

HOW TO HAVE A BODY

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A Thesis

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AESTHIC STATEMENT
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This current works to articulate the frustrations experienced by those who use the current American healthcare system. Inside of this work, a combination of nonfiction and poems are used to help portray how of chronic illness and gender impact how people have access to healthcare. From being dismissed to dealing with the stress of finances for doctors, “How to Have a Body” aims to strike urgency in the reader with just a few personal stories and narratives.

I arranged this thesis in four parts. The first three sections focus on some of struggles within the medical system—women’s health, chronic illness, mental health, and gender identity. The fourth section moves to a conclusion written to allow the reader to understand what I have to give is just a slice of what’s happening in our worlds. This fourth section harkens for those stories that exists outside of the pages of this work. As easy as it is to say that frustration and anger fueled the creation of this work, I’d be remiss to not mention the power of connection. It is easy to suffer in silence. However, so many people were taking the strides to break stigmas simply by sharing their own stories. Humanity does not exist in a vacuum. Neither do stories. There is power in vulnerability.

I worked closely with constellation imagery, Greek mythology, anatomy, and mathematical concepts to interact with the medicinal and sterile side of receiving care under a nurse’s, or doctor’s hands. Medical diagnosis and procedures feel rigid and inaccessible as visual. By integrating in the mythology and ethos of spirituality inside of the poems, I set out to break down the world of medicine into more human concepts. I am inspired conceptually by poet Arthur Sze’s work and how he wrote led to the use of long form poems with no visual line breaks to mimic the way a prescription is written. I also wrote poems after the current trends of

what doctors recommend doing in order to help mitigate various symptoms of the correlated illness out of the inspiration for Sze's work.

Essayist Sarah Ramey, from her book, *The Lady's Handbook to Her Mysterious Illness* and poet Warsan Shire's work, *Teaching My Mother How to Give Birth*, inspired the use of second person. My efforts to use 'you' are to help continue invite the reader in. Rather than it being an attempt to universalize the events, I want to make sure that the reader understands that even if this hasn't happened to the reader directly, it could be. Or someone they know. I also used second person in the poems is to address the person the section is about as well. I want to break down the barrier between me and them as much as I can while also still respecting the job that I am doing. I am only a vessel for a small part and so the use of the 'you' address allows me to make sure that I also point my reader back to who this is about. The work acts as a beacon for the real lives that are affected by the complexities of the healthcare system.

My time in the critical theory classes at Northern Arizona University shed light on my practice of writing specifically as it relates to the audience. As a queer Black writer, I am constantly thinking about whose hands will my work fall. The importance of a reader lends itself critically into the writing and aesthetic styles. The challenge in writing this body of work is trying to balance out a reader who has previous experience with the system and the reader who had does not. Those two types of people require different words and tone. I worked to address the skeptical reader while also creating the space for recognition with readers who have been in similar positions. This is a sign that they are not alone. This is a warning for those who have yet to be in these positions.

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To Laura and Reece, I am extremely grateful for your vulnerability and time. It has truly been an honor to be the vessel in which you trust carry a small portion of your stories.

To my mother, I would like to extend my sincerest thank you—even in all our silences, we still speak a similar language.

To my thesis committee—Sherwin, KT, and Nicole— this work was a reckoning of me as a person, of my focus and time as a writer. I am humbled to have studied under your hands to help me come into the person needed for this work and help mold this work into what it needed to be as well. I do not have enough tongues to extend the gratitude I have.

Lastly, I would like to extend out to the beyond with my gratitude. Thank you to the stories that have not been shared but will be soon. Thank you to the people who have shared their voice and inspired me; thank you for telling me I am not alone.

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Take Care

I.

My favorite stories are about the hero who falters in the big battle right when it counts the most and is so shocked that they are not dead because of others who to support them. There's that moment of realization for the hero that all long they had people waiting and willing to help should the hero beckon the call.

I don't know if I like those stories because they show the true strength of loyalty or kindness. I wonder if I like them because life imitates art and I cannot help but be drawn in by the sight of my reflection—someone, used to being strong, wavering, but never falling. Maybe I like them because they are the exact opposite of what happens inside the doctor's office. In those stories with our hero, there is a moment of bond and of acknowledgement.

What are your favorite kinds of stories, reader?

On that cloudy December day in 2019, my mother was pale face. She and I started our normal monthly venture to the nail salon. This round had a pit stop at the Nissan dealership and from the moment I stepped into her SUV, which replaced the van, I could tell something was wrong. My mother looked ashen, and she breathed deeply between words. When I asked her if she was okay, and she told me yes, and I knew it was a lie, her face was still pale.

My mother and I are simple sentences, present tense. We don't say more than necessary to the other. We don't talk about what's underneath our words.

We settled in at a white table in the middle of the white waiting room of the dealership. The tables were for children to busy themselves, but my mother and I sat across from each other at these toddler tables and said nothing for a while.

After I opened Tumblr to distract myself, my mother told me first truth—whatever was happening had been happening “for a while”. I didn't ask my mother right away what had been happening. Instead, I asked her how long ‘a while’ was. Asking for time felt like the better question. Every instinct in me wanted to scream that she had to the doctor immediately if she hadn't done so already. I was scared. I didn't ask her what's going on because I was scared she wouldn't tell me the truth. I didn't ask her what's going on because I was scared she would answer truthfully.

I was twenty-two years old. And I was a twenty-two-year-old ~~daughter~~ scared for her mother. I was scared for my mother.

The second truth came later. My mother's period hadn't stopped. She was two weeks into a bleed so bad she was soaking through her normal tampons in an hour. A heavy menses wasn't

abnormal for my mother at this point. She'd mentioned heavy bleeding and a lot of pain a year or two prior this incident. I assumed everything was fine after it didn't come back up.

Heavy menses—something so abnormal it was normal for us. My mother slowly moved from tampons to period cups. She'd tried all her old tricks: herbal teas and barley pills. Nothing was giving her genuine relief. She was still bleeding.

A few months prior to our dealership moment, my mother had gone to her OB/GYN for answers. Her doctor gave her two procedures instead: an endometrial ablation or a partial to full hysterectomy.

Endometrial ablation is a non-incision procedure where slender tools are inserted into the uterus via the vaginal opening and cervix to thin or destroy the lining of your uterus. Yes, yours, if you possess such an organ. Heat, extreme cold, or radio frequencies are used to thin this lining. My mother described it as a flash procedure. She went to an outpatient center, waited, was called back, and she changed, placed feet into stirrups and then flash. But I know that's not fully true, and I don't want to imagine what happened—the insertion, the radiofrequency, or hot liquid, or extreme cold.

My mother wanted another ablation.

“No surgery.” She said it like a child refuses bedtime—firm, but just underneath that is a bit of something else. It was not stubbornness. It was not quite fear, but it took that edge. A hint of something like I-know-it-might-be-a-good-thing-for-me-but-I-want-to-call-the-shots-and-surgery-is-not-me-calling-the-shots.

The option of surgery felt like, I assumed, it was being imposed upon my mother because it came from me. I asked my mother how effective she thinks a second ablation was considering how long the effects of the first one lasted.

My mother sighed at the question. Underneath it, I heard what she wants to tell me: it's her body. I wanted to tell her she must survive. For my brother. An easy cop out, I can admit now, but at the time it was for my brother.

However, my mother did not want surgery and even if she did, she'd be fighting with the insurance company. She'd already gone to several doctors for this issue. She also took my brother to doctors for a concussion he sustained during one of his football games. Coming up soon in the new year, she could re-negotiate her health insurance plan. We talked about how she was a federal employee and health insurance still felt like a scam.

We talked about everything but what we really wanted to say.

II.

Nurturing is just an innate part of me. I came out of the womb taking care of people. It's hard to imagine that I was never not taking care of someone. By the time I was eleven, I was being left alone at either parent's house to watch my younger brother; he's six years my junior.

My parents separated when I was five before my brother was born. Once JeVonn was born, he remained with our mother and her house until right before his nineteenth birthday, when he moved in with our father. I lived with my father since the separation.

When I spent the summers at my mother's house, she'd leave for work and so would my sister, who's older than by seven years, I was the only one left at the house to care for my brother. Breakfast was simple—French toast sticks in the oven, fruit if he wanted it, and water or orange juice. Lunch was sandwiches with the deli meat, chips, some sort of easy veggie like carrots, and water. Ma always underestimated how much my brother and I could eat. She sighed during the phone calls to her cell phone during work about lunch meat being out. My father took to dropping off secret snacks for us when I was too scared to call Ma. I hid what wasn't perishable in my bedroom closet.

As my brother got older and rode his bike around the block, or went to the park nearby, or hung out at a friend's house, I was the one reminding him he needed to be back before 4PM. If he scraped his knee, he bellowed into the house for me. I was never far, as I took to sitting in the living room either on the couch or at the bar counter rather than staying in my room on the second floor of Ma's house. I patched up elbows and knees. When his friends stood on the porch scared too because they'd hurt themselves or they were worried about my brother, I waved them inside. I cleaned off gravel and dirt from wounds. I offered what should've been my sandwich to his friends.

Some days, my brother and I would sit and watch YouTube videos for hours. When he played video games, I watched him reach the final boss fights, cheering as he won.

I was nurse. I was cook. I was the veil of adulthood taking care of my brother. It was the two of us versus the world inside that two-story house.

Our bond didn't change at my father's apartment. Instead of riding bikes around neighborhoods, my brother and I threw footballs in the grass patch next to the apartment complex's outdoor pool. When it was too hot or too cold, we played sock-ball indoors. Sock ball is a game my father created.

1. All you need is a pair of clean socks, and a clean trash can.
2. Ideal trash cans are the ones you have in either your office or bedroom. Shin length socks are also ideal for this game, but you can, and are encouraged, to use whatever you have available to you.
3. Roll up the socks into a tight ball.
4. Set the trashcan against a wall of the room. Pick any wall. Pick any room. Ideal rooms are bedrooms or tiny living rooms in apartments.
5. Stand now against the wall directly opposite of the trashcan. This wall is your starting line.

The game is simple. Throw the rolled-up pair of socks at the trash can. If you make it in, you've scored a point. Earn extra points with flare. Pretend to dribble your sock ball to the half court line of your bedroom or living room. Spin, twist your body, release the ball like you are playing at the buzzer of the season's championship game. How many extra points depend on the math—if you need to meet or beat your opponent should you have one.

In my father's place, I cheered on more video game matches. I hid when my brother would play zombie-based games. But I was never far, as I sat at the kitchen table five feet from the couch. I fixed us more sandwiches for lunch, or ramen noodles. I made toast and sausages for breakfast sometimes.

Caregiving is a second skin for me, It's the first layer I give to people about myself. It is the easiest thing to give someone else the shoulder to cry on or the listening ear. Taking care of other people is reflexive, just as the opposite up is down and just like every law Newton's given. There is an equal and opposite reaction to taking care and receiving care. And I take care and I take care and I take care.

When will doctors check for the reflex in a visit?

August 2019, just four months before my mother's confession in the dealership, was the month I'm sure I'm going to die. I curled on my father's lion rug in the living room, clutching my stomach. My insides were ripping to get to the outside via my belly button. I sobbed. I called out for the God littering the walls of my father's apartment. I popped two pills, double my usual dose. It didn't help.

A thought crossed my mind: I'm going to die there on my father's lion rug.

An hour and a half later, I could stand mostly. I still had a hunch and one arm wrapped around my stomach. Saltines and ginger ale were just comfort at this point because they would not help and I knew that, but all I wanted was comfort. It was the bond. The crackers and saltines were my sidekicks.

September came, and my period doubled me over again. October was a little better. November knocked me down. My cycle and I cycled through terrible months and good months. There was a fleeting thought in October of going to the doctors, but I didn't.

I couldn't stay down for too long.

As much as my mother tried to refuse surgery, as much as she said she didn't want it, it became her only option. My mother, after needing a blood transfusion for the period that just didn't stop, must have surgery.

My mother asked about a second ablation—if that would help at all.

“Partial hysterectomy,” the doctor told us. “You can keep your ovaries. We’ll only remove the enlarged uterus.”

A partial hysterectomy removes the uterus and leaves the cervix. People can choose to leave their ovaries, if they are younger, to help them go through menopause naturally. The uterus may be removed vaginally. In this procedure, the doctor uses CO2 to inflate the surgical area so they can cut up the uterus into pieces to remove them vaginally. This version of the procedure avoids visible scars.

Other ways to remove solely the uterus are abominably—going in just under the bikini line to an incision, and laparoscopically—where smaller incisions are made around the belly button and small tools are fed in to assist the surgeon. It doesn’t shock me everything is under the bikini line, so that on the surface, this person does not show everything that they’ve been through.

Why should I hide anything I’ve been through? Some people may want the discretion. However, the thing I want to make explicitly clear: if I must go through hell, I don’t want to hide it. This is a preface, dear reader. I am not hiding. Even though it took me two years to make my first doctor’s appointment, even though it took me hiding to know I do not want to hide.

I wonder if my mother is keeping her cervix and ovaries to prove that she, too, is not hiding.

III.

I was responsible for my mother’s hospital bag. When my mother’s surgery got scheduled, my sister, grandmother, step-grandfather, and I went to the hospital that bright January day in 2020. The nurse asked for one person to go back with my mother and everyone in the room volunteered me. My grandmother won’t be able to take it, knowing her daughter’s going back to surgery. My sister *always* did these kinds of things for my mother.

My brother was not with us, having picked up an extra shift at the *Skrimp Shack*. I didn’t want him to have to sit and endure this kind of waiting. There were four of us waiting as it was—one more person would not complete some ritual. He would sit here like the rest of us and, waiting, staring out of wide windows at the city below. He would wait like us, watching for the doctor to come out. He would text his friends. Play games on his phone. The phone would die on him. He would scour for an outlet. Then remember he did not bring his charger. His waiting was pointless torture for me.

I followed the nurse back; the bag hitched up on my shoulder.

My mother and I joked—somewhat—about the number of times the nurse was going to ask for her name and date of birth. We talked around everything—how the doctor was taking a while to arrive, but not the fact that when the doctor arrives my mother is going to the operating room. We talked about how Ma will need to take it easy for a couple of weeks, but not the fact that my mother is going to the operating room. We talked about our nail trips being on pause and how

we're glad we did it last week, but not about the fact that my mother is going to the operating room. I was scared for my mother. I was pretending like I know how to console her. It was all a comedy skit written by someone else, and this was my first time running my lines. I was fumbling over sentences that I should know by now.

They wheeled my mother back to the operating room. As the doors closed, the fear about everything I didn't say crept up my chest. While she could still hear me, I almost told her I was scared, and I wanted her to make it out to the other side. I almost told her I should make an appointment too.

But she and I never say what's underneath the surface.

After my mother recovered, she handed over her unused pads like a mother might pass down her wedding dress or pearls that have been in the family for decades. I laughed a little as I took them. I wanted to tell her they're unnecessary.

I think I did tell her they're unnecessary. She and I never say what's really underneath the surface.

IV.

I don't go to doctor's because I'm too busy taking care of everyone else. Or more truthfully: I don't like going to doctors because when I do, I get discredited for my own concerns, or my own need to process the information they've given me. If I could avoid doctors, I would. But avoiding them is hard with asthma, eczema, and allergies (food and seasonal).

I had to find a new dermatologist after my old doctor died. The lady I found had icy hands and a mean *tsk* that could make anyone feel like a child again. I went to the office to get a new prescription for an old medication I'd been using for my eczema for years. The new doctor was concerned with continued use of the cream, my skin would thin. A concern I was willing to hear out until it seemed like she *wasn't* going to refill my normal prescription.

She wanted me on an injection-based medication called Duxipent. I nodded and asked some questions about the side effects. The doctor had her hands raised to the attending nurse in the room like a maestro to their concerto, ready to signal to the nurse to halt on the cream and send the injections script instead until the words *swelling around the eyes and injection site* echoed in my ears. I asked if I could have some more time to consider the new medication and if she'd refill my old one in the meantime.

The doctor sighed and said I should really consider the injections. I vocalized I need more time, and we stared at each other. Though my skin was hot from the eczema outbreak, my insides felt cold. Was this doctor really *not* going to give me medication that I desperately needed because I wouldn't agree to a new medication in a heartbeat?

The doctor eventually agreed to refill the old prescription but sent me home with pamphlets about how the injections worked.

I don't go to the doctor's because it always feels like a fight.

The nurse practitioner, at my university's health clinic, I made my appointment with had only seen me once before to get accommodations to teach remotely. In the time between the first critical period, and the first appointment I made, I moved away from home to attend a master's program for Creative Writing and teach.

This nurse practitioner greeted me warmly. Our first appointment went smoothly as I provided her with the rundown of my symptoms. I told her about my mother's surgery and my aunt who'd been diagnosed with fibroids a decade before. I asked her, because of previous research, if I could try birth control. She said I'd be a fit candidate, after getting my screenings back, and wrote me a prescription for a combination hormonal birth control pill.

Six weeks onto the medication, I noticed a pain in the back of my left leg. The good news after I get an ultrasound ordered and completed was there was no blood clot. She found that my blood pressure was too high, however. Nothing a switch can't fix to the mini hormonal birth control pill. A month on that, the cramps were as bad as before, if not worse. In the follow-up appointment, I asked if I could get screened for fibroids since my aunt had them.

"But she's an aunt. We want to focus on close family—mom, dad, sister."

I've always wondered what genuine desperation felt like. Younger me wanted toys and got denied before. I'd begged for concert tickets, knowing the confirmation was slim. None of those moments are genuine desperation. Younger me always softened the blow knowing that the answer no is more likely than yes. True desperation settled in as I repeatedly stated to the nurse practitioner that the pills were not working and how concerned I was that something else was causing the pain and heavy bleeding. I wanted nothing more than to get screened rather than getting the birth control rotation. When the nurse practitioner shook her head, lips pursed together, I had never considered that the possibility of a no was higher than a yes.

I just wanted help. I wanted her to help me.

This is the moment where our hero wavers—if we were dealing with heroes and villains. The hero is strong, but not strong enough, and the enemy looks like they are going to get the upper hand. But right in the last moment, right when we think the hero is going to go down the sidekick, the community, the some *body* comes in to save the hero.

In this story, it is just me begging for the ultrasound. And the nurse practitioner telling me that my aunt is just too far distant to have much influence.

When the results came in, the nurse practitioner told me in the message, *I'm glad we did one*. I had, at the time of those results, multiple ovarian cysts. One is hemorrhagic—the cyst had ruptured—2 centimeters from my left ovary. I had a uterine fibroid as well. Nothing was urgent at the moment, but I was told to go to an OB/GYN.

I'll never know what made the nurse practitioner finally crack and agree to refer to me the radiology center in town. All I remember feeling after getting the results was a sense of being vindicated. I was right that something was going on. I was right that I needed to be screened.

Fibroids are benign fibrous growths. They can be outside the uterus, inside the muscle, or inside the uterus cavity. There is a genetic component to developing fibroids. Consider this as a sign of luck if you already know about your familial history. Black women get diagnosed with fibroids at about four times the rate of white women between 18 and 30 years old, 25% compared to the 6% for white women. Those who develop fibroids sometimes do not know they've developed them until they show up on an ultrasound. Others have their alarm rung because of heavy menstrual bleeding, menstrual periods lasting longer than a week, pelvic pressure or pain, difficulty emptying the bladder, or constipation.

When I went looking for an answer about what contributes to such higher prevalence in Black people, luck did not show up. While there are factors, such as periods starting at younger ages, stress, obesity, and low levels of vitamin D, none of them are a cause. I cannot say my BMI causes the growths, but they are related. I like to think of them as second or third cousins. While most fibroids are treated in a variety of ways like ablations, surgical removal of just the fibroids, or for less severe cases the watch-and-wait technique, there are still high levels of hysterectomies among Black women.

Ovarian cysts are reportedly common. As an egg prepares to leave the ovary to wait in the uterus, they form in a fluid-filled structure called a follicle. The normal routine is to have follicle bursts to release the egg, shrinks, and there's no pain or concern. The problems come in when the follicle doesn't rupture like it's supposed to and the egg never gets released, known as a follicular cyst, or the egg leaves but the follicle that once held the egg fills back up with fluid, known as a corpus luteum cyst.

The body is a marvel, a machine that when in alignment runs so smoothly, I forget that motor control and breathing are two separate actions I can produce simultaneously without truly thinking about the individual act of either. But when something goes wrong, when one thing steps just out of line a hair, everything changes. The change is felt too.

And I knew—the internal balancing act that my body does so naturally, that not even I know that is going on was going wrong and I was feeling it. I was living with the thing going wrong and it was bringing me pain. And I was right.

I was *fucking* right.

V.

I didn't call my mother after meeting with the OB/GYN. I called my father. On the bus after my appointment, I told my dad how the cysts that were there had shrunk over time, but the doctor told me I was at a point where my only option was the mini pill or an IUD to help mitigate the number of cysts I had and to help with the pain.

I ranted on a city bus to my father about how I'd told I only had two options for birth control. I ranted about how I didn't want to go back on them because they hadn't worked in the first place, but I didn't want to be in pain every single month.

My dad asked if I really want to try the IUD. I realized not even the OB/GYN asked me such a question. The OB/GYN read my results, glasses on the tip of his nose and told me my options were pills, patches, a shot, or the IUD. The thing that strikes my gut even more is that I told this doctor about my birth control tragedies. The moment he entered the room and asked what was wrong, I told him about the pain, the heavy bleeding, the combo pills, the mini pills, the fiasco of just getting an ultrasound. I told him that so far, nothing worked, and I wanted to know my other options.

He listed, instead, all the ways I could take birth control: pills, patch, shot, and IUDs. He suggested in the meantime, while I debated on which birth control to start back up again, taking Aleve could help. Three every eight hours. Or four every twelve if I really wanted to go that high—but the four was not something he always advised.

I have not gone back to that man or office since.

This isn't wavering. Our hero does not take a staggering blow because somehow, they've expected this. I ranted a city bus about how I'd not been heard again and somehow, all I could do was sigh at the realization. Of course, I had not been. When would I ever be?

The internet is a tool. Whether I can say great is up for debate, but it is a tool. Almost every night for six months after the final OB/GYN appointment, by the blue light, I researched what other things I could do about cysts, and fibroids, and even periods.

Bill control is the top result. Exercise and diet pop up about halfway through the page. Surgery is there, at the bottom of the list. But it still makes every list.

Exercise is hard if you don't have the time—and as a graduate student and student instructor, I did not have the time. Diet sounds easier, but with my stipend, I was lucky to get the nutrients that I make strides to keep on my grocery list. But how easy it would be though to just remove the entire problem.

I think back to the OB/GYN that sighed at me and how much it angered me. How many other people had been sighed at? What was the cause for their last straw and think—it much easier to recover from surgery than it is to continue down the current path? Did others, like me, consider the extreme because it feels so much easier?

VI.

In the months prior to this project starting, but while I gathered the pieces of my experience into something remotely called an essay, I scrolled through TikTok. Two videos back-to-back were

people talking about heavy menses, bleeding so badly they'd gone to the ER, but the ER staff could only send them home because they were not in immediate trouble.

I wondered if immediate trouble was needing a blood transfusion like my mother. I wondered if normal was just all the people talking about not being able to go to work sometimes or letting their children stay home from school because they couldn't function.

Why is any of this considered normal?

A study by the *British Journal of Medicine* reported 14% of survey participants could not attend school or go to work because of their period and period symptoms. 80% of respondents still went to work feeling unwell and reported feeling less productive.

Productive—what a word. When Googling the definition of productive, synonyms like fruitful and fertile come up. As if the only thing a body, a person, is made to do is to produce, to bring forth something. Am I only worth the things I can do? Reader, I'll tell you right now, you are not worth just the things you produce. And see, yes, it is easy to take care of you because you are not me. You need help too. You need to be cared for. And it is so easy to do that. It is my reflex to open my palms, and arms and give care to you. I want to take care of you too, reader.

It is not easy to stare at my computer screen and think the only way I'll be validated is by a number, by a survey, by a journal and then to talk myself down from the ledge. Because validation stares back at me by a number, by a survey, by a journal. Is this the metric that will finally get us heard? Because if it is, I will pour everything out of me and into a number, or a survey, or a journal to finally be heard.

I threw out the unused pads that my mother handed down to me not soon after she handed them to me. They felt silly even though I was in pain. I thought about those pads when I emailed the nurse practitioner about getting another round of blood work done to see if something there was the cause for my reaction to the birth control, or if it could shed light on what I could do diet wise to improve my health. The nurse practitioner hasn't emailed me back.

I think about those pads when I almost call that OB/GYN's office back and ask for a different doctor. I think about the pads when I swallow down vitamins. I think about those pads when I hear my other friends talk about their periods. If I had kept them, would my doctors have listened better to me?

I wanted help when I started this journey and though I am getting better, I still want help. Unlike my mother, I do not want to almost die to get answers. I do not want to wait in a chair, weak and pale, to do something. I do not want to have to beg a doctor to run a test. I do not want a doctor to tell me to just shovel more pills down my throat. I do not want to have to beg.

I just want help—genuine and thorough help.

Doctor's Notes

I.

My mother stretched on a new
hospital bed
that does not steer properly

reminds that I could be next.

II.

One wrong breath and the cheeks of my mother's face could collapse
her uterus... an angry watermelon

CO₂ used to keep from scarring

could a uterus even be angry? why not a cantaloupe?

Expected smooth recovery, no more than a night or two for watch

how angry does an organ have to be to haunt a host it never had?

III.

Orion follows behind all our wrong exits / I'm bad with prayers / Scriptures turn into sand
scratching back of my throat / Stare at the soles / of nurses who pass / I should've said more before
doctor arrived / my mother would've appreciated the utterance of anything / like God's name even
if it echoed hitting tile floor

IV.

Amen and amen

the heart monitor—

and a beep and a thud.

and amen and echo

a beep and a thud

3rd Vaginal Ultrasound

cold plastic kisses the bottom of my feet.
stare up at speckled ceilings—
Bok globule right before star formation,
gray and silicate dust
swallowed
 and scattered,
 captured in light
by hand of nurse
who occasionally presses on belly,
who reaches up and finds innards constellations not
 properly lit.
does it mean more clarity or more platitudes?
low lights paired against twinkling blue hue
of computers screens acts as guiding shine.
take the white cloth and smear lube against thighs.
dancing red and blue dots play behind
closed eye lids—a scattering in the microcosm
 of my womb.

Losing Weight Can Help Your Period

white print out decorated with black lettering tells you / you are obese / a Patient First staple / weight is a concept that never held its own gravity / as your pediatrician navigates her office on a motor scooter / blink and there your grandmother pulls out the white scale / calibrated by the trusty three finger press / from the window the hardy tree trunk gazes back / wish yourself to be that oak / One hundred / and / anticipate the eight with a 'y' at the end / she corrects herself / nine with a '-ty' / every doctor that you visit takes one look / see the black lettering again on your chart / the scrawl of ink that notes every LBS / measure your success by how deep the indents from your belted jeans go / if it's not deep enough pray the belt guts you

Scheduling a Follow Up

My fingers hover / over
the 5 and the 1.

The pale face of my mother haunts / still frozen snow
and I can't decide

if I want Persephone to greet me.

My fingers hover over 1
but never press

to finish the call.

After Filling Out Family History at Three New Doctor's Offices

I.

I wish the white pages were
a blinking cursor instead
when it asks me:

*For Family History, check all that apply including close
family (mom, sister, brother, dad).*

Do the healthy care about writing in?
My notes overflow from the black box,
from the white edge, like water over a cliff.

II.

my special skill / guessing the minutes that have passed / by the shadows of nurses / passing the
door / posters show people playing frisbee / the average disc is 21 cm in diameter / my ovaries
are just two golf balls in stomach / they wouldn't make a good disc / doctor flips through pages /
i catch every mistake in the light / ink mocks my skin on the way home / *he didn't ask what the
scrawls meant*

III.

A boxy window blocks my view
wanting to know if accept the cookie settings—
I exit the browser instead.

Every 8 HRS

band-aids don't fix bullet wounds / my womb bleeds through all the Midol I offer it / sent an email that came back automatically / doctor would be out of office until the 21st / should be grateful that my womb is not like my mother's / wish the cysts in my ovaries / were more like the eczema / etched in delicately to darken surface of my body / seen with just the naked eye / tell the urgent care physician / about the one cyst that was hemorrhagic / watch her eyes widen like exit wounds from a .45 / OBGYN reads ultrasound results with passing exhale / *birth control comes in pills, patches, and shots /also try: 3 Midol every 8 HRS* / wonder if overdose is possible / if relief is only real when no more neurons fire / when three orange pills land in palm / the rattle whispers come back for more

Preventive Care

body reclined, filled with heat,
like intra-cloud lightning
i worry that instead of my mother,
it will be me, or potential daughter,
or potential granddaughter.
i fear that i've gotten too agreeable
 with cold plastic biting the bottoms of my feet,
too polite with the camera measuring
 the width of my uterus—asking it how its day's been.

my former self crumbles in the night
with a seized heart—why am i afraid of the mourning?
in the morning, i am better, even a little bitter.
surgery as last resort—i'm not that pale just yet.
what is life like without a uterus?
is it okay to have positive and negative charges surging in my gut—
 to embrace *damage* and *removal*?

When Facing an Elliptical

the whirl and shoosh of belts slipping over each other / the release of endorphins flooding your brain / 'said to improve mood' / and all that is left is the leaden ball that loosen for a moment / maybe three / but it's all a distraction / you feel good / hot and warm / the cold towel around your neck reminding you / that this is all temporary / you should walk / do a mile / don't do too many as the body reacts to too much stress like children react to the dark / a howl vibrating against pithy bones / pressed against the edge of the pituitary gland / aching for release

All Other Choices

I prayed over a flame
to whoever would listen
to make me sicker.

The flame licked the matte jar
burning purple to black.

I stopped praying for myself—
someone else would have kinder thoughts.

the art of Enough

like sweet tea in the summertime,
i have found that relief sinks only to the bottom—
call it sugar in cold tea.

a cool sip quenches thirst for a moment,
thick like the gel used to trace veins for clots,
or the incidental fibroid resting in the warmth
under the bikini line. no can know
that a body dare needs mending.

take inner lights and sirens to stitch me back
together with gold thread,
 the moonlit path etched into my belly
 an ancient practice to never hide the trails seen.

II

The Whole

I.

I was taught when someone is sick, you tell them:

1. *Get well soon.*
2. *I hope you feel better soon.*
3. *I am sending you light and love that you heal soon.*

What do you, reader, tell someone when they are sick?

What are we supposed to say when the sickness does not go away? What do you tell them when the sickness is chronic?

I previously knew of Laura in the friend of a friend sense. We studied together at the same university for our master's degree. She'd always been easy to spot with the brim of her big brown hat and easy smile. In my first year, we shared the classroom in a poetry workshop. I was writing still about my family, and my queer identities. Laura was writing about illness.

For our first year, we revolved around each other in the way the planets revolve around the sun. Our core was school. Our topics were different. Our projected orbits would only cross in the classroom and I would always know of Laura. We'd graduate; I'd tell her it was an honor to share the classroom for that one projected semester.

Things change, of course.

When my uterus decided it was under protest and I'd gone to doctor upon doctor, I knew I was not alone in the world. I knew I was not the only one frustrated at the system of Western medicine. My focus shifted. I, too, was writing about sickness much like Laura, but in our own unique ways. I was red hot with anger. Laura was unraveling her story methodically.

I'd like to set the record straight now. I am not trying to recount in perfect details Laura's story. That is *her* story. If I were to tell her story, I would fail her. But there are some things that I need to articulate *about* her story. Even in this abbreviated version, I will fail her. I will fail Laura in ways I do not know I am failing her. I am a faulty vessel.

Let's start back at the beginning. I was red hot with anger. I bounced from nurse practitioner to radiologist to OB/GYN. Being silenced is not a new thing for me as a Black queer ~~woman~~. But being sick and tired of being sick and tired *was* a new thing; it was an unfamiliar heat under my pot, and I was boiling over.

I was eager—well, more like pleading—to talk to anyone about their experience with the medical system.

In those moments, as the resolve settled that I was going to put action and data behind me, Laura's and I's orbits crossed.

“We're a whole,” Laura says. I want to tag every hospital and doctor's office along I-17 with the sentence the second it's uttered. *We are a whole.*

Laura's journey starts at 8 with a diagnosis of juvenile rheumatoid arthritis, an autoimmune disorder where fluid builds around the joints. The immune system misreads healthy tissue and cells as foreign invaders. In a healthy immune system, it knows the bacteria and viruses that are bad from the normal. With juvenile rheumatoid arthritis, the messages get mixed up.

Laura has episodes with mono and a couple vaccines go awry. With a trip to Venezuela at 17, more vaccines are required. When Laura's mother brings up previous issues with vaccines, doctors told them not to worry, but those vaccine also trigger issues. There's another episode of mono.

There's fatigue and being bed ridden for months. Laura finds herself in a cycle with Western doctors' referrals, immune-suppressant drugs, trying alternative medicine. But Laura's illness is not a set of Legos—one block added with another block does not land her on a path where she can take antibiotics. She cannot rest herself back to health.

In the middle of Laura's journey, the center of her cosmos is ME/CFS.

ME/CFS or Myalgic Encephalomyelitis/ Chronic Fatigue Syndrome is not a quiet beast. It is a complex illness. There are core symptoms used for diagnosis by doctors. Meaning there are a multitude of other related symptoms that a person could have that might fall under ME/CFS. But those symptoms on their own would be hard to pinpoint to this illness without the core present.

Core symptoms include a greatly reduced ability to do certain activities that were previously not a problem before the illness. Such fatigue should be present for at least six months. Symptoms of ME/CFS worsen after physical and mental activities that didn't previously cause such exhaustion or fatigue. It's noted that even rest does not ease the exhaustion. An individual must also present sleep troubles—whether it's falling asleep or staying asleep.

Besides these core symptoms, an individual, too, needs to present problems with thinking and memory. Common examples are struggles to recall something immediately or feeling like you're stuck in a fog. Or this person might have trouble sitting up, walking, or standing.

Common other symptoms are pain (muscle aches, joint pain, headaches), sore throat, food sensitives or allergies, shortness of breath, an irregular heartbeat, digestive issues, muscle weakness, and night sweats.

If this all sounds like a hell ride, welcome.

One frustration with an illness like ME/CFS is that Western medicine treats every part of the body in hyper and narrow focus. It's a constant battle of referrals. One doctor can help with the immune response but can't help in the same capacity about the diets or even the neurology of the illness. So, the immunologist refers to a neurologist or to a dietitian. That specialist can help in their domain, but should a question be brought up about something else, and they write another referral.

At one such doctor's appointment, Laura recalls the moment as she discussed her illness and symptoms that she saw the second the eyes of the doctor glazed over. They offered a prescription for Zoloft.

What happens when the illness factors in sleep, diet, exercise, immune responses, muscle aches, and memory and cognition troubles?

How many doctor referrals does one person have to go through just to understand their illness and get treatment for it?

How much money does that all cost—between hotel stays and rental cars, if a person must travel, between the copays, gas, or Ubers?

What's the cost of the cure to make us all better?

I imagine there is a scenario—the brink—for anyone where they're willing to shovel out as much money as necessary for the sake of their health. It could be 20,000 dollars. Maybe it's even \$50,000. Why not go for \$100,000 for a cure, if it means that better is tangible?

Laura would spend the money.

I would spend the money.

However, before there be any celebrations about a cure, let's address one fact first. The cost of a cure before it reaches us is subjected to the funding allowances. Medical research must be conducted. Any cure must show its relevance and efficacy in trials.

Money—even before Laura can conceptualize how much money to raise to be cured—thwarts her.

The United States National Institute for Health (NIH) reported for 2020 15 million dollars in funding for ME/CFS funding.

For the same year, 593 million dollars was reported for Contraception and Reproduction research. Women's Health research received 4.4 billion dollars.

Let's compare those numbers to the 7 billion dollars that Cancer research receives.

How long will it take before the family physicians or other doctors doesn't get a glazed over look and understands enough about ME/CFS to identify it? How much money does that cost?

When I first looked up these funding amounts, I was shocked to see Women's Health separated from Contraception and Reproduction. Part of it undoubtedly a faulty assumption—wouldn't contraception and reproduction be linked to women's health? I went through the scenarios—would OB/GYNs and urologists need to have separate funding? Maybe those X and Y chromosomes really mean something when you're getting medical treatment.

Something in my core still struck me odd. On NIH's website was a footnote. I clicked on it to find, "Individual Institutes, Centers, and Offices (ICOs) previously classified reportable awards using subjectively-defined criteria and assigned funding based on percentages of female subjects included in the studies. In F[iscal] Y[ear] 2019, subject matter experts across ICOs achieved consensus that the allocation of women's health-related spending should be grounded on scientific relevance and developed new prorating guidance, accordingly."

How many years did reports for the women's health category remain a lottery of definitions and meeting the right number of female participants?

How many studies were passed up?

How many lives fell apart on "subjectively-defined criteria"?

II.

It's easy to say to someone, *Have hope*.

It's easy to ask someone to imagine the Thing That Brings Joy and just cling to that. What happens when that thing can't bring joy anymore because you are sick?

Sickness forces someone to make a newer version of themselves, even if they don't realize the change until after it happens. Before Laura was an athlete—playing basketball and running off to ride bikes for hours. Laura's normal before was that she could be a kid. She could run laps. She could dribble up and down the court with sneakers squeaking only a decibel or two higher than the couch. After Laura had to nestle herself into comfort and find the steady and slow pace her illness forced upon her. After Laura paints. She writes songs and poems.

Normal is different from The Normal, as The Normal denotes the new steady and slow pace a sickness, or ailment, forces upon the person. Where Laura could run and bike, she now has to pace herself. Where I could take an Aleve and still work or dance or check my mail, I'd have to save those activities for after my period.

It is not easy to untie oneself from who they used to be. Laura had tied her identity to being athlete. I'd tied my identity in with being strong, being a caretaker.

But who are we without it? Who is Laura if not an athlete? Who am I if not strong caretaker?

I've only known Laura after the diagnosis. From the moment I meet her in our poetry workshop fall of 2020, she'd been living with her illness for years. I know Laura as the songwriter, the poet, the easy and bright smile. Laura knows who Laura is now and still grieves for what once was.

How do we turn the tides for The Normal? How do we learn to accept those tides?

I imagine the way I must look on an examination table as my feet dangle above the step and my butt presses its imprint deeply into the white sheet.

The Hunter now imagines The Hunter on The Table to be hopeful—to think that the answers they want will become in the form of the doctor opening the door.

They do not come.

I think I could grieve for Hunter on The Table, that I could mourn the naivety. But I think more about the doctor, or the family physician, or the nurse practitioner. I feel, instead, disgust. I am disgusted by my begging. I am disgusted by the sighs. I am disgusted that this system of referrals and begging are the only things I have.

Hunter on The Table does not yet know what's to come. When they leave the office with the doctor telling them they need to decide to try birth control, all they have is the guilt for being unwell. Grief creeps in later. Grief comes on the bus, or when the horizon dawns, because in those moments we are leaving behind what we know we can't get back.

III.

While Laura's experience with Western medicine reduced her to the smallest part—a gear that makes up a whole but the doctor only studying that gear, she'd found that alternative medicines supported her whole being. Alternative and holistic medicines helped Laura with lifestyle changes—diet changes, finding things she could do to keep her physically active without overly exerting herself.

However, when she'd go to the Western doctor, she hit a wall. When Laura asked what this doctor would do for her, or could do, the answer was antidepressants.

How many times must anyone hit that wall?

What sort of funding would keep this dismissal from happening?

In efforts to reconcile my own story alongside Laura's, I thought of us as lost at sea. Here, the sea is the whole Western medical system that Laura and I found ourselves being turned around

and around in like children at their birthday parties before they're sent off to strike at the pinata. But we got no candy. We just got more referrals.

Laura and I are in the same sea in our different boats, trying to flag down anything, anyone, that might save us. Laura's boat has holes, being underfunded. My boat was unmarked; was I reproduction or women's health?

We are in the same sea. I could say this sea is also about funding. This would mean if both of got found and our illness and ailments received enough funding, then our troubles would be over. But money is not all that thwarts us.

We need doctors that listen. We need doctors that are willing to humble themselves to actively listen.

Laura's most supportive Western doctor experience, up to a point, was a doctor who said it couldn't hurt to try a new diet she'd researched.

It couldn't hurt to try—a single sentence that has no real enthusiasm behind it. But it was enough encouragement to consider it.

I don't know if that's humility or a doctor realizing that a point trying anything is worth it. But I hope that my next doctor, and Laura's, doesn't just shrug at the notion of trying something new.

IV.

An added level of frustration occurs once inside the doctor's office and it's even there well before the appointment is scheduled and confirm.

In all my health excursions, I was fortunate enough to be seen at places that accepted my health insurance. As much as my brain was filled with panic about getting to and from appointments, due to my lack of a car, there's a moment after the appointment is over when I feared the claim and the bill that would soon turn up.

Copays are routine. I expect that, but I had very little experience with the financial aftermath. I never got a claim in the mail from my insurance company with *my* name on it. Imagine my surprise when I opened the claim from my last round of ultrasounds and saw the total: \$1,139. This number includes two separate X-Ray/Screenings charges and a charge for medical supplies. The price for members through my health insurance total for everything was 496 dollars. I am rounding down on the change rather than up. This is only accounting for the numbers from the health insurance provided by the school. Whenever I use my mother's insurance, the claim goes directly to her house and I could not get a hand on those particular numbers.

Laura is fortunate when she goes to see a Western medicine doctor her insurance covers it. Beyond that, though is the cost of every test and good insurance helps there too. However, her insurance does not cover alternative or holistic medicine visits. The brain retraining seminars, and the energy healing, do not come for free. They show results, but as with everything, it comes

with a cost. The brain retraining is a one-time cost versus the energy healing which costs with every session.

But what happens when if someone doesn't have insurance at all?

What happens when the insurance doesn't cover the provider necessary?

What happens if the provider that's always been seen is no longer covered when insurances are switched?

What happens when the Western doctor is covered, and the naturopathic provider is not?

What happens when insurance is lost?

What happens knowing that the initial cost is 250 dollars for a consultation and there're no promises? What happens when that doctor asks for more tests and the costs is \$1,000 dollars? What happens when it becomes a question of rent OR the appointment?

What happens when the doctor says again—there are no promises?

V.

I wish I could say that the alternatives *are* the way to go. I wish I could say they exist and thus everyone sick must grab alternative medicine like a revolution.

These alternatives are costly.

It would be a gross mischaracterization of this journey to not talk about the efforts that are underway. Functional medicine is the new field of thought of Western medicine that centers itself around the belief that the body functions as a whole. Functional medicine is better categorized as medicine that operates to be optimal and identify the root cause of an issue. It wants to look at the cluster of issues throughout the entire body and use a more systematic approach to treating an ailment. Instead of seeing just a symptom, functional medicine wants to see the person as whole and account for environment, diet, lifestyle, and genetics.

It's *fucking* functional, if I might dare say.

I like this—the horizon that glistens in front of Laura and me. But not even the brightness of what I hope functional medicine can bring us overshadows the reality that Laura and I hold. The system we exist in has not connected the dots of our beings.

But what would functional medicine mean in terms of us getting better? Even if Laura gets in with a functional medicine doctor, she is still living with ME/CFS? Even if I go to the doctor and they ask me about my diet and current exercise habits and let me get another round of bloodwork done, what would I be getting better for?

What does getting better mean outside of alleviating the physical symptoms?

Getting better for Laura is a battle between getting better for who? Would she be getting better for herself to her album *Pink Stones: Songs from Moose Lodge* out on a small tour run? Is getting better bike runs? It all seems better than the alternative, to get better for melting ice caps, and working a job to be a *productive* member of society. Getting better to enjoy life sounds better than getting better to sink hours of the day into the realities we have today—melting ice caps, fights for human rights, abysmal federal minimum wages, rent prices increasing.

But there is no getting better for the art, and for the enjoyment of the things from before and new, without getting better inside of the system in place with crisis seemingly at every corner. Unless, of course, the system changes.

But what does that mean for it change? What would something new even look like?

I have daydream where I run away to some sort of European countryside. I take my best friend, and we start a petting zoo. I write in the early mornings and in the late evenings, during most of the day I help my friend with the animals.

It feels silly—unattainable, mostly—when I tell people I want to run away to some green countryside to tend to animals. It feels silly because I like the city. I've never had animals to tend to—dogs or cats or otherwise. I get my nails done once a month. I don't hike or just settle out into nature just to be *out* in nature. But what I really like about this dream is the sense of freedom. I can do the thing that I've always loved—write—and I do not have to be a cog in the machine for capitalism concerned with being a productive member of society. I'm not chasing the mansion, of designer clothes, or luxury cars.

I am moving steadily at a pace set by my own desires.

If Laura and I were in a movie, I'd have some grand standing for her. I'd tell her she will get better and we won't ever have to worry about capitalism and productivity. I'd tell her that when she got better, she could play basketball. Or she could keep writing songs, and poems, and essays. She'd be able to perfect any painting because she'd have nothing but time on her hands to do the things that she makes her soul feel loved and full.

We are not in any movie. We sit and watch each other and all I can do is thank her—for her trust, her vulnerability, her honesty. I wish I had at least told her I want her to get better how she wants to get better.

Laura, I am sorry I did not say that to you.

Rhythm

Listen for the tick
every hum finding the one-two-three
married with the two-two-three—

when the wrench finds its socket
know you fit there
know that pulse

as the blessing force
to be strong enough starring doctors down,
pulled a p a r t on the examination sheet

to bind yourself back together. No punishments,
no eternal damnation, just you tinkering at every capillary
for realignment, for The Normal you face now.

Tracing veins as they intersect and have you whisper
invocations for the map of your body. Amen.

A Prayer for Healing

Body mapped, elbow resting
on Hygeia's asteroid, prayers whispered into
hot core. Spica shining— a coming
home— and as joints swell, we rotate.

Neurologist refers to a dietitian
refers to an immunologist refers
to something like a segment, splicing
DNA into single strands, rather
than the coiled complexity of

a body mapped, elbow resting on
T-cells and platelet, swimming alongside
red and white blood cells,
neighboring for defenses,
always together, and sometimes against

a synapse—the gap where neurons
whisper back prayer. Family physician refers
something like not fully heard refers
the cents of Porrina and Arich following
Spica to knees, bent, and a

body mapped on
white examination sheets
waiting for the click of every answer
to slot into place—and leaving,
with a(nother) referral.

When You Say You're in Pain, Can You Locate it For Me?

Optometrist asks all the time which one is better 1 or 2, 1 or 2,
don't you think them wild,

splitting something so whole into halves?

When you say you're in pain, do you point to the spot?
Do you spread your fingers, waving over skin and muscle,

as if your passing hand will highlight everything in red?

How does one label it, pinpoint with precision where the pain starts
when it radiates in spirals, every nerve ending encapsulated in heat?

When doctors ask to rate on a scale of 10,
do they think about the web—

right hip hurts somewhere at a 4, but left shoulder is anywhere at a 7—

do they want the average?
Maybe it's the Great Square, a summation

a boxy body where all points are equal?

Dare we be an unbalanced equation.

Pain Management Techniques

over the counter is to stretching / as stretching is to envelope / a theory / a boundary / pulled too far apart hurts on the snap back / over the counter is to enough / as referrals are to bank accounts / a loop / black hole that sucks into it every bit of warmth / i've been told that joints ache in the winter / i hope yours don't / and if you can't swallow enough pills / and if you can't stretch enough / if you can't moderate movement therapy and hydrotherapy yourself back to a Normal / within range limit / keep working / i can't say if i recommend 'with your doctor' even if doctors do / you are managing / the load of spine and lungs and joints / avoiding the crash of getting better

At Sea

A raging shoreline / scattering light
barely brushing the choppy sea

Dare to imagine / not having to plea
watch the night sky watching you

Muse what's just beyond / the tips of your fingers
caressing the halo of the moon

and just beyond that watch Achelois / clutch
onto the hazy edge of your fatigue

Prostrate to supine and succumb / let every word
of any gospel cross your lips

Watch the night sky watching you / watching for
the flicker and listening for the first note to lure

in the likes of relief / curl your fingers
into your chest

Peel away claims that covered you

The Mediation Right Before a Holistic Doctor Appointment

we start with hemispheres—
diet hanging above
 cash reserves frozen between palms in exchange.

how does one create a whole from
fragments lapping at heart and nicked valves?

to have a cure,
 no longer having to hold the pieces
 no more dates highlighted and circled on calendars
 no more co-pays that can't pay
 a doctor to see us as stars, as interlinked gasses, and webs of all our being,
 hot core and twinkling.

draw a hook with finger
from the crook of elbows to the bend of knees.

we start with hemispheres.

Building Activity Management

consider this there is no / cure / you should pace instead / find the edge of your energy envelope / only intermittently edge it out more / 'you and your healthcare provider will assess' / create a hierarchy / and somehow still only manage / think of it as a load / the suspension system of your spine and lungs and joints / pace / wear a whole in the bed / couch / stool / or seat of your choice / do you really want another crash / pace the system / and behind that is the real / the new definition of your load / what can you do now / are you happy with a slow life

Aberration

Underneath the crinkle is the spiral-spill
paired with a smile and irises mutating
into the search bar's blinking cursor.

The black text on blue screen float
in green, blink at you in security code of your credit card
and melts into a sideways triangle ready to play.

Underneath the singing bowl is a thumping heart
and two nostrils inhaling cedar to press into ribs—
hold it there.

The ribs bar away the floating star, the vessel
bubbling with its own acid and flame. It only demands:
feed me well
and to follow the scratched down notes and printed ink.
Take the shrug as: *it's well worth the try.*

Underneath, the last ray sits, converging onto itself,
blurred in its own refraction, underneath
a cold stethoscope biting at your chest
to hear the whisper of bronchi and trachea.

Let's Talk About Your Sleep Hygiene

turn off the blue light / lay your head on the pillow as 8:01 darkens the sky / every night / wake to the same shrill / at the same minute in the morning / and notice that you might crack an eye / before the siren calls / and across that early wake is a haze / even when you avoided large meals / caffeine / and alcohol right before bed / refers to something like a sleep specialist / only after over the counter tricks don't work / over the counters suggests counting sheep / chew on melatonin / go backwards from 100 / 99 / 98 / wipe at the film / take your left arm to puppeteer your right / wind up your gear with breaks taken in between / the grind and snap / how's your sleep been lately

Funneled Web

Your joints miss the squeak of your sneakers
against the waxed floor. Your ears miss the
basketball dribbled down court.

You miss that too—

 like when a clock is stuck
on the tock, on the exhale, but never an inhale—
 who you used to be.

No matter how much
you oil the gears, turn it left or right—
 no tick. It's a funneled web
 all
 the
 way
 down—

Not solely a joint,
not solely T-cells, not just tendons,
or melatonin that takes you under .

It's not just the fog when you exhale into a mask with glasses.

You are an entire web—

 a right elbow and a left breast
 left tibia and right lung
 right patella and left collarbone

You are an intersection of the arteries and nerves
the rush of your own blood carrying oxygen in veins,
 you are the nexus.

III

Against Boxes

I.

The moment I settle down to check anything off on official forms, my pits sweat. What if I check off something wrong? What if the person can't read my loopy and rushed handwriting?

What happens when the forms don't align with our identity? What happens when the form is a too rigid structure boxing us in?

If I can, reader, may I present to you a small game to play as you read this essay? If you're not interested, please move down to the next section.

If you are interested, allow me to set the scene for you. A Cancer and an Aries settle into conversation. They're friends. The Cancer is a Leo Cusp. The Aries is a Taurus Cusp. One's fired up, and only that third rail when provoked. The other is sometimes too hungry for a fight, begging for bloody knuckles. I will let you decide which one of us in the essay is the Cancer and which one is the Aries. If you take this challenge, please know, reader, it will not matter if you are right or wrong.

Two years I've known Reece. They've renewed a new softness in me. Reece made the term nugget to mean more than just a delicious food to eat when I can't decide on anything else. I am a nugget. Our students are nuggets. The dog I've only met once in my life but remember fondly because it sniffed gingerly at my hands is a nugget. Nugget is now an endearing term, a sign of affection. Reece is vibrant, but nervous as they enter a room. If I may, I'd call them a magical nugget.

Much like I said with Laura, I will say again with Reece. I will fuck up their story. I will fail them. I will not articulate something quite right. My goal as best as I can be a vessel for the tiny part of their story that they have shared with me, but I am a faulty vessel. Forgive me, but also listen.

Listen closely to what I say. Listen for the trickle of what the holes and cracks in me leak.

II.

It is early February 2021. This is semester two of the four for Reece in the Master of Fine Arts Creative Writing program they are attending. With the ever-present trickle of emails from students and supervisor, there is half a mind about entering grades. The other half of mind is to do a self-breast examination.

It is 4:58PM on a Friday evening when Vivia, also known as Main Tumor, is discovered. A second tumor is discovered shortly after, and then others as well.

1 in 3 women are estimated to develop breast cancer. 1 in 833 men is estimated to develop breast cancer. When other identities are considered, such as trans and nonbinary, the numbers become less clear. When studying the effects of and the prominence of breast cancer in transgender men specifically, the information was compiled from case studies, or by studying individual people. This kind of information is less generalizable, but it's still good to have. It allows us to consider the interaction of factors like age, gender hormone treatments/gender affirming surgeries, genetics, whether this person has breast fed, and family history of cancer.

Some reports use the numbers seen in cis-gender woman for breast cancer as a benchmark for those individuals who have not had gender affirming surgeries and have not started testosterone.

What do they do when no one has the precise number? Should they settle for the constant game of playing their luck?

Reece makes it a mission on their Instagram to inform as much as possible that everyone should do self-examinations and to do so with gender inclusive language because of not just their mishaps, but also their ex-partner's mother dying of breast cancer. It is all a game of chance, though it is hopeful, to use social media to reach the masses. But slim chances are better than none.

I was told once by a nurse that I should think about joining the nursing field. She was walking me back to the room and from the iPad she saw the notes that had been accumulated over the years. Diagnosed with eczema at eighteen months. Diagnosed with asthma at twelve months old. I had a food allergies test done at twelve, or maybe thirteen.

This was my first visit back to the doctor's office in a year, maybe two. I was twenty, and I had one more year until my pediatrician couldn't see me. The appointment was routine. A breathing test was on the agenda. I am given a mouthpiece connected via a tube and cables to a computer. Each time the test is done a choice is given: Do you want to blow out birthday candles or pop balloons? Do you want to blow down a wall or help kites fly? My go to were the candles.

The candles are lined up on the screen, between sixteen and eighteen of them. With a deep inhale and a strong exhale, the candles flicker out. The number of candles you blew out, coupled with how long you continue to exhale past all the candles going out, alongside other math, gave nurses and doctors an estimate on how much capacity the lungs are working. In the last two or three years of me going to the pediatrician, I blew out all the candles every time.

The nurse walked me back to the room. She reviewed my chart, updated all my medications which hadn't changed, and they never have. When she saw that I have eczema, and she asked

what I'm doing to keep it under control, I told her about the time another nurse told me to avoid or reduce dairy, eggs, bread, and chocolate as much as possible. I pat dry from showers. I used fragrance free detergents and never using fabric softener. She seemed surprised that at twenty I retained all that information. I used the same routine at college.

"You should be a nurse. What are you studying in school?"

"Psychology."

"Well, consider nursing too. With all your experience, you'd be good at it."

I nodded, a signal that I'd consider it. I did my breathing test. The doctor came and told me to continue with my inhaler, even my score being in the 80th percentile. I told the doctor what I told the nurse that I'd stopped taking the controller inhaler years ago, though I know I shouldn't have without a doctor's order. They told me to come back for more testing, to make sure my numbers stayed consistent and to get back on my inhaler. I didn't go back.

I'm not sure how much personal experience can teach me about the scientific name and math required to make sure the correct dosage is given for the height, weight, and sex of a patient. I don't think personal experience can teach me HIPPA laws or medical coding proficiently.

Personal experience taught me to listen. Personal experience taught me that the fight is worth something, sometimes.

I look back through my social media posts on the once active Facebook page, on the Instagram. There are many fights on how to come out publicly, but not to my parents; how to believe in the universe to deliver a good thing after a bad thing. Not once is there a mention of making sure your hormone levels are good or reducing the usage of candles in your home for the asthmatic, or how to tell your doctor you want them to note that they've denied your request for a screening and the reasoning for it.

Maybe the hopeful chance is enough for me to consider the people that might need to hear it.

III.

In Reece's journey, though Vivia and other tumors are discovered and subsequently removed, they must juggle being a student, teaching, and now health. Inside of that delicate dance is yet another ball to juggle: they are nonbinary and trans inside of the medical system.

When Vivia, the Main Tumor, was discovered, Reece scheduled an appointment with the university's health clinic. The nurse practitioner they saw referred them out a radiologist in town. Even though Reece's pronouns in other university records show they/them, the health clinics records do not show that. In the notes, after an appointment with the campus health nurse practitioner, Reece discovers that they've been misgendered.

A paper trail, or even a digital trail, leaves in its wake the truth—a slow and disconnected system is not just a symptom, it can also be a cause. When campus health refers Reece to the radiology center in town, the institution refers and passes along information that they already have on file—the wrong pronouns.

The radiologist comes in. He tells Reece to take a moment to exhale. The tumor that was in their right breast is most likely benign. He says something like 99.5% sure it's benign. And right behind the exhale of relief, the radiologist continues, "Trust me, if you were my daughter (or wife), I'd be giving you the same recommendations. I'd say the same thing."

The polite correction comes. That language is not suited for Reece.

The doctor tells them, "We, of course, treat trans people here."

This is the only radiology center in town. Of course, this radiology center treats trans people. It is the only one in town. Where Reece and I attend school is a border town. College students get referred to this hospital and radiology center. Townspeople use this hospital and radiology center. The center is about a mile from the downtown area—or at the very least about a mile from the bus downtown connection center. Going to any place outside means going two hours away. This is a feat that is null because Reece does not have a car.

They go to the only radiology center in town because of the referral from their nurse practitioner. This referral means the testing can then be covered by the student health insurance they have.

The doctor's note after the first visit used they/them pronouns because of Reece's correction.

But Reece goes back again. They get misgendered again. After another visit where they are misgendered even after the initial report of the doctor, Reece calls and gets a receptionist. Over the phone, they again explain the fact that they are nonbinary. They ask what they can do to have their files updated to reflect the correct pronouns. The receptionist makes a quick change.

Reece goes back to the office a third time. They get misgendered again.

Referrals—a word I heard a lot as a kid. When my pediatrician sent me to the Children's Hospital of the King's Daughter for my asthma, my father needed a referral. When I went to my first dermatologist, I needed a referral.

Any specialist I needed to see as a kid, I saw based on a referral. Doctors, talking to my father, always noted that they'd send over the paperwork—my records—and that once we got there, there would be minimal that my dad would need to concern himself with. This meaning, all he'd have to do is show his insurance card, fill out the patient consent form, sign that he was indeed my father and that I was indeed the sickly child in need.

It seemed lofty to me as a kid. How did they handle all that paperwork? Now, as an adult, it is a nightmare. Who *wants* to have to handle more paperwork, deal with more phone calls, coordinate with more than once office?

It is the way of the system.

At about age ten or eleven, my pediatrician referred me to The Children’s Hospital of the King’s Daughter--my first visit of many. In the grey-ish blue walls of the waiting room, I watched from my seat the TV that hung in the corner as the station settled on Nick Jr. My feet just barely touched the floor, and I was quite proud of that fact.

Every time the door to the back opened, I watched the nurse, file in hand call for the child to be seen. Some nurses would call out first names and when the family closed in, they’d ask how they’d been since the last visit—a regular to the facility. And I waited, feet tapping at the floor for my name.

“Mr. Blackwell.”

I looked at my dad, and he looked at me. “Uh, I think that’s you—us.”

“Hunter Blackwell,” the nurse called again.

We stood and the nurse spotted my dad first. At 6’4, built from his football days as a linebacker, and a bald head, he’s a hard man to miss. She then spotted me—at a hot 5’0, maybe 5’1 with wide shoulders and my winter coat swallowing me. The shock was apparent on the nurses’ face. “Oh, they have you marked as male. We’ll have to change that.”

“Didn’t you get her file from her pediatrician?”

The nurse spoke only to give a quick apology.

We assumed human error. It is a lot of paperwork, after all. But I can’t help but think—what if I’d marked female for a reason outside of placating the biological data?

What if I’m Reece and that box means so much more?

“Who am I to correct them?”

Who is Reece to correct doctors and nurses when they’ve just gotten good news? When the news is those lumps are most likely *not* cancer, who is anyone to make a correction?

To me, it seems obvious, Reece has every right to correct someone. This is their health. This is the health of others. What happens if the next trans or nonbinary person comes in and they get

misgendered? What happens if that is the deciding factor in a person continuing to help with the office? Yes, the only radiology office in town.

After a thoughtful pause, Reece emphasizes the reason they spoke up the first time was because of what could happen to someone else.

But what happens to someone else if they speak up twice, three times and still get misgendered? What happens to the person in the lobby who overhears the receptionist say the wrong pronouns and thinks they must brace themselves? Or better yet, they wonder if it is even worth their time to stay in that office? What happens if they stand up and leave?

What happens then?

It is the layers. The nurse practitioner can make a note. But if they noted after files are sent, then it becomes the radiologist and that office that must make the correction. And if, or when, the radiology office corrects, is this done before or after sending the files over to the surgeon?

“Who is the struggle really with?”

It seems like fighting a ghost. We cannot see the ghost, but we can see the door shut or lights flickering, or the drawer flung open. Do we play nice to stop the antics of the ghosts or do we aim for the ghost itself?

Should Reece fight the thing in front of them or the thing behind the scenes?

Every doctor appointment becomes the battleground of “I am the patient seeking help and expertise to get better.” and “I deserve to feel safe, seen, and heard.”

We are entangled in the red strings of the respect for the doctor’s time and expertise, and the rigidity of a structure that is less than proactive. In a survey of 200 transgender youths, 46% reported that they avoid disclosing their gender identity to their doctors.

What if the patient doesn’t have the language to start that kind of conversation?

What if the provider doesn’t open the door?

What if conversations in the past about their gender identity have blown up in their face? And this isn’t aimed at a doctor—parents, other family members, friends, anyone else affects this decision.

What if the person has tried to have this conversation with their healthcare provider and they don’t get heard in a way that is impactful? Or worse yet, what if the doctor refuses to care for you because of your gender identity? What if a doctor or someone else in the practice harassed you because of it? What if things got violent?

I would hesitate. I'm not considering the interaction of race and ethnicity on top of gender and gender expressions. Though the horizon pushes ever closer for me. Do I check woman? What does a box like that even mean? This journey is slim on mercies and for the grace of me, I let it go. But in the back of my mind, I know what waits for me on the other side of the door.

IV.

I always want to imagine something better. Though the dawn may be dark, something better is around the corner. I must believe it because if I do not, I'm sure I will crumble.

Reece couldn't imagine a world in which they were not always working against their identity. Not in their lifetime. They felt like they would always work against a system when it comes to their gender. Reece sees gender and sex are false binaries. The opposite of man is not a woman. The opposite of female is not male, not in the strict hetero-normative sense that our world operates on. There's variation even inside these labels.

I like to think of everything as a scale. Anyone can be anywhere on it or off it if they choose.

Sex and gender, as Reece describes to me, are not boxes. Yet, all around us in doctor's offices are boxes.

Sex: Female or Male

Inside of this frustration and fear is a desire to have more visibility. Reece wants more people that looked like them in the medical fields, in the world at large. They currently live in a town where they know the way they dress, walk, and cut their hair makes them stand out in their own neighborhood. Walking to the coffee shops, to the one Target in town, all of it sometimes feels like the bullseye on their back.

But when they walk into a doctor's office, should the same fear be there? Should they have to wish for more people that looked like them in the most salient ways?

"But you know about that too, I'm sure," Reece tells me.

All I can do is pause. Because the silence speaks better than any words. It is in this pause that we both know this is the moment of silence in which recognition seeps.

A queer Black ~~woman person~~ ~~woman person~~ walks down the streets and passes so many faces that are not ~~her~~ ~~their~~ ~~her~~ ~~their~~ own, only seeking to make the mile trek to the OB/GYN's office that ~~her~~ ~~their~~ ~~her~~ ~~their~~ nurse practitioner referred. Every face that greets ~~her~~ ~~them~~ ~~her~~ ~~them~~ in the unfamiliar office is white.

The male doctor is white. The nurse that stands in the office while the pelvic exam occurs is white. The receptionist is white. I know what it means to walk into a space like that. I know the weight of my Afro and gold hoops. Reece, who is not quite a standout with their whiteness, plays the guessing game of how to explain the (F)emale next to Trans next to Nonbinary.

And both of us play the game. We check in with our name and appointment times. We hand over our insurance cards. We fill in our mailing addresses. We sign off on the patient consent form. We check off more boxes. We wonder who gets to feel safe in a doctor's office.

Who gets to be safe in the doctor's office if it's not Reece?

Who gets to be safe in the doctor's office if it's not me?

Who gets to feel heard in a doctor's office?

Who gets to feel seen at the doctor's office?

If only we had more space and fewer boxes.

V.

Reece was born 5 weeks early—a testament of how they came out of the womb with anxiety. In the time I've known Reece, the anxious energy is abundant. They are a charming, caring, a beautiful lyricist and poet, but always a ball of nerves. Apologies and nervous laughs fall from them like clockwork. I know every place Reece has been by how softly they walk and how the amount of 'sorry's etched into the sidewalk.

Reader, I know I challenged you to figure out who was the Cancer- Leo cusp and who was the Aries-Taurus cusp in this essay. If you have bets, I'm sure by now you've placed them. Before you call it for good, follow me for one more leap.

In addition to the radiology appointments, Reece also started ventures at the university's health services for counseling, and psychiatry. They want to be tested for ADHD and Autism. There is only one psychiatrist that works with the university. The place that provides testing in town, outside of the university, comes in with a heavy price tag of \$500 dollars.

The on-campus psychiatrist doesn't *test* for those two ailments. He only provides a questionnaire to Reece. The questionnaire doesn't raise any alarms and, according to this doctor, with Reece's academic record, there's no reason to worry.

Reece provides research they have found. They ask the doctor what he thinks about the fact that many people who are trans and nonbinary go undiagnosed for Autism and ADHD because those illnesses' symptoms show up differently in those individuals. They ask about the fact that comorbidities such as anxiety and depression often show up and get diagnosed more often than that of the root—Autism or ADHD.

Dismissed. No reason to worry.

Reece wants a prescription for the anxiety. One with low side effects and the one they ask about also works for those with ADHD. They manage to get it. On the other side of that prescription is the five to six months cycle of making an appointment with this psychiatrist every three or four

weeks for Reece. The meds don't seem to help. Reece tries to articulate that. The doctor insists they stay on it. He says look, look at the responses to the questionnaire that they fill out at the start of every appointment.

Questionnaires, given before a therapy appointment, are usually used to assess various levels of distress. They can measure anything from disordered eating to depression and anxiety. Most of the times, the responses are treated like a guide. They give a general overview but don't give specifics.

As the weeks pass, it's clear to Reece that the medication isn't helping in the same ways other previous stints have and they want to stop taking the meds. The doctor presses on. He refers to the questionnaire. The scores, the scores, the scores, the scores!

But the fact May bleeds into June—summer, baby. Less stress about schoolwork. Maybe there's still stress about health stuff, but there's one less stress on the plate. Reece can take walks in nature. There's more sun into the long evenings and warmer days. Reece loves to take frolics into the surrounding woods and trails in our town. Every time I see them posting about trying to discern what animal feces or footprint they've happened across, my heart races. One, because I wish I too could enjoy the outdoors to that scale and two, because I am cop-raised and frolicking on trails all by my lonesome (or seeing anyone else do it) is a big no.

But the scores!

But the life changes...

But the scores!

But the psychiatrist does not allow Reece the space to explain what else is going on in their life that could also improve their mental state.

It is exhausting to present the aunt, the new diet, the research about lifestyle changes and the presentation differences to be shot down at every time.

Welcome to the world of getting help. Reece pushes back, respectfully disagreeing with the psychiatrist.

Welcome to the world of getting help.

Have you finalized selections on who is the Cancer and who is the Aries if you had bets?

VI.

I wonder about that nurse who told me I'd make a good nurse in the way I wonder how physicist know that the frequencies of colors.

I understand the logic. Nurse sees a young child who's lived with multiple ailments for twenty years and does manage them well, even while away at college, and sees just how much maturing someone has to do to make sure they're making all the right choices.

I understand the logic. A color is only the wavelength of light that is reflected back into our eyes and where all the rest of the wavelengths get absorbed.

I wonder if answering the nurse means answering a different question. Would I be a good nurse because I understand the system or because I would be tired of it? Would I be a good nurse because I could gently remind patients via my own success story that making necessary lifestyle changes is really to benefit to their ailment or would I be a good nurse because I could tell them that it's tiring but getting better is about fighting through?

Is it just light or is the eye too? What about the rods and cones? What about the optic nerve? What about the occipital lobe?

What about everything underneath the surface?

When I asked Reece if it was more like fighting a ghost, I think I should've also asked, but if not a ghost, what is it?

What are we fighting? Why do we have to fight?

We—Laura, Reece, and I. Fight—going to doctors who listened to our perspective and if they didn't listen, if they didn't respect us, we'd respectfully (or with all full disrespect if you are me) disagree, or find a new doctor, or not go back, or try not just one kind of medicine at the hefty price tag.

I love the act of a good fight in an idealistic sense. It makes me feel like I'm doing something, actively getting my hands dirty. The other side of that is the exhaustion. It is us, sitting in examination gowns, feet dangling, trying so hard to hear what doctors are saying, but seeing the sigh forming, seeing the eyes drifting, seeing the wrong pronoun priming on the lips.

But the questions that unsettles me: Who am I even fighting? Who do I throw my fists and elbows into?

How many holes can be in a boat before it sinks? How long does one watch from their barely buoying raft at the liner that they think can save them getting further and further from you, slipping further and further into the mist, before they realizing it wasn't intending to save them, anyway?

Reece's pauses intrigue me the most. The pauses have a language in them. There's so much to say, but only so many words. There's so much frustration and exhaustion and yet there's nothing quite like the *feeling* that can be said or transcribed.

I cannot make you, reader, feel the correct weight of Reece's story, and that feels like a true failure. Because I want you to, reader. I want to pick up every piece of what they lived through and hand it off. But there's no way to shed ourselves like that. I watch the thoughtful twist of their lips and I know. I know that feeling of trying to give the moment, the emotion, the perfect word to someone else so that they can hold it too.

It's a reanimation. It's re-inhabiting the exhaustion with every word spoken or not spoken. The true weight in our conversation lives in every pause taken. There's the divide that Reece and I hover over. Their lived experience is not mine. Mine is not theirs. But we are sharing a language where, even if words seem to fail, we understand.

We understand even if we are tired of understanding. We understand even if we wished we didn't. We understand because we are here—in Zoom meetings, in the doctor's offices, sitting on the leather couches at a psychiatrist's office. We are here and we are living in the tired structure, listening as it creaks on and groans.

I know I am also waiting. I am waiting for the final creak. I am waiting for it to collapse. But I think about who gets lost in the rubble—I don't want anyone else lost in the rubble.

Communication works as a two-way street. We need doctors who recognize that they are experts in a field but not an expert on the individual. Sure, that doctor, that specialist, spent years in school. When's the last time that doctor checked on the newest research? When was the last time that doctor woke up in our skin, in our bed, and lived our life?

Laura called it humility. Reece calls it a two-way street.

Meet us halfway. Meet us where we are. Listen to the things we tell you happening to our bodies.

This is a plea—yes, a plea—to the system hiding behind the smoke screen. It is falling apart for you, system. We are here—I am here—to articulate that it is falling apart and people's lives are the cost.

We are real—the people who get sacrificed as statistics. We end up in your studies years later about the adverse effects of the problems in the medical system.

I am sick of being a statistic.

At the end, we, of course, don't want to paint it all bad. Reece is fired up. They learned how to advocate for themselves. When they ask me what I've learned, where I'm at in the journey, I almost don't want to answer.

I am tired of learning things about myself. I am tired of knowing how much strength I have when the ledge is digging into my heels. I am tired of being tired. I am sick of being sick.

But in all of this, too, is power. I have the power to trust my gut instincts. I have the power to make the call not to go back to a doctor's office. I have the power to tell the doctor that they are not listening.

More than anything, I think it's important that Reece knows that if a fight is to be had, they are surely not fighting alone. Whether I fight ghosts, whether I fight the flung open drawer, I won't let them or anyone else go this fight alone.

I am proud to fight alongside Reece. I am proud to fight alongside Laura.

"It's like I'm the third railway of the subway, feeling pumped with electricity."

I grin. We are primed, ready to zap at the first sign of pressure.

The Anatomy of an Apology

we are in the thicket
where *simple routine* is not an exhale
when the mouth whistles
 we treat
and the jaw drops
around *your kind.*
a door shakes and
 we treat
catches itself on the hinges—
all the rest clatters to linoleum floor.

Surrogate

Perched on the edge of the table
is the lull between arriving and being seen.
A breeze of cool air
 from the hum of vents
and just beyond that— the whispering.
A lingering touch to exposed back
coupled with a voice
that does not sound like your own
reminds you about
 the rest of us—
the stranger in the lobby who bounced leg,
the person bagging your grocery
the older face who smiles when you hand them the spices
 from the too low shelf
the friend you've known for two years
 staring at the box for sex and feels an urge to scribble in parenthesis,
Disregard the (X) next to (F)emale.

A Breast Self-Examination Should Take Several Minutes

with pads of three fingers trace delicate tissue / and skin / you lay on your back / trail like ticking
seconds / up at collarbone for high noon / then below to ribs for supper / tease your own areola
and nipple / from the reflection be sure to catch any dimpling / not attached to the smile / they
say puckering is a sign too / and you find it silly to stare your own lips pursed / as you hold arms
up in surrender

To the Patient Intake Form

When you stand in front of that mirror,
what do you see? Fog streaked
by your palm and in jagged circles
your face is painted in the glass.

Sex: and there in the lobby
is the urge deep in your belly—or is it mine?—
to blacken every box,
press thumb into the plastic and snap.

Drip

drip-

-ping

onto the pages below—
how will they note you know when you hand
back wet paper. Your date of birth and patient consent
signature swim in the same sea as your sex.

Minimally Invasive

guess how many times the blue gown can wrap around your torso / if you guess two / add one more / it billows from the back / and side as you press your skin into cold white paper / you know it's going to nick your skin / all point and even if hollow is in the name / know it fills with a piece of you / had you even considered / how invasive masses can still be considered a "you" / the skin holds the blood not spilled / you are red and blue from the needle / and at least it's not a wire / not the shiny glint of a sharper edge / slicing into the parts of you / that scare you / all in the name of health / you are blue and purple / from just a sample

Spin Your Records

from black and white,
tell us what's in our hearts.
whispered, Thoth told me
my blood pressure is my signature—
 the quill scratching over the scroll.
allow my height and weight
 to warn you that paper trails are confessionals.

signing the cross over our chests
does not shed the target on our backs as we walk
down sidewalks—there is a pattern of which cracks
 you must step over
 and which you must worship.
at every pause,
we know the ringing of false prophets.

Auditory Processing

Every ear is the differential—
the right amount of sound pressure
to creep over the threshold,
awaken waiting neurons.

Every hair primed and ready
to engage in an exchange— *reciprocal*.
Doctor, give me the swivel chair,
the windowsill to lean on.

I'll tell you stories. You'll dance in them
while you watch my tongue curl on
the hanging syllables of my songs for healing.

Let me tap on your vestibular nerve
with the vibrations of: correct/pronouns.

Can you articulate back to me what I've just said?

Your Doctor Might Recommend Surgery

periphery nerves carry the world from fingertips / to spine / hanging suspended in the synapse /
you think you could almost grab it / your fingers aren't there / aren't moving / and you can see
yourself / body splayed on table / maybe it's all just the drugs / a cloud falling over your eyelids /
and in the shape is you / do you care / if your breast sits like before / or do you care / that you
feel like yourself at the end

Regular Mammograms

if you look at radiology / and think this means your funeral / run / no plastic plate / no x-ray /
should reach so deeply that it pulls the essence of you / out / when it squeezes / when you think
you cannot draw up another breath / when your breast lights up / shows density in places that
cause concern / do not curse the stars / save that for the back pocket / politely thank the gown /
and run / this is not your ending

The Four Foot Gap

How much of the following apply to you?

Check it off.

Anxiety this week has been a 5
previous week it was only a 3—
the load of spinal column and brain stem battling to focus on
Alive vs. Overwhelmed
School work vs Life Work

How much of the following could you explain

if you were just given a second?

When Your Therapist Gives You The Scores

Tell him you can count too—
one less day you taught
ten fresh steps of a new fox friend trotting over the trails

Tell him any given week can surprise you—
the acceptance in your email
the text from a friend saying that they are thinking of you.

Tell him you can count too
though the average means nothing—
it's a point on the board, one wave that laps at your boat.

We aren't counting the damage anyway.
We use our fingers to signal every joy encountered,
trace the sparkle of stars lighting our way back true north.

Tell him
a score is a losing battle anyways.

IV

Present

I.

When you are telling true stories, you are only telling a slice. There's a beginning to the beginning you established and there is an ending beyond the ending you settled for. I am more than appreciative of Laura and Reece for their vulnerability, their slivers of the stories they've allowed me to share.

This is only a cross section. There are many other stories that did not get shared but deserve to be.

I wish I could give a triumphant ending. I wish I could say and, in the end, everything we've encountered was defeated.

The only truth I can offer is that Laura, Reece, my mother, and I are still here. Here in the sense that it encapsulates the space of our houses, bedrooms, classrooms, Zoom spaces, emails, Twitters, Instagrams, text messages. We still exist. We still walk the over the asphalt and carpeted halls.

We are still here.

They say a picture is worth a thousand words. It would be so much easier, as Reece pointed out, to hand out memes. Printed out—not on your phone. A printed-out meme handed to the doctor like a doctor might hand over the results from an ultrasound. On it, besides the ink, is the embodiment of something more accurate than family history, more accurate than referrals, more accurate than boxes.

Here, the meme says, this is just a little chuckle for you, doc. Just a way to tell you everything important about them and then we can keep it moving to the chief complaint, or the follow-up, or the test. Keep me. Put me in their records. Pin me to the top so everyone that flips the file open must see exactly who they are.

However, in that office, as we listen to that doctor, wondering when and how to speak in return, all we have are words.

Present: Follow Me for One More Leap

II.

You are me.

And all we have are words.

What words will you use, reader?

Hope (100mg)

smoke billowing southward catching on the glint /
daring to be chased down /

forged within the dust of today and tomorrow /
hope / taken orally / once per day

sliding down the back of throat

and on the way down / it catches no edges /
no box or form or sigh

when you find the horizon yellow / and it embraces you /
continue use

Rituals for Compassion

Pite:compassion migrates into something like mildness—
a pity to be filled with hollow and obligation.

Don't kiss your wife

with the same mouth you sighed at me with.

Don't use the same hands to hold someone that
you used to script out Zoloft with.

Don't tell your wife, or daughter, or loved one
the same things you've told us.

Pity:devotion migrates into mercy—
add humility to the list.

There is value in the life already in us,
we are already too full of grief.

Do you care to watch us sprinkle

rosemary in remembrance of what we once were,

what we hope to be (new again: in our Normal) someday?

Call out to Hygiea and Asclepius alongside with us--
painting them deep onto the walls of our veins.

Pity is weighing help against the damage endured.

a table of Tongues

do not forget to carry with you
the torch of a newfound tongue—
 never welded for malicious lashing
but forever present to remind
 you are the one living and telling this story.
a held tongue never serves you,
a harsh tongue breaks the table made for you.
carry with you a firm tongue instead,
watch it bring to you the gentle reassurance of a nod,
 and a titled head
paired with, “Can you tell me more?”

Invocation Before Appointments

to be ever present
at the first tug,
the first voice buzzing
in our ear *deserve better* and we listen—
doesn't that sound sweet?

Amen.

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