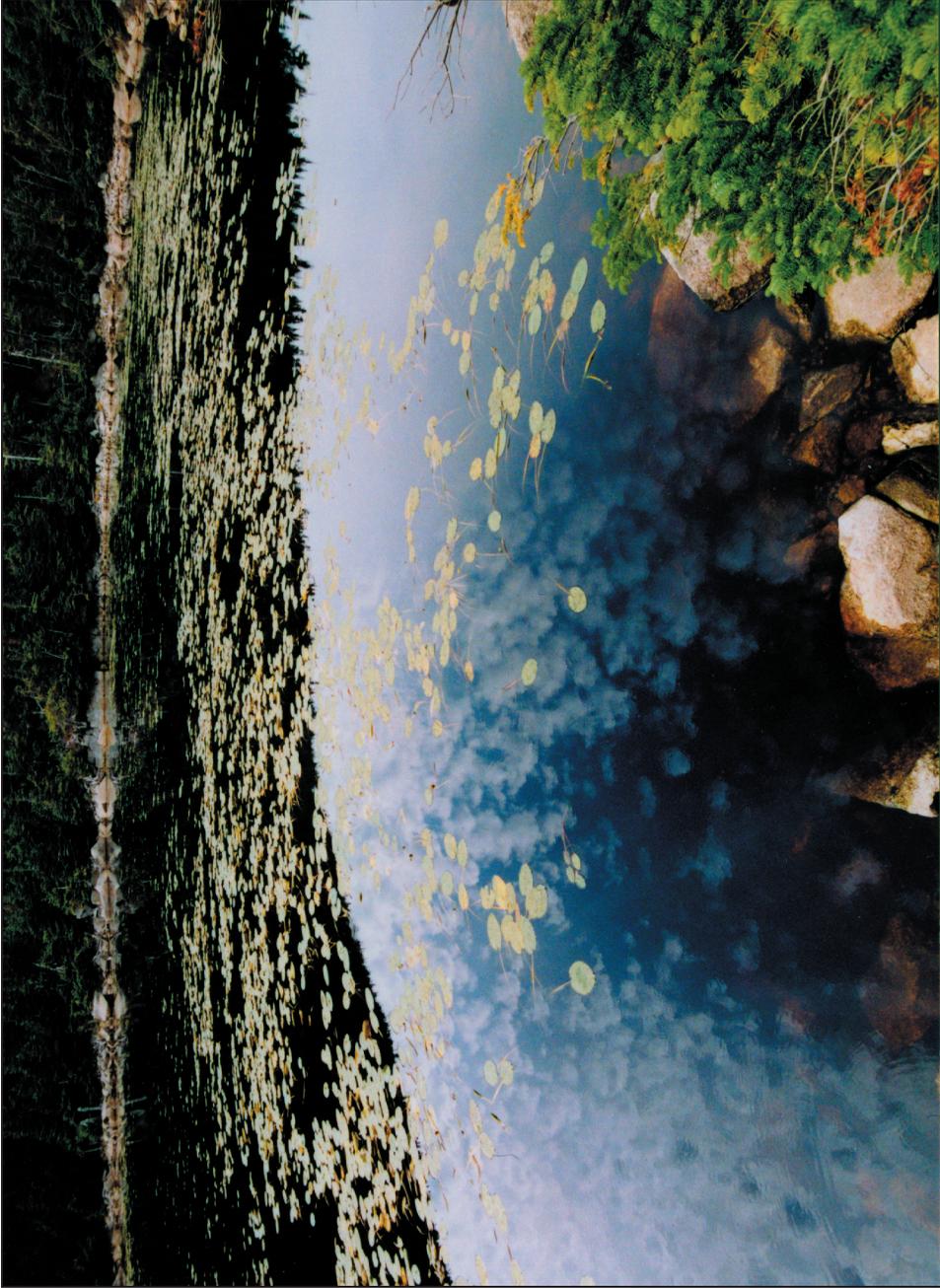
Independence

Laura Erickson-Schroth



Untitled

Joe Morris



Intricacy

Kimmie Gifford



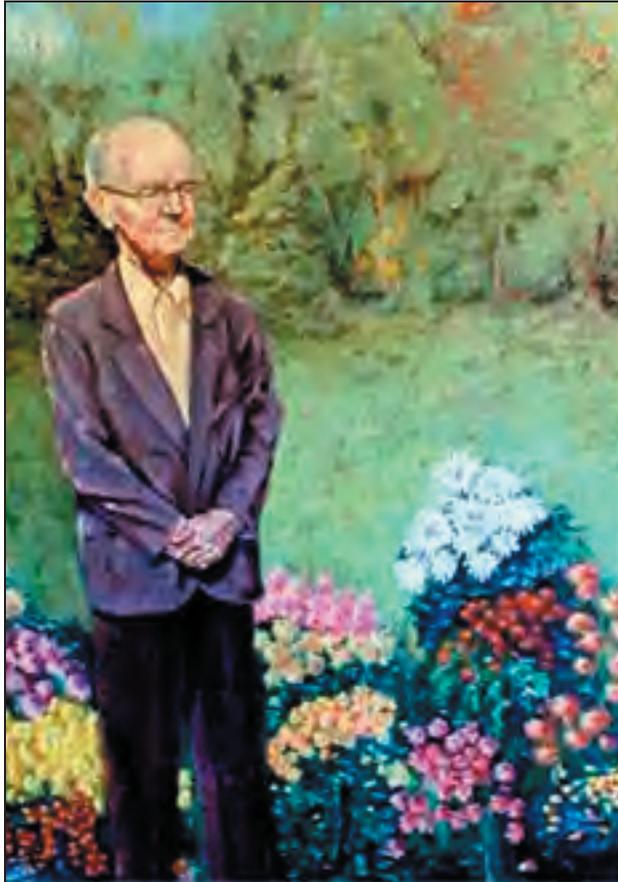
The Quilter

Deborah Frankel Reese



Inborn

©David Teplica, MD, MFA



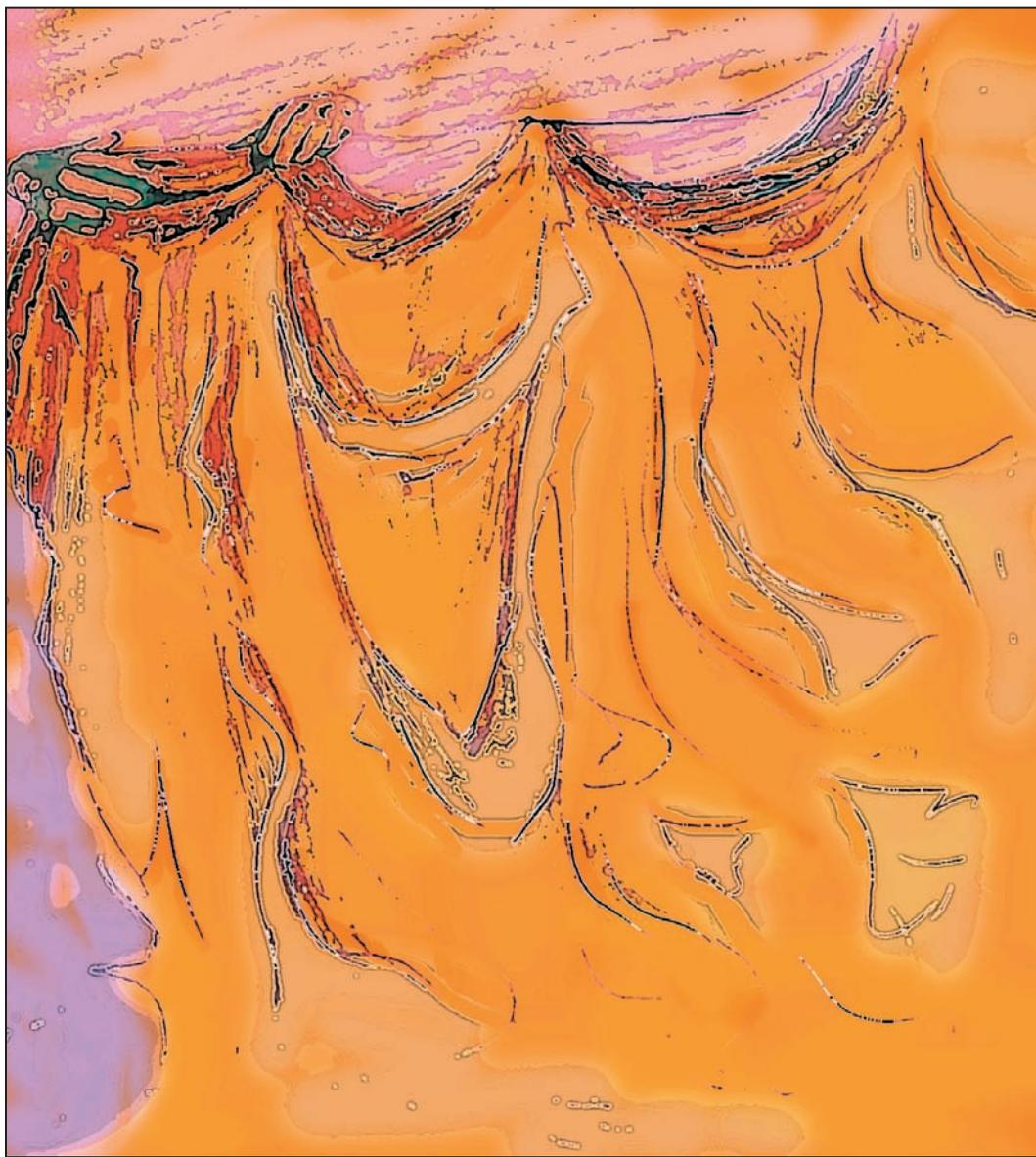
Clifford

Deborah Frankel Reese



Mwenge market

Dan Kaser



Endless Dawns

Prachin Narain



Inca Aqueducts

Paul Yang



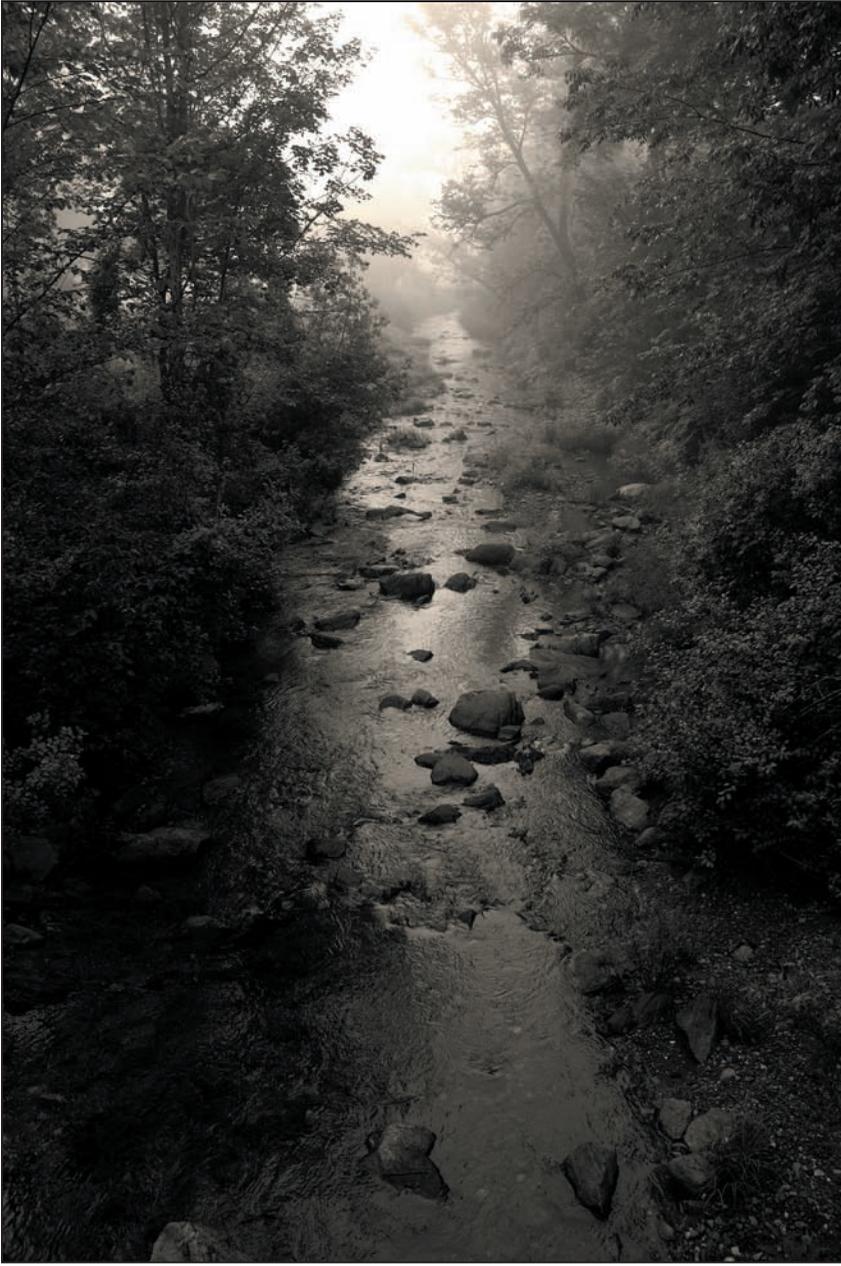
Concepción

Zoe Unger



Waterloo

Prachin Narain



Bloody Brook

Daniel McGinley-Smith

Deciduous

One idle Tuesday,
I will take this hand
To walk with you.
Then tell you
Of my father
Who missed you
By just two years,
That he was a Goan
Who loved fish and books
About philosophy.
When he died
It rained for a week
And I could not sleep.

In your youth,
We will hold
A sacred cloth
Over our heads
And into this ear
I will utter ancient prayers,
Guiding you to manhood.



One day you will float
Away from me,
Like a deciduous leaf
Whose tree can hold it
No longer.
That morning,
With a kiss of this cheek
And an embrace,
I will let you go.

When I am gone,
You will use these arms
To hold a shroud
Over our heads
Then through these lips
Whisper Sanskrit secrets
To guide me onward.
Just as I did,
That day you will stand
Along side your family
In a crematorium,
And through tears, eye
A green industrial button.
Then with this finger
You will let me go.

Vinay Kamat, MD

*For my father Gopal P. Kamat,
Ph.D. and my son Ehan*



Living in Shifts

Ruby Ferm

It had been warm for a winter day, as if the cloud cover was a down blanket that had been tossed over the valley. The snow fell in huge clumps from a thick, gray sky. It collected in inches everywhere, even on the tiniest, thinnest branch of barren trees, thickening the world around Annie. That night she looked up around her, the porch light tossed harsh white light on the Maples surrounding her house.

“Look at this,” she commented to her younger sister Selma. Selma nodded, acknowledging beauty that was exterior to the world she had constructed, built with friends, boys, television and magazines. She smiled at Annie’s barefaced appreciation.

“It’s pretty,” Selma said. Selma hated her name. She wanted it changed to Jessica or Louise or Danielle, anything that would mirror the names of the girls around her. Something that wasn’t unique and aged. She didn’t understand that her beauty someday would surpass her antique name. Selma would be a name that rolled off the tongues of men around her with a long, languid “S,” because her high, freckled cheekbones, thick brown curls and big, pink lips would command nothing less.

Right now Annie was surprised only by the genuine nod of appreciation and a lack of a roll in the eyes.

“You should take a picture of this Annie,” Selma suggested. They were standing on the porch, discussing religion, politics, feminism, anything but the fact that inside laid their father seven days away from death, breathing slow, thoughtful breaths.

And so Annie took a picture of snow collecting in inches, adding depth to a world that for weeks had been depthless. The sun had not shone, the temperature had not risen, and the Earth seemed not to have moved.

She went inside to collect her camera, tripod and film, careful to not disturb their sleeping father. It was well beyond sunset, and she and Selma had grown accustomed to sleeping in shifts, never really knowing or caring whether or not the sun would be shining when they awoke.

Selma had not been to school in weeks, although Annie always made a Monday morning phone call to the school to discuss her absence, the schoolwork she would have to make-up when she returned. Annie was given homework assignments, math problems for Selma to do, the titles of books she



was to read. Selma's notebooks and pencils lay abandoned on her bedroom floor.

The manager at the diner Annie worked at across town understood Annie's absence, for once. Her father had come in every Sunday morning after church to sit at the counter, drink coffee and read the paper, waiting to die. When he stopped showing up, the manager sighed a breath of what looked like relief, and told Annie to take some time off.

She set her tripod up on the porch, the three legs extending simultaneously, locking, and settling down with a thunk. She aimed the lens at the shadow-less trees, dense in winter foliage, and heard the satisfying click of the shutter.

"Do you think Dad can hear it?" Annie asked Selma.

Selma took a drag from a newly lit cigarette and shook her head no. Annie asked only out of politeness. They both understood that their father heard or responded to nothing, that if they weren't careful, he would pass out of this world while one of them had stolen away to the kitchen for a glass of milk, or worse, when they had gone to the bathroom. There were to be no well-articulated goodbyes. Both daughters had constructed and delivered their goodbye blessings every time a shift change occurred, just in case. Annie believed he had long since died of cancer; now there was only breath to be released from his body.

Selma thought otherwise. She held his hand longer, in hopes that the warmth or touch would wake him up, would make him conscious for the moments she wanted and needed him to be. Despite their closeness in age (Selma was eighteen and Annie was twenty) Selma still held a naïveté where Annie now held bitterness.

Once the photos were finished, Annie went inside and sat down beside her father's bed. She settled into the rocking chair he had brought home from a yard sale upstate. It had wide, wooden arms, a simple frame, and upholstery that resembled hunting fatigues, as if it were trying to blend into the background of an open field. He had loved it, and Selma and Annie had immediately banished it to his room.

Annie put on headphones and watched her father breathe. There was something about music that made Annie feel alive; it lit her soul on fire and made her see the world for what it was – tangible, expressive, and emotional. She had once watched a middle-aged woman at a restaurant move to occupy the space beside her lover, wine glass clutched in delicate, aged hand. The gesture made more sense to Annie with music. In silence life, love, hatred, and even less definable emotions such as jealousy, arrogance and ambivalence



meant little or nothing to Annie, if only because her emotions and sensation in general could now only be articulated through beat, rhythm and rhyme. Her father breathed hollow breaths in a quiet room, and Annie listened to music to drown out the silence that she knew was bound to ensue.

He had sold cars at a dealership just out of town known for its thievery and poor entrepreneurship. He'd once had a thick, muscular body, which was whittled down to the frame by illness. He had a small head, dark brown hair that receded from his forehead back and from the crown of his skull forward, and thick, slow moving hands. After being told he would not live longer than a year, he acquired the vacant stare of a man newly sold on religion. He began living as if all his earthly problems had been solved, and he merely needed to wait out the rest of his life, as well as his inaccuracies, inabilities and flaws. He had withdrawn into the golden cross he now wore around his neck, resting in the small hollow between his clavicles. Like Annie into her music, her father found solace in faith, and he removed himself from life long before it was over.

He began to make decisions regarding their upbringing less and less, and he moved around the house without purpose more and more. He prayed on a regular basis, bending down on one knee and peering up at the ceiling in his room, searching the cracks in the paint for an answer.

Annie despised the golden cross around his neck. She watched as faith removed her father long before he was due to die. She did not blame the malignant tumors that had spread throughout his body. The vacant stare he turned upon her was from absolution, not from pain or remorse or grief.

Selma appeared at the bedroom door, phone clutched in one hand. Annie removed her headphones, cutting the music off for a moment.

"Peter wants me to go for a ride tonight," Selma said quietly.

"It's past midnight," Annie replied, already knowing that Peter was on his way. "What day is it?"

Selma smiled. The question had become a joke between them. Rarely was either of them accurate in guessing the proper day. "Peter says it's Friday."

"Will you be back tonight?"

Selma nodded. Neither of them ever strayed too far for too long.

Annie gave her shrug of approval, and Selma hurried to her room to spray on perfume, curl her eyelashes and change her t-shirt into something more revealing and intoxicating.

Peter was a handsome man who never came all the way to the front door. Sometimes he would get out of his truck and walk halfway up the walk, standing there in a sweatshirt no matter what the temperature, one hand shoved



in his pocket and the other clinging to a cigarette. Selma had started smoking because of him.

He had straight black hair, sideburns that extended so far down both cheeks it might as well have been a beard, but wasn't quite. His chin was bare, his ears pierced, and he had a tattoo on the back of his neck, among other places. Their father would never have approved. He was twenty-four, with another girlfriend across town. Annie learned long ago that defying Selma would only alienate her. Selma was going to do as she pleased with or without anyone's permission.

Selma emerged from her room, bringing with her a terrifyingly adult, sexual scent with her. Annie watched as Selma kissed their father goodbye: warm red lips on cold, sallow skin. And then she was gone.

In the darkroom Annie had constructed in their basement, the photos she'd taken revealed the skeletons of trees, barren and painfully gray. She had used black and white film, focusing on the trees themselves, rather than trying to collect the larger image of a tree during winter, in a dark, sleeping suburban neighborhood. In the darkroom, the chemicals numbed her sense of smell and taste and made her eyes burn slightly. While the newly developed photos hung shining and wet on a clothesline, Annie cried for their dying father. She clenched her jaw, stifling sobs, and held her hands to her face.

When she came from the basement, composed but red-eyed, Selma stood waiting.

"You left him. You weren't supposed to leave him," Selma whispered. Annie immediately understood what had happened. They tiptoed up the stairs and stood shoulder to shoulder at the threshold of room.

Absolute silence. Selma smelled of pungent perfume, cigarettes and sex. Annie knew neither would ever forgive themselves for this betrayal, for this moment of life they had allowed themselves as their father died. Annie watched as Selma wiped her eyes, scuffed barefoot into the room, and touched his arm.

She removed the gold chain from around their father's neck, his head falling slightly to the side in a garish expression of death, so disturbing that Selma hurried to right it. Then she slipped the cross around her own slim, freckled neck.

"Leave it," Annie begged her.

"No. I want it. It's mine now," Selma responded without looking at her. She kneeled beside the bed and began to pray with her eyes open, searching the ceiling. As Selma began to pray, Annie kneeled down beside her, watching the gold chain settle on her sister's chest.

"Our Father, who art in heaven..."



The Cord

I felt Death pulling at my cord
and I pulled back to let her know
that I was in the game. She tugged
again, and threw me off my work,
but I responded with a jerk
that must have knocked her cowl askew.

I know that she's still there because
the cord is taut and that takes two.
And for my part, I never ease
the tension, knowing that she'd
feel the slackening and seize
that moment to advance.

She's used that strategy before.
But now she mutely waits her chance.
Someday, tired of gaming, I will
simply turn in her direction
and let her lead me holding
lightly to the silken end.

But first, before I ease the slack,
I'm ready for an errant wind
to swoop me up and let me soar
beyond again, requiring Death
to tend my string as it unwinds
and bind me firmly to the earth below.
We know the game is fixed, and she
will pull me back eventually, I know.
But not just yet.

Lois Roisman



The Patient

Travis Schmidt

There is a drop of blood on the pillowcase. You have the training and the knowledge of cells, their splitting reproduction and their sporadic deaths, their haphazard ways and sickly alignments, their engulfing loneliness for another of their own kind. You see them there on that pillowcase, turning dark with their own death. You grab the bedpan.

Fern Terrance, age 37.8, birthplace: White Plains, New York. You use decimal points for your records because you strive for accuracy. Fern is now on a liquid diet since she barely has the energy to chew solid foods. She is receiving all required nutrients as outlined by the Food & Drug Administration, as well as any AMA approved addendum, AMSA's little tips, and a dozen or so other nutritional additions from a dozen or so other organizations. The volunteer nurse on duty brings in the fruit shake since it is the afternoon interval. The fruit shake is normally the favorite among the patients, since the vegetable shake is often described as rather bland. Fern, however, shows little interest, though she does sip the beverage, although slower than normal. She complains of increased pain, perhaps she can take more baths? You inquire about pain specifics, where and when, and the duration. All over the place. Now. Yesterday. All the time.

Fern Terrance is dying. She has known that for several months, it is the reason why she came to you in the first place. It is the reason why everyone who comes to you comes to you. The treatments, however, are not guaranteed to work. They never have cured anyone. The patients know this, but they need hope.

She rejected her doctor's pain medications. She does not want to die all drugged up. During your clinical rotations, you saw patients wander into the grips of death without their senses about them, muttering their last words without much thought at all, telling their loved ones that the hospital has lousy carrots, those carrots taste like cat food, then taking a ragged breath and slipping away. You don't want to go like that either.

The nurse glances at you as she begins to pull down the black blinds. The idea is to make the room as dark as possible, pitch black, and completely quiet. This makes each second restful, even when the body is not sleeping,



maximizing healing time. There is utter silence on odd days, hazy music on even days. Distorted violins, gloomy then optimistic cellos. Everything is backed by either evidence or strong hypothesis, theoretically researched by medical students who either flunked out of college or were so disgusted by the HMO nurses, clinical alienation, and the overall dismal situations of traditional medicine, that they decided to study flower therapy and acupuncture. They had been there when patients peed their pants and angry charge nurses handed them a diaper, they have watched sad old men drum their black socks against an exam room table during the long wait for treatment. They had seen enough to make them change career paths.

Time to check the heart rate. A microphone with a funnel at the end is placed on her chest, the computer screen shows interruptions of the flat green line as the heart rate. Not very fancy, but this is a facility with no income. The nurses are once a week volunteers, and the volunteer secretary is a Philosophy student looking for a letter of recommendation.

Fern Terrance is taking shallow breaths. You watch her lips move as if to say something. They are dry with dark lines running through them, like parched earth during a drought. Her nose is bleeding. The contrast of red on such pale skin is always alarming, but it is unprofessional to show alarm, and you and the nurse know this. The nurse gloves up and wipes away at the blood while you place a Bible alongside Fern Terrance. Each patient has the opportunity to have religion involved in their treatment, and Fern Terrance chose Christianity.

The Pastor normally stops by once a week to read passages and recap the week's sermon since Fern Terrance is restricted to bedrest. He is late. The rainstorm outside is growing in ferocity, wind howling against the granite-colored clouds.

The Pastor is probably not coming.

This is what the nurse whispers to you as she stirs the fruit shake again. Cherry particles speckle the sides like chicken pox. You do not feel that it would be appropriate for Fern Terrance to go to sleep without her Bible readings. You know how much they mean to her. You have read too much research on psychological aspects and their relation to chronic illness symptoms to ignore this situation.

You begin to read.



Life ... Renewed

Fragile as a wild orchid
in the rugged northern mountains,
poking up amidst the fall discards
and winter blow downs.

Exceedingly difficult to grow
from their minute seeds,
ranging in color from pink to purple,
though low to the ground,
they stand out amidst their
prolific yellow and white cousins.

Lonely, isolated, off difficult trails,
visited mostly by insects
kissing their petal lips
full of nectar.

Prey to the fierce storms,
raging winds of high peaks,
back each spring,
sprouting anew from thick fleshy roots.

A testament to their staying power.
And who knows
What keeps them at it?
What soul nourishes them?

I gather myself together and climb,
hoping to find them, draw inspiration,
marvel at their existence.
Do I not have their same stubbornness?
Or do they have mine?

Maria Walsh



Feeding My Father

Elaine Guenet

I hate to wake Dad, but I have to. He shuffles over to the dining room table. The table is set with the towel, syringe, liquid protein, water, and paper towels. I have already poured the liquid into a stainless steel bowl. It smells like burnt tapioca. I dip the syringe into the creamy liquid, pulling up as hard as I can. The liquid is milkshake thick, so it takes all my strength to fill the syringe. It fills slowly. When it's full, I lift the syringe up out of the liquid, and then wipe off the liquid on the outside of the syringe. I hold the syringe straight up. There are tiny air bubbles floating on top. I depress the syringe – carefully and slowly - only enough to release the bubbles.

I've only been doing this for two days and I'm nervous as hell. All I have to go on is my sister's instructions. She has been doing it for a week. After I arrived yesterday, she fed him, and then left him in my care, telling me to call if there were problems. She's burned out. Now I'm worried about the air bubbles. Yesterday he had an upset stomach and I'm terrified it's because I let air into his stomach.

He got the nasogastric tube a week ago. When I saw him with it for the first time yesterday, it took all my will power to not break down and sob. What stopped me was the look on his face. A look of embarrassment mixed with fear. His unspoken request - for me to remain calm, to not be grossed out by the plastic tube hanging from his nose, held in place by a gob of white adhesive tape - had never felt so palpable. So I told myself over and over again I was OK. But I wasn't. After the feeding, I mumbled something about a shower, and locked myself in the bathroom. I cried.

Today, I can't sleep or eat. I tell myself to get a grip. The least I can do is feed him correctly. I hold the syringe upright and scrutinize the tip, making sure there is no air left in the syringe, then wipe it. The syringe is ready.

I take the stopper out of my father's tube. He flips back the flow switch, looks away, closes his eyes, puts his hands on his forehead. This is how he braces himself for what's next. With both hands on the side of the syringe, I depress it, releasing the liquid slowly. It snakes its way up the tube, into his nose, down his throat and into his stomach.



When the liquid hits his nose, he grimaces. I hate myself for making him squirm with discomfort. The alternative, though, is starvation. I will not let him starve. His whole body screams faster, faster, but I don't rush; it will make him sick. I remember the doctor saying the liquid goes directly into his stomach, so the feeding should be paced to match normal eating.

I look over at the newspaper and get an idea. "Dad, did you see the article on Jean Beliveau?" He glances at the newspaper on the table, picks it up, starts reading. He is distracted long enough for me to finish two syringes. Next, the water. It goes faster and is easier to do. Dad's attention is back on the feeding. He fingers the flip switch and eyeballs the water level in the syringe. Just as the water level reaches the end of the syringe, he flips the switch. We're done.

I push the stopper back on the end of the tube; attach it with the safety pin to his pajama top, his red flannel pajamas. Yesterday I took in the pajama buttons six inches. He's lost thirty-four pounds, most of it in the last eight weeks. He used to be 180 pounds. His shoulder blades stick out. His arms are like sticks. I am careful when I hug him.

He hoists himself up into a standing position, using the arms of the chair. He motions to the ice cubes. I know what that means. "OK Dad, I'll get your facecloths". He shuffles to the couch and lies down. He is still burning up. I plunge the facecloths into the bowl of ice and squeeze out the excess water. The facecloths are so cold they numb my hands. I place one on his forehead, one on his neck, and one over his mouth. He blinks his eyes in thanks and squeezes my hand.

We're done for two hours.



the pILL

Pill power or will power?
Am I lacking in one, if I need the other?

The pill fits in my mouth like a key in the door,
Unlocking the future; what I was is no more.
I step through the threshold; I'm free from the shadow.
There's no longer a hold by the specter that followed.

But is this really a matter of neurotransmitters?
What if without them I'm really a quitter?
More norepinephrine and I let the outside in.
Without serotonin I'm on my own again.

Which one will win? The pill or the pain?
Will this struggle bring courage or shame?
Don't dark thoughts have deep roots?
Is this a game of fruitless pursuits?

Am I masking myself or setting me free?
Can I simply decide on who I should be?
"The key to the future is in the palm of your hand"
Who knew it would be so small round and bland.

Should I reject a life-saving med?
Just cause it happens to work in my head?
I wouldn't complain about aspirin for pain.
So why do I question a pill for the shame?

This pill – it's an oral living will for me, one formerly ill,
For now I'm free, and want to be – relieved to be treating
My GABA deficiency.

Rick Mansfield, MD, MS



In Place of a Eulogy for My Father

John Waite

Until his health started to deteriorate, my father and I co-existed in a sometimes uneasy and occasionally fractious relationship. Like two celestial bodies, we were steady in our own orbits, but we tended to wobble out of balance whenever our paths brought us into proximity. Especially when I was younger, my father and I had many arguments – not discussions, but arguments that sometimes degenerated into shouting matches – typically over politics and religion. The angry debates and the points we raised I can hardly remember today. What does matter is the fact that for years too much of our relationship was marked by disagreeableness. Our worst moments usually occurred as a result of being forced into some losing situation together, such as driving around lost or trying to fix up or repair something around the house. Neither of us had an iota of mechanical sense. If we couldn't fix it with a hammer or a screwdriver, we'd most likely make a worse mess than when we started. And in our frustration, one or both of us would blame the other, out loud or with hard, silent stares. Always it was some insignificant thing – setting up a Christmas tree, changing window screens – that would set the sparks flying.

Why did arguing and bickering characterize much of our relationship for so long? One reason was because we probably were more alike one another than different. Too easily each could become the other's bad conscience, the mirror that reflected some personal failure or disappointment. We weren't always able to come to terms with each other as real people. Instead, we tended to get trapped in the labyrinth of expectation, hope, and desire that surrounds all fathers and sons, especially as the latter step out of childhood and into the promise of life. There was real affection between my father and me, but we had difficulty expressing it, or we did so clumsily. For my part, I don't recall once telling my father that I loved him.

As I say, my father and I were more alike than we were different. One of the ways that we have been alike is that we both found it hard to talk openly about things that bothered us deeply. We avoided, successfully and forever, talking through the reasons why sometimes we went at each other's throat. Another thing we mostly avoided discussing was Dad's illness. About his illness



my father was an intensely private person: for him sickness and death were not fit subjects for conversation. I recall the day nearly a decade ago when he told my brother and I that he “might have” prostate cancer. It was an early evening in the summer and we were seated around a table in the backyard. A blood test showed that his PSA had jumped significantly. A biopsy typically would make a clear determination about the matter, but in my father’s case taking a biopsy would have involved major surgery. So no biopsy was done. Instead, he eventually began a long regimen of hormone treatments that kept the disease at bay. For years he was energetic and appeared healthy. But what was noteworthy was the question, in his mind, as to whether he actually had cancer or not. Since there had been no final determination, no proof such as a biopsy might provide, there was always the possibility, however slim, that the whole diagnosis was in error.

In 1995 my daughter, my wife and I moved from Long Island into my parent’s home here in Ascutney, where I established my rare book business. In 2002 we moved to Hanover, and at nearly the same time my father and mother sold their Claremont house and returned to live in the old Ascutney home. As I was going to keep my business there for reasons of space, my parents and I would now be cheek-by-jowl for most days of the week. By this time my father and I had settled into an improved familiarity, an unspoken agreement not to discuss certain topics, and to avoid the wrong situations. We became better at respecting one another. Part of the change had to do with me: I had found my own gainful self-employment and had become “responsible” in the conventional manner. Part of it had to do with him: age and illness both were catching up. He had less energy for things that weren’t important. He still wrote fuming letters to the editor, still groused about being “gouged” for certain goods or services, still vented frustration whenever keys, wallets, or papers went missing around the house. But at last, we weren’t arguing so much anymore.

Dad spent more time on the couch, often napping. He no longer played golf, and he soon tired from working outside. He was careful to hold the handrails when walking downstairs. His reading appetite, however, was undiminished and included at least two daily newspapers, articles from magazines such as Harper’s, Foreign Affairs, the Economist, and Science News, and thick biographies of Presidents and the founders. The pleasure he took in books



spilled over to a curiosity about my book business. He wanted to hear all about the books that I found, about how and why I considered them worthy, and to whom I might sell them. He could not have been more proud whenever I had a home run sale. He was sharing my enthusiasm and it was great.

Last Christmas dinner my father did not eat at the table with the family. It was uncomfortable for him to sit in a chair for very long. Besides, his hearing was bad and much of the time group discussions were lost on him. He preferred quiet conversation with one or two people. He loved company, but a little at a time.

After receiving radiation treatments in March and April, Dad made his final visit in May to my brother's family in Utah. A transplant from Washington State to New England, Dad had been a reluctant Yankee. Weather-wise he was more at home in the Southwest than the Northeast. He especially preferred the drier, warmer weather of New Mexico and Arizona. He hated cold. But this time, the trip to Utah proved too much for his weakened immune system. Within a few days of his arrival, he landed in the Veteran's hospital in Salt Lake City with pneumonia. When he returned to Vermont a few weeks later, he was sicker than I had seen him previously. He never quite gained back what he had lost.

In July Dad was still able to take a car trip, so long as he had ample opportunity to get up off his backsides every hour or so. My mother had reserved a walk-up apartment in Wells, Maine for the family for one week. Maria and I joined them for the last few days of their vacation. Dad could walk up and down the stairs, and circle around the grounds at least once before slumping back into a couch. He spent most of his time reading a book or watching the news. But in an otherwise unremarkable week, one occasion stands out. As I have said, my father was an unfailingly private man, especially about his health and also his body. As long as I can remember, I had never seen him in what we euphemistically call his "birthday suit." I had never seen him without his clothes: not in a gym nor at a swimming pool, not by accident at home. But in Maine after a few days, he needed a bath and there were no handles on the bathtub as there was at home by which he could gently lower himself into the water. My mother was not strong enough to do it alone. He needed me, and he needed my help in a way that once might have



been embarrassing to both of us. As he stood next to the bathtub, my mother lifted his legs over the side, and I held him under his shoulders as he carefully sat down. Once his thin frame was nearly immersed in the water, I felt that something interesting and wonderful was happening. The moment possessed a ritual character: in permitting me to perform this ordinary act for him, it seemed we had overthrown some burden of our shared past and could regard each other anew.

By early autumn it was obvious that Bill didn't have much time left. Family and friends traveled from near and far to visit, but his strength for conversation wasn't great. Soon even reading became tiresome, though he continued to enjoy hearing news and information. So I read to him. I read him articles on the economy or politics; I read him chapters from books. Most evenings I briefed him with a digest of the day's financial news, including quotes of his favorite stocks. I read from a book on Daniel Webster's gift for oratory and how his speeches framed many congressional debates. I read to him from a book on the history of the ballad as a musical form. Dad always enjoyed listening to music, and he could recall lyrics from many old songs. My mother and I played CDs for him every day and night: gospel, which he loved – even while tending to profess skepticism over belief – country & western, Dixieland jazz, and Christmas music. All these were a source of pleasure for him. But in the midst of my reading and the music there was the stark, unrelenting fact of more pain, especially in his hips and legs. Then there was added morphine to relieve his hurt. Soon, many of my father's conversations were held with people who were either long dead or otherwise not in the room.

In his final months, at least one thing was extraordinary. I never heard Dad complain about his condition. When he was awake he often was uncomfortable. He couldn't stay in any one position for long. He would shift one way or another, move to the couch, move back to bed, just to do something. A sigh or a groan might escape him, but he did not complain. After he had a stroke and was moved from home to the Veteran's hospital, and later to the hospice suite, there was little chance to talk with him about anything. After a day or two of being admitted he developed pneumonia. Soon his speech became so garbled, it was barely possible to understand him. He asked or gestured repeatedly for water because his mouth was terribly dry. The stroke had wasted the muscles in



his throat and made it impossible for him to swallow correctly. He was getting water intravenously; the doctors assured us he was adequately hydrated. We were ordered by the medical staff not to let him drink lest the liquid enter his lungs and further complicate the pneumonia. But because he always breathed through his mouth, his lips and tongue and throat became increasingly parched. We could wet his mouth with a sponge, but we were not to give him drink. On one occasion, however, I simply could not deny him. As I moved the cup to his lips, he reached for it like a man dying of thirst. Holding the cup, I let him take a sip. Then I had to fight his hands to prevent him from taking the whole thing. For an instant, anger welled up as it had so many times before. Suddenly it occurred to me that once again here we were, the two of us, locked in a losing situation. No matter what we did in that room, it was going to turn out badly.

Something else about my father: he was always a champion of learning. He voiced doubts about formal schooling, about education in most professions, and especially about the products of that education, but he wholeheartedly endorsed learning and all good learning experiences. So I asked myself: what did I learn from this experience of my father dying?

I have learned, first-hand, that human suffering can bring healing to wounded hearts. Terrible as it is, suffering begets an opportunity for love. At the beginning of this long ordeal my Dad and I had not yet freed ourselves from the roles assigned to us by accident of birth. We performed our roles of father and son in set and predictable ways. Only when misery and death reached out to grip my father were we forced to abandon a familiar relationship, and begin our journey to something more vital and profound. In the end I stood beside him in his hospice bed, stroking the last wisps of hair on his head, and reciting to myself prayers for the dying. I don't know what he would have made of those prayers, finally. But I am confident that he would love me for saying them.



Children's Hospital, Boston, 1963

The world funnels down to this ethereal cave
that floats above the city streets. No one ever
sleeps here, kept awake by alarms and beeps,
soft voices, peculiar light that pales the nurses,
makes the blue babies even bluer.

I stand all night by the isolette, helping her
to breathe. Reminding myself to breathe.
I count the blood drops in, the blood flow out.
I empty her tubes. I watch the monitor
for signs. The night bears in.

I count the minutes she's alive.
Try not to think about the mother
at the Boston Lying-In across the street,
who's never held her child.
Just before dawn,

the monitor's peaks flatten.
Her life, less than one day long,
has been spent with me.

I remove the lines and wrap her
in a soft white shroud, carry the two pounds of her
through hospital corridors, down
elevators, through the heavy door.
Then from her first and only embrace
I finally release her
into the cool metal crib.

It has been decades. Sometimes I wake, a strange
missing her. I feel the weight of her.
I wonder where her mother is,
if she still lies awake, missing her, missing
having had that first embrace.

Jeanne Cook



The Last Ride

There is nothing so sweet as an old dog
gone all gray around eyes and muzzle
eyes deep brown pools of contentedness
with a life well-lived
silver-streaked jowls smiling
hoping for that one last car ride
nose to the wind
speeding past green
past time
disappearing into speed
flying into a meadow amok
with cats and squirrels
running
chasing
then sleeping
dry, old nose twitching
into silence.

Naomi Hartov





Bios

Jeanne Cook is a graduate of the New England Deaconess Hospital School of Nursing, and is now retired after a 40-year career in nursing. She is also a musician and heads the Paine Mountain Arts Council in Northfield, Vermont; has an MFA in Writing from Vermont College; and is a member of the Still Puddle Poets in Hanover. Her poems have been published in *The Worcester Review*, *Passager*, *Anthology of New England Writers* and other publications.

Laura Erickson-Schroth is a second year DMS student who grew up in Brooklyn, NY and went to Middlebury College. This photograph was taken on a family trip to Jamaica, where her adopted sister was born. The statue stands in a park in Kingston and represents Jamaican Independence.

Dr. Alfred Feingold has practiced Anesthesiology in Miami, Florida at Cedars Medical Center and the University of Miami Hospitals for 34 years. During the past seven years he has photographed the doctors and nurses in the operating rooms, creating unforgettable images of men and women as they minister their labors of healing.

Ruby Ferm studied English and Film at the University of Vermont. After graduation in 2003, she worked as an assistant director on a documentary on Pediatric AIDS made in Southern Africa. More recently, she has worked as an assistant director, writer and director for an independent production company in North Carolina. This fall she is attending the American Film Institute in Los Angeles, CA in order to earn an MFA in Screenwriting.

Before coming to Dartmouth for her pediatric residency, **Kimmie Gifford** lived her whole life in Pennsylvania, where the woods and landscapes share many similarities with that of the Upper Valley. She loves to paddle at sunrise on Mascoma Lake, where she lives with her husband, Alex Gifford. She has found that, in many ways, the natural world is the core of her medical experience.

Elaine Guenet is a transplanted Canadian. She lives in White River Junction, Vermont, and is the director of a local non-profit agency. She

began writing three years ago, when her father was diagnosed with throat cancer. She is currently at work on a memoir.

Kasey Halpin writes poetry, plays, fiction and creative nonfiction. She has just completed *Polite White Girl*, a collection of personal essays dealing with the struggles of a middle-class, guilt-laden suburban girl, and *Apotheosis*, a play about the Apocalypse set in modern day Atlantic City. Kasey lives in Somerville, New Jersey with the man of her dreams and their two cats, Gracie and Chappie. You can read more of her work, and the details of her boring life at www.kaseyhalpin.com.

Naomi Hartov lives in Lebanon with her husband, Alex and her Lhasa Apso, Frodo. After years of medical administrative work and a bout with “the big C,” she decided to take a leap into the unknown and explore her creative side. She now spends her time writing poetry, making collages and volunteering at The Good Neighbor Clinic in White River Junction.

Vinay Kamat, MD is a practicing internist and writer. His prose has been published in *Ardent*, *Karamu* and *Yale Journal for Humanities in Medicine*. His poetry has appeared in *Journal of American Medical Association*, *Annals of Internal Medicine* and *Problem Child*. While he awaits publication of his collected short stories and novel, he resides in St. Louis, Missouri with his non-problematic children, Ehan and Hans and beautiful wife Sona, a rheumatologist.

Dan Kaser will be returning to DMS in the fall of 2006 to complete his second year of medical school. The featured photographs were taken in Dar es-Salaam, Tanzania during his work with the DARDAR Health Study.

Now semi-retired, **Laurence Loeb, MD** has taught a variety of subjects at both undergraduate and graduate levels. A Clinical Associate Professor of Psychiatry at the Cornell University Medical College, he is also an Emeritus Adjunct Professor of Law at the Pace University School of Law. His work has been published in *The Mid-America Poetry Review*, on the *Sonnet Scroll* of *Poetry Porch*, in *The Pedestal Magazine*, *Right Hand Pointing*, *Tattoo Highway*, *Schuylkill Valley Journal of the Arts* and *The New York Times*.

Daniel McGinley-Smith has been photographing in black and white since he took a darkroom course at age 9. He uses photography as an excuse to practice “seeing things” in the tradition of Henry Thoreau and Annie Dillard. His first sighting of Bloody Brook was during his 1999 thru-hike of the Appalachian Trail. He is currently a Dermatology resident at Dartmouth-Hitchcock Medical Center.

Rick Mansfield, MD MS serves on the faculty in the primary care department at the White River Junction VA, and holds an assistant professorship in medicine at the Dartmouth Medical School. For him, the ‘compressed writing’ style that poetry offers can be a way to convey deep meaning in brief clinical notes and a way to focus his own thoughts. The piece, ‘the pILL’ is inspired by his own personal experience with anti-depressant medication.

Joe Mornis is from Reading, VT and originally did artwork with primarily “found objects”: wood, metal, stone, etc. After a recent stroke he turned to paper collage which he has found has helped to clear up his mind about life’s values and his fear of death.

Prachie Narain is a young artist and first year student at Dartmouth Medical School. She graduated from Princeton University in 2005, where she majored in Comparative Literature and collaborated with the Visual Arts department. She mostly paints in oils, and her work experiments with surrealism, impressionism, and the abstract. Among her influences are Munch, Kandinsky, Monet, Guston, and Diebenkorn.

Deborah Frankel Reese of S. Strafford, VT received her art education at Skidmore College, The Montclair Art Museum School of Art, and through private study. Widely exhibited in juried shows and galleries in Connecticut, Montana, New Jersey, Vermont and New Hampshire, she has also had work published in the 2005 book *Parks in Pen and Paint*. Reese’s work can also be seen on her website at www.reesepaintings.com.

Lois Roisman’s plays have appeared nationally and in Canada, on college campuses and in community theaters. Her play, *Nobody’s Gilgul*, may be found in *Making a Scene*, published by Syracuse University Press, and her essays have

been heard on New Hampshire Public Radio. She is a co-author of *Experiential Psychotherapy with Children*, published by John Hopkins Press. As a poet, Lois gratefully acknowledges the support and encouragement of the Still Puddlians and the Robert Frost Poetry Center in Franconia, NH. She lives with her husband in Lyme, New Hampshire. Lois dedicates 'The Cord' to the team of physicians at DHMC who keep her in the game.

Fine Art Photography and Plastic Surgery may seem like very different careers, but for one 1985 graduate of Dartmouth Medical School they are inextricably bound. **David Teplica, MD, MFA** received the Trustee's Scholarship to complete the Master of Fine Arts degree from the School of the Art Institute of Chicago. During the same two year time period between the General Surgical and Plastic Surgical training at the University of Chicago, Teplica received a Surgical Scientist Training Grant from the NIH and worked in the laboratory at night doing anatomic research. "My dual obsessions are both about perception of the body. In photography --in two dimensions-- I'm concerned about how light plays off of body surfaces and changes the way a situation is perceived. Form, symmetry, and composition can all be used to evoke specific emotional or psychological responses from the viewer of an image. In the three dimensional field of Plastic Surgery, we alter form so that a patient sees himself differently. Interestingly, society may or may not see the change, but often reacts more favorably to a postsurgical patient who carries himself more confidently through life's daily routine."

Teplica manages a busy private plastic surgical practice in Chicago with patients who travel from around the globe. His photography has been widely reproduced, the images are exhibited worldwide, and prints are held in many museum, corporate, and private collections.

Meredith Tracy grew up in Vermont and still considers herself a Vermonter, even though she was born in Minot, North Dakota. She was diagnosed with brain cancer after having a grand mal seizure at a friend's wedding reception the summer between her sophomore and junior year of college. She was treated at DHMC & NCCC through the winter of '97 and spring of '98 and also participated in an experimental trial at the Mayo Clinic. After her treatments she was able to return to Wheaton College and graduate with her class in Creative Writing and

English Literature. For her senior project she wrote a series of poems about her experiences. This poem is from that series, "Another Voice in the Darkness". She is still writing poetry and someday hopes to get her Master in Creative Writing.

Zoe Unger will be starting her third year at DMS this summer. The photograph entitled "Concepción" was taken in Omtepe, Nicaragua during her summer research trip in Nicaragua.

Maria Walsh has written a memoir in poetic form called "Living to Die". Metastasized breast cancer and her friends in Death with Dignity spurred this effort. She is 63 and has lived life to her fullest potential working in biochemical research, teaching chemistry while having their 2 kids and retiring after 17 years in technical sales. In between, she had riotous fun and helped many others have fun with her.

A native of New Hampshire and member of the Dartmouth College class of 1976, **Kelley White** has been a pediatrician in inner-city Philadelphia for 25 years.

Living the ex-pat life in Hawaii, Canadian **Kaimana Wolff** now spends her time writing novels and poetry rather than practicing law. A PhD student in the Humanities at California Institute of Integral Studies, Kaimana works as a cognition therapist, which keeps her in a fever of interest over body-mind connections, a constant theme in her work. Novels *Broken Sleep* and *La Chiripa* will be available soon.

Paul Yang grew up in Seattle and came to Dartmouth to pursue the MD/PhD program in physiology. After 8 years, he will be graduating this year, and starting his residency in ophthalmology at the John Moran Eye Center in Utah. International travel and medicine are among his interests and during his medical/ophthalmology mission to Peru in January 2006, he was lucky to have also visited the ancient Inca ruins of Machu Picchu and take this photograph of the intricate maze of aqueducts.

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Finally, to our friends within the DMS community who provided a year's worth of emotional support and encouragement—thank you!

Call for Submissions

Lifelines invites submissions of original and unpublished short stories, non-fiction, poetry, artwork, and photographs. The editorial committee, comprised of students, faculty, and established writers in the nation, will review and select works based on craftsmanship, originality, and content. We welcome multiple submissions from each contributor. Submissions will be accepted year-round. Publications may appear in the *Lifelines* journal and also on the *Lifelines* website. All rights revert to author after first publication.

Submission Guidelines:

Poems must not exceed 500 words. Prose pieces must not exceed 3500 words. We welcome both black-and-white and color artwork and photography.

Please include your name, current address, phone number, and/or email address on all submissions.

We prefer to receive submissions electronically at:
lifelines@dartmouth.edu

Submissions can also be sent through the mail to:

Dartmouth Medical School
Attn: Lifelines
Hanover, NH 03755-3833

Please contact us at lifelines@dartmouth.edu for further questions or comments or visit us at: dms.dartmouth.edu/lifelines

Support Lifelines

We envisioned *Lifelines* to be an open forum for the community: a journal that would grace patients' rooms, doctors' offices, hospital waiting areas, and classrooms, providing their occupants opportunities to pause and reflect on issues of health and illness.

We hope to continue publishing and distributing future issues of *Lifelines* free of charge, but this will only be possible with your continued monetary support. The *Lifelines* staff is composed of volunteers from the medical school donating their time to the various aspects of the journal's creation. All of your contributions will be used toward defraying printing costs and minimal operating expenses.

We appreciate donations in any amount. Donors who contribute more than \$100 will be listed in the next issue of the published journal, as well as receive a lifetime subscription to *Lifelines*. To send donations, or for more information, please contact us at:

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