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-opathy

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-opathy

By

Heather McCardell

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at the University of Windsor

Windsor, Ontario, Canada

2022

-opathy

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Declaration of Originality

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Abstract

My MA thesis, *-opathy*, presents a collection of poems and accompanying essay that confront the (mis)treatment women often face in the healthcare system. I present my poems in a range of experimental formats, interweaving the medical and the poetic, presenting the voices of women with various diverse backgrounds. These poems critique a healthcare discourse that frequently demeans and dismisses women's experiences, while also placing frequently unheard voices to the fore. Experimental poems break open medical jargon, undermining medical language that objectifies the body; narrative poems put forth diverse and dynamic poetical protagonists who become the agent of their story, rather than an objectified body, and push back against the medical machinery they have been caught in through self-advocacy strategies and community support. Even amidst such heavy subject matter, humour finds itself laced throughout in witty comments, footnotes that expose absurd language, and (sometimes sarcastic) laughter. *-opathy* puts forth its critique of an institutional system by playing with (and in between) language and foregrounding the women in its pages as people rather than just patients.

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Finally, as cheesy as it may be, thank you to myself – for continuing to write poems when all I wanted to do was surrender my pen, and for asking for help when I found myself in a dense bramble thicket of burnout. Ya freaking did it.

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Table of Contents

Declaration of Originality iii

Abstract iv

Acknowledgments v

-opathy
The Individual 2
Diagnostics 3
-opathy: a two-part poem 4
What she really means 5
What a diagnosis doesn't tell you 7
an inch of resentment leftover from a PCOS diagnosis 9
The System 11
ghosts of clients past 12
gaslight 14
Gastro- 15
"Labels don't matter" 17
Bias 18
Type 1 19
-algia 22
Going on seven months 23
On Average 24
Electrocardiogram 26
lumpectomy 27
emergency! but no follow up 28
cysteriously: tsk um ah ok 29
Healing Networks 30
Hunched 32
If medicine doesn't hear the symptoms, do they make a sound? 34
Not an emergency 35
hysteria 41
Traffic Jam 42
Ha 43
Spoons 44
Goose Egg 46
dismissal 50
No anaethesia required 51
Crunching through Mid-Transition 53
Dr zips 55
Heart Attack in Progress 56
Ladies & lesbians & bis, oh my! 57

The Kitchen Sink....59
Her tissue grows....60
Q&A....62
the best birth control....65
Home Call....66
Pulsing gooing swelling....68
semantic drift....71
Museum of Opathy....73
treatment....78

Bodies of Value: The Pushback and Poetics of -opathy....79

Works Cited....107

Bibliography....109

Notes....111

Additional Notes....115

Vita Auctoris....116

-opathy

Heather McCardell

The Individual

Diagnostics

Case #: [redacted] **– 04-Jun-2019**
DR. [redacted]

[redacted] SUIT 101
MISSISSAUGA, ONTARIO [redacted]
Tel: (905) [redacted] **Fax:** (905) [redacted]

take out

Patient ID: [redacted]
[redacted]

D.O.B : [redacted] 21y4m Sex: F
[redacted]
MISSISSAUGA ON [redacted]
Tel: (647) [redacted]
HIN: [redacted]

DIAGNOSTIC IMAGING CONSULTATION

Unnecessary sophisticated language.
Instead say, "We're going to shove a camera-wand up your vagina."

PELVIC AND TRANSVAGINAL ULTRASOUND

CLINICAL INDICATION: Amenorrhea. be more specific ie, no period for 5 months

The uterus is 7* cm in length. Endometrial thickness is 5* mm. No uterine fibroids. is this good? Describe what a fibroid is so readers understand

The right ovary was a volume of 10* cc. The left ovary has a volume of 13* cc. There are what does this mean?
bilateral extensive subcentimetre follicles with a ~~morphology~~ that would support PCOS.

this is medical gibberish. Explain what this actually is for readers.

can you be more specific?

spell this out so readers understand ie, polycystic ovarian syndrome

No free fluid.

free fluid where? is this good? Explain.

* = are these numbers good or bad?
ie, what is 'normal' supposed to look like?

-opathy: a two-part poem

Follow-up

Hi, I'm a resident working with Dr. Marshall and I'll be seeing you today. So, what brings you here? From your file, looks like you had some blood work and a pelvic ultrasound done because you went off birth control about five months ago and experienced amenorrhea. All right, so looking at the blood work…your prolactin levels are high, cortisol levels are high, luteinizing and follicle-stimulating hormones, all high…okay so we'll do more blood work just to double-check some of these numbers. The results of your ultrasound…let me pull them up…so your endometrial thickness is five millimetres, and – what? No, that's not normal. Average is about seven to ten millimetres. And it does look like your ovaries have some fluid in them. Hm? No, I can't tell if there are cysts or fibroids. This does look like a diagnosis for polycystic ovarian syndrome, though. We'll probably refer you to an endocrinologist, and Dr. Marshall will probably want to send you for an MRI to rule out microadenoma as a factor in your hormonal issues. Any questions? Um, no, we don't really know what causes PCOS. Dr. Marshall can speak to you about that on your next visit.

Polycystic Ovarian Syndrome

But what does it mean? Poly-cyst ovary syndrome? What does it mean? Micro-demena? What does it mean? What does it mean for my love of pasta and bread, my weekly hour-long aerobics class, my ass-shaped spot on the couch? What does it mean for my future babies? Do I even have a biological clock anymore? Have the hands completely fallen off the clockface now bloated with tiny fluid-filled balls pimpling its once shiny surface? What does it mean? What does it mean? What does it mean? Whatdoesitmean? Whatdoesitmean? Whadositmean? Whdsitmean? Wdim? Wdim?

?

What she really means

Hi Julie, I'm Doctor Marshall. Let's take a look at your chart from your recent pelvic ultrasound.[1] So, you got this done because of amenorrhea.[2] Mhm. The thickness of your endometrial[3] tissue is five millimetres, you don't have any uterine fibroids.[4] Your right ovary has a volume of ten cc's,[5] while the left is thirteen. You have no free fluid.[6] Hmmm…you appear to have bilateral extensive subcentimetre follicles[7] with a morphology[8] that supports a diagnosis of PCOS.[9] Any questions?[10]

---

[1] Specifically, a transabdominal ultrasound (where the transducer runs back and forth over the lower belly) and a transvaginal ultrasound (where the transducer goes into the vagina). Sound waves create images of the organs inside the pelvis.

[2] For five months, blood did not seep from between my legs and stain the whiteness of a tampon or the purple fabric of a new set of panties.

[3] My endometrial thickness is not thick at all; it's actually quite thin. One millimetre equals the width of a credit card. My endometrial tissue is two credit cards away from being normal and healthy (between seven and ten credit cards).

[4] A mass, made up of smooth muscle cells and fibrous connective tissue,[a] that ranges in size from a single eraser tip to multiple pink rectangle erasers. The most common (benign) tumour to develop in the pelvis, they can grow outside the uterus (subserosal), within the walls of the uterus (intramural), beneath the uterine lining and potentially pushing into the uterine cavity (submucosal), and on little branches inside the uterine cavity or outside the uterus (pedunculated).

> [a] Specifically, the white fibre, found in human tendons and ligaments, which consists of bundles of woven fibres but looks like an old, lumpy pinkish-white stress ball, hardened after years of neglect, red cracks and veins along its surface.

[5] "cubic centimetre" – a staple is one centimetre long. A fancy way to say my right ovary can hold ten staples and my left can hold thirteen.

[6] My body was nowhere near ovulation.

[7] Truly a bunch of mumbo jumbo that represents medical secret code. To break it down:

[b] bilateral: two. For example, our ears are bilateral. I have two follicles: one on the right and one on the left.

[c] extensive: Google explains: "covering or affecting a large area." When combined with bilateral[b] and follicle,[e] her words mean that my two follicles are pretty big inside those ovaries. Yeah, but how many staples big?

[d] subcentimetre: the follicles[e] are smaller than a staple. So then why the "extensive" bullshit?

[e] follicles: fluid-filled sacs[i] inside my ovaries that contain one immature[ii] egg each. Ideally, they listen to the hormones, release the egg, and shrivel up like a crushed sticky note thrown in the recycling, but now those eggs just bob around like a stress ball rolling this way and that across the doctor's desk.

[i] These fluid-filled sacs can develop into cysts if they continue to grow, and cause excruciating pain: you can't walk, you can't move, your doctor might or might not give you pain meds, but you must still go to their office for the treatment.

[ii] immature: not fully developed.

[8] Morphology: refers to the size, shape, and structure of an organ, rather than its function. Abnormal[f] morphologies are symptoms of underlying conditions. The size, shape, and structure of my follicles support a diagnosis of PCOS.

[f] abnormal: outside or deviating from the expected norm; unusual in an unwelcome or problematic way.

[9] She diagnosis me with polycystic ovarian syndrome.[g]

[g] syndrome: a group of symptoms that occur together; different from a disease because the symptoms do not have a definite cause. i.e., we don't know what causes PCOS and it's not the same for everyone.

[10] Lots.

What a diagnosis doesn't tell you

Steam rises and coats the mirror in a ghostly hug. Fingers rub through thick hair, heavy with water. Massage in the light cream of coconut and açai berry shampoo. Massage the temples, run fingers through hair from forehead back. Forehead back. Tangle at the mass of knots at the nape of the neck. Hands pull away. Dark strings cover the hands, weaving between the fingers.

"Hm." *More than last time.* Collect the strands of hair from between the fingers and pile them in a wet ball on the side of the tub so they don't go down the drain. Fingers return to the hair. Water spurts down in a steady stream and the coconut and açai berry shampoo runs down the thick rope. Fingers run from neck down, neck down, the end of the long rope slapping against the lower back as hands return to the eyes.

"Hm?" More strands of the dark hair threaded like torn spider webs between the fingers. Breathing quickens; heaving of the chest feels heavy. *Maybe…?* Frenzied fingers extract the hairs from around them and pile them on top of the growing wet ball on the side of the tub. Fingers return to the hair, this time with the thick cream of vanilla and papaya conditioner. Knots disperse. This time, the hands stay with the hair to let the waterfall wash out the light scent of vanilla and papaya. Return to a state of slack muscles.

Hands return to the eyes. Held like those hands of a person who's just committed a crime in the movies: fingers taut. Thick strands of papaya-infused hair strewn between fingers and drape onto palms, forming cobwebs so thick only slivers of skin appear beneath.

Fingers extract the hair, roll it up, plop it next to the growing wet ball on the side of the tub. Shut water off, naked ass sits on the cold linoleum of the tub.

Maybe it's not. Fingers pick up the ball, pull a few hairs from the dripping mass, smooth the ends over the palm. Tiny white beads attach to the ends of every hair in that monstrous pile.

Roots.

"Fuck." Wet suddenly turns slimy; place back on the tub. "Fuck. Fuck." *Maybe the bald spots won't show for a while*.

Cramps grip stomach like two hands squeezing and attempting to play piano. Sharpness wakes, attempt to roll off the bed when the pain prevents crunching the abdomen together.

I swear to God if I'm constipated again. Shoulders hunched, both hands holding the curve of the belly, shuffle to the bathroom. Sitting on the toilet in the darkness, nothing comes out. Through the pale light coming in through the frosted window, eyes focus on a dark streak nearly blending in with the background of maroon panties. Lean closer over the dark splotch, then use a finger to lightly drag across it – comes away with a light dusting of red on its tip.

*Is it...*it*?* Hold breath. Grab toilet paper, wad it up, press lightly against vulva, pull it away. The white comes away with a red streak.

"Oh my God." Throw the paper in the toilet, flush, and wash my hands. "It's here!" I whisper excitedly, not having any tampons or pads to grab because *haha* – I haven't needed any for months!

Let the blood soak through my underwear and stain my pants! O, thank you glorious breasts for aching so horribly – much obliged! Splitting headaches behind my eyes, was that you trying to herald my period's arriving? Haha, wonderful, wonderful!

The wax that so plugged up my uterus hath melted. Rejoice!

3 tablets (500mg each) of Auro-Metformin per day to suppress the growing insulin resistance in my cells, unable to process glucose from foods, putting strain on the pancreas, kidneys, unstable blood sugars increasing the risk of developing type two diabetes, which will put increased strain on the liver. Side effects include shallow breathing, loss of appetite even though I have to eat when I take this pill; nausea so painful it wakes me up at 2:30 in the morning and won't leave until I force myself to vomit in the dim light of the bathroom, knees on the hard tile floor and hands clutching the rim of the bowl; diarrhea that forces me to stay on the toilet for 15 minutes and sit in the stench that this pill has created. A stench that somehow seeps beneath the bathroom door to pollute the living area and has my roommate shout, "Agh, I can smell it from the front door!"

1 pill (100mcg levonorgestrel [progestin] and 20mcg ethinyl estradiol [estrogen]) from Alesse per day, not because I'm worried about getting pregnant; no, this is to balance out the testosterone that shoots through my endocrine system with abnormally high levels and to stop my hair from falling out. Will the hair grow back? No doctor will say. Also taken so every month the accumulated lining of my uterus can tear itself off the fleshy walls when no egg implants and it can fall through the vaginal canal to land on the whiteness of a tampon to lower my suddenly increased risk of endometrial cancer.

How long do I take these pharmakon? Oh, just every day for the rest of my life.

Nipples ache as skin flakes off their pink tips. Raw, except I do not have any babies suckling and biting on them. They rub against the rough fabric of my white cotton sweatshirt, my bras lying uselessly in the top dresser drawer as discharge seeps from the slits in these tiny chafing bodies. The right one stings more: a constant sharp electric buzz that I can only soothe when I hold my shirt away from my body – or take it off all together. The soft skin made red and flaking by the continuous abrasions of the white cotton. Discharge stains on the bras from my leaking breasts, harsh water stains on 40-year-old softwood floors. The right one leaks. The left one follows. My sweatshirt displays two blooming carnations, the stain slowly widening its circumference as the drips continue. I rip the shirt from my body and throw it in the laundry, grabbing a blanket to wrap around my shoulders instead. Chilled, with little droplets falling on my belly and the surrounding floor, my nipples find some solace.

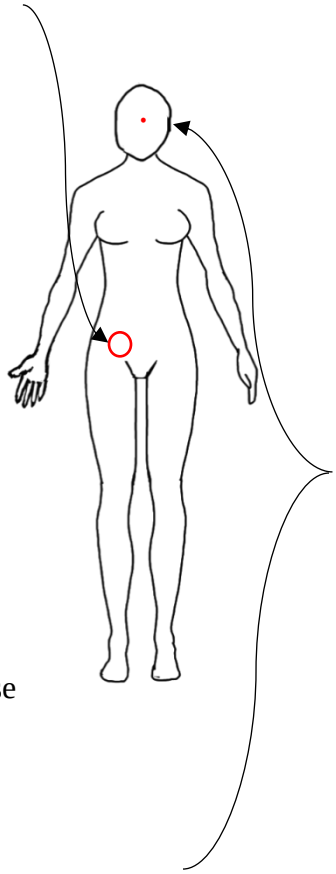
an inch of resentment leftover from a PCOS diagnosis

okay, so you're telling me

I have this chronic condition
for which I have had all the symptoms since 7 years old
and only now have a diagnosis

okay, so you're telling me
Doctor
that when I came to you at 17 with pressure and sharp pain in my lower abdomen
here I'll show you the spot!
because it shows up
every now and then

and you sent me for ultrasounds
that I guess didn't show you what you wanted to see
then said there was nothing you could do, but
I should try using more lube during sex
or just not do certain positions
(doggy style, cowgirl, romp with a view)
or use a heating pad and lie still
until it goes away



that my early development didn't click for you
with my routine blood work
consistently coming back with high testosterone, high LH,
high FSH, high cortisol, dark hairs sprouting on my chin, my
legs, thick hairs growing in my armpits and curling pubes
by age 7
I was the only one in my Grade 1 class who needed deodorant because
I smelled like a stinky, pubescent teen
and those signs, symptoms, still didn't click?

I even have this tiny benign tumor
sitting on my pituitary gland,
discovered at 21 during the
diagnosis process, and now
regularly monitored by MRI
every 3 years.

I wonder how long it's been there
I wonder at its role in all this.

you were reluctant to assign a diagnosis
to someone under 18 because, in your words, “the body is still changing”?
but what changed in my body
because nothing has changed for me, not in 14 years

okay, so you’re telling me

I may have a diagnosis
but I still don’t know where
this pressure comes from or
why

okay, so

The System

ghosts of clients past

in the crinkles, split leather
threads coming away from seams
a wearied wooden frame
sighs drift from the cushion at every
Take a seat. The doctor will be right with you.

eye twitch and twirling hair
I don't actually need birth control.
I sleep with women.
chewing on cuticles and biting nails
I, uh, go by Leslie now.
I want to talk about hormone therapy.
pulling at loose sweater threads
My dog died so I haven't been walking as much.
That's why I've gained some.
throbbing forehead and queasy gut
I'm the one who's lived with celiac for twenty years.
I tell you, you're wrong.

the ghosts of clients past
stroll through those leather crinkles
peeling off a splinter
before the dreaded
We're ready for you.

sweat gathering and pooling under arms, in palms
Can you refer me to a clinic that uses general anesthesia?
I've had GHB[Rohypnol] for a colonoscopy before; I don't like it.
picking at hangnails
I've heard the hospital now works with Indigenous healers.
Can you refer me to one? I'd like to incorporate my spirituality into my health.
chewing on a pen cap
I've written down symptoms I've experienced over the past three months.
Are there any tests so you can get to the bottom of this?
drowsy and gassy from disturbed anxious sleep
I've brought my husband with me.
He can attest to my symptoms.

in the crinkles, split leather
unraveling seams

splintered frame
haunted by those clients past

gaslight

this gash
sags
this gash
gags
lags
this gash has
light
it is a slight
halt this gash
sags
gags

Gastro-

Her belly laughs.
Her belly breathes.
Her belly rounds.

Her belly rolls, folds
sings
softs.
Her GP tells her belly to “Start dieting and exercising.
Start losing some weight.”
when her chest hurts.

Her belly waters ficuses
starlight, rubber, and fiddle leaf.
Her belly paints on canvas.
Her belly Cha-Chas.

Her GP tells her belly not to eat, not to treat
Leave those birthday donuts for the “thin co-workers and do jumping jacks instead.
Work hard at self-discipline.”

Her belly does.
Her belly:
Not one to leave the dishes soaking overnight.
Not reluctant to pay her half when her roommate does the shopping.
Not hesitant to arrive early for a meeting.
Not one to leave a misshapen, miscoloured mole unchecked.

Her belly quivers at
the doctor’s laugh. Fears the words
“You don’t need an EKG.
This is psychosomatic.
There’s nothing wrong.
Come back when you’ve lost twenty pounds.”

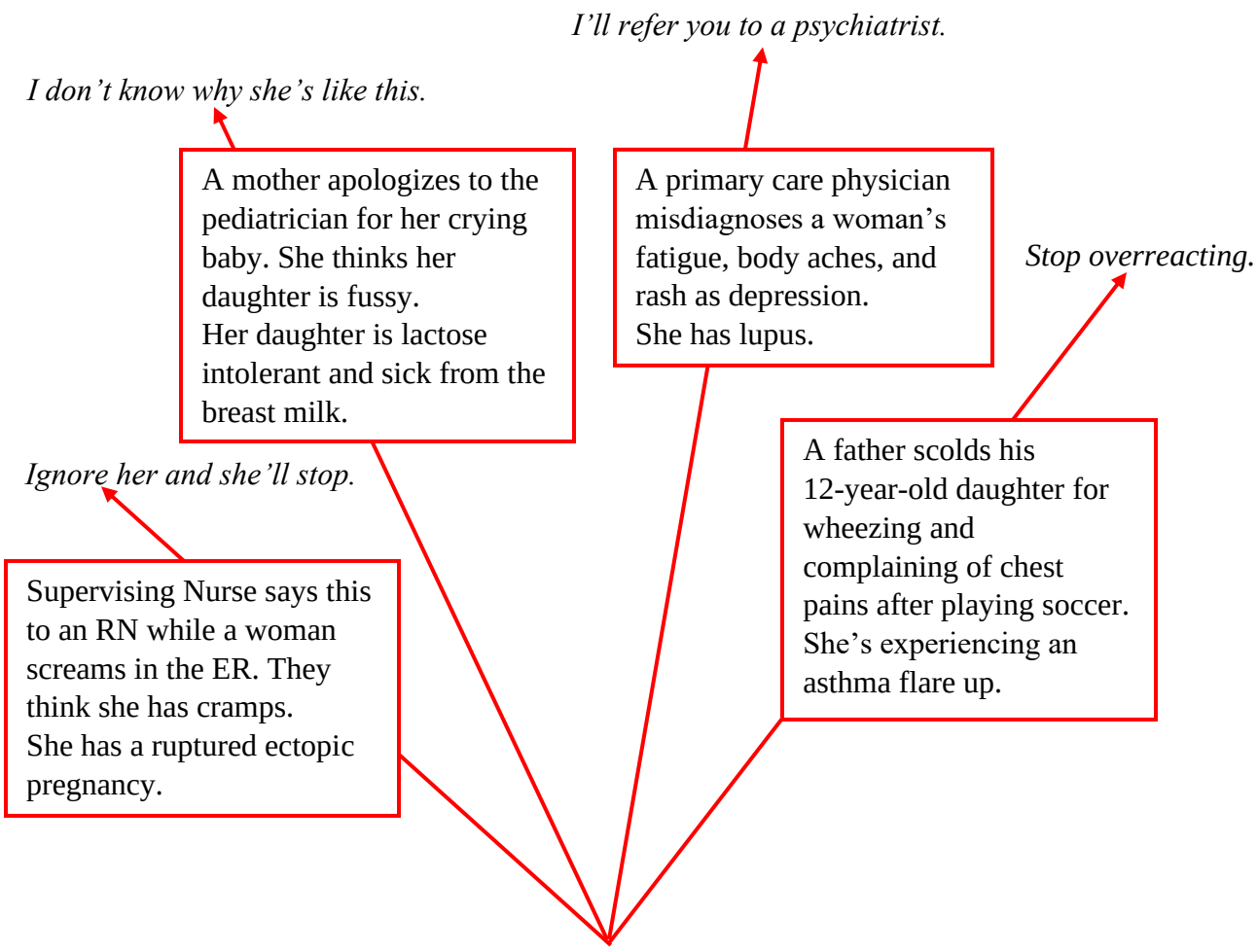
Her belly leaves the GP’s office
again.

Her belly leans toward attentive nodding.
Her belly hopes for gentle rubbing palms.

Her belly craves a soothing
"We'll figure this out."

Her belly rounds.
Her belly breathes.
Her belly lifts.

“Labels don’t matter”



“Why do you care so much about a diagnosis?”

Bias

Serena sits near the sleeping computer, closed cupboards behind her, and examination table to the side. Her fingers twitch nervously, aching for her crochet hook at home. Her large body squeezes into the patient seat, but no armless chairs.

Knock knock

Serena folds her jittery brown hands in her lap. Dr. Silva enters without her "come in."

"What brings you in today?" His white hand moves the mouse to awaken the computer, bring up her chart.

"Chest pains," Serena explains. "When I lie down, when I sit."

"I don't see your most recent weigh-in. Did the nurse not weigh you today?"

"Uh, no. I asked not to be weighed today."

"Well, that's not helpful. I need to monitor your weight. You're obese, Serena, and if I'm going to help you we need to measure it every time."

Her cheeks flush, fingers tighten their grip around each other.

"I'd really like help for my chest pains. Is there any medication or tests to take?"

"Lose weight, and they should go away."

"Exercise won't help," she explains. "I had to quit my softball team last week because I couldn't take the pain."

"Tell ya what. You work on losing weight, come back in one month, and we'll reassess. And don't think about skipping out on that weigh-in!" he jokes playfully, standing to signal the appointment's end.

Serena remains seated. "Can you write that in my chart, please?"

"Pardon?"

"Can you write that in my chart, please. That I asked for medication and tests."

Dr. Silva's lips purse. He opens her chart again.

"Sure thing. Y'know what? Let's send you for an EKG, and I'll put in a referral to a cardiologist." His white fingers move deftly along the keyboard before printing her papers.

Serena folds the papers and tucks them into her bag before standing.

Type 1

For Katie

?.?
The flu
just the flu
causing legs to buckle and 8-year-old Katie's eyes to droop
wouldn't kick the soccer ball at recess
couldn't lift leg and bend knee to get into Mom's van – like super ultra-sticky gum pulling at her shoes.
At baseball practice – leans against the bench, the fence, Mom
– sits in the shaded sand, dusted shorts
– the rest of the team runs catches swings
Mom takes Katie to Grandma and Poppa's on the way to Jake's hockey tournament.
"It's the flu," she tells them.

20.3
Katie's beige face glistens with sweat
throat constricts with a dryness that won't quench
maple syrup saliva coats the roof of her mouth, under her tongue
between sticky molars
swishes water to work the sharp chip crumbs out from the flesh of her cheeks.
"You've only had water since you got here," says Grandma.
Katie lies on the couch, puckers lips, straw doesn't reach, fingers can't grip the cup, arm shakes shakes shakes to lift water sloshes straw rattles
spill.
Cup lands vertical on the coffee table, paper straw goes limp, water flies water spreads water soaks the gardening magazine.
Grandma gets another cup, brings it closer.
Katie chugs water chugs water chugs water
every ten minutes Katie calls, Grandma takes off the blanket, grasps two wrists, hauls the limp body, Katie leans on Grandma, an arm over her neck and Grandma's around Katie's back, shuffle on legs that tremble tremble tremble to the bathroom.
I wonder, thinks Grandma, pulling Poppa's meter – for his Type 2 – off the counter
unzips the black felt bag, grabs a fresh test strip
opens the plastic seal, takes out a small stick shaped like a blue exclamation mark, twists off the dot, reveals a fresh micro needle tip, loads it in the meter.
"Give me your finger, honey," says Grandma, who calls Mom.
"The meter must be broken," says Mom.

31.7
Katie under wraps, swaddled on the couch – couldn't sleep last night.

Brother shows up, a pack of Oreo's clutched in his hand, when Mom comes to check in on Katie.
"Give me your finger, Jake," says Grandma.
Jake shovels another cookie in his mouth, the package almost empty from the ride over belly full of pasta from lunch, swirling with cookie cream and crunch –
6.2 the meter reads.
Mom brings the meter over to Katie for Grandma to set up.
Grandma takes a clammy Katie finger, pricks a crimson drop.
"Holy shit," Mom calls the health line. "I didn't want to bog down the system. I thought it was just the flu!"
"Rush her to emergency right now," commands the voice on the other end of the line.
Mom flies through green yellow red lights
her disintegrating daughter in the back with a mouth full of honeyed pop rocks
lungs quivering with each breath, she can't get out at Emerge.
Mom carries her in, a bag of sand, "I was told to bring her in right away. Her sugar is over 30."
"Take a seat; we'll get to your daughter as quickly as we can."
Mom sits, Katie slumps. Mom's knees bounce, jitter fingers twist and twirl.
Katie loses feeling in her hands and feet, feels her arms, legs, abdomen fall in on themselves – like when you squeeze a bottle of honey to get the very last drop and the bottle crinkles
only Katie's bottle doesn't refill.
Three hours of Mom patting Katie's deflated beige hand, combing her hair, patting Katie's deflated hand, combing hair, patting hand, combing
and stopping nurses –
"My daughter, please, can't you take her now? The nurse on the phone said this was an emergency!"
"Ma'am, you need to quiet down. You're disrupting other patients."
And then Katie closes her eyes, loses the feeling of the chair beneath her as numbness spreads and her mouth fills with sweet chip shards and –
suddenly a flurry of scrubs and limbs.

7.3
"She could've gone into a coma –" vomit spews from Katie's lips. "Why didn't you get her here sooner?"
Pale yellow bile drips down Katie's lower chin, coats the chest of her hospital gown.
"I didn't think it could be diabetes. I thought that only happened to older adults who don't exercise."
Katie – watery cough, vomit on the nurse.
Mom: "You should've taken her in sooner."
Katie wakes, 4 days later and 18 pounds lighter.
The maple syrup drained from her mouth, no more hard honeyed crumbs embedded in gums.

Pink blush returns but her limbs remain pieces of wood – like those stored in the backyard – that confine her to the bed, now on the pediatric floor.
“What happened?” she asks the nurse. “Did I have the flu?”

6.1
A nurse brings in a teddy bear the size of Katie.
“What happened?”
“This is how you prick your finger to test your blood sugar.”
“Why do I have to do this?”
“This is how you give yourself an insulin shot.”
“But why?”
“You sugar levels should always be between five and seven.”
“So a flu where I need a needle?”

6.7
Katie kicks the soccer ball at recess and scuffs up her knees.
She does addition and subtraction and taps her toes against the side of the desk – legs wobble, head spins.
She raises her hand, tries to wave the teacher down
her arm becomes a noodle.
Thomas, sitting beside her, sees and runs to get a juice box from behind the teacher’s desk –
a new addition to each of Katie’s classrooms.
Katie takes the box, rips the straw from the adhesive on the side, opens the plastic, jabs the pointy end through the tiny aluminum circle and chugs chugs chugs.
The teacher brings over a granola bar – another new addition to each classroom.
The wobbles disappear, the spinning stops, and Katie gets to stare at her math practice page and abandoned pencil for 10 minutes – even tells the teacher she needs a few extra minutes when she’s not ready to return to the math problems – as the wobbles fade and the spinning pulls back, and Katie brings out her meter to prick a finger to make sure her sugar rises enough.
6.7 flashes across the screen.
“Time to get back to your work,” says her teacher.

-algia

A woman with thin white hands walks into a doctor's office. "I have unbearable pain," she says.
"You just have bad periods," says the doctor.

A woman with thin white hands walks into the ER. "I can hardly move, I'm in so much pain."
"Women just need to deal with their period pain."
"But I'm not even on my period."
"Hm. I'll order a CT scan."
"And the results?"
"Nothing shows up on your CT scan."

A woman with thin white hands goes to a walk-in clinic. "Please, I haven't been able to work from the pain. No one will listen."
"Let's send you for some blood work and an ultrasound," says the doctor. "Sounds like endometriosis."

A woman with thin white hands sits in the office of her new gynecologist, waiting for her treatment plan.

A woman with thin black hands walks into a doctor's office. "I have unbearable pain," she says.
"Women just need to deal with their period pain," says the doctor.

A woman with thin black hands walks into the ER. "I can hardly move, I'm in so much pain."
"You just have bad periods."
"But I'm not even on my period."
"Nothing else wrong with you."

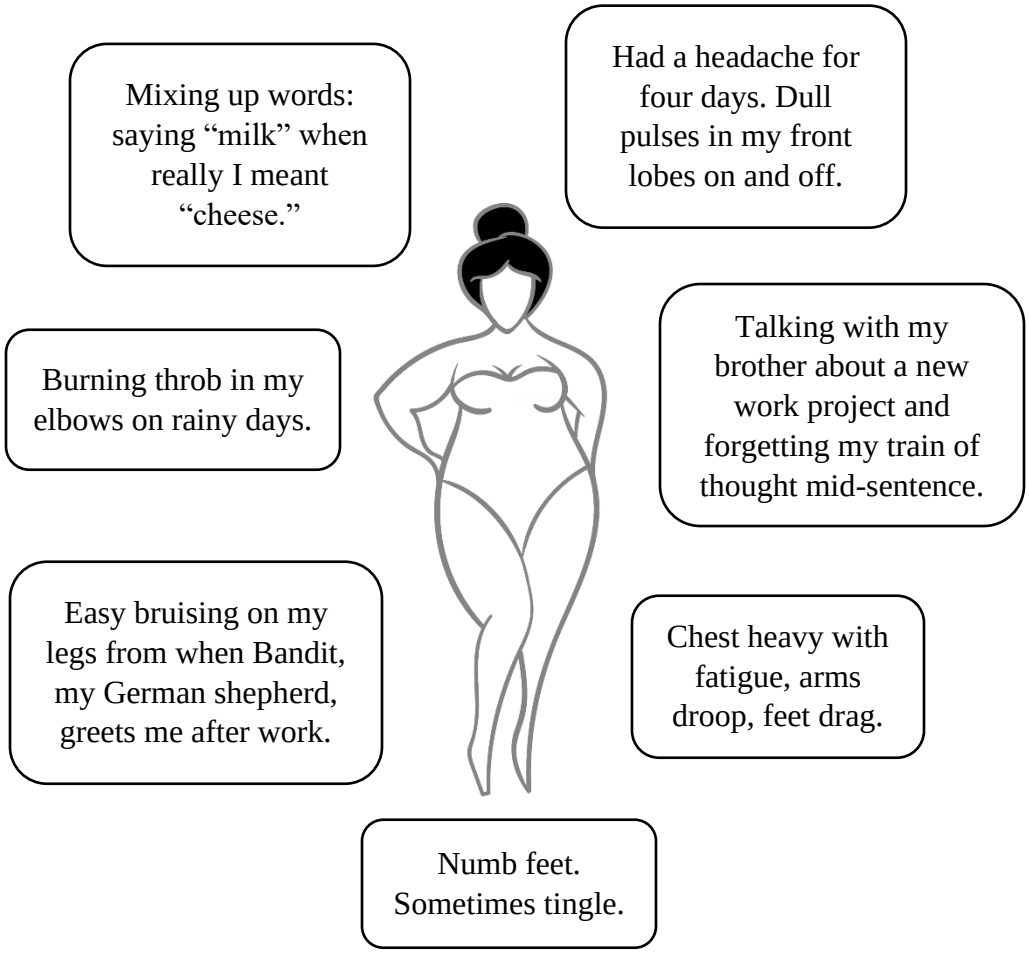
A woman with thin black hands goes to a walk-in clinic. "Please, I haven't been able to work from the pain. No one will listen."
"Painful periods are part of being a woman. Take an Ibuprofen; that should help."

A woman with thin black hands walks into a doctor's office. "I have unbearable pain."
"Extreme cramps and pain during menstruation are normal."

A woman with thin black hands walks into the ER. "My pain is not normal."
"Your blood work shows no anomalies."

A woman with thin black hands walks.

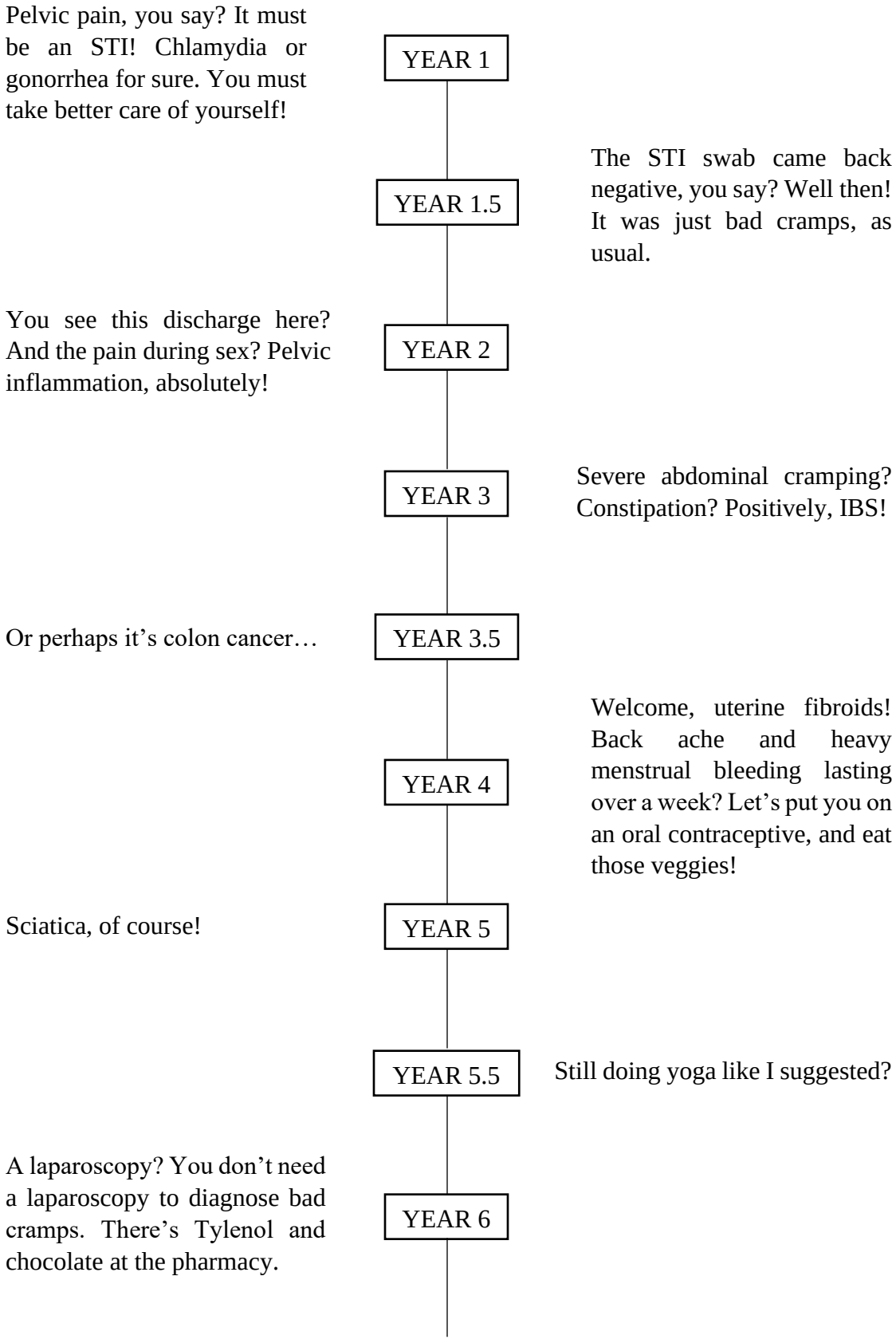
Going on seven months

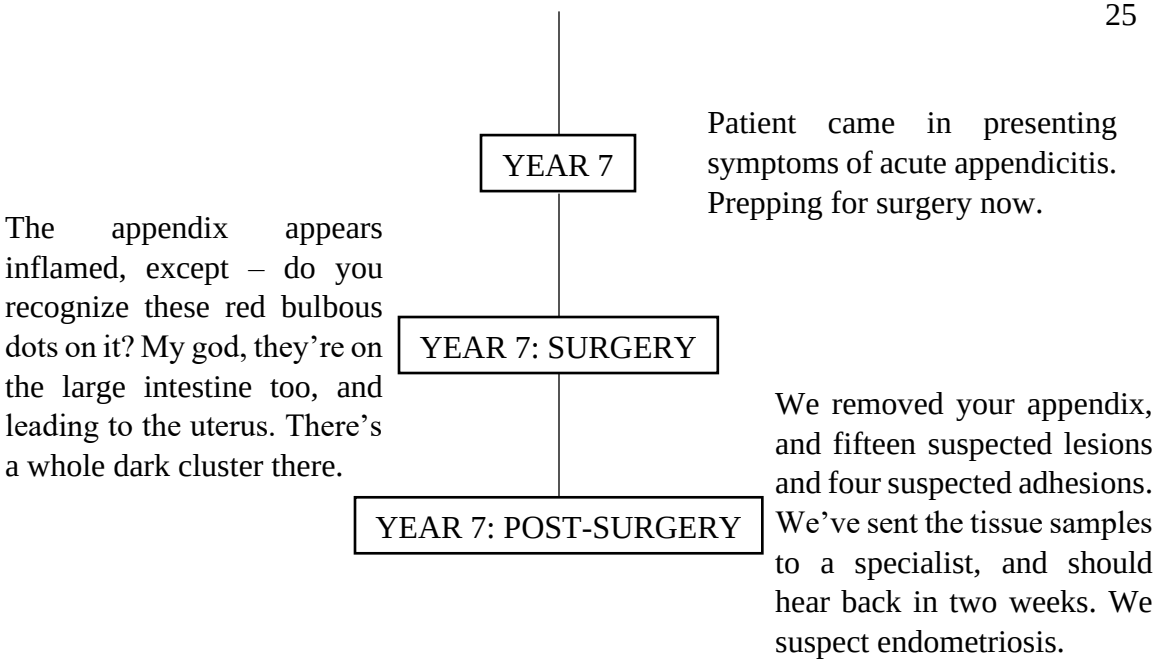


Symptoms for rheumatologist appointment on Monday:

- Achy muscles that prevent good sleep
- Needing 10 hours of sleep
    - Greater pain during the day if less than 8 hours
- Unable to raise arms overhead to reach cutting board
    - Have since relocated the cutting board (and cookie sheets, muffin tin, and barbeque tongs)
- Out of sick days but still call in on days in agony
- Cancelling on friend’s late movie night and dinner and mini-golfing when my spine rattles and radiates hot
- Muscles so tight when I wake that if I bend my knees to get up, I feel like I will snap them
- Dull achy body, like I constantly have the flu
- Nausea
    - No, it’s not pregnancy

On Average


Pelvic pain, you say? It must be an STI! Chlamydia or gonorrhea for sure. You must take better care of yourself!
YEAR 1
YEAR 1.5
The STI swab came back negative, you say? Well then! It was just bad cramps, as usual.
You see this discharge here? And the pain during sex? Pelvic inflammation, absolutely!
YEAR 2
YEAR 3
Severe abdominal cramping? Constipation? Positively, IBS!
Or perhaps it's colon cancer…
YEAR 3.5
Welcome, uterine fibroids! Back ache and heavy menstrual bleeding lasting over a week? Let's put you on an oral contraceptive, and eat those veggies!
YEAR 4
Sciatica, of course!
YEAR 5
YEAR 5.5
Still doing yoga like I suggested?
A laparoscopy? You don't need a laparoscopy to diagnose bad cramps. There's Tylenol and chocolate at the pharmacy.
YEAR 6


YEAR 7
Patient came in presenting symptoms of acute appendicitis. Prepping for surgery now.
The appendix appears inflamed, except – do you recognize these red bulbous dots on it? My god, they're on the large intestine too, and leading to the uterus. There's a whole dark cluster there.
YEAR 7: SURGERY
We removed your appendix, and fifteen suspected lesions and four suspected adhesions. We've sent the tissue samples to a specialist, and should hear back in two weeks. We suspect endometriosis.
YEAR 7: POST-SURGERY

Electrocardiogram

Serena: lies back against the examination table.
The technician: applies ten square sticky tabs to her ankles, wrists, across her chest.
stick
Goosebumps rise on her bare chest.
stick
Her legs tremble, quiver.
stick
A squeezing pressure from her sternum.
stick
Sharp tendrils skulk up her neck.
stick
“Remember not to move once the test starts.”
stick
“Please don’t talk either.”
stick
“If you do, I won’t have proper results for you.”
stick
“You’ll have to follow up with your GP.”
stick
Serena wonders if she should have gone with a mulberry rather than a plum for her nephew’s scarf, half-finished and strewn across the couch.
stick
She hopes he’ll like the soft Red Heart yarn.

The technician starts clipping the electrical leads to the electrode squares.
Begins.

lumpectomy

what do i do when they
tell me cancer CONSUMES
so i need rest but
my son wants bedtime stories

how can i shatter plates
knock the lamp off its table

scream that i cannot pull out hair
when they BOMBARD with radiation

what do i do with a baggie
of extra MUTANT cells
of COLONIZED blood vessels
what do i do with its hole

how do i go to work when
my co-workers won't touch the muffins
after i've dipped my hand in like
i can INVADE them

what do i do with my cancer
even after it
has been EXCISED when they
tell me it could have SPREAD

emergency! but no follow up

emergency emergency! Dr notices the crusty red blood drawn in thin lines along Patient's hips during the physical, the slightly upraised shiny scars underneath. Dr writes a note, seals it in a plain white envelope, and hands it to her 15-year-old patient. "She wants me to go down to emergency," Patient says to Parent. in emergency, Patient hands that plain white envelope to the person at the intake desk. Patient and Parent sit for 20 minutes. "Patient!" nurse calls her name. "There's nothing wrong with *her!*" a parent yells. "My daughter's been here for hours with a broken arm! That girl looks fine!" Patient receives a paper wrist band, is lead to a room with two cushy chairs. no clock on the bare walls. intake nurse took her phone after applying the paper wrist band. a woman comes in. "The depression specialist went home, so they called me. I talk to kids about anxiety. They say you have an eating disorder? You look fantastic! Stand up and turn around for me." Patient complies. "You don't look like you have an eating disorder. How can you be upset with a body like that? Now, tell me you won't hurt yourself anymore." Patient is discharged. "What's happened? What's wrong?" Parent asks. "I don't know. They said I could go home." "But why did we come here?" Parent asks. "I don't know," says Patient. Patient returns to see Dr 4 months later, bubbled maroon lines covered with a bandage. Dr finds a note from emergency in Patient's chart: *Patient met with anxiety specialist, was deemed not to be in immediate danger; discharged.* Dr does not follow up; checks blood pressure, takes weight, prints a new blood work requisition form. "Glad to see you're doing better. Take care!"

cysteriously:

tsk um ah ok

take me seriously
take me seriously
take meseriously
takemeseriously
tkemeseriously
tkemsriously
tkmsrously
tkmsrousl
tkmsrosl
tkmyrosl
tkmyouch
tkemycych
takemycyst
take mycyst
take my cyst
take my cyst

Healing Networks

Emma chokes on water for 3 years. Sputtering liquid sputters sputters sputters splashes up up up before swallowed. Coating her desk, computer, the carpet. She learns to drink water over the kitchen sink.

> Mom, I'm scared for you, says Jude, her son, when the water bubbles in Emma's throat, divides itself and flows down two paths – esophagus
> – trachea
> and Emma coughs and chokes for 10 minutes while Jude reaches for her through blurred vision.

Timothy, Emma's husband, draws her a cedar bath and calls Lane, the healer and a fellow Cree, when Emma vomits in the kitchen sink from coughing so hard.

> You sound hoarser than the last time, says Lane.
> I found a lump in my neck, Emma confesses.
> I will perform a smudging today, but a lump is a lump; you should go to the hospital.

Lane says a prayer to the Creator, then performs a sweetgrass smudging by first lighting the end of the braided sweetgrass. When the flames lessen and orange embers glow at the smoking tip, Lane uses one tan hand to guide the coils of smoke around Emma's body, beginning with her head. Emma cups some smoke in her hands, inhaling deeply as she draws it over her head, eyes, ears, mouth, and neck. Lane guides the rest of the smoke around Emma's body, finishing at her feet.

Emma and Timothy drive to the ER, dark brown and cream-coloured hands gripping the steering wheel, clasped together – the stitching of the pleather embedded on palms, half-moon imprints along knuckles.

> Have you been bitten by a wild animal, asks the doctor, peachy hands rubbing sanitizer. Could be rabies.
> There's a lump in my neck
> right
> here.

The doctor presses her fingertips into Emma's larynx, feels it bop when she swallows.
Presses left into the thyroid – All good.
Presses right into the thyr – A nodule. A swollen nodule.

> I'm transferring you to Dr. Khan. He's our endocrinologist.

As Emma and Timothy leave, passing two nurses, their brown and black hands shuffling papers.

> [Why doesn't she do a rain dance and heal herself, they snicker.]

Emma gets an ultrasound, a little pillow placed under her neck, throat exposed, as the wand presses in and around her larynx and thyroid. Back and forth – pause. Back and forth back and forth – pause.

A sonogram shows
1 tumour
on her thyroid.
Biopsy results in
Stage 2 papillary thyroid cancer.
A diagnosis orders
1 surgery.

Dr. Khan, the surgeon, the nurses in the recovery ward:

> We caught it just in time before it metastasized and colonized your body.

Emma has a 3cm tumour removed from her thyroid. The oncologist does not prescribe radiation:

> Let's monitor your health with some blood work, and we'll do another ultrasound in twelve weeks. If the cancer comes back, then we'll do radiation, but for now, I'd say you have an excellent chance of being totally cancer-free after the surgery. Be sure to take the levothyroxine thyroid hormone as instructed. Okay, see you in twelve weeks!

She is discharged.

Timothy draws a cedar bath, and Jude makes oatmeal cookies with chocolate chips. Lane arrives for their appointment – sweetgrass smudging – and invites her to a healing circle to join members of her community who also bear surgical scars.

Emma joins Lane's healing circle every 2 weeks, sitting with other members from the surrounding communities – Cree, Ojibwa, Nakoda, Dene. They start with ice breakers, do check-ins, have breaks to sip on coffee or tea and eat crackers with cheese and grapes. Each person shares their unique cancer story and struggles, expressing their feelings and at times looking for advice. Some people stop coming when they feel the support group has served its purpose, and new faces join, ready for their healing to commence.

Emma's healing begins and begins.

Hunched

I curl inward, bent at the spine.[1]
Where? She asks me.
Here, here, and here, I point to my neck, shoulders, and upper back.
Ah yes, she says. Your cervical[2] and thoracic[3] segments.
What does that mean?
C1 through C7[4] vertebrae, and T1 through T12,[5] are affected.
What does that mean?
Looks like it's mostly C1 through C6, and T1 through T5, that are overly compressed[6] and in an unfavourable anterior[7] position.
But what does that mean?
It means stop slouching.

---

[1] The spinal column, made up of vertebrae (small bones), nerves, joints, tendons, ligaments, and muscle. Composed of five spinal segments: cervical,[a] thoracic,[b] lumbar,[c] sacral,[d] and coccyx.[e]

[a] see 2.

[b] see 3.

[c] The third spinal segment consisting of five vertebrae, labelled L1 through L5. Location: lower back, otherwise known as the "trunk" of the body (below ribs, above pelvis).

[d] The fourth segment, consisting of a triangle shape and five vertebrae labelled S1 through S5. Location: back part of pelvis.

[e] The final segment, otherwise known as the "tail bone." This segment's vertebrae are either separate or fused, differing by age and sex. Four vertebrae are the most common.

[2] The cervical spine, otherwise known as the neck. It is the first spinal segment.

[3] The thoracic spine. It is the second segment of the vertebral column. Runs from the neck down to the abdomen. Attached to the ribcage.

[4] The seven stacked bones, called vertebrae, in the cervical segment, labelled C1 through C7.

[5] The twelve stacked bones, called vertebrae, in the thoracic segment, labelled T1 through T12.

[6] Flattened by pressure, squeezed, or pressed together.

[7] Meaning front or forward. Example: the kneecap is on the anterior side of the leg.

You're experiencing post-partum. Go back home and relax.

Maybe next time you'll think about not giving unprotected oral sex.

Sounds like anxiety.

You're a virgin on birth control? Don't lie to me.

Classic signs of boy trouble.

I know a narco-savvy patient when I see one.

Oh honey, it's just a tummy ache.

Based on the length of that skirt, I'm guessing you're here for an STI test?

You should get liposuction.

I'm so tired of you girls coming in for pain meds.

You're just anorexic. Eat.

I'd like you to lose fifteen pounds and see if that helps.

Cramps. Aren't you used to them by now?

You know you really shouldn't climb trees. Your body's not made for it.

Another crock patient.

Come on, this isn't painful. Toughen up!

No need to follow up.

Just a heavy period. Go home.

Hm, you're getting older.

Your pain is psychological, not the IUD.

Are you having marital problems? Could be stress from that.

An IUD? But you might want a baby in a few years.

You'll need a C-section because you're too fat.

If you get another abortion, you'll never be able to have children.

If you were a man, I'd send you to the ER for this pelvic pain.

God, so gross.

You're too young to have sex.

You're too immature to handle birth control.

Yikes, that smells like mouldy bread!

What if men don't want to date you afterwards?

Your big boobs are the reason you feel lung pressure.

You're a worried well, eh? I'd recommend only using the treadmill. Men don't like muscular women.

Most women deal with this at home by themselves.

Your lungs aren't in pain. They don't have any nerves.

You have low pain tolerance. Not surprising for a woman.

No, I'm not going to do a pelvic exam. You just have a yeast infection.

I'm telling you what you have. It's gonorrhea.

You're a delicate flower.

If sex is painful then just don't do it.

You came in here because of a headache?

Accept that you have these illnesses. God wouldn't give you something you can't handle.

You just like being in the hospital, don't you?

You're disabled. What do you have to do anyways? Just stay home.

Heart disease? You're too young to worry about that.

Ahahahaha.

Stop being dramatic. It's not that bad.

You're drug seeking.

You're faking this to get out of school, right?

This has no organic origin.

Your chronic pain is from the hormones you're taking. Nothing more.

You don't need an STI test or pap smear if you're only sleeping with women.

Birth control causes mild changes in mood. No big deal.

You cannot have two chronic illnesses at once.

Not an emergency

> "How long is it appropriate to continue to process a traumatic event through language, through repeated retellings? ...still she finds herself searching for language to tell it again, again, as if the experience is a vast terrain that can never be fully circumscribed by words."
>
> – Joe Fassler, *How Doctors Take Women's Pain Less Seriously*

guts, blood, and skin
doctor does not see
her swelling ovary
declares it kidney stones, and
does not lay a hand upon her belly, no
and when the CT scan
reveals dying tissue
he sees kidney stones
and this woman writhes
so he prescribes hydromorphone –
Dr knows best.

a cyst grows
undetected
pulls the ovary down
like a large fruit on thin branch
twists, tangles, crumples
in surrounding ligaments
forms a ringlet, tightens
blood cannot flow
ovary becomes a swollen
ripe
plum

Hours spent on a gurney pushed up against a wall in the ER hallway, nurses passing by with bees in their mouths, strings of honey escaping their lips: “We have lots of patients to get to, honey.” “You’re just feeling a little pain, honey.” “Honey, if you can’t stop moving, we’ll have to start over.” “Honey, don’t cry.” Incessant buzzing and yellow stripes against black. They infiltrate her abdomen, stinging to get out.

the throbbing stabbing burning saps her colours and makes her translucent
can you see the swollen, discoloured ovary, Dr?
he has gone home.
can you see the bulging organ failure, Nurse?
wait your turn.
she, a Shadow Person
only past client ghosts believe in her.

a paper band wrapped around her wrist
directed to a row of cots that stretch down the hall
she: officially a patient

her ovary: dying
body: calling out in its clearest language
vomiting vomiting vomiting
cramping cramping cramping
that swollen ovary: palpable through her skin

two patient categories in the ER:
"resuscitate"[1] "nonurgent"[2]

[1] treat immediately [2] treat within 2 to 24 hours

nurses round every corner, assuring patient and boyfriend: "This is not an emergency.
We will get to you shortly."

the physician's visit so brief – no exam, no questions, no hand on her abdomen – boyfriend asks a passing nurse when the doctor will see them.
"He was just here."

every nurse's shrug, "Women cry – what can you do?"

retrieve phone and dial 911
my girlfriend is in severe abdominal pain
we're in Emerge but
emergencies don't exist here
begging: transport us back to an urgent responsive world

receive an analgesic for acute abdominal pain:
men's average
49 minutes
women's average
65 minutes
her wait
98 minutes

injected hydromorphone filling her veins, numbing receptors
her mouth frozen in a
banshee's shriek

tried to

bite her lip
wait her turn

Dr packed his briefcase. that sure of kidney stones
never did an exam
never checked back

new Dr comes on shift
boyfriend flags her down
we've been waiting for eleven hours
the last doctor left without seeing us
she had a CT scan
the results must be in
please check them for us
please confirm for us
please help us
please

agrees: to see if CT results have come in
at the computer: her hand on the mouse, click click click

"What is this mess?"

CT scan reveals
a mass

run to the ultrasound clinic, nurses flying down the hall with the cot, boyfriend struggling to keep up as Dr rushes ahead, raises her hand
"Wait!"
as the ultrasound technician readies the Closed sign

cold jelly and a wand press on the bulge

that banshee shriek
even through hydromorphone

sonogram reveals
ovarian torsion
a cyst weighs down the ovary
fallopian tube twists
cuts off blood

“Prepare her for emergency surgery, stat.”

saving: her
not the ovary
not soon enough

she: an emergency all along

hysteria

a rite
is shit
trash
a heist

heats
her heart
irate
artsy satire

shy yeast
earthy yet
hasty
sear

hairy
arse
eat a
ashtray

the rats
share
hearsay
a rash

rest
rest
rest
rest

Traffic Jam

chunky plaque blocks an artery, cracks, ruptures. O_2-filled discs collide and fall into this rubble-filled ditch:

slam slam slam slam

bumper to bumper, they slam into the ceiling of this quarry, slam into the gridlock, slam into:

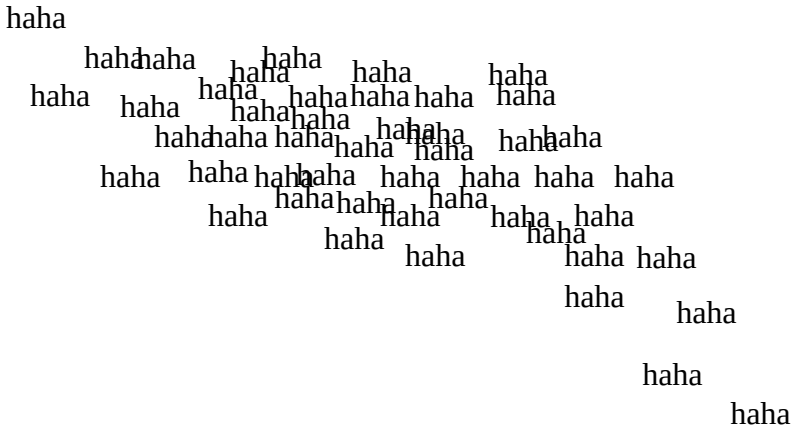
Serena already lies on the operating table
already has a surgical team, already has the catheter threading through her left wrist into her heart, already has a balloon re-inflating her traffic-jammed artery, already has a metal stent wedged into the vessel, a protective shell labouring to keep her flow open, open

“Good news,” the surgeon comes to her bedside 6 hours after she wakes, now in a post-surgery semi-private room. “You can return to softball in six weeks.”

For sure, she will finish that waffle stitch scarf.

Ha

“Florence Wei. I have an appointment with Dr. Okiro, the rheumatologist.”
click click click
“Yes, I see you here.” *click click* “Twenty-four! You’re too young to be here, haha.”
Haha
ha
ha



Spoons

Monday: 10 spoons
-1 for a bad night's sleep
-1 for putting on a pair of jeans and an oversized hoodie
-2 for riding the bus to acupuncture
+2 for the acupuncture itself
-3 for paying $45 out of pocket when new insurance doesn't cover it
-2 for riding the bus home
-2 for walking from the bus stop to home
-1 for accidentally dropping my door key and having to bend down to pick it up
0 for skipping lunch and napping instead

Tuesday: 8 spoons
0 for playing soccer with friends after work
0 for getting a ride home from Margo
-2 for showering afterwards
-4 for grocery shopping
-2 for heating up leftover turkey pot pie and watching a re-run
+1 for throwing a ball in the backyard for Bandit

Thursday: 11 spoons
-4 for going to work while hips pulsate and burn
-1 for forgetting to take meds this morning
-2 for cancelling dinner plans on Margo
-3 for taking the bus home
0 for skipping dinner to sleep instead
-1 for hiring the teenage neighbour to walk Bandit

Friday: 6 spoons
-1 for putting on a pair of worn sweatpants and T-shirt
-3 for lightly cleaning the house because family comes over tomorrow
0 for watching TV with lunch
0 for napping all afternoon
-2 for walking Bandit around two blocks

Saturday: 6 spoons
-3 for telling my moms about work: "They're going to let me work from home two days a week starting next quarter"; asking about their trip to Reykjavík, Iceland: "Stunning, just stunning! We went on an ice cave tour –" "Your mother couldn't stop saying, 'wow, wow, wow' while we were inside"; and telling them my new insurance won't cover

acupuncture: “Will you go less often, then?” “I’m not sure. It really helps my FM. I guess I’ll have to see.”
0 for when my brother Stephen brings over pre-cooked stuffed peppers, heats them up in the oven, and dishes them out for everyone
-2 for hearing about the latest stories from my sister-in-law Lydia: “A family of raccoons managed to open our sliding screen door, and I found them munching on Stephen’s favourite oatmeal cookies. I got two brooms, one for each hand, and managed to somehow guide them back through the open screen door. Those three little babies were so cute! Just huddling around their mama. Sometimes I’ll take some of Stephen’s cookies and sprinkle them out in the backyard for them, y’know, now that I know they’re there.”
0 for when my nieces Ash and Shawn wear out Bandit in the backyard and he doesn’t need a post-dinner walk
-1 for saying goodbye

Wednesday: 8 spoons
-4 for seven hours at my desk at work, no lunch break
-3 for the bus to acupuncture after work
-3 for paying $45 out of pocket
+2 for the acupuncture itself

Goose Egg

Imari's left temple swells – fits the description of a goose egg. She lies on a bed in the ER. In 2 days' time, deep purple will surround her left eyelid like '80s eye shadow and fill the area beneath like mis-applied concealer.

The ER doctor comes to discharge her 4 hours after the taxi dropped her off – a trip prompted by buckling knees and wobbly legs swayed by the spinning in her head that required her to lean against the wall to regain balance, even with her forearm crutches, and the inability to recall her middle name – Fern, her health card reminds her.

"You'll be fine in a few days. Just keep resting." He gives her the all-clear.
"Can you please pass me my crutches?" Imari asks a fast-paced nurse as the doctor whisks away. An EMT worker stands and chats with another by the ER doors, sees Imari reaching for her crutches, placed out of reach by a nurse. The EMT comes over and brings the crutches forward. Imari's ebony hands grasp them and fit her forearms into the metal cuffs.
"Thank you." She makes her way to the front entrance, goes outside. The EMT follows.
"Got to be careful on those crutches," says the EMT, her tawny hands poised to help Imari if she should stumble.
"I've had these crutches for twelve years. I think I've got it."
"So is someone coming to get you?" the EMT stands outside with Imari.
"My sister is," Imari lies, brings her phone from her pocket, and faux checks its screen.
"Oh good! I'll wait with you until she gets here in case you need any assistance."
"That's okay. I see her now," Imari nods to a random grey van entering the adjacent hospital parking lot. "You don't have to wait."
"Glad I could be of assistance." The EMT goes back inside. Imari calls a taxi.

Imari's friend Jasmine texts her later, but the words blur so badly that Imari can't read them.

"Imari, are you okay? You didn't answer my text."
"Because I can't read right now. The words blur."
"What did the doctor say?"
"That I should be fine in a few days."
"Thank goodness for that. I'm so sorry about the garland on the railing. I should've taken it off as soon as you asked."
"Well, I'll be okay, according to the doctor."

But Imari's dizziness and confusion don't fade, and 5 days later she makes an appointment with her GP.
"There was this festive garland wrapped about the stair railing leading up to the townhouse," Imari recounts the night at Jasmine's party. Recounts the railing leading up to the door, one hand desperately trying not to get caught on the décor yet using the railing to stabilize herself, the other bracing herself with one crutch. Recounts asking Jasmine to

remove the garland so she could safely get down the stairs at the end of the night. Does not recount how she didn't want to ask a third, fourth time. Does not recount how each time she asked, she used up a spoon, and by the time the night ended she hardly had any left to get back down those stairs and back home. Recounts how she took her time with each stair. Recounts how her wrist got tangled in the garland. Recounts how she couldn't move forward. Recounts smacking her temple on the pavement. Recounts Jasmine and 2 other guests rushing to her side after hearing Imari's shout. Recounts the throbbing, radiating sharpness on the left side of her head. Recounts not being able to open her eyes and someone handing her an ice pack.
"Give it a few weeks. Surely when the bruises fade, so will your symptoms. Just keep resting."

Imari's bruises fade, her goose egg flattens, her symptoms stay. Dizziness swings her head after going for her weekly walk with her sister, Talia. Chatting about extra foam with the barista at her favourite café brings her to sobs. Headaches with sharp pressure localized to her temples join her weekly schedule.

"Keep resting!" says the doctor at the walk-in clinic when going back to her GP costs too many spoons. She slurs her words when reading a book aloud to her 2-year-old niece, Mariam. Her boyfriend Matthew paces. "This is complete bullshit! We should find another doctor who'll listen."

"Keep resting!" says her GP when Imari finally has the spoons and decides to return to explain her symptoms. She wakes in the dark, sweating and screaming, from nightmares where she tries to save Mariam from falling into a chasm or where her shoelace is untied but she has to hurry across a field to get to her house that keeps moving farther and farther away, and she has the neck-chills scalp-chills that someone hovers behind her.

"Keep resting!" says the doctor in a neighbouring city when Imari seeks a different opinion. She no longer goes to her favourite café, as caffeine brings up bubbling sobs. She sees flower catalogues on the table and tells Matthew she wants daisies for their wedding. "We decided on violets last week," he says.

"Keep resting!" says the ER doctor when Matthew drives her there because the suicidal ideation is strong enough that she empties a bottle of pills into her hand.

"Keep resting!" says the doctor at another walk-in clinic when babysitting 6-year-old Mariam brings her to tears and 3-day migraines.

"You're clearly drunk. I will not admit you," says a nurse when Imari slurs her words and tries to explain that she hit her head years ago and slurring is a symptom. She doesn't make any new appointments.

Imari rests her crutches against the desk, turns on the computer. She works in 5-minute intervals, no more than 4 times a day, and turns the screen brightness all the way down, determined to avoid headaches from the blue light. Fingers fly across the keyboard, typing in every symptom since that fall:

paranoia	*anxiety*	*appetite loss*	*difficulty learning new information*
slurring words	*panic attacks*	*suicidal ideation*	*sensitive to loud sounds*
nightmares	*migraines*	*blurred text*	*balance issues (beyond cerebral palsy)*
dizziness	*headaches*	*memory issues*	*blurred vision when reading/writing*

She collects information on head injuries in a folder on her computer – what the latest studies say, common tests prescribed. She programs her computer to save every 30 seconds in case she forgets as she types. She scours online forums and adds her questions and symptoms to any thread she can find on women's health, on head trauma, on concussions, on brain injuries: DO YOU KNOW WHAT'S WRONG WITH ME? WHAT DO I DO?

"I'm not sure I can have kids," Imari tells Matthew one night. She thinks about how she missed Mariam's first soccer game because all the cheering and yelling, the darting movements her eyes would've had to follow, and how 30 8-year-olds dashing about in neon uniforms would've made her nauseated and brought on a days-long migraine.
"I'm willing to do the two-am feedings and stay in the room until they fall asleep. I'll coddle our baby like crazy so they don't scream as much."
"And what about when they're older? I can't go to soccer games, ballet recitals, a graduation even. I don't want to miss out on so much."
"If now isn't the right time, then it isn't the right time." His onyx hands reach for her, wrap her in a hug.

Imari receives a reply on one of the online forums amidst all the baby discussion and HOPE YOU FIND AN ANSWER SOON! SORRY, I DON'T HAVE AN ANSWER. KEEP US UPDATED! HAVE YOU TRIED GOING TO SEE A DIFFERENT DOCTOR?
I'D SUGGEST GOING TO AN ENDOCRINOLOGIST. IT SOUNDS LIKE YOU MIGHT HAVE THE SAME INJURY AS MY BROTHER. HE SLIPPED ON ICE AND HIT HIS HEAD. HE EXPERIENCED DIZZINESS, SLURRING WORDS, SUICIDAL IDEATION, PANIC ATTACKS, BLURRED VISION, MEMORY ISSUES, AND MIGRAINES.

Imari returns to her GP, explains her symptoms yet again.
"I got a tip from a friend that an endocrinologist may be able to help with my symptoms."
"Hm, the consistency and longevity of them is alarming. I'll refer you to an endocrinologist who works in the office across the street. They'll call you to book the intake appointment."
2 months later, the office calls Imari to set up the appointment, and in 4 months, she finds herself seated in the endocrinologist's office.
"Classic case of a ruptured pituitary that no longer makes somatotropin – growth hormone."

She endures 2 days of STIM testing, her body hooked up to IVs and her blood drawn every hour when the nurses intentionally crash her blood sugar to measure her body's reaction: sharp nausea that leads to vomiting, even when she hasn't eaten since 8:00pm the night before the test, dizziness that leaves the room spinning so fast she vomits, and an exhaustion that leaves her eyelids fluttering to stay open.
"Normal," the doctor said, "is between five and twelve milligrams per millilitre for an adult woman."
Imari waits another 2 weeks for the results:

Her body produces 0.5 mg/ml of growth hormone.

Imari returns to the online forum to declare her diagnosis, her process, and to thank Molly92.
PITUITARY DAMAGE IS SO COMMON! IT'S JUST RARELY LOOKED INTO writes another user who's attempting to find a doctor who will address her shockwaves of pain after a car accident.

Imari injects herself with growth hormone daily, hoping to see results within 6 months, though the injections lessening symptoms is "Not a guarantee" says the nurse who explains to Imari, "The vial must be kept refrigerated, and it's best to keep the injections consistent. For example, take a shot between nine and ten at night every day, and try not to miss more than one shot every month. If you do miss a shot, do not try to make it up. It's been missed, so we let it go. You can inject it into the back of your arms, tops or outside of thighs, sides of the belly, and the outer area of the buttocks. Rotate each of these areas for every shot, as this will decreases the likelihood of scar tissue forming over a long period of time. And make sure you keep track of the injection site, because it's very easy to forget. You may have headaches or joint pain as a potential side effect, and if you develop any rashes or hives, stop using the GH and call us immediately. This is the injection pen you'll use to inject the GH, and this is what your GH cartridge will look like." She demonstrates the motions of sucking up GH into the pen, ensuring no air bubbles, and pinching the fatty skin under Imari's arm to slide the needle point in. Searing burn. "You could be on these for years, or even for the rest of your life. It all depends on how your body takes the GH and if we see a decrease in your symptoms."

Imari and Matthew elope rather than plan a large wedding. Talia, Mariam, and Matthew's parents come with them to the court house. They use the strands of daisies and violets to decorate their backyard, and invite friends and family over for a potluck celebration.

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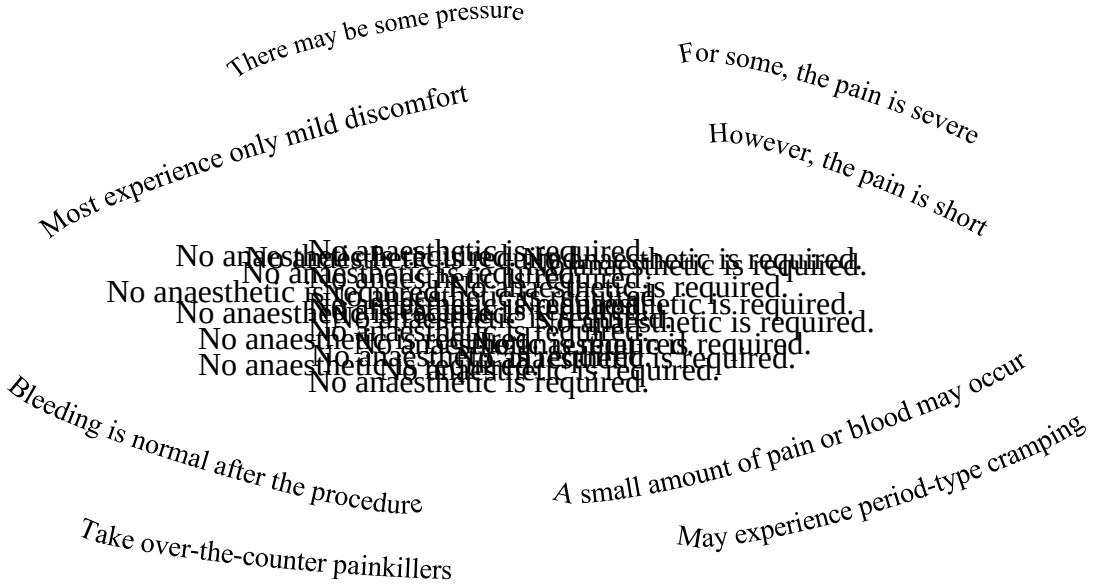
No anaesthesia required

Cervical biopsy[1] Endometrial biopsy[2] HyCosy[3] IUD insertion[4] and removal[5]



[1] Paper hole puncher blade removes tissue samples. Tests for abnormal[a] or (pre)cancerous cells. (anaesthesia exception: cone biopsy[b]).

[a] abnormal: outside or deviating from the expected norm; unusual in an unwelcome or problematic way.

[b] A surgery that removes a cone-shaped piece of tissue. Removes a piece of the cervix closest to the vaginal canal and part of the endocervical canal (inner part of the cervix connecting the vagina to the uterus). Surgery can be done in three ways, depending on medical history:

Loop electrosurgical excision (LEEP): a thin, electrically heated wire loop removes the cervical tissue.

Cold-knife excision: scalpel removes the cervical tissue.

Laser surgery: a laser removes the cervical tissue.

[2] Clasp the cervix, insert a thin pipette, and suction up tissue samples. Tests for abnormal[a] (pre)cancerous cells; determines cause of irregular bleeding; investigates fertility issues.

[3] Hysterosalpingo Contrast Sonography. Insert a thin catheter, inflate a small saline balloon to block the cervical opening, and fill the uterine cavity with a mixture of saline and air. Investigates the fallopian tubes to determine if they are blocked or damaged.

[4] Grasp the cervix with forceps for stability, insert insertion tube loaded with intrauterine device through the cervix, position and release IUD, and remove the insertion tube. Cut the dangling threads. Effective contraceptive for people with vulvas.

[5] Pull on the threads with forceps. Drag the IUD against the soft tissue and force its T-shape to fold in on itself as the forceps tug it through the cervix.

Crunching through Mid-Transition

Broccoli beneath Natalie's molars *crunches crunches crunches*
Little pieces of its green flowery head rest on her plate.
Her stomach sends up a *gurgle gurgle gurgle*
"You can't have your estrogen dose increased because of your weight," her GP said at their latest appointment. When they compared, her fellow fat friend Aspen had commented that Natalie's dose seemed unusually low. "Talk to your GP," Aspen had said. "Advocate for yourself. They're working for you!"
But: "Your BMI is too high."

Natalie grabs a fresh garbage bag, rosy hands throw open cupboard doors and grab salt & vinegar chips, whole wheat bread, cheese bread, cereal, blueberry bagels; in the pantry: brown sugar and molasses, boxes of uncooked pasta, rice, tortilla shells; fridge: ketchup and peanut butter and cheese whiz; freezer: frozen French fries, fudgesicles, processed meatballs, frozen pizza.

Natalie logs the calories from her dinner of broccoli, green beans, and half a grilled chicken breast into her newly downloaded diet app:

Chicken breast (half, grilled): 216
Broccoli (cooked, no fat added, 1 cup): 34
Green beans (cooked, no fat added, 1 cup): 77
172 CALORIES OVER YOUR 1200 DAILY LIMIT

Natalie laces up her runners and jogs for an hour, feet pounding against the sidewalk, mouth open to gulp in air. Her arms pump through the slog. She logs the 1 hour of jogging.

Jogging (light, 1 hour): 398
GREAT WORK! YOU'RE 226 CALORIES BELOW YOUR 1200 DAILY LIMIT

"You'll have to lose weight if you want to qualify for top surgery, too," Natalie's GP had said as an afterthought, when Natalie hadn't even brought up the topic.
Her stomach *grroooaaawwwllls*s and *bops* when she declines Aspen's offer to get lunch after their 2-hour walk around the lake the next day.
"So your GP told you to lose weight, huh?" Aspen says, spying Natalie's log of 2-hour walking in her diet app. Translation: 712 calories burned.
"I'll never be the woman I envision myself as if I don't lose weight."
"According to that clinic's standards. Let me take you to another clinic. It's not as close to you, but it's where I went when I first started my transition. Fat trans people exist, babe! Don't let them tell you otherwise."

Natalie makes coconut rice to go with her full-sized grilled lemon chicken breast and green beans (cooked in butter). She grabs a package of M&Ms to stuff in her coat pocket before meeting Aspen at the movies, who's also smuggled sour candies in her own coat pocket. As they enter the theatre, Aspen pops another sour candy in her mouth, ochre hands offering Natalie one, too. Natalie takes it, delighting in their unplanned-yet-shared candy smuggling.

Natalie uses her old jogging time to get into gardening: planting petunias, snap dragons, and marigolds in a fresh bed of upturned earth. She plants some cucumber and tomato seeds, too.

Dr zips

Patient does not make a follow up appointment after Dr sent her to the ER. Dr spends the days at the office zipping through halls to see patients arriving 10, 14, 23 minutes late when patient after patient goes past the allotted 15-minute time slot. Dr has patience: nods, “Any heart burn?” palpates necks, “Is this tender?” palpates stomachs, “Is this where you felt the pain?” Prints out referrals for suspected gallstones and cysts, prints out lab requisitions – forgets the printer in Room 3 hasn’t been fixed yet. “Hold your hands folded down at the wrist with the backs pressed together until I get back.” Dr zips around the corner to empty Room 5, retrieves the printed form. Dr explains how the ulnar nerve is the likeliest culprit for the burning and numbing in the wrist; shows Patient the ulnar nerve along Dr’s own arm, holding left arm straight out and right index finger tracing from elbow to wrist. “Take care!” Dr says halfway out the door, zipping to the break room to take a few bites of pasta salad before attempting to get appointments back on track so that maybe – *maybe* – Dr can go home on time and take her children to the movies. Dr zips to the next room, sees Patient who was sent to the ER 8 months ago. Checks chart notes: regular checkup, no comments or files from Patient’s ED outpatient clinic. “Your blood pressure is getting better, definitely not as low as it was. Weight is up. Blood work from two weeks ago looks good; things are levelling out.” Dr palpates Patient’s abdomen. “Do you have any concerns? Any joint or intestinal pain?” “No.” “Glad to see you’re doing better. Take care!” Halfway out the door, Dr zips.

Heart Attack in Progress

Upset stomach wakes me: a weird nausea whirlpooling in my gut with sporadic sharp jabs. Bolting awake heart thrumming spiking like when that bird slammed into the window while I read. From *Women and Medicine* class: women have different symptoms than men; heart attacks often present as an upset stomach, not much chest pain or lighting up and down the left arm. Was that a growing swelling chest pain just now? Or: pressing too hard on my sternum, hand over my heart as if it's my shaking whining dog. *What's wrong, girl?*
Sit up in bed, listen for audible breathing in and out: *hiisssssshhhhh.*
Sweat coats my skin, cloudy steam rising all around me, get these blankets *off.*
Stand. Strip off socks. Stumble, woozy, to the dresser. Touch the top with fingertips. Touch a second time with fingertips gently pressing. Touch the top a third time with the palm of flat hand. Pause. Feel the edge of the hair tie beneath thumb. Tie hair back as I round the corner to the bathroom. Turn the handle slowly so it doesn't close with the echoing *click!* when it snaps into place. Shut eyes, clench jaw, flick the light on. Blink at the harsh fluorescent glow. Blink. Harsh fluorescent glow. Bear down. Blink. White tile coolness. Silverfish the other day, a stick on the tile. Mom asleep in the next room finding my body in the morning, the fast thrumming of my heart in my chest *thrumthrumthrumthrumthrumthrumthrum* get down on the tile, stomach against the cool smoothness, head loping onto my left arm – that silverfish scuttling, zigzagging as I lined up my shot, plastic cup in hand – there's gotta be more.
Roll over, reach, grab a purple bath towel, bundle beneath head. Lie on my back, palms face down, backs of my arms seizing at the arctic touch. Take deep breaths to slow heart rate. Breath in, count *1, 2, 3, 4, 5* hold *1, 2, 3, 4* can't make it to *5*, breathe out *1, 2, 3, 4* hold *1, 2, 3, 4, 5*. Heart rate slows, then picks up. *Thrum thrum thrum.*
Thrumthrumthrumthrumthrumthrumthrum.
Can you stop a heart attack that's already started?
Clumpy dust clings and swings from the exhaust vent. Still breathing. *1, 2, 3, 4, 5.*
Hospital? No, too tired. Text sister? She'll tell me to go to the hospital. Call for Dad – remember he's supervising the manufacturing night shift while the other guy is on vacation. Wake Mom – she'll call Dad, he'll come home from work. Mom or Dad who said "hospital" when he woke in the night years ago with shooting pains in his left arm?
Text my best friend; she's probably still up. No, she'll tell me to go to the hospital and pester with "I'm worried about you," "Please go, for me," and "I just love you okay" texts.
After going through this list, my heart regulates itself. An even *thrum thrum thrum* vibrates in my chest. Steady breathing, nausea, and pinpricks gone. Slowly get up, fold the towel back neatly, turn off the light, and round that corner back into my room. Toss hair tie on the dresser. Keep my feet out from beneath the two blankets that cover the rest of my body, poking both arms out when I feel beaded sweat coat my legs and the cloudy steam writhe around my body.
Hands against my sternum, feeling for that steady beat.
I'll probably wake up tomorrow.

Ladies & lesbians & bis, oh my!

Act 1: Naming
Enter O.R. Nurse Diego: Harriet?

Call me Harri.

Um, okay. We'll get you ready for surgery now. So nice that your mom came with you!

My…mom?

Not mom, not sister, not friend, not sister-in-law. Girlfriend. Girlfriend girlfriend girlfriend.

Act 2: Double Mastectomy
Enter Margaret, the consultant: Hi Harriet, how are you feeling?

Still a little sore, but okay.
Nikki in stage right, behind the privacy curtain: Call her Harri.

Good! So, I'm with our post-surgery team here at the hospital and have brought you a couple prosthetics to try. We can see how you like them and order whichever set you like best!

Hm, no that's okay. I look at it as now I don't have to spend money on bras or hold onto my boobs every time I jog up the stairs.

As in, sleep in the same bed, decide what colour the new couch should be, eat dinner together and snap at the other when she feeds table scraps to the cat, and occasionally lick each other's vulvas.

Oh. Well. Hm. What about…Have you thought about what your boyfriend would like? How would he feel about this choice?

Yeah, this is my girlfriend, Nikki. She's more of an ass person anyway.

For the love of – GIRLFRIEND.

Act 3: Rebellion
Nikki and friends Khadija, Aria, Bilal, and Jack bring in a bucket of pride flags from the Dollar Store. They plaster the walls with rainbow stickers, orange white and purple striped flag stickers, and pink lavender and blue striped flags stickers. They drape a pink lavender and blue striped blanket-sized flag over Harri's hospital bed, and Nikki ties an orange white purple bandana around her hair.

Let them call Nikki my mom now.

Act 4: Reciprocity
Enter Post Op Nurse Imogen: How are you doing this morning, Harri? Any pain? Have you gone for your walk yet today?

Just waiting for Nikki to get here. She's probably feeding the cat her morning omelet.

He sounds like one spoiled boy.

Only because I'm not there right now.

One fun Mom and one strict Mom. That balances things out.

Ha, I guess it does. Hey, I like your little nametag thing. *Harri taps the upper left side of her chest.*

Thanks. *Imogen reaches for the orange white and purple striped badge, taps it.* All right, Nikki's here. Time to get up and walk.

After seeing the pride along the walls, Imogen switched from her plain black badge to her own pride identification badge.

The Kitchen Sink

3 plates and a knife for when I came out to Mel, my high school best friend, & she sat somewhere else for lunch.
A spoon for when that doctor refused to refer me to a carpal tunnel clinic because I'm "only twenty-two."
4 pasta bowls for that time I told Ange, "I'm pretty sure he grabbed my throat for like a split second" and she laughed.
The glass punchbowl for when Mom said, "What did you do to her?" when I told her I no longer spoke to Mel.
The serving platter and 3 knives for that Monday when I didn't say my special "kisses & goodbye" to Bandit and he died on Tuesday.
A little plastic snack bowl every time Mom says, "These cookies taste so good, they're dangerous!"
A fork for when my brother said he doesn't vote.
2 forks for when I muttered, "because your rights aren't up for debate" and Mom told me to shush.
A teacup for telling my high school English teacher I would "probably never write poetry again."
A new teacup with matching saucer for when I published my first poem.
3 soup bowls for throwing up in the middle of the Science Centre floor on a Girl Guides sleepover.
A plastic cup for that time I accidentally broke Mom's favourite antique kerosene oil lamp but said "I didn't see what happened."
5 spoons for when I missed my assignment deadline because I spent the day online shopping for broccoli, rice noodles, tomato paste, and a 6-pack of local craft beer.
A dessert plate for the time I opened the fridge as I farted and my new girlfriend Kat said, "Oh my God, something is *very* rotten in there!"
The cactus mug that says "Don't touch me / I'm prickly" for whenever my apartment fills with more than 3 people or a Zoom meeting lasts longer than an hour, and which I take to the bathroom sink because the kitchen sink overflows.

Her tissue grows

A nurse takes Rachel's blood pressure. Rachel almost didn't leave the apartment this morning.

"She's not going to give me a referral."

"The first step is to find out," Eleanor had said. Now Eleanor reads in the waiting room, a book held between her umber hands. "You're sure you don't want me to come with you?"

"I'm sure."

Waiting for her gyno to arrive, Rachel's tissue grows. Her endometriosis gives her deep aches in her lower back and sharp stabbing below her belly.

"What brings you in today?" Dr. Holland takes a seat, takes out her glasses to view Rachel's chart. Rachel, 35, declares her desire for a hysterectomy; describes the years of staying in bed, calling in sick to work when she's used up all her sick days; describes the previous 3 surgeries to cut away adhesions and scar tissues, cut away from her ovaries, cut away from her intestines, cut away from her appendix, which the operating doctor decided to take out because he "was there anyway."

Rachel's tissue grows waiting for a response, chest heaving, heart thrumming, brows creased, endometrial tissue shedding from outside her uterus and pooling in her pelvis.

"But what if you want kids one day?"

"My wife and I don't want children. I won't change my mind on that."

"What if one day you two divorce and you meet a man who does want kids?"

"Um…I'm gay?" It's not a question. Rachel justifies: "I've been with my wife for eight years. Solid years."

"Mhm." Dr. Holland's sepia hands flash across the keys, type something into Rachel's chart. "Well, I don't feel comfortable referring you for this surgery at this time. Perhaps a different contraceptive method? Are you using the Ibuprofen as I've directed?"

She doesn't feel *comfortable*. While a gripping ache ripples in Rachel's low back, while she gets 3 hours of sleep; while Eleanor uses vacation days to stay home and bring the painkillers, reheat the heating pad, and put on another movie so Rachel doesn't have to get up; while Eleanor cooks multiple portions for dinner so that Rachel will have something to reheat on the days when Eleanor can't be home, though most days Rachel doesn't even eat; while Rachel lies on her back in bed, beaded sweat along her forehead, not moving except to throw up – copper hands gripping the ceramic bowl; while Rachel cancels on a hike with her brother and postpones dinner with the in-laws and can't make it to her best friend's wedding because she's burning and electrified on the inside.

"I've tried three different types of contraceptive pills and an IUD. I start taking painkillers one week before my period begins, so that's an average of two weeks every month on daily painkillers."

"I'm sorry, but I will not refer you for this *permanent* surgery."

Rachel stands and leaves. Finds Eleanor, who tucks away her book.

"We'll find another doctor." Eleanor rubs Rachel's shoulder.

"Maybe once I've gone into menopause I'll get the referral." Rachel sags. Her tissue grows.

Q&A

“Hm, you’re getting older.”
Answer: that’s right; 32!

“This has no organic origin.”
Answer: the IUD
Answer: cyst
Answer: appendicitis

“Come on, this isn’t painful. Toughen up!”
Answer: bleeding after a pap smear

“Birth control causes mild mood changes. No big deal.”
Answer: major depression and a suicide attempt

“You’re a delicate flower.”
Answer: diagnosis of acute inflammatory demyelinating polyneuropathy
Answer: broken pinkie finger

“Just a heavy period. Go home.”
Answer: ruptured cyst and internal bleeding
Answer: ruptured ectopic pregnancy

“You know you really shouldn’t climb trees. Your body’s not made for it.”
Answer: broken arm at 14

“I’d like you to lose fifteen pounds and see if that helps.”
Answer: daily migraines and vision loss
Answer: chronic back pain because of a broken disc

“You came in here because of a headache?”
Answer: daily migraines occurring at the site of childhood brain cancer

“What if men don’t want to date you afterwards?”
Answer: a breast reduction

“Cramps. Aren’t you used to them by now?”
Answer: kidney stones
Answer: severe cramps

“Your lungs aren’t in pain. They don’t have any nerves.”
Answer: COVID-19

“You’re just anorexic. Eat.”
Answer: anorexia nervosa
Answer: cancer-related weight loss
Answer: irritable bowel syndrome

“Most women deal with this at home by themselves.”
Answer: a miscarriage

“You’re experiencing post-partum. Go back home and relax.”
Answer: twisting the intestines when putting them back in after a C-section
Answer: post-partum depression and anxiety

“God, so gross.”
Answer: delivering the placenta

“You cannot have two chronic illnesses at once.”
Answer: IBS and asthma
Answer: arthritis, heart disease, and lupus
Answer: type 2 diabetes and epilepsy
Answer: Lyme disease, asthma, psoriasis, celiac, and sleep apnea

“You’re a virgin on birth control? Don’t lie to me.”
Answer: a virgin on birth control for acne
Answer: a virgin on birth control to reduce the growth of cysts
Answer: a virgin on birth control to reduce pain of cramps
Answer: a virgin on birth control who’s weighing having sex with her boyfriend
Answer: not a virgin on birth control, but doesn’t want to disclose

“You just like being in the hospital, don’t you?”
Answer: requiring multiple surgeries after a car crash

“I’m telling you what you have. It’s gonorrhea.”
Answer: stage 3 endometriosis causing acute abdominal pain
Answer: gonorrhea, but give a test to confirm
Answer: a UTI

“Classic signs of boy trouble.”
Answer: non-functioning thyroid leading to hair loss and weight gain

“You don’t need an STI test or pap smear if you’re only sleeping with women.”
Answer: an old HPV infection could become cancerous

“Maybe next time you’ll think about not giving unprotected oral sex.”

Answer: 13 years old with a mouth rash from an orange allergy

Answer: 13 years old, assaulted by her older brother’s classmate

“Your big boobs are the reason you feel lung pressure.”

Answer: post-partum preeclampsia

Answer: large breasts that restrict breathing

the best birth control

smack the sound of two hands uniting in a high-five.
“I sleep with women,” a response to the popular doctor question: “What is your current form of birth control?”
“Ha!” the sound of her joyous approval. “Right on.”

Home Call

Hello?

Ms. Dixon, it's Dr. Garcia. How are you doing?

Oh, I'm quite well. Yourself?

Good, good. Ms. Dixon, your nurses tell me you didn't show up for your first chemo treatment last week. What's going on?

I decided I'm not going to go the chemo route. I'm going to boost my natural immune system through diet and meditation.

Ms. Dixon, you have stage one breast cancer. We caught it early, and you have a very good prognosis, but you need to begin treatment right away. I can fit you in for chemo next week –

Oh, that won't be necessary. I did some research on chemo and found that it makes it more likely that I'll develop more cancer. Now that sounds counterintuitive, doesn't it?

Cancer treatments are constantly being updated. We can now target the cancer, and the risk of developing a second cancer related to treatment is quite small; only one to three percent of survivors develop a second cancer. In this case, I believe the reward outweighs the risk. Can you come in for treatment on Tuesday –

Dr. Garcia, I told you, I won't be doing chemo. I'm going to keep living my life. But don't you worry, I've found some recipes for juices that will to boost my immune system so I can fight this naturally.

Her nipples ooze and the cracked and burning skin flakes.

Language from an online group that encourages others to partake in this "lifestyle choice."

Read two opinion pieces on personal experience with chemo (one from sophiestrialsandtales.blogspot.com and the other from rocknwellnesswkate.com).

And a green tea twice a day!

rocknwellnesswkate says a blueberry-kale-turmeric smoothie every morning is a must.

Repetition of learned language.

Ms. Dixon, I understand your concern. Why don't you come down to the oncology ward next week, not to start treatment, but so that we can show you the process, answer any questions. You can even talk with some of our patients.

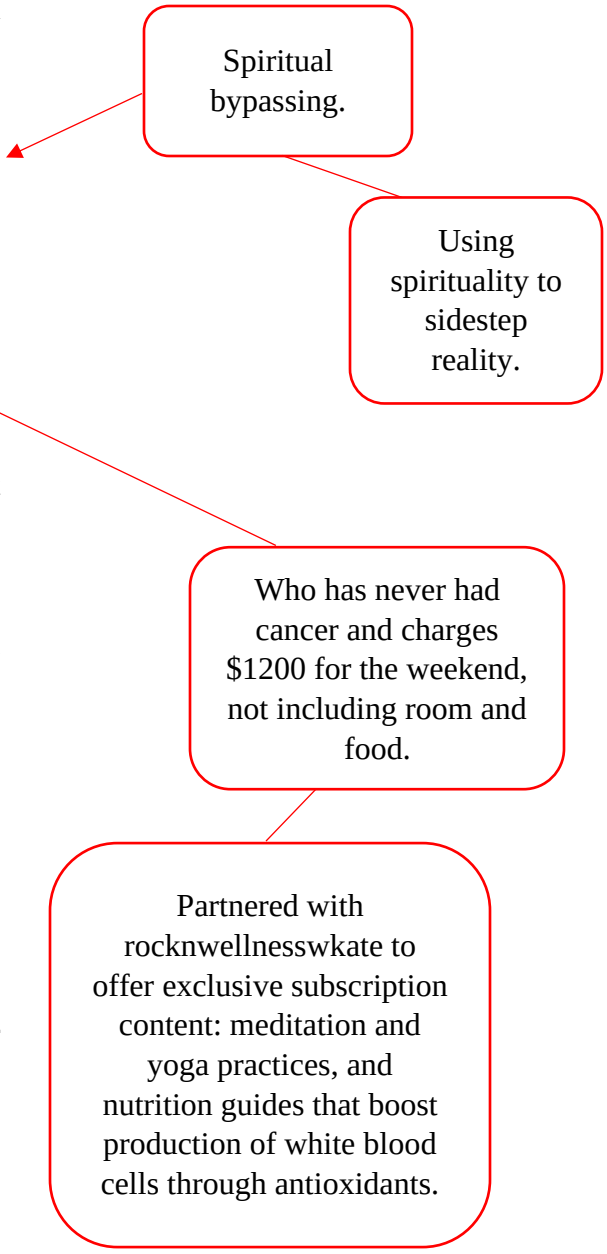
I don't think so. My body is telling me which way to go. There is a lesson in this for me from the universe, and it's to listen to my body. I've already booked a spirituality retreat for beginners with a well recommended spiritual advisor.

I'm glad to hear you're a spiritual person, Ms. Dixon, but I'm afraid to say that juices and yoga will not slow the growth of the cancer. We don't want the cancer to metastasize and move into other organ systems. If it does so, it becomes harder to treat and your prognosis worsens.

Like you said Dr. Garcia: I'm only at stage one, and natural methods will clear this up no problem.

Without the proper treatment recourse I can't say how long you'll stay in stage one or how or when the cancer will spread. And it will grow and will eventually spread, Ms. Dixon. I'd hate to get your call months or years from now asking for chemotherapy when you are terminally ill. Please come to the clinic and we will do our best to make you comfortable and provide educational resources. We will answer any of your questions and concerns.

I appreciate your concern, Dr. Garcia. Thank you for the call.



Pulsing gooing swelling

Charlotte's regular GP went on vacation for 2 weeks. *She deserves it.*
Of course she should have booked an appointment when she first noticed the feeling of sand grains beneath her eyelid and that the drugstore eye drops felt like fiberglass. *Pretty sure I'm allergic to those drops.*
Of course she was stuck seeing a resident. *Ugh, I just want Dr. Kim.* But Charlotte couldn't wait any longer. Her sigh bounces against the cloth mask and fogs up her glasses.

"I'm Dr. Michael Patenaude. You came here because of your eye?" His PPE suit crinkles as he sits.

"There's a stye in my eye. I had it a month ago, used eye drops from the drugstore, which made my eye agonizingly itchy, so I stopped using them. The stye is still there, in my right eye, on top."

"Okay, Charlotte, I'm going to feel your eye now." Michael comes close, his snowy hands smelling of sanitizer, and gently rubs a finger along Charlotte's closed lid. He makes little circular motions, and she can feel the stye pressing into her sclera.

"Well, I don't feel anything." He rolls the chair back to the computer.

"So…you're not going to give me anything." *Don't fucking cry don't fucking cry.*

"No. I don't feel anything. Maybe you felt a piece of dirt before."
Her milky hands fidget in her lap. A tear rolls down her cheek, hopefully hidden by the mask.

"How about I go get my attending physician. I'll be back."
Charlotte sucks all the leaking snot back into her nose and rubs the tears from her eyes. Michael returns with the attending physician. She takes one look at Charlotte sitting in the patient chair before turning to Michael.

"Did you examine the underside of the eye lid?"

"No, I felt on top of it."

"You can't determine if she has a stye by feeling outside the lid only. You need to flip it over." Michael gives a small nod and stands with arms crossed as he asks Charlotte to lie down on the examination table. He uses a popsicle stick to gently lift back her right eye lid. Charlotte's eye twitches and pulls the flipped lid pulls the flipped lid pulls the flipped lid back into place. Michael tries three times, then pats her head like a fucking dog when he's done.

"Did you see it?" the attending physician asks.

"Yes."

"Mhm. So what would you prescribe?"

"Erythromycin, and a warm compress over the eye."

"Fucithalmic is an eye ointment and will act faster than oral medication."

"This is the second time in one month that I've had the same stye," Charlotte addresses the attending physician.

"Then I would also give her a referral to an ophthalmologist, since this is recurring."

"How will I know when the referral has gone through?"

"They'll call you to book the appointment."

"How long will that take?"

"It shouldn't take more than two weeks." She turns to Michael. "Send that referral today." She grasps the door handle with a sandy hand and leaves.

"Oh, can I get a doctor's note please? Just in case I miss work." Charlotte remembers as she gathers her backpack.

"You…want a doctor's note…for your eye?"

"Yes," she lets out an edge in her voice. "I work with food."

"Okay," he raises his brows as if she's just asked him to test her blood pressure twice to make sure the result is the same. *It's a fucking pandemic, and a doctor's note costs you nothing.*

"Thanks." She tucks the note and prescription into her bag. *Go back to your class on bedside manner, jerkoff.*

The next morning, Charlotte can't open her right eye. Dull aches radiate throughout the delicate skin. In the bathroom mirror, she sees the swollen skin, the entire lid dark blush, with goopy discharge lining her lashes. She struggles to rub in the prescribed ointment. She calls in sick to work for the next 3 days while the swelling, redness, and goop slowly fade. *And this guy didn't want to give me a doctor's note.*

After 4 weeks with no call from the ophthalmologist's office, Charlotte calls the doctor's office, who says the referral was sent 4 weeks ago and gives her the ophthalmologist's number. She calls the ophthalmologist's office, whose receptionist says: "He didn't fill out the referral properly. We sent it back three weeks ago and he hasn't returned it."

Charlotte spends her day ping-ponging back and forth between the 2 receptionists.

"I saw Michael Patenaude. He didn't fill in the referral. I just got off the phone with their office and they sent it back three weeks ago."

"Okay, it should be coming your way soon. I spoke to the receptionist at the doctor's office. Should I call you in a couple of days to see if you got it?"

That evening, out to a picnic pandemic dinner with her friend Nora, Charlotte receives a phone call from a blocked number.

"Charlotte, it's Dr. Patenaude. How are you?"

"Fine. Sort of."

"How's your eye?"

"It swelled up pretty badly and I had to call in sick to work. The stye still isn't gone."

"Well, the referral has been resubmitted and I'm going to personally call and ask them to speed up the process for you. Have a good evening."

She recounts the short call to Nora.

"I hope he got shit on by his supervisor for fucking it up," says Nora.

"I'll cheers to that."

3 months after her first encounter with Michael, Charlotte's stye shrinks before her ophthalmologist appointment, and she wakes every morning with crusties wrapped around her lashes.

"There's not much I can do now that the stye is gone. Wash your closed eye gently every day with these brand-name wipes until the crusties stop appearing," says the ophthalmologist after examining Charlotte's eye. Her sable hands offer Charlotte a few sample wipes, and instructs her to buy some at a pharmacy.

"Can I make another appointment with you if they don't go away?"

"Since you're not an official patient here, you might need another referral. Check with reception before you leave."

Charlotte asks the man behind the reception desk if she can make another appointment.

"I'm sorry, but you'll need another referral."

"But this is a recurring problem. Please, can't you make an exception? This has been going on for months."

"I'm sorry, but that's our policy."

Charlotte uses the wipes once a day every day for 16 weeks: rubbing the soapy wipe along her closed lash line for *1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 10, 9, 8, 7, 6, 5, 4, 3, 2, 1* times muttered under her breath. She picks the yellow crunchy balls off her lashes with pinched finger nails, sometimes pulling out an eye lash. *I'll make an appointment to get another referral if it gets worse.* Her right eye lid already devoid of lashes in the middle, new crusties taking the place of picked off ones, and little white bubbles grow and swell beneath the root of the lashes still in their place. *I'll call if it gets worse.*

semantic drift

abortion[1]
abortion[2]
abortion[3]
abortion[4]
abortion[5]
abortion[6]
abortion[7]
abortion[8]
abortion[9]
abortion[10]
abortion[11]
abortion[12]
abortion[13]
abortion[14]
abortion[15]
abortion[16]
abortion[17]
abortion[18]

---

[1] Hereditary connective tissue disorder causes increased morbidity and mortality around pregnancy and delivery. 10x more likely[a] to die.

[a] More likely than the average percent[i] of pregnancy-related death.

[i] This translates to 152 pregnancy-related deaths in 100,000 births globally. Race, age, ability, socioeconomic status are important structural factors.

[2] They're Black. Almost died during the last pregnancy when a doctor dismissed their concerns about (pre)eclampsia.

[3] Does not want to have kids.

[4] Experienced post-partum depression with the last pregnancy and does not want to re-live it.

[5] Fetus is not viable and the person will probably die if it's not removed. They will leave two children and a partner behind.

[6] Can't afford to have a child.

[7] Pregnancy the result of a sexual assault.

[8] Their expected baby has Congenital High Airway Obstruction Syndrome[b] and will not make it to term. Fetus will die of heart failure in the womb, or be born brain dead.

[b] A condition where the trachea does not form. Can sometimes be surgically fixed after birth, but this case is too severe.

[9] Not ready to add a third child to their family.

[10] The condom broke or the birth control pill failed or the IUD managed to let one through.

[11] Has adult children.

[12] Pregnancy/a child will interfere with current education/career goals.

[13] Does not want to be a single parent.

[14] Currently in an abusive relationship.

[15] Doesn't want family/friends to know they had sex.

[16] Feels too young to have a child.

[17] Not emotionally or mentally prepared for a child.

[18] Doesn't need to explain their decision.

Museum of Opathy

ENTRANCE
Welcome to the Museum of Opathy. Watch your step. Take a look around. Enjoy the exhibition!
The arrow directs me: *History Begins Here!*

1844-1849: THE MOTHERS OF MODERN GYNECOLOGY
I approach the display case, pot lights beaming down on the statued bodies of three Black women, their sleeves puffy and waists cinched in white nurses' aprons. Two wear long braids; the other tight Bantu knots. …*vesico-vaginal fistula, an opening between the bladder and vaginal wall that can occur during childbirth, caused incontinence and could become infected. This occurrence was the subject of Dr. Sims's research…* a smooth pre-recorded voice and flashing tablet on the other side of the three women draw me to a screen with an animation of a surgery.

A disembodied pink bladder and pink vaginal canal float on the pristine white background. *…the woman would lie in the Sims position, with her knees tucked up to her chest and bottom in the air…* A tiny tunnel *tear* connects the bladder and vagina together, only recognizable as an issue through the labelling of the pink bladder and pink vaginal canal on the flickering screen. An invisible hand uses what looks like a silver car part *retractor speculum, renamed the Sims's Speculum* to lift the bottom of the vulva *perineum* out of the way. The animation zooms in close to the tunnel *tear* as a *fine hook* pokes into the skin *mucus vaginal layer* around the edges of the tunnel *tear* and clips off this layer of circular skin around the tunnel *tear in one piece.* The hook, held by an invisible hand, pokes through the bottom corner of the hole, pokes through the top, pokes through the bottom, pokes through the top, pokes through the bottom, pokes through the top, pokes through the bottom of the other corner, pokes through the top, and a floating needle with *entwined silk thread that was later exchanged for metal sutures* pulls through the pokes in succession. Another floating tool, a two-pronged stick *cloven spatula*, presses against the skin beneath each entwined thread as *spring forceps* pull each thread through right to left until the tunnel *tear* is closed. *And that is how Dr. Sims performed a successful vesico-vaginal fistula surgery!*

I turn back to the statued women, see their names written along the bottom of the display case: *Betsy Lucy Anarcha*
Imagined paintings roam the walls behind them: *Betsy breastfeeding a baby, Anarcha assisting Sims with an experimental surgery, Betsy and Anarcha caring for Lucy after her bladder became inflamed after an experimental surgery, Lucy picking vegetables in the garden, Betsy stoking the fire, Anarcha performing midwifery duties on an unknown woman.*

A large plaque sits next to the display case: *While James Marion Sims has been condemned and criticized for his use of bondwomen to perform his medical experiments on, he was successful in creating a surgery to fix vesico-vaginal fistula in 1849. He experimented on bondwomen and girls in the pursuit of his gynecological research, leasing such women and girls from their owners. Sims invited members of the White community to observe his early experimental vesico-vaginal fistula surgeries, and when the White community refused to support his continued failings and his White residents left him, he turned to his bondwomen for medical assistance during the surgeries. These women became skilled medical practitioners, while also holding the dual role of patient. They underwent multiple surgeries throughout 5 years on Sims's plantation. Through his writings, we are able to deduce that Sims leased and experimented on 12 bondwomen and girls from 1844-1849. He identified only 3 by name. We honour them with this exhibit.*

Anarcha
Betsy
Lucy
Name Unknown
Name Unknown
Name Unknown
Name Unknown
Name Unknown
Name Unknown
Name Unknown
Name Unknown
Name Unknown

1885-PRESENT: THE HUSBAND STITCH

A corner of the exhibit beckons with a display of tools in a glass case bolted into the wall. *Episiotomy scissors, needle holder, stitches, surgical drape, Hemostatic forceps/tissue forceps, Sims's speculum, Foley catheter, Syringe, needles, scalpel/blade, Kidney tray, local anesthetic.*

An interactive display beneath the glass case begs me to position my right hand in the two loops of the scissor's handle, force them together, make a faux cut in the pre-cut slit of the pink silicone. *You've just performed an episiotomy!* the sign reads next to me, and I take in for the first time small labels on the pink silicone: *vaginal opening of the vulva, perineum, anus.*

First mentioned in medical literature in 1885, this procedure became popularized in the 1950s for the (now defunct) belief that a clean cut, rather than a tear during childbirth, was easier to repair and heal. The episiotomy became a routine procedure in obstetrics and gynecology that smooth voice returns, repeating the practiced pitch on loop. *These clean cuts then had to be stitched up after birth.* Stickers on the dark wall:

HUSBAND STITCH HUSBAND STITCH HUSBAND STITCH HUSBAND STITCH
HUSBAND KNOT HUSBAND KNOT HUSBAND KNOT
VAGINAL TUCK VAGINAL TUCK VAGINAL TUCK VAGINAL TUCK
VAGINAL TIGHTENING VAGINAL TIGHTENING VAGINAL TIGHTENING

A second pink silicone diagram adorns the adjacent wall, this one with the pre-cut slit now stitched up. No sign begs me to touch it, but there is no barrier. *A first degree episiotomy or tear will require three to four stitches…* I run my fingers along the white sutures in the pink silicone perineum, feeling 1, 2, 3, 4, 5, 6 *…using discretion when referring to this procedure, doctors said it was for "improving the woman's well-being." Yet the nickname arises because the addition of an extra stitch, or two, to tighten the entrance to the vagina after childbirth is designed for the husband's sexual pleasure.*

1839-PESENT: CANADIAN EUGENICS

A large globe slowly spins in the centre of this part of the exhibit, some countries bright green and others a dull grey. *We have data on 55 countries that had official eugenics legislation and acts* reads the plaque near the globe's base. A CANADA wall beckons, the borders of the provinces and territories deep gullies as the land protrudes from the wall. *Click me!* little red buttons sit in the corners of each province and territory. I click them all:

Beginning with Ontario's first act to institutionalize the mentally ill…

Inuit women *Mentally disabled adults* *Mentally disabled children* *Mentally ill men* *Homosexual men* *First Nations women* *Physically disabled adults* *Orphans* *Métis men* *Mentally disabled children* *Métis women* *First Nations men* *Physically disabled children*

…the category "mentally ill" also included those who were homosexual at this time…

Children were identified through teachers at schools…

Physically disabled adults *Women who had illegitimate children* *Orphans* *Homosexual women* *First Nations men* *Inuit women* *Mentally ill men* *Orphans* *Mentally disabled adults* *Métis men* *Physically disabled adults*

While British Columbia and Alberta were the only provinces to have passed eugenics legislation…

Eastern European immigrants *Mentally ill women* *Homosexual women* *Mentally disabled children* *Mentally disabled adults* *Eastern European immigrants* *First Nations women* *Mentally ill men* *First Nations men*

…passed in 1928, Alberta's law and eugenics program was repealed in 1972.

Homosexual men *Eastern European immigrants* *Physically disabled children* *Inuit men* *Women who had illegitimate children* *Métis women* *Homosexual women*

…passed in 1933, British Columbia repealed its eugenics law and program in 1973.

First Nations women *Orphans* *Women who had illegitimate children* *Physically disabled adults* *Métis women* *Physically disabled children* *Inuit men* *Mentally disabled adults* *Inuit women*

…all provinces and territories participated in eugenics through forced sterilizations and institutionalization.

The plaque reads: *While the practice of eugenics is condemned, it continues in the present day through the coercion of Indigenous women by healthcare providers to sign tubal ligation consent forms, and parents seeking the sterilization of their physically and/or mentally disabled children. Many activists argue that genetic screening and genetic engineering are the "new" eugenics. Most recently, a eugenics attitude was displayed during the COVID-19 pandemic in the rhetoric that, "Only people with underlying conditions and disabilities die from it." While a gross understatement, such rhetoric emerged to comfort able-bodied individuals, and conveys the idea that the death of disabled individuals is acceptable.*

Next to the plaque, a cardboard sign: *Interested in learning more about the history of disability and social justice? Stop by the Museum of Opathy next month when our* Disability and Activism *exhibition opens for a limited time! Regular price: $35 for Adults, $21 for Children 4-14. Join our membership* today for free admission! *$195 per year.*

EXIT

Thank you for visiting the Museum of Opathy. We hope you enjoyed the exhibition. Our gift shop offers many mementos and tokens, including Anarcha, Betsy, and Lucy dolls, an episiotomy play-doh kit, and Eugenics Monopoly. Come again!
The sign reads: *Exhibition Always Expanding!*

treatment

enter

rename
rant at tart
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mare teat
tame

a tear

Bodies of Value: The Pushback and Poetics of *-opathy*

Heather McCardell

"Like the male gaze, the medical gaze doesn't exist discreetly in the human eye, but as a sort of collective eye. A cultural peeper," writes poet Danielle Pafunda, and "in medicine, the body is an object with mechanical properties" (313, 314). Women who enter the healthcare system as patients find themselves patronized, dismissed, misdiagnosed, and infantilized by this "cultural peeper," and dehumanized by their status as "object" rather than "person," as "machine" rather than feeling, sentient being, and even as one "peeped" at rather than examined. My poetic manuscript, *-opathy*, seeks to challenge patients' objectified (mis)treatment in women's diverse experiences with the medical gaze and healthcare system. While most healthcare workers do not set out to do harm, human error and unconscious biases unfold and affect the language used in the patient setting, as well as the treatment and assessment of the patient. The format of *-opathy*'s poetic techniques, including experimental/disjunctive/prose/narrative/concrete, subvert the systemic acceptance of presenting patients as objectified by turning objectifying medical language on itself and foregrounding the patient as the agent of her narrative. The poems in these pages deconstruct, critique, and draw out the absurdity of medical language, and put real bodies on the page who challenge the system by refusing to be complicit.

Doctor Speak and Other Words

"The body becomes associated with the *wound*," writes David Wolach in his essay "Body Maps and Distraction Zones," noting that language creates physical and metaphorical associations with the body, and often this (body) language is constructed by dominant power structures (335),

> where [the body's] languages, this predicament's public utterances, are not only muted and constructed and shaped by the catastrophes of late capitalism (including the medical industrial complex), but are also in some ways necessarily complicit in the making (narrating) of catastrophe. (335)

To take Wolach's very specific example of the medical industrial complex as one of these dominant power structures, he suggests that medical language surrounding the body – terms such as follicles, tissues, cc's – are under the control of medical language; the healthcare system and its workers determine when certain language(s) are muted (such as when a healthcare worker dismisses a patient's explanation of their symptoms), how they are constructed and shaped, and when left unchallenged, this body jargon becomes complicit in the continuation of harmful dominant power structures, or what Wolach refers to as "catastrophe." For the duration of this essay, I will designate the term "body's language(s)" as "body jargon."[1]

To expand on Wolach's "the body as *wound*" in terms of medical terminology associated with bodies, technical medical jargon, which I call "doctor speak," the body becomes associated with pain; the body becomes associated with bleeding; the body in a healthcare setting becomes associated with follicles, nerves, tissues, vertebrae,

[1] Yet in doing so, I recognize that "jargon" is limited terminology; the body often exceeds these limits and "jargon" cannot encompass all of the body's languages.

morphologies, biopsies, scalpels; the woman's body in a healthcare setting becomes associated with doubt and 'hysteria'. In the healthcare setting, "the body as *wound*" is an object – it does not do the acting; rather, it is acted upon, as something to take tissue samples from, as something to perform a biopsy on, as something to assign diagnostic (or dismissing) labels on to, while the healthcare worker and "doctor speak" become the directing and performing subject.

While Wolach contends that such language, as the controlling vehicle used to position the body as object, is complicit within perpetuating dominant power systems such as the healthcare system, *-opathy* proposes that such language is only complicit when it goes unchallenged. For example, in my poem "What she really means" a doctor tells their patient that the results of her ultrasound have "a morphology that supports a diagnosis of PCOS" (5) without explaining the acronym or deconstructing convoluted medical language. In this poem, the patient speaker co-opts medicalese language associated with the body and applies everyday office items as translations, in order to deconstruct and challenge the doctor speak, and make it accessible to non-medical personnel:

> The thickness of your endometrial[3] tissue is five millimetres, you don't have any uterine fibroids.[4] Your right ovary has a volume of ten cc's,[5] while the left is thirteen…
>
> …
>
> [3] My endometrial thickness is not thick at all; it's actually quite thin. One millimetre equals the width of a credit card. My endometrial tissue is two credit cards away from being normal and healthy (between seven and ten credit cards).

…

[5] "cubic centimetre" – as a staple is one centimetre long. A fancy way to say my right ovary can hold ten staples and my left can hold thirteen. (5)

In this poem, medical jargon, coupled with office terminology, explains in general terms what is actually happening with the body on a biological level. The use of office terms such as "credit cards" and "staples" offers the patient, and readers, a tangible metaphor with which to understand the deconstruction of this doctor speak, and shifts the focus from a medical context to that of a workplace. The format of footnotes support the patient's investigation of her body by effectively separating her investigative voice and findings from the medical terminology used and (lack of) explanation by the doctor. These references not only provide additional information and accessible translations of the doctor speak, but they also provide interjections that break up the delivery of diagnosis, and that undermine, rather than support, the medical language used in the moment of diagnosis.

Another poem, "Hunched," pokes at the absurdity of technical doctor speak in the patient setting when, after the speaker's repeated question of "What does that mean?," the doctor responds with, "It means stop slouching" (32). The footnotes of this poem emphasize the unnecessary complexity of body jargon used in the healthcare setting by providing translations of terms such as "cervical," "thoracic," "compressed," and "anterior" for the simple explanation that the patient should "stop slouching." "Hunched" challenges this use of unnecessary complex terminology in the healthcare setting not only in the simple diagnostic advice to "stop slouching," following the technical "doctor

speak," but also in the footnote translations that emphasize how alienating and unhelpful doctor speak can be for patients:

> Ah yes, she says. Your cervical[2] and thoracic[3] segments.
>
> …
>
> Looks like it's mostly C1 through C6, and T1 through T5, that are overly compressed[6] and in an unfavourable anterior[7] position.
>
> …
>
> [2] The cervical spine, otherwise known as the neck. It is the first spinal segment.
>
> [3] The thoracic spine. It is the second segment of the vertebral column. Runs from the neck down to the abdomen. Attached to the ribcage.
>
> …
>
> [6] Flattened by pressure, squeezed, or pressed together.
>
> [7] Meaning front or forward. Example: the kneecap is on the anterior side of the leg. (32-33)

This deconstruction works to undermine the alienating medical terminology through translations of words such as "compressed" and "anterior," showing how such words have easily understandable translations.

Erin Mouré utilizes the footnote form in her "Ocean Poem," as the numbers direct the reader to references that include an intertextual reference, a definition, reflections, and alternative readings that impact the overall presentation and interpretation of the poem:

> …

This kind of hush[1], she said.

…

We are all innocent beings with our bathtubs[2] & literary

pure enforcement.

I don't know if there's any difference between men & women[3]

is just a lie.[4]

…

When she puts her arm down, in innocence,[5]

I'll show her.[6]

…

[1]*There's a kind of a hush, all over the world, tonight*

All over the world, you can hear the sound of lovers in love.

– Herman's Hermits, 1966

[2]Places to get clean. Large, enamel, clumsy. "Bathtub gin".

[3]The poets who say this believe that the standard of poetic excellence is just excellent & not male.

[4]This should not be done in any poem, accusing someone of lying.

[5]In no sense.

[6]Read "shore." This is an ocean poem. (*Furious* 44)

The lines and corresponding footnotes in Mouré's poem call attention to references that alter the main body of "Ocean Poem," effectively complicating the poem, as when the speaker seems to contradict themself through footnote 4, yet expanding the poem beyond the parameters of the page, as with the song quotation in footnote 1. In this way, Mouré's

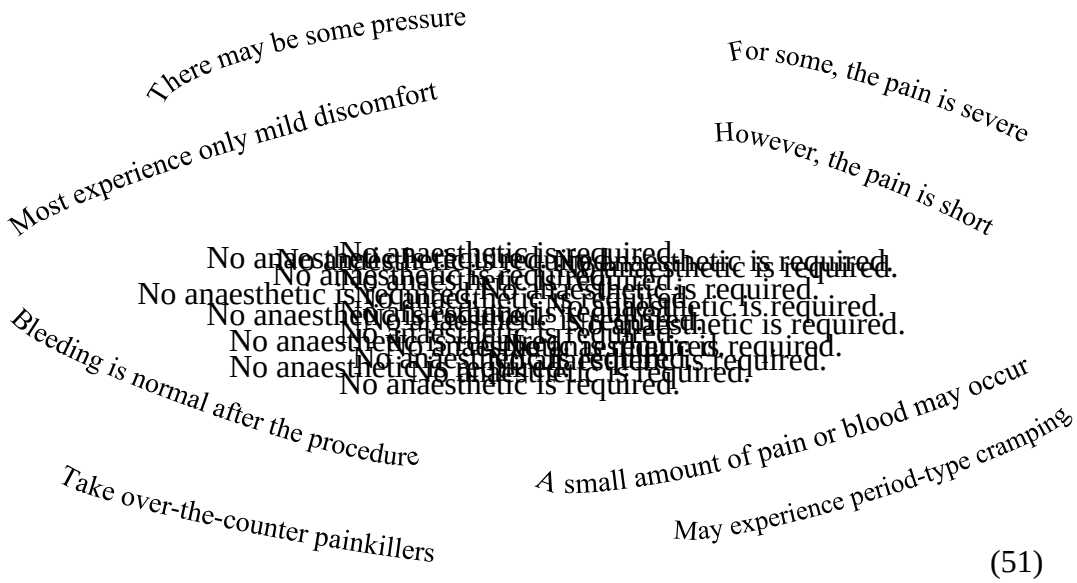
poem becomes a multitude, pulling and pushing readers in numerous directions based on a combination of footnotes that seemingly do not build upon each other. While Mouré uses footnotes to offer alternate interpretations and perspectives in her poem, to push and pull readers along the page like a wave at the shore, my footnotes provide this push and pull from top to bottom, bottom to top, with the intention not to mimic the soothing roll of waves to shore, but to further disrupt the doctor speak and undermine body jargon through the interrupted push and pull between the "main" text and the footnotes. I utilize footnotes in my poems to explicate doctor speak and to utilize body jargon to work against the complicity of such jargon in the healthcare setting; in this way, the footnotes in my poems become sites of resistance, and show how language can empower patients when, through the process of challenging such jargon, language around the body becomes clarified.

In speaking about poetic format, Mouré says that "poetry operates beyond [what we already know], I think. So does life! All poetry, whether it engages traditional forms or dictions or open forms, or conceptualizations, has to press us just past the limit of where our knowing ends. And the ways of doing this are multiple" ("Interview" 223). She argues that poetry's function, regardless of its format, is to push its readers beyond their scope of knowing and understanding of the world because this is how life itself operates: beyond our scope of knowing. My experimental poetry, in its multiple forms, inverts Mouré's thought; my poetry takes medical language, as language beyond understanding, and turns it into "easily digestible" content that brings it within the scope of knowing and understanding. Nikki Reimer is a poet who challenges medical body jargon in a similar fashion in her chapbook *fist things first*. With the physical format of

the chapbook imitating a physical print patient's chart, Reimer blurs the line between the objectified body parts such as the pelvis, lips, uterus, thighs, and nipples, and the people those parts belong to, as she imbues each body part entry with a story about a different character: "right ventricle / to dislocate familial arteries. Brooke's has a glitch – leap allegro in the manner of wormwood. green tea pumps caffeine…play capture the valve until the cardiologist leaves" (3). In this poem, Reimer provides the right ventricle with its own agency, noting how the ventricle "play[s] capture the valve," a play on the game capture the flag, at the doctor's office, hinting at an anxiety in the doctor's office that causes the heart to speed up and the right ventricle to pump faster. Reimer takes body jargon and undermines its objectifying dismemberment by highlighting the multiplicity of the organ – that it has a different beat from the medically defined 'normal' heartbeat, that caffeine flows through it, that it becomes anxious – in contrast to a singular medical use and definition.

Considering the role of the body within discourse, Tobin Siebers writes, "…because linguistic structuralism tends to view language as the agent and never the object of representation, the body, whether able or disabled, figures as a language effect rather than as a causal agent" (2). Body jargon, then, in a healthcare setting becomes the agent in the doctor's office, while the patient becomes the object; the person wielding specialized language has control, and the patient is dependent on that language, a language they often cannot speak or even understand. For example, in my poem "No anaesthesia required," the medical jargon administered by a healthcare professional is the agent, and the patient's body is the passive object expected to 'deal with' and be obedient to the agent:

Cervical biopsy[1] Endometrial biopsy[2] HyCoSy[3] IUD insertion[4] and removal[5]



(51)

The top portion of this poem centres on the voice of the healthcare professional as they advise the patient that "A small amount of blood or pain may occur" during the procedure(s) and that "For some, the pain is severe / However, the pain is short," with the idea that short-lived pain justifies bodily (mis)treatment. In contrast, while the footnotes do not translate the meaning of medical jargon as do the previous poems discussed, they do confront a blasé mindset, specifically using language as a structure of indifference to patients' bodily pain and discomfort, through the explanation of the procedures that corresponds with the poem's language: "[1] Paper hole puncher blade removes tissue samples… / [2] Clasp the cervix, insert a thin pipette, and suction up tissue samples… / [5] Pull on the threads with forceps. Drag the IUD against the soft tissue…" (51-52). These

footnotes challenge the use of specialized jargon by describing the bodily details of four gynecological procedures that are, or have, claimed no need for anaesthesia to perform, and unflinchingly describe actions such as a small circular blade cutting away cervical tissue, the uterine cavity filled with saline and air, and extracting an IUD by pulling/dragging/tugging it against fleshy walls and closed cervix. The footnotes effectively undermine the jargon as agent/subject, making it the object instead, by shifting the dependence of the procedure perspective onto the healthcare voices; the procedural explanations become the agent/subject because they perform the action of critiquing, and the healthcare voices become the object as they have something done to them (i.e., their absurdity is being exposed). By highlighting the absurdity of requesting patients to submit to a procedure without anaesthesia when also telling them to expect bodily harm (in the form of cramps, bleeding, pain), the footnotes of "No anaesthesia required" challenge that object/subject language used where the patient is expected to accept bodily (mis)treatment.

Other poems in *-opathy* challenge and undercut body jargon through satire, clarification, and expansion of such jargon. For example, the manuscript includes several anagram poems, in which I deconstruct medically-charged words to show the impact of dismissing and trivializing attitudes: "this gash / sags / this gash / gags / lags" ("gaslight" 14); to critique the absurdity of patronizing medical advice: "hairy / arse / eat a / ashtray" ("hysteria" 41); and to detail gender inequity: "rate / mare meat / mare teat / tame" ("treatment" 78). When healthcare workers use body jargon (and, even when not doctors, some employ "doctor speak") and make no attempt to divulge a lay interpretation to the patient, their use of that language becomes complicit in establishing Wolach's notion of

"catastrophe" and power imbalance in healthcare settings. I write these poems to achieve this upending of the power structures, in part because poetry presents language as play and play as integral to change, and in part because simply stating the fact of discourse hierarchy will not enact change; it requires action. As Audre Lorde says, "the master's tools will never dismantle the master's house" (*Sister Outsider* 112). In order to undercut these hierarchical structures to enact change, my experimental and disjunctive poetry works to dismantle medicalized body jargon from the inside.

Intersectionality and Beyond the Patient Role

The narrative poems of *-opathy* put the idea of "real" bodies onto the page through the use of poetical protagonists, and foreground the different (mis)treatment women experience based on their intersectional identities (such as race, sexuality, and ability). I do not suggest that women face discrimination *because* of their bodies; rather, the narrative poems highlight the injustices and inequities they face because of gendered social categories, and as Siebers puts it, that "cause of oppression usually exists in the social or built environment and not in the body" (100). For example, my poem "-algia" acts as an introduction to such built-in systemic oppression:

…
A woman with thin white hands walks into the ER. “I can hardly move, I’m in so much pain.”
“Women just need to deal with their period pain.”
“But I’m not even on my period.”
“Hm. I’ll order a CT scan.”
“And the results?”
“Nothing shows up on your CT scan.”

A woman with thin white hands goes to a walk-in clinic. “Please, I haven’t been able to work from the pain. No one will listen.”
“Let’s send you for some blood work and an ultrasound,” says the doctor. “Sounds like endometriosis.”

A woman with thin white hands sits in the office of her new gynecologist, waiting for her

…
A woman with thin black hands walks into the ER. “I can hardly move, I’m in so much pain.”
“You just have bad periods.”
“But I’m not even on my period.”
“Nothing else wrong with you.”

A woman with thin black hands goes to a walk-in clinic. “Please, I haven’t been able to work from the pain. No one will listen.”
“Painful periods are part of being a woman. Take an Ibuprofen; that should help.”

…

A woman with thin black hands walks into the ER. “My pain is not normal.”
“Your blood work shows no anomalies.”

A woman with thin black hands walks.

(22)

“-algia” exemplifies, in simplified terms, the racial inequities between a White and a Black woman who both seek medical assistance for the same complaints, yet are met with different responses from the healthcare workers. Both experience an initial dismissal of their symptoms based on their gender, yet the White woman is offered tests and a diagnosis sooner than the Black woman. My poem “-algia” does not propose that White women face no discrimination in the healthcare system; it suggests that race is not one of the barriers they face. Indeed, when it comes to pain, Cathryn Molloy notes how a 2018 study “reinforced previous findings [of] ‘a racial bias in pain perception whereby people…assume [Black individuals] feel less pain than do [White individuals]’ ([Drunckman] p. 272)” (33). “-algia” invokes and exhibits this racial bias, whereby the woman with thin black hands is turned away by healthcare professionals for the same

complaints as the woman with thin white hands, who, eventually, comes across a healthcare worker[2] who aids her in finding diagnosis and treatment.

Another poem that takes a case-study approach to discrimination is my poem "Bias," in which Serena, as a fat Brown woman, is discriminated against by her doctor when he (wrongly) presumes that her health issues are related to her weight, and overlooks her chest pains because of weight bias:

> "What brings you in today?" His white hand moves the mouse to awaken the computer, bring up her chart.
>
> "Chest pains," Serena explains. "When I lie down, when I sit."
>
> "I don't see your most recent weigh-in. Did the nurse not weigh you today?"
>
> "Uh, no. I asked not to be weighed today."
>
> "Well, that's not helpful. I need to monitor your weight. You're obese, Serena, and if I'm going to help you we need to measure it every time."
>
> Her cheeks flush, fingers tighten their grip around each other.
>
> "I'd really like help for my chest pains. Is there any medication or tests to take?"
>
> "Lose weight, and they should go away." (18)

As Siebers points out, such intersectional aspects of identity "do not define individual bodies. It is true that some individual bodies are [B]lack, female, or both, but the social meaning of these words does not account for everything that these bodies are"

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[2] Within the realm of healthcare worker racial bias, I would like to point out that I by no means suggest that all healthcare workers have racial bias or act on racial bias. As Molloy writes, "Most [healthcare workers] do not set out to do harm" (31); they are human, and they understand "the capacity for human error – even in the context of very good intentions" (33). While this paper does not have the scope to discuss racial bias in the healthcare institution in detail, it is important to recognize the structural biases that perpetuate inequitable treatment: that most healthcare workers have good intentions *and* that harm does come to many patients, often based on their intersectional identities. Further, as Priscila Uppal writes, possessing good intentions "doesn't mean we shouldn't encourage improvement, progress, evolution of thought and practice" (*Another Dysfunctional Cancer Poem Anthology* 12).

(80). So as to not "dismiss the 'physical realities' of existence" (80) by reducing the women in my narrative poems to these identities, I frequently provide these women with lives outside the patient role. In Serena's case, she takes part in a softball league (18) – and later, the poem "Electrocardiogram" reveals that Serena is in the middle of crocheting a scarf for her nephew (26), further rounding out her character. This strategy, what Nisi Shawl and Cynthia Ward refer to as creating congruence (38), ensures that my characters do not come across exclusively as embodiments of one or two traits – in Serena's case, having brown skin or being fat. Shawl and Ward specify that to achieve congruence, a writer must focus on non-ROAARS (Race/(sexual) Orientation/Ability/Age/Religion/Sex) characteristics (38), recognizing intersectional aspects of identity: "a…character shouldn't *be* that one trait exclusively. Neither should… [a] character's few illustrated traits point to the same ROAARS category" (40). Thus, I focus on hobbies and include family and friend relationships as non-ROAARS characteristics to provide Serena, and other characters, with a distinct and unique individuality that does not rely on their intersectional identities.

Audrey Thomas's novel *Mrs. Blood* (1970) responds to the patient role of her protagonist in a similar fashion. When the titular protagonist is put on bed rest in the hospital in an attempt to save her pregnancy from miscarrying, Mrs. Blood becomes an infantilized object, with the medical personnel regulating her food intake and amount of time out of bed, and the nurses performing the action of bathing. Mrs. Blood compares herself to "a baby in a cot" as the nurses roll her back and forth to change the bed sheets (28). To combat this singular portrayal of her protagonist, Thomas employs flashbacks of Mrs. Blood's life as a young woman and then mother that provide her with agency and

that position her as a subject outside the patient role: "'Ugh,' [said the unnamed man in the Japanese garden, speaking of goldfish]. 'They look like blood-soaked bandages.' I thought he was pretentious. 'What d'you know of blood-soaked bandages?' I asked and spoiled his poetry" (23-24). In the flashback, Mrs. Blood uses her voice to enact change – to ruin a pretentious man's 'poetry' about "blood-soaked bandages" – when she supersedes his self-imposed authority on the subject matter, with the implication that she knows more about things that are "blood-soaked" as a menstruating woman than he does. In another instance, a single Mrs. Blood engages in pre-marital sex with her boyfriend Richard: "And he took me and led me out of [the café] and up to the room and unbuttoned my dress very carefully…and then my pants and bra" (65-66). These examples provide Mrs. Blood with subjectivity and portray her as a confident woman in control of her physicality, and effectively subvert the object position into which the medical institution has placed her as the patient in the present.

While Thomas employs entire scenes in the flashbacks of her novel, I utilize small details of the women's lives throughout the poems to clue in to their larger surrounding lives. These poems also provide larger, encompassing images of these women beyond the role of patient: each has a full life that includes hobbies, friends, and family. Adding hints about their non-patient lives provides an additional layer of agency/autonomy to these women in the poems as it humanizes them and situates them outside the medical gaze.

Poet Priscila Uppal in her poem "My Stomach Files a Lawsuit" takes a different approach to the patient role of her speaker. Uppal personifies the body's organs to get out from under the objectifying medical gaze: "My liver and spleen / have received subpoenas. / They can't wait to talk out / of turn, to bury me. / … / My stomach has hired

/ a high-profile lawyer who threatens / to take me for all I'm worth" (*Traumatology* 10). Uppal presents illness, what she describes as a "treachery [that] has been building / for years" (10), in an avant-garde way, using the lens of the judicial system to completely circumvent the medical gaze and any association with the healthcare system. This effectively takes her speaker out of the patient role entirely. It presents the relationship between the speaker and her body as one of cohabitation between the "self" and the body, and takes the onus of developing an illness off the speaker. Uppal shows that the choices by the liver, spleen, and stomach are ones made independently from the speaker herself, with the speaker becoming a defendant rather than a patient in the process, "baffled by what becomes / of old friendships" (10). These "friendships" signal the easy cohabitation between organs and "self," free of illness, and the lawsuit the introduction of bodily-disrupting illness.

In my poem, "Bias," when Serena's doctor dismisses her, she responds with: "Can you write that in my chart, please. That I asked for medication and tests" (18). This self-advocacy move secures Serena a referral and EKG test, as "[asking] that refusals for diagnostic tests and treatments…be documented in" the patient's own chart, says Molloy, is "a move that often leads care providers to change their minds" (64). Thus, when Serena's doctor dismisses her concerns as merely symptoms of her weight, her insistence to officially note her request sees him change his mind and offer her both a test and referral. Her move effectively subverts her object position, allowing her to become the subject in the doctor's office.

Story Elements in Poetry

While -*opathy*'s experimental poems rely on form to communicate the (mis)treatment, the narrative poems rely on story elements such as character, setting, and conflict, and allow the dialogue and actions of the character(s) to drive the narrative forward. For example, in my poem "Pulsing gooing swelling," the format closely resembles the traditional narrative form of paragraphs and quoted dialogue. This narrative form allows "Pulsing gooing swelling" to foreground the action and conflict between the characters in more concrete terms than the experimental poems. My experimental poems such as "No anaesthesia required" and "Q&A," in which the conflict between patient and healthcare worker is clear, do not provide the patient as a character, thus an opportunity to speak back to indifferent or dismissive treatment is not available. Whereas the experimental poems remain within the healthcare setting, the narrative poem "Pulsing gooing swelling" provides an account of Charlotte's doctor's visit for her eye infection, followed by briefer episodes that reflect the aftermath of what happens once Charlotte leaves the doctor's office setting – including the frustration of an incomplete referral, seeing another doctor (the specialist: ophthalmologist) for her eye, and worsening symptoms that have Charlotte downplaying their severity as a way to avoid further interaction with the healthcare system (68-70):

> *I'll make an appointment to get another referral if it gets worse.* Her right eye lid already devoid of lashes in the middle, new crusties taking the place of picked off ones, and little white bubbles grow and swell beneath the root of the lashes still in their place. *I'll call if it gets worse.* (70)

The narrative structure of the poem is of particular importance, as the familiarity of the story schema[3] makes the narrative easy to follow, effectively making the conflict, and the following details, the main focus, in contrast to focus being split between the narrative details and deciphering of an experimental format. On story schema, Muriel Rand notes that, "readers of varying ages all expect certain structures in stories" (381). Thus, the schema structure of following certain patterns within stories, which then become recognizable to readers, aids in the overall understanding of a story's elements in a logical ordering: "The schema helps the reader attend to certain aspects of the incoming material while keeping track of what has gone on before" (377). By employing familiar patterns, such as physical structure with dialogue, paragraphs, setting, and an event followed by smaller chronological episodes, the focus becomes Charlotte's journey – from interacting with a dismissive resident doctor and subsequently being saved from that dismissal by a more knowledgeable doctor with more authority, to her calling two doctors' offices in an attempt to figure out what is going on with her referral, to her disappointment when she discovers she cannot come back to the specialist without another referral, and finally, her worsening symptoms. Charlotte's interactions with, and her subsequent avoidance of, the healthcare system becomes the anchor of the poem with everything else revolving around her. This format then emphasizes the pivotal ending: Charlotte's unpleasant interactions leave her avoiding the stressors of the medical machinery, and she minimizes her symptoms to evade interaction with the healthcare

[3] While this paper does not have the scope to fully discuss story schemas, Muriel Rand paraphrases Jean Mandler and Nancy Johnson's research of the story schema, noting how in 1977 they "describe a story schema as a set of expectations about the internal structure of stories that makes both comprehension and recall more efficient" (377). Internal story structure, then, guides readers' understanding of and keeps their expectations contained within the story's context.

system. The narrative poem structure uses episodic scenes in this way to reveal such character inner workings.

Fred Wah's collection of narrative poems, *Diamond Grill,* provide scenes from inside his father's café, the Diamond Grill, that not only reveal the goings on of the family restaurant, but also simultaneously reveal the workings of the family and the small community in which they live. In "The doorway to the basement is to the," the narrative provides an event – the narrator going into the basement with his dad and meeting Wing Bo for the first time – followed by a summary of multiple brief episodes:

> I just say sorry I can only speak English. He looks lonely. When he realizes we're not going to be able to talk he just holds up a cleanly peeled spud and laughs. I tell him what a great job he's doing by sticking my thumb up in the air…I try to get down to the basement more often and kid around a bit with Wing Bo and in a couple of weeks we're arm twisting. Eventually he learns a little English and a couple of years later he's out front cleaning tables. I think he went to Vancouver. Whenever I'm in Chinatown I keep an eye out for his welcoming face. (118)

Joanne Saul writes that Wah's prose poems "[resist] narrative disclosure" through their weaving narrative threads (267). In my reading, Wah's prose poems provide a condensed version of the story schema in that the prose poem achieves the story of Wing Bo's entry into *hyphen*ated Chinese-Canadian space. I emphasize "hyphen" to bring attention to it as a major characteristic of Wah's *Diamond Grill* poetics – the hyphen that connects "Chinese" and "Canadian," but that also reinforces a gap between those two nationalized identities. In the book, Wah writes the hyphen as swinging between the door and doorways, and in the scene above, between the upstairs and basement. Concerning the

hyphen, Saul writes that, “Wah rejects both the delimiting space of the ‘ethnic’ (‘Chinese’) and the space of the nation (‘Canadian’), and recognizes instead that ethnicity is complex, in process, shifting,” and allows him to “[challenge] both notions of sameness and difference in discussions of ethnic and national belonging” (268); the hyphen acts as “a marker that both binds and divides” (268). The poem begins with Wing Bo, who only speaks Chinese, designated to the basement for a few years before being allowed to cross the doorway’s (hyphen’s) threshold and enter the space of the restaurant above, once “he learns a little English.” In this way, the hyphen indeed acts as both a divider – by keeping him in the basement as a monolingual person – and binds him to the Chinese-Canadian nationality once he can speak enough English to leave the basement and work in the restaurant proper. By the end, Wing Bo enters the “complex, in process, [and] shifting” space of hyphenated Chinese-Canadian. Just as Wah’s prose poem provides the narrative journey of Wing Bo, so, too, do I want my poem “Pulsing gooing swelling” to utilize the narrative and story schema form to convey Charlotte’s journey and the culmination of her unpleasant experience with the healthcare system, one with which she ultimately avoids engagement.

Similarly, my non-traditional narrative poems, such as “Ladies & lesbians & bis, oh my!,” use setting and character to push the plot forward, offering multiple episodic scenes within a single, encompassing setting. “Ladies & lesbians & bis, oh my!” plays on standard playwriting format, utilizing the “Acts” to provide scenes of varying length, which ultimately show the core aspects of each episode. It offers familiar story schema patterns of chronological events, including both the conflict of heteronormativity that Harri and Nikki face, and the resolution in the form of plastering Harri’s hospital room

with pride paraphernalia, which in turn makes fellow nurse Imogen feel comfortable displaying her own pride on her hospital name tag (57-58). In this poem, then, the characters push back against oppressive assumptions and, in doing so, better their hospital experience and help a hospital worker embrace an aspect of her own identity. In this way, the story's pattern – distinguishable within the non-traditional narrative format – foregrounds the core of the poem: revealing the heterosexual bias of Margaret's insistence on Harri's use of breast prostheses, and disrupting and challenging what Barbara Brown calls "assumed heterosexual perspectives" by providing "a strong queer-positive presence" (169, 170).

One of the more experimental features of this narrative poem, and others, includes the textbox inserts and red arrows, which provide additive and supplemental information to the narrative, information that each episode does not have the scope to include. Robert Kroetsch uses this same technique of arrows in his "Mile Zero" long poem to insert a secondary poetic text within the central poem. I read these insertions as playing on and disrupting the construct of a traditional lyric poem collection. In my own poems that utilize this technique, the arrows point to certain details within the central poetic text, and the textboxes then expand upon these details, as with Harri's aside of, "Not mom, not sister, not friend, not sister-in-law. Girlfriend. Girlfriend girlfriend girlfriend" when a nurse mistakes Nikki for Harri's mom (57). The textboxes and accompanying arrows disrupt the poetic form, mirroring the disruption of heteronormative assumptions within the poem itself.

"Story often trumps data," writes Francisco Ibàñez-Carrasco in his essay, "Read This Before Your Next Clinical Visit: Cheap Advice for Frequent Patients," "and our

health is not the accumulation of arbitrary numbers from tests" (57). While Ibàñez-Carrasco speaks about lived experience, such advice rings true of fictionalized narratives as well: story can often eclipse data, structure, and form. It does so by offering experience and context, whereas "numbers from tests" merely set up the story waiting to unfold. This is seen most clearly in my poem, "What she really means," where Dr. Marshall rattles off numbers and data from Julie's ultrasound test (5), which merely sets up the action about to take place and does not further provide experience and context beyond data – that is the story's job. Thus, while the experimental poems foreground the absurdity of specialized jargon imposed on the body (by using an accumulation of translated jargon), the narrative poems provide stories that "live to tell in…voice the things from [characters'] personal [fictional] experience" (Ibàñez-Carrasco 57-58), inviting readers to "relate" to the characters and their (often frustrating) healthcare experiences. These narrative poems reveal an encompassing view of all participating parties – healthcare workers and patients alike – and represent the characters through scenes both within and outside the healthcare environment.

Community Support

One aspect I include in some of the narrative poems is a representation of community support, and the different forms communal support takes. In my poem "Healing Networks," Emma finds community in her Indigenous culture through a healer and, later, through a support group for cancer survivors: "Lane arrives for their appointment – sweetgrass smudging – and invites her to a healing circle to join members of her community who also bear surgical scars" (31). Emma employs medical pluralism,

which Waldram et al. describe as "the practice of utilizing the medical services of more than one medical system" (Waldram, Herring, and Young 244); Emma relies on both European-origins medicine and her own cultural healing practices, with each healing system addressing separate components of her health. The biomedical system of the hospital provides a sonogram, biopsy, diagnosis, and surgery; the sweetgrass smudge, as an aspect of her Cree culture, provides a healing effect through the smoke as sweetgrass "symboliz[es] healing and peace" while the act of smudging itself "purifi[es] and protect[s]…bodies, spirits and living spaces" (Cree Health n.p.); and participation in the cancer group gives her support from others affected by cancer and who may or may not be part of her Cree culture, exhibiting the support of a larger community including Indigenous members. Such layers of care allow Emma to embrace the process of healing in the context of her culture and, as Waldram et al. assert, provide Emma with "a measure of control over [her] own health" (246).

While cultural context is one aspect of community, another source of community is found online. For example, in my poem "Goose Egg," when doctors dismiss Imari's symptoms after a head injury, she

> scours online forums and adds her questions and symptoms to any thread she can find on women's health, on head trauma, on concussions, on brain injuries: DO YOU KNOW WHAT'S WRONG WITH ME? WHAT DO I DO? (48)

In these online forums, Imari virtually meets Molly92 and receives a tip to see an endocrinologist for her symptoms – a specialist of the endocrine system, rather than a general practitioner – after Molly92 sees similarities between her brother's brain injury and Imari's symptoms (48). Molloy calls this "patient-to-patient networking" and notes

how such online spaces provide "support that empower[s] [women] to speak up for themselves in their clinical appointments" (64). Indeed, Imari's interaction with Molly92 provides her with the confidence to book an appointment with her general practitioner, armed with a specific request for a referral to an endocrinologist. The referral eventually leads to a diagnosis and the start of treatment and symptom management. Once Imari receives confirmation on her diagnosis, she "returns to the online forum to declare her diagnosis [and] her process" (49), essentially paying it forward and acting as that same source of research for others that Molly92 was for her, and continuing the altruistic community motivations of the online forum.[4] "Goose Egg" points to the democracy of patients, relatives, and friends offering emotional support and useful information, without suggesting that the medical establishment has no place or value. Indeed, my poem "Home Call" reveals the murky side to internet "help" when Ms. Dixon decides to reject medical treatment, instead embracing unsubstantiated and unscientific treatments to manage her breast cancer (66-67). Believing her stage one cancer diagnosis is of lesser concern than Dr. Garcia maintains, Ms. Dixon turns her back on the medical institution in favour of the practices of a spiritual advisor and the words of a self-proclaimed cancer-survivor blog writer – both of whom have no connection to the medical institution – and sets herself up for a spreading cancer and potentially terminal situation.

Within *Another Dysfunctional Cancer Poem Anthology*, Anna Yin and Rishma Dunlop include poems that centre on family: "It must be a miracle. / The doctor told us /

[4] Networking and accumulating research in this sense is additionally beneficial for patients because "physicians…cannot have time to accumulate the level of up-to-date, specific knowledge on a given condition" (Molloy 65). Yet, as Maya Dusenbery remarks, "It's worth pointing out that…[w]omen should not be required to be more knowledgeable about women's health than their doctors are, and the ultimate goal, of course, is that they no longer need to be" (58). While it is important for women to become their own advocates and do their own research when interacting with the healthcare system, it is also key to recognize the absurdity of women's role in being more knowledgeable than their doctor.

you wouldn't make the snow season. / But this year, in our warm south / winter comes earlier" (24) writes Yin in her poem "Snow," written for her sister, as it details the hurried rush to enjoy the snow and her sister's company since, "no one can predict the weather / and the future" (24). In her poem "Rock Me," Dunlop describes a desire for her daughters to care for her and show her the world, just as she did for them when they were young: "Come, my daughters, come to my bedside of white sheets, / to the bindings of crib to coffin, baby bracelet to toe tag / … / Rock me through bars and coffee shops, atriums and parks, / and through lavender and rose gardens and rot and decay" (29). Both Yin and Dunlop express familial support and comfort as their source of community through cancer diagnoses (for Yin's sister, and for Dunlop herself). While family is certainly one of the pillars of community support, my poems seek to expand the definition of "community" past the expected inner circle of friends and family, and to incorporate wider modes of community into the lives of those who interact with the healthcare system.

My poem "Crunching through Mid-Transition" exhibits community support through friendship. When Natalie's doctor attributes her weight to the reason why they will not increase her estrogen dose, her fellow fat and transgender friend Aspen provides support, first by encouraging Natalie to "advocate for [her]self" (53) in the doctor's office, and then again (when Natalie's self-advocacy does not work) by suggesting Natalie find another clinic – and consequently another doctor – to provide her with proper hormone therapy without a weight bias: "'Fat trans people exist, babe! Don't let them tell you otherwise'" (53). As Ariel Estrella writes of her own experience as a member of the LGBT+ community and the medical system: "Beloved community acts as both a witness

to and participation in this process through healing exchanges of intimacy…" (234). Aspen is Natalie's community, acting both as a witness to the weight bias and to the fatphobia that causes her friend to count calories and leave her belly empty. Aspen is also a participant who steps in to provide guidance for her newly transitioned friend. Through such "exchanges of intimacy," Aspen's support enables Natalie to seek more capable medical services and 'heal' in the sense of no longer restricting food or over-exercising. In the poem, Natalie not only embraces a balanced diet and body awareness, but in doing so she also presents to readers one of the many ways that individual bodies intersect identity categories; in Natalie's case, her trans identity interconnects with her bodily corporeality as a fat woman. Maya Dusenbery notes how, in the position of being dismissed, "sometimes, other aspects of their identity seem to take centre stage: fat women report that any ailment is blamed on their weight; trans women find that all their symptoms are attributed to hormone therapy" (4). When Natalie's weight intersects with her transness, her doctor uses weight bias as a way to withhold further medical resources for Natalie's transition.

Community support, in its variable forms, provides patients with ways to push back against medical machinery when they are told in my poetry to "Keep resting" (47) or "Your BMI is too high" (53). While Molloy singularly relates online forums to bell hooks's "sites of resistance" or "homeplaces," from hooks's 1990 book *Yearning* (Molloy 66), I suggest that the variable and specific aspects that make up the general meaning of "community" all act as "sites of resistance" or "homeplaces." Lorde writes, "…we do not exist in a vacuum…we are part of communities that interact. To pretend otherwise is ridiculous" (*A Burst of Light* 57). To isolate the term "community" to a singular place and

time “is ridiculous” – community is a fellowship not bound by time or place because “we do not exist in a vacuum,” and neither does our sense of community. My three poems that I discuss above all exemplify community as “sites of resistance” and “homeplaces” because they all work to “reduce despair” as with Emma’s connection to her culture and spiritualty, “offer strength for struggles ahead,” as with Imari’s search for an answer to her symptoms, and “elevate spirits” as with Aspen’s friendship (Molloy 66).

Conclusion

With *-opathy* I hope to offer a text that is not “complicit in the making (narrating) of catastrophe” in the healthcare system’s use of medical jargon and (mis)treatment of subsequent patients (bodies) (Wolach 335). Throughout the manuscript, I deconstruct medical jargon in relation to the body, as patients push back against a system that often diminishes their concerns, and find support in surrounding community when navigating the, at times, unapproachable institution. Lorde writes:

> Most of all I think of how important it is for us to share with each other the powers buried within the breaking of silence about our bodies and our health, even though we have been schooled to be secret and stoical about pain and disease. But the stoicism and silence does not serve us nor our communities, only the forces of things as they are. (*A Burst of Light* 117)

Thus, *-opathy* itself operates as a site of resistance in the complicity of “catastrophe” and “the forces of things as they are”; it offers translations of jargon and women characters who seek answers about their concerns that their doctors do not quench or quell; it provides humorous interjections among the heavy topic of (mis)treatment that lighten the

subject matter and soften the delivery, as in Harri's comment of "Yeah, this is my girlfriend, Nikki. She's more of an ass person anyway" (57) and "'Ha!' the sound of [a doctor's] joyous approval" at discovering her patient's form of birth control is sleeping with women (65), making the manuscript's at times heavy subject matter more approachable. My poetry offers a critique in the ongoing conversation around women's health, and in this way, the entirety of *-opathy* refuses complicity as it (re)narrates the reality of women's experience in the healthcare system.

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The background grey words of "lumpectomy" are from Susan Sontag's *Illness as Metaphor*, pp. 14-15, 64-66, 68.

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