



POLITICS OF HEALTH & WELL BEING

Volume I Issue IV

An Open Access journal that highlights creative works with an emphasis on the prevention of violence

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David Radavich

TITLES:

Incarcerated
Hygiene
Homeless Vet

BIO:

Among David Radavichs' poetry collections are two epics, AMERICA BOUND and AMERICA ABROAD, as well as MIDDLE-EAST MEZZE and THE COUNTRIES WE LIVE IN. His latest book is UNTER DER SONNE / UNDER THE SUN from Deutscher Lyrik Verlag.

DESCRIPTION:

As a cancer survivor who managed (barely) to access treatment, I remain acutely aware of how some members of our society - particularly the poor and citizens of color - remain closed out of our healthcare system. This is of course a great social injustice, but it harms us all.

Incarcerated

No one sees
my skin, my sores,
my lack of sleep.

Who cares what
I eat or think?

The words I scribble
are ridiculed or banned.

The open air I crave
is parceled out
in tablespoons.

Visitors must sit
behind a somber screen.

Even after I get out
I am a statistic,
non-voting, unemployed,
not a father, child,
or spouse.

I am the undeveloped
photograph, the seed
unplanted, the painting
someone washed away.



Hygiene

The myth of no government
has crumbled to dust.

Under the grind of billionaires
stashing their treasures off-shore,
their employees lining up
for food stamps and health care,
everyday citizens striking
for rent, politicians hiding
away in their chambers.

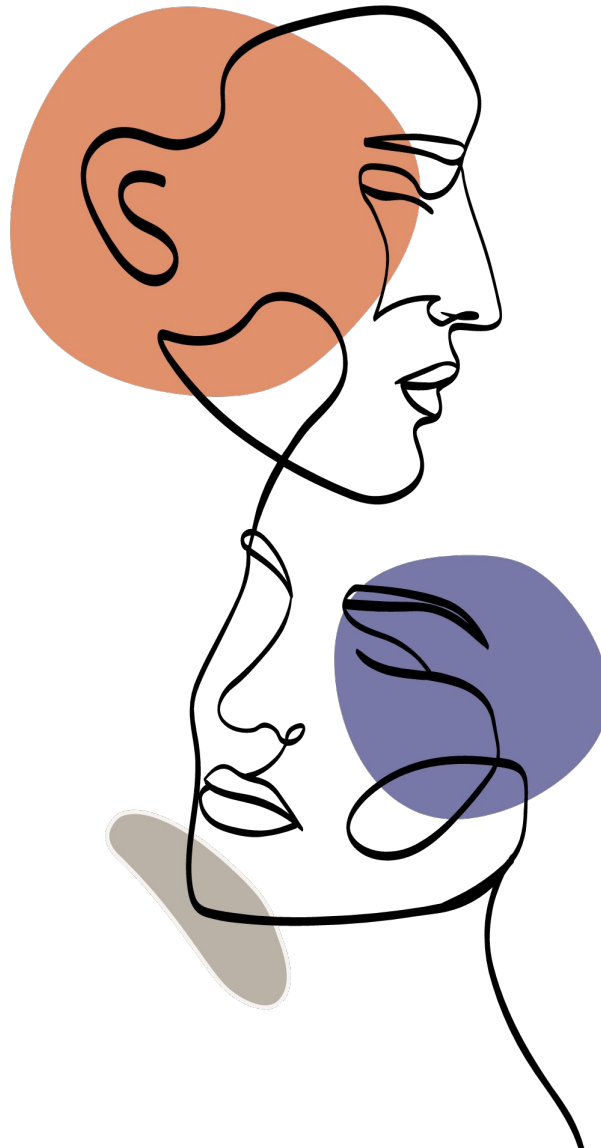
It is a spectacle of the small.

Now we will wear masks
to protect us from consequence,

from the very particles
floating in air
of a society plagued
by its self-imposed want.

Let us sweep up
the debris
like adults who
oversee the play yard.

Let our new hygiene
be universal,
cleaning the old corners
of injustice and pain.



Homeless Vet

There's no end
to the injury.


It keeps pounding
in the blood,
a brooding drum

and sometimes,
on the good days,
a subtle lyre
I play with dull fingers.

Where would I be
without my constant
companion?

Another life,
a suddenly vacant
mind focused on
escape and pleasure
like these kids
with their
ear-fastened phones.

What use do I have
for history?



Just now I stand
alone in the field

like a lost cow
about to lie
down in tall grass.

Ashanti Files

TITLES

Cry Wolff

BIO

Ashanti is a Registered Nurse whose poetry explores social and political issues as well as love, sensuality, mental health and the struggle to live life on her terms.

DESCRIPTION

Cry Wolf is a poem that took two years to write as it explores how I faced the Covid 19 pandemic on personal and societal levels as all while working as a registered nurse.

Cry Wolf

I'm the nurse who cried wolf in November 2019
I saw a CNN article on Covid-19
And dreamed
that I was gonna die breathless
I'm the nurse who volunteered to care for the patients just as
The world was realizing this wasn't going away
I'm the nurse who called foul play
When the CDC said cloth masks would protect us
While N95s were in a factory collecting dust
Because of
politics
I was the nurse who cried help us
As my coworker passed out right in front of me
Within 5 hrs she was on a ventilator
And my manager asked me to take her place
I was the nurse who statistically proved how race alone was a
determinant of death
I was the nurse who wept
When my uncle got covid
And my grandmother got covid
And my sister got covid
And my daughter got covid
I was the nurse who was unsure about vaccine science
I was the nurse who prayed to God that people would be
compliant
and just wear a fucking mask
I was the nurse who got berated
when I asked if you could stay 6-feet away from me

I was the nurse on the front lines
With compromised immunity
I was that nurse
Who explained why my people should get vaccinated
I was the nurse who cried
because Tuskegee is stated
again and again and again
400 vs 73462 black bodies
400 vs 73462
Hey did you know nurses fill gloves with warm water to simulate
human touch as a patient is dying
Hey did you know I've been found in a closet crying
10, no it might be closer to 12 or 13 times
Hey did you know
I worked all day on this poem to make it rhyme
So I can finally get thru to you
Hey I do know
That some of yall blew because I took this opportunity to go thru
How Covid 19 has impacted me
I smile on stage
Because yall will never see my tears
I smile on stage because at home my husband attempts to calm
my fears
That being right here in this very place is worth
The compounded risk I face every goddamn day
As a nurse
I used to be afraid of the little voice
Inside me that said speak up
So if you're wondering about this piece
Please know I dont give a fuck
Because I am the nurse who cried wolf





Bruce MacDonald

TITLES

How It Looks From Here

BIO

I am a writer and mental health worker in Toronto, Ontario, Canada. I have published poetry and reviews in places like elimae, Popmatters and Now Magazine.

DESCRIPTION

My text is a non-fiction essay with photos, my own attempt at a Sebald type piece.

How It Looks From Here

In this photograph of heavy stones stacked and balanced one upon the other, I see



the profile of a person. For what it is worth, I know that a person did stack them, and that fact may be influencing my view somewhat. A person, I should say, other than me. I just took the picture. Regardless, I can't help seeing the rocks as part of a person's body, a person with stony hands in stony pockets looking off into the distance. Why? I don't know.

The man who stacked the stones, let's call him Stan, told me he just liked to do it for the exercise. He claimed no artistic or creative intent. He just liked the challenge of balancing rocks one upon the other. Maybe I shouldn't be seeing a person

staring off into the distance where no such thing was intended. This I recall was the "intentional fallacy" I learned about in school. I have a memory filled with such under-used things, like old literary tropes, theories and motifs, ideas I have gleaned from writers like Susan Sontag and John Berger. Maybe they planted this person seed in my mind, in this instance. Regardless, that gazing person remains as hard as ever to budge from my inner view.

Let me tell you a little about what I do for a living.

"I represent an organization whose primary purpose is...". This is what the shifty looking character in the sci-fi flick says. This shifty guy, the one in the movie, he recruits people to be part of a secret government program.

A time travel program. He just seems to step out from around a corner or behind a bookshelf or a vending machine and tell his selected recruit, someone already in a serious amount of trouble, that he can offer them a chance to change their lives and, possibly, save the world. He does this with a very serious look on his face. He informs them they will have to use his secret and special machine to travel through time and take the necessary, precise action at the necessary, precise moment in the past and then...whoosh...everything will be different, including their own presently difficult situation.

Now, basically, I do what the shifty guy in the movie does, but backwards, and in the real world. I try to help people land in the present from the past. The kind of past that can include or exclude the impersonal and the personal, the intended or accidental, the accepted or denied. But it is always the kind of past that puts people into difficult presents, presents where someone like me can be encountered who will take the side of change and promote its possibility. The question of what ends up changed or saved is really something I can't answer. And, I avoid special, secret machines at all costs. My car, however, is the one machine I am compelled to use to see the people I get to meet and work with, scattered as they are throughout the south west portion of this city, by the lake— the same lake where Stan finds his random heavy rocks and builds his structures that I imagine are people.

Speaking of structures, the Lakeshore Psychiatric Hospital once stood on the nearby grounds of where, today, a local college stands. In fact, the hospital stood in the form of many of the buildings that now occupy the college's lakeshore campus. Young students of film, drama and television post stories on the internet about ghosts haunting these leftover buildings. I know a man who was a patient at the hospital in the seventies. He remembers mostly the walks by the water. Doesn't mention anything else, no dismal corridors or lengthy screams. Just walks along the lakeshore. An artist and historian himself, he has enlightened me about the mythic roots of many modern conflicts. His methodology and ideas are unconventional and not aligned with any official discipline. I am no expert myself in either history or art, but it seems to me his memory, his art and historical perspective, all these offer him more than horror movie tropes about haunted asylums ever could.

He is now thirty years free of the old methods of control those asylum buildings had sown and known. An older man, spending days mostly by himself, his smile often tells me he is free of any torment. He is alive and creates his own art in his own home, without anyone else's permission. It is, I hazard the hope, an actual asylum, void of stone and free from the dangers of old methods of control.

Before I ever saw Stan standing near the water of Lake Ontario, his feet slightly sliding as he shifted weight and hefted an almost human sized rock into place, I came across the work of Peter Riedel. It was Riedel's work that had caught my eye, and Stan's, and the eyes of many other people used to enjoying the lakeshore sights of sky and water, stone and tree. I later learned more about Riedel's personal story from a segment in Ron Mann's 15 Reasons to Live. What struck me at first was how someone who had experienced extreme difficulty and despair would choose a self-imposed task of such imposing challenge.

Reflecting on his story, and later, on this picture, it soon appeared to me that the precarious work of staying grounded was the attraction. The small round stones, look close, that rest atop the lean towers that Reidel created, will fall one day, as will all the other rocks.



But he took a precise and necessary amount of time to build this particular structure to last at least a short time. A structure, I might add, with two conspicuous human sized shapes at either end, seeming to support the whole thing.

One of these two shapes, the one on the right, to my mind's eye, sits in a pose reminiscent of a meditating monk, his gaze directed to the structure standing in the near distance, one of the towers with a small round stone on top.

A built-in fall is all around these meditating stone disciples. It is not avoided, and in fact, right now, as I write, has already occurred. But here, right now, in this photograph, nothing has fallen and nothing has changed, and, if you like, you can choose to see the peace that stillness brings, that art can bring, in the present, and that people you have never met or seen, may also bring, to you, as they have already done, to me.



Eleni Stephanides

TITLES

When doctors dismiss chronic pain...

BIO

A queer bilingual writer, Eleni has been published in The Mighty, The Mindful Word, United by Pop, Thought Catalogue, Elephant Journal, and Uncomfortable Revolution. You can read stories from her time as a rideshare driver at lyfttales.com

DESCRIPTION

I describe my experiences working with injured Latinx health workers and the barriers they face within the health-care system.

When doctors dismiss chronic pain...

*Names changed to protect confidentiality

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“It just doesn’t make sense that a simple trip and fall over a sofa would result in an inability to work for an entire year,” the doctor said to *Lourdes. As he spoke I looked at the wall behind him, where a diagram of the muscular system hung next to an oil pastel of a stethoscope.

Lourdes was one of the many patients I interpret for who had been injured at work. Before the doctor arrived she and I had filled out paperwork in the lobby, answering questions from *Does the pain wake you up at night?* to *How have your daily activities been affected by your pain?* to *On a scale of 1 to 10, one being the best, 10 being the worst pain imaginable, at what level is your pain right now?*

In between questions, Lourdes talked of oasis villages back in her home country of Peru. She recalled the succulent flavor of a lomo saltado. Many, but not all of the immigrants are from small towns in Central and South America. Others who came from big city life—Mexico City or Bogota or Lima—would tell me of the mariachi; the art beautifying the city while also adding an element of grittiness; the nutritional benefit of grasshopper; the multitude of museums; the lively tomato festivals.

The pain resulting from Lourdes’ injury had significantly impaired her ability to perform her regular job duties. In the year she’d been off work because of this, she had received some financial support (albeit minimal) from workers’ compensation. Today she recounted to the doctor the details of how she’d gotten injured, what body parts were affected, and her current lingering symptoms resulting from it.

He responded by saying she needed to go back to work.

“Workers’ comp is meant to support people who’ve fallen from roofs or tall buildings,” he lectured. “Who’ve broken multiple bones or sustained dramatic, visible injuries. Not workers who only *tripped*. Even for those workers, the system’s only meant to cover them for a few months, not long-term.”

It was a struggle for me to interpret these sentences— as interpreting statements that I don’t agree with or that I feel are unkind always is.

Lourdes began to respond but the doctor held a hand up, insisting that she let him finish.

“And you need to lose weight,” he added.

By the time the appointment was over, the doctor swiftly left the room, while Lourdes remained, tears in her eyes.

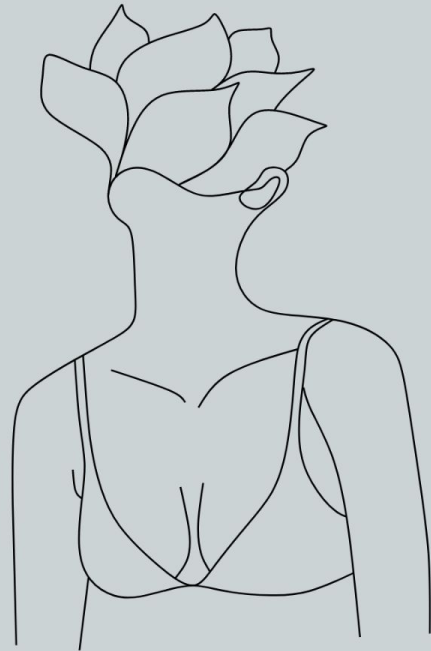
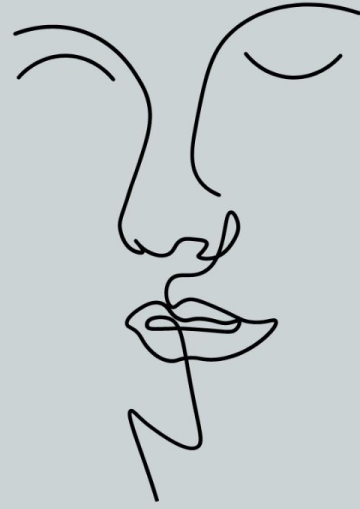
I recalled a similar incident from months earlier, when I interpreted an appointment for Esmeralda*, a middle-aged Mexican lady who had gotten hurt working out in the fields two years prior. After laboring on farms for the majority of her life, she’d remained mostly sedentary since the injury. Almost all activities—walking, cooking, sewing, bending over—aggravated her pain. No doctor had prescribed her pain medication, so she’d been taking only sporadic doses of Advil.

The doctor that day instructed Esmeralda--who had gained forty pounds and lost considerable abdominal strength in the months since her injury-- to exercise more and take better care of herself.

“The pain will only get worse if you don’t do anything. You need to take responsibility for your health and your life because no one else will,” the doctor said.

Though I know medical professionals are trained to say these things, it was still hard to listen to, harsh and invalidating of Esmeralda’s particular situation as it seemed. For a woman who’d spent her life working in the fields, lack of motivation and willpower didn’t seem to be the real issues here.

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As a medical interpreter who primarily covers workers comp appointments, I am constantly hearing from patients about the extent to which their injury has drastically altered their lives.

They talk about how ineffectual they feel. How badly they wish they could be productive members of society again. How they feel trapped inside bodies that work nothing like the way they used to.

The vast majority are low-income, putting their bodies and physical safety on the lines to do jobs most of us wouldn't want to do. Such work exposes them to greater risk and increases the probability of injuries.

At times workers get injured after taking on a disproportionate amount of duties at work. Exploitation and overworking on behalf of their bosses are not uncommon.

That said, when doctors imply that patients are exaggerating their ailments or in any way trying to "game the system" out of laziness or poor work ethic, it's upsetting.

In my experience, the patients I've worked with don't stay on workers comp to get a free pass. If anything many of them *wish* they could work.

"My whole life changed. I'm not the person I once was. I can't do what I used to," I've heard many say.

"Men are supposed to be the rocks that their family can depend on. With pain like this I can't do nothing. I'm not that rock no more. They can't depend on me," one patient said.

"Why am I living? Why am I here? I'm just taking breath from other people and not giving back," said another.

These doctors' attitudes also communicate an offensive lack of understanding of the nuances of the chronic pain predicament. Healing from these injuries can be a highly nonlinear process, one that drags on for many years. The pain might leave for a while only to come back with a vengeance once the sufferer think it's finally gone.

Our society generally knows what to do with visible pain. We know less what to do with the pain that doesn't show up on any test. Or pain that isn't "quantifiable."

A podcaster once commented that when you have a cast, people run up to sign it, but when you have depression (or a mental health condition), people run away.

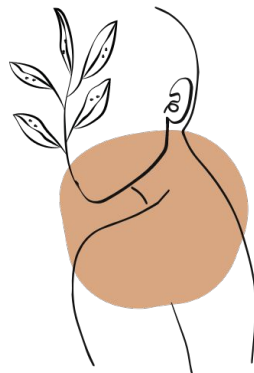
The only way to measure chronic pain is through listening to the hurting person's accounts of their subjective experience—something that these two doctors, and unfortunately too many others, seemed either unwilling to do or uninterested in doing.

The sadness in patients' eyes when they share their stories is so apparent to me. I can see that their pain is real, even if I can't see a wound, a gash, or a visible sign of illness.

My heart went out to Lourdes, who went to seek help for the pain that she was in, only to be dismissed by the person who was supposed to be helping her.

When friends don't try to understand what you're going through, it can be hard on the soul—but when the lack of understanding (and even invalidation) comes from medical professionals or people in authority, it also complicates access to treatment.

Instead of dismissing what we can't see, why not attempt to learn about it? Women like Lourdes deserve that. So do injured workers everywhere. It's the least we can do for any member of our human family.



## **Emilie Cabot**

### **TITLES**

When does it end?

### **BIO**

Emilie E. Cabot (she/they) is an anxious, introverted, asexual being crushed by capitalism who shares poetry that illuminates asexual queerness, mental health struggles, and how systems and societal norms make living harder than it needs to be.

### **DESCRIPTION**

I worked in the health, fitness, and wellness (HFW) world for eleven years - it destroyed me. The HFW world doesn't take care of us. I have taught after experiencing rape, I have taught after a stray bullet entered my bedroom while sleeping, and I lost my classes when I took time to heal from chronic pain caused by my teaching load. I have been living the theme of this issue, in a field that hypocritically preaches prioritizing health and wellbeing, and I feel called to share a part my story.

## When does it end?

When does it end?

Eight years of physical labor donated to capitalism

Seven day workweeks at poverty level wages to pay the bills

Six different insurance plans to relearn

Five biopsies that led to surgery

Four rounds of physical therapy to avoid more surgery paid out of pocket breaking my bank

Three mental health diagnoses (also paid out of pocket) in the pursuit of “healing”

Two gynecologists to poke, prod, scrape, cut, and shock me

And no one to witness the ride I’m stuck on

When does it end?

I don’t know where it began, but I know when it got worse.

It was election night, 2016. We hugged as we realized how sexist America was (is). I went for a drive to flee from the fear that was sinking in: what would happen to women in this country?

The hug led to dating. The dating led to sex. Sex led to a conversation. A conversation that should have ended the relationship. How could you support other women’s right to choose but want to negotiate it with me?

\$40 later, I was basically sterile. (Leaving you would have been cheaper.) Does this really count as taking control of my reproductive health?

My body started changing six months later. As did my insurance. As did my access to doctors I trusted. If affordable doesn’t mean accessible, what’s the point of it?

My body is (was) my career. I decided to work harder, longer hours so I could pay out-of-pocket for the access I wanted. But that broke my body which then broke my mind and eventually broke us. How do you know when you hit rock bottom?

Eight months of being treated like a lab rat by a physical therapist

Seven months of attempting to maintain a friendship after we separated

Six different talk therapists before finding one that helped

Five years of “affordable” healthcare

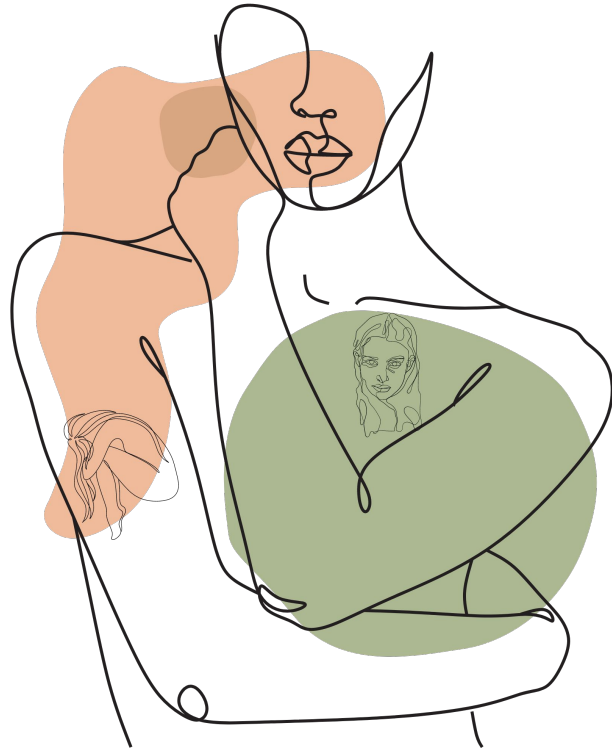
Four hundred dollars to have my IUD removed by Planned Parenthood

Three thousand dollar deductible to reach before benefits kick in

Two emails to leave my career

One journey of “healing”

When does it end?



# CATALYST

EDITOR - DR CRYSTALLEE CRAIN

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We create and implement transformative responses to violence and other forms of harm in marginalized communities through research and people-centered projects.

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