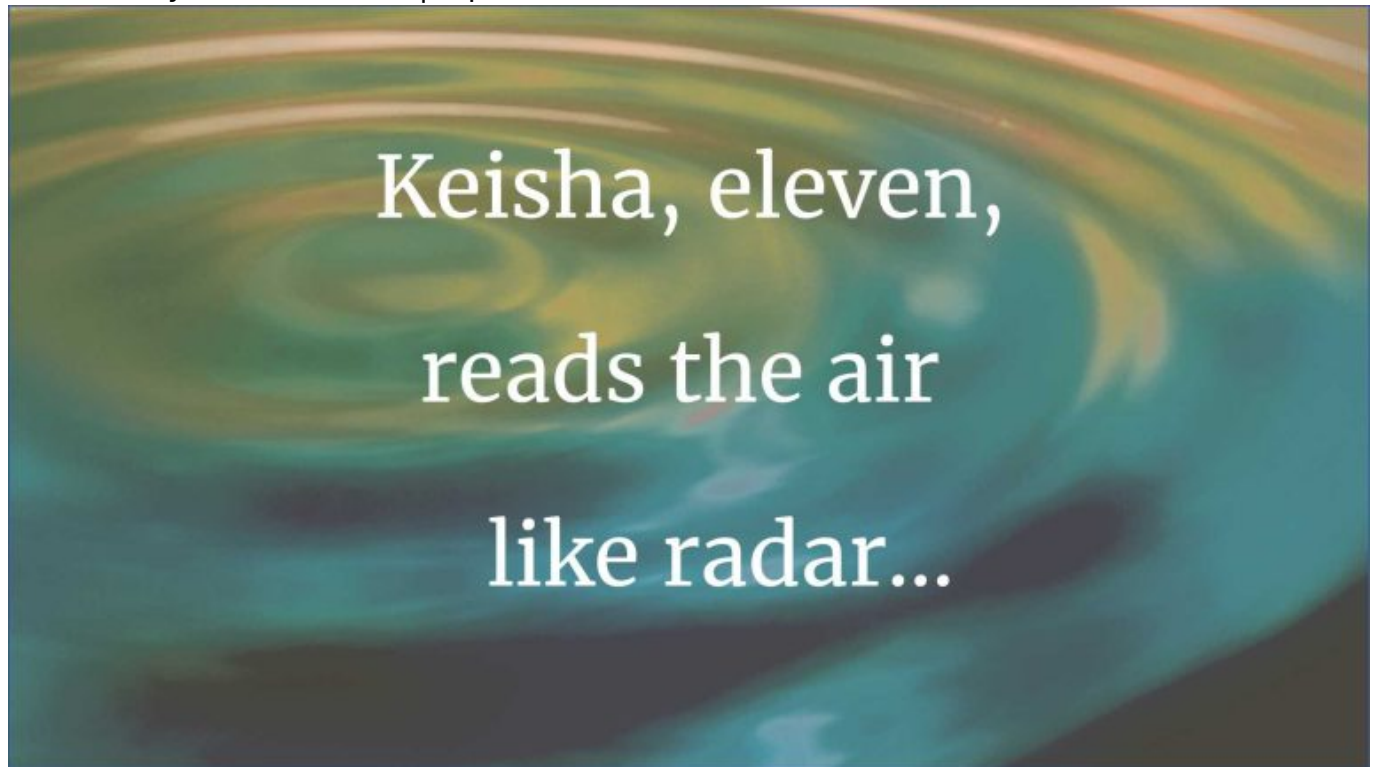


Disaster North

Category: Poems

written by R.C. Blenis | April 17, 2026



Tuesday morning, Marcus holds his shoulders like a question mark. The intake nurse marks the calendar: Thursday—property destruction. She's never wrong.

This is what the body learns:
to taste copper before the lockdown bell,
to pack your things before anyone says transfer,
to know which overnight staff will pretend
the camera's broken, which therapist
will cry in her car, who will quit by Christmas
by the way they hold their clipboard in October.

Keisha, eleven, reads the air like radar—
knows David's meds are off
by the frequency of his blinking,
calls out, "Mr. Tony, get ready,"
thirty seconds before the new kid explodes.
She learned this at home, mapping
her mother's boyfriend's breathing,
the exact pitch that meant
take your brother next door, now.

The ones who survive here grow antennae
in their sleep, feel tomorrow's violence
coil in today, hear the group home closing

in the administrator's smile. Even the young ones
know which promises are lies
before the words finish forming.

In morning rounds we discuss therapeutic interventions.
Marcus counts doorframes, exits, heartbeats.
He knows what we won't admit:
that mercy here depends on shift changes,
funding cycles, which senator's daughter
attempts suicide. His shoulders
pull tighter, a compass needle
finding its disaster north.

We call it hypervigilance,
write it in their files like pathology.
But Michael's grandmother knew the mill
would close six months early:
three generations trained to feel collapse
before the brick loosens.

Thursday arrives. The window breaks clean.
Marcus's fist finding the glass.

We document impulsive behavior.
The nurse writes it, knowing
this was prophecy: the future
pulling backward through a child
who learned to read time's tells,
to feel the bruise forming
before the blow lands.

She files the report. Stays late
to hold ice to his knuckles,
to not say what they both know:
that seeing it coming
is not the same as stopping it,
that some futures arrive
no matter how early the body knows.

[first heartbeat](#)

Category: Haiku

written by Neha Sunkara | April 17, 2026



first heartbeat—
the ultrasound static
becomes music

Neha Sunkara
Houston, Texas

No Diamond Necklace

Category: Guts

written by Neeta Nayak | April 17, 2026

While most 16-year-olds have parties to celebrate turning “Sweet Sixteen,” my memories of that birthday are of a disinfectant-varnished hospital.

One morning while I was studying physics, my observant surgeon-dad said, “Let’s look at your neck.” I thought it an odd request. “You have a thyroid mass,” he said. Within moments, I was weighing treatment options. Ironically, my dad’s thesis during his surgical residency was on thyroid disease: one of life’s wry twists.

My first thought was “Is this cancer? Will I be dead by 17?”

One imagines life as a long corridor, not a door shutting early. I had ranked twelfth statewide among tenth-graders and was determined to move up into the top five. Suddenly, I wondered if my studiousness had been futile and chided

myself for foregoing a friend's party. I should have had fun, eaten more ice cream, danced and prayed more, if I was going to die young. It was my first lesson that balance is understood in hindsight.

Dr. M, a surgeon-friend of my dad's, recommended surgery in a year. He explained that I would be intubated and under general anesthesia and would wake up with a necklace-like incision that would leave a permanent scar. A strange kind of jewelry.

I thought, "If it's to be done, let's do it. Why postpone the inevitable?"

I requested an immediate operation. He said, "Kiddo, I like your guts." Three days later, I was on the operating table, counting sheep as the anesthesia induced an oblivion I hoped would not become permanent. I woke while being extubated to excruciating pain. Still more painful were hunger pangs, coughing when swallowing, and the aroma of food from adjoining rooms while on "NPO" status—unable to take in anything by mouth. It was a reminder that deprivation sharpens desire in inconvenient ways.

Given permission to eat rice congee, I remember how heavenly that simple morsel tasted.

The next morning, Dr. M said, "Tell your mom to buy a diamond necklace to hide your incision. It's long." The light remark lingered on my impressionable mind.

I never disguised that long scar. I came in third in the pre-university state ranking; my life resumed its earlier script. I was honest about my medical history with my prospective husband. I took unnecessary thyroid supplements until an endocrinologist said they were not warranted after subtotal thyroidectomy for a benign adenoma.

And I do not wish to own a diamond necklace. A scar can be a silent reminder that sometimes the things we survive become the only ornaments we truly need.

*Neeta Nayak
Richardson, Texas*

[Not the Prescription I Expected](#)

Category: Guts

written by Sara Ann Conkling | April 17, 2026

As I think back on that morning over 40 years ago, I'm pretty sure he was a medical student. I had come to the clinic weeks before after experiencing a sharp, intermittent pain in my stomach; I'd felt sure it was something that needed to be fixed. In part because I was attending a university with a well-known medical school, I'd been offered several tests to try to figure out

what was wrong. All of the results were negative.

So now I found myself sitting across a table from a medical student who still had all of his curiosity and empathy intact. "Tell me a little about your life," he said.

I told him that I was working almost full-time to put myself through a school where most of the students came from wealthy families and therefore didn't have to work. I told him how I'd decided—since I was paying for school myself, by the semester—to cram as many classes as I could into each semester. I said I planned to graduate with a BA and a BS, and maybe a master's degree, too, in four years, while working and being president of the university choir and editor of the undergraduate business magazine. In my non-existent spare time, I was dancing ballet seriously and taking a class with the local ballet company downtown. None of this seemed to have anything to do with my gut.

"Do you have a boyfriend?" he asked. For a split second, I interpreted the question as nosiness. But I replied truthfully: "I'm seeing someone, and in many ways, he is perfect. He treats me well and has beautiful manners. He wants to have a more serious relationship, but I'm just not attracted to him."

"You have to get out of that relationship," he said. "Find a way to do it without hurting his feelings, and then come back to see me in a couple of weeks."

I proceeded to have a gut-wrenching conversation with the guy I was dating. I took all the blame on myself for the demise of our relationship, as I should have. Still, it was painful.

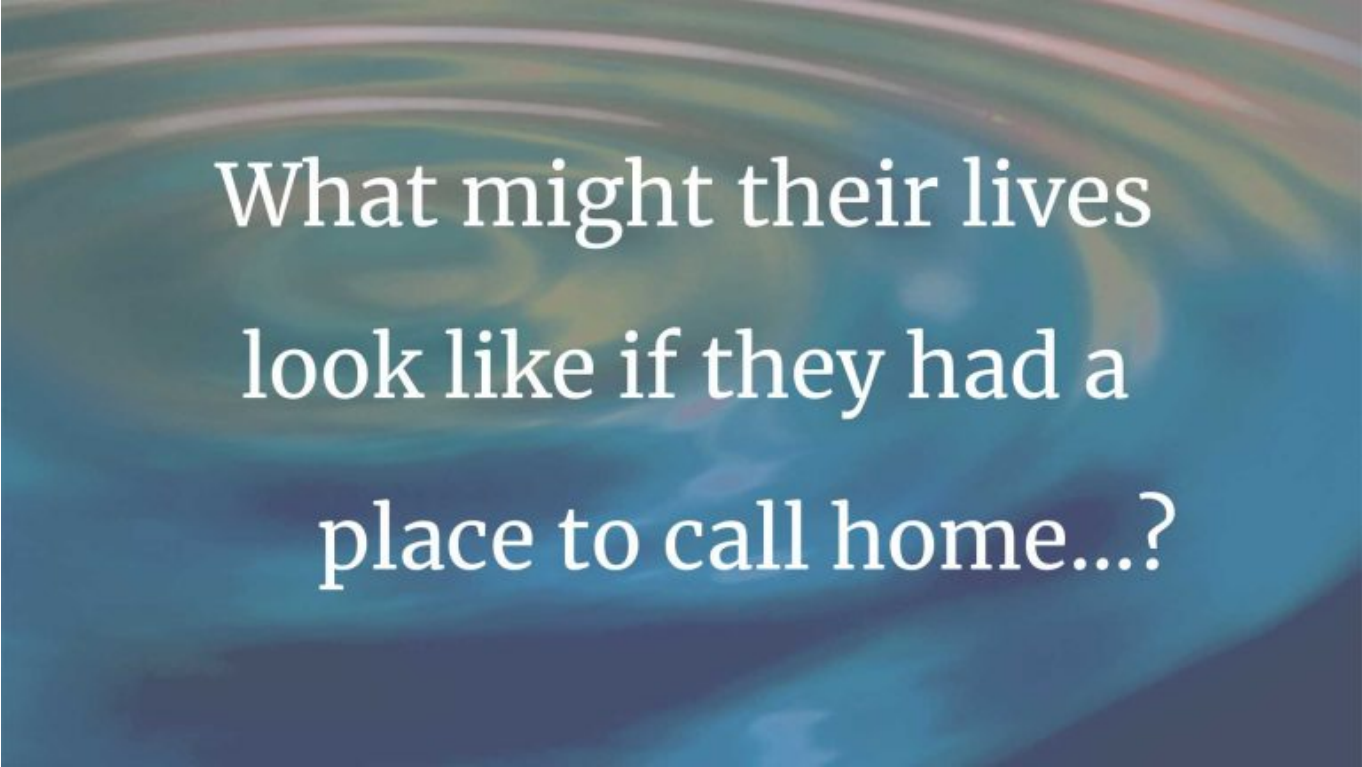
When I met with the medical student a couple of weeks later, I was able to report that, miraculously, my gut was cured.

I hope he became a gastroenterologist.

*Sara Ann Conkling
Cocoa, Florida*

[The Medicine We Don't Prescribe](#)

Category: Stories
written by Travis Walker | April 17, 2026



What might their lives look like if they had a place to call home...?

I step into the back of a van on a chilly fall day. I'm a family physician; with me are my medical assistant, Lori, and the front-office representative, Maria, from our federally qualified health center in Reno.

This van is our center's mobile clinic—one exam room, a point-of-care lab and a front desk squeezed into a space no bigger than a typical bathroom.

Today we're visiting a family shelter, as we do every week. A handful of colleagues and I take turns stepping away from our regular clinics to see these patients—individuals working to get back on their feet after suffering from chronic homelessness, unsafe housing, addiction and abuse. Different lives, suspended in the limbo between survival and security.

From the van's back window, I see a yellow school bus rumble to a stop nearby the shelter. A handful of children climb aboard—some rubbing their eyes, some clutching backpacks donated by strangers—and I wonder how well they slept last night.

After the bus leaves, a steady march begins: individuals knocking on our van door to be seen. Some have appointments, some don't; but no one is turned away. There are always new faces, some regulars, and notable absences—once-frequent visitors, no longer at the shelter. I'm left wondering whether they found somewhere to call home or are back on the street.

Lynn comes in with her three-year-old daughter, Penny. Despite living from couch to couch, Lynn has kept her daughter vaccinated, fed and well cared for. Penny is healthy, but words sit unformed behind her shy smile. The on-site daycare staff has flagged a speech delay.

I kneel down, meet her cautious eyes peeking around her mom, and feel the weight of what I cannot change in a single visit. The best I can do today is

to offer a referral to a speech therapist. Penny's too old for the state's early-Intervention program, but we can try to connect her to resources and help provide transportation.

Next comes fourteen-year-old Maddie with her mother—both anxious in different ways. Maddie speaks openly about her very active sex life. We spend most of the visit talking about consent, boundaries, contraception and sexually transmitted infections—a conversation punctuated, on her side, by profane, defiant interruptions.

“I don't want to quit fucking...it feels good!” she says. “I like it! You can't stop me.”

“I get it. I'm not here to stop you,” I tell her. “I want you to have choices. A pregnancy right now would take away a lot of your choices.”

For a moment, instead of staring me down, she fixes her eyes on the floor; I hope this means that I've struck a chord.

Her mother watches silently. I get the sense that she's exhausted, not from moral judgment but from the sheer task of raising a child while trying to secure a future for both of them.

A seventy-year-old woman, Janie, arrives next. Her diabetes has been uncontrolled for years—no surprise when your life is divided between shelters in three states and marked by long bus rides and the faint hope that someone will refill your insulin before your blood sugar spikes again.

“I'm sorry for the inconvenience,” she murmurs.

“You don't owe me an apology,” I say, feeling like I owe *her* one. What she needs is stability, which I can't provide.

Seeing patient after patient, I can't help imagining what their lives might look like if they had a place to call home. How many of their conditions would dissolve or soften, given shelter and security? How many of their crises are symptoms not of disease but of displacement?

My mind drifts to Dr. H. Jack Geiger of the Delta Health Center in Mound Bayou, Mississippi. In the mid-1960s, he used the clinic's funding to buy groceries for hungry, malnourished families. When federal officials, on the governor's orders, told him to stop—insisting that healthcare money was not for food—he famously replied, “The last time I looked in my medical textbooks, they said the specific therapy for malnutrition was food.”

How novel.□□ How simple.

How obvious.

Could the solution to homelessness be just as straightforward? A home?

Not setting up a requirement to “fix” everything else first—not demanding sobriety, mental-health treatment or employment—but simply giving someone a

key, a lease, a place that's theirs. Giving them a foundation before asking them to rebuild their life.

This was Lloyd Pendleton's insistence in Utah, where he headed the state's Homeless Task Force: House people first; offer support second.

From 2006 to 2015, under his Housing First program, Utah's chronic homelessness dropped by 91 percent. But the deeper, quieter transformation was even more dramatic: HIV viral loads stabilized, ER visits fell, people lived longer. Stability healed what medicine alone could not. A front door became as therapeutic as any medical prescription.

A home *is* a kind of medicine—one that our system refuses to name.

I think about this often on days like today. I find myself wondering about my patients' lives before they came to the shelter. Were they cold? Scared? How did they get here? I don't think I could be as brave or strong as they've been. I couldn't sleep in a cold car or go days being hungry. I don't know that I could endure what they've endured—and yet they receive little sympathy from our society, and even less help.

Beneath all of this lie quieter, harder questions: *Are we doing enough? Could I do more?*

The honest answer is yes. I *could* do more, and there are people who already are. In what's known as street medicine, medical students, residents and physicians across the country are walking the streets, crawling under bridges, trudging through homeless encampments to meet the most vulnerable where they are.

Dr. Jim Withers, one of street medicine's founders, said it simply: "Going to where people need you the most is still a radical idea in health care."

It shouldn't be radical, I tell myself. *It should be expected.*

I have walked these encampments in the cold of winter. The eerily muted city sounds are broken by an occasional cough erupting from a tent or the low crackle of a pallet-wood campfire cooking a meal. I felt shaken by my own discomfort—not just my fear of the unknown, but the condemnation I felt toward the people living here, and my shame at judging them for situations I knew nothing about.

I was shaken, too, by the disdain they felt for *me*. To them, I was no different than the people who'd thrown them out of ERs and stores—no different than the police who force them out of the few places they can shelter. I wasn't someone they could trust, because I represented a system that separates medicine from basic human needs.

Street medicine, Housing First, Geiger's "food as medicine" rebellion—they all share a single truth: People heal best when their basic needs are met, when dignity is restored, when care reaches out to them rather than demanding that they reach for it.

As our van winds down for the day, I sweep the small space, pack up the supplies and look out at the shelter. It's afternoon, and the school bus is back. Just like anywhere else, the kids are greeted by doting parents, and together they retreat into their temporary refuge.

Inside this place, my colleagues and I see families trying, hoping, holding onto the possibility of stability. Outside of this place, we see the systems—health care, housing, social support—that remain too fragmented to meet the enormity of their needs.

But still, we come. We keep showing up. And that matters.

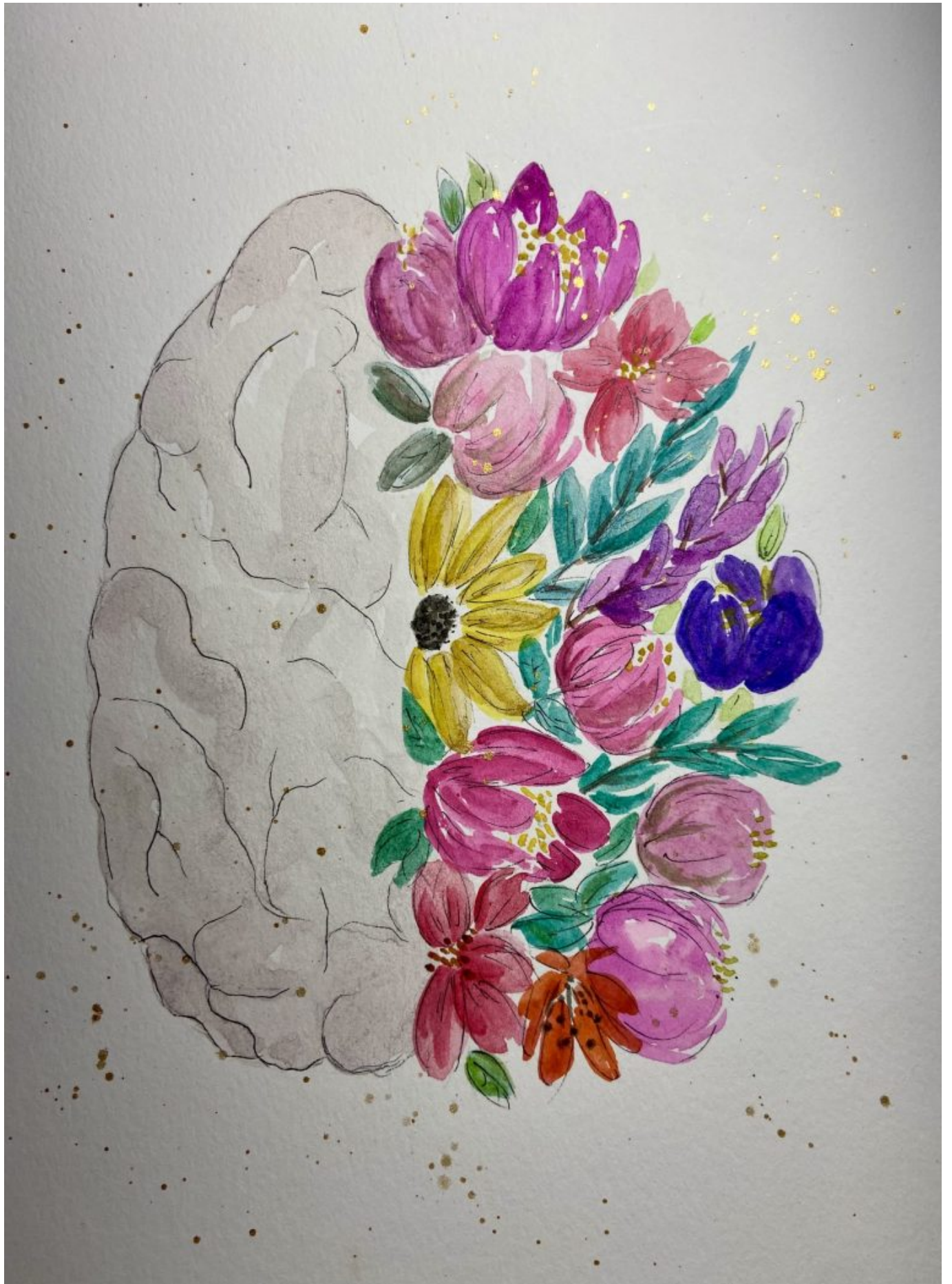
Because health doesn't begin in the exam room.

It begins in a bed you don't lose, a meal you can count on, and someone who shows up where you are.

Blossom After the Storm

Category: visuals

written by Mélanie Patrie | April 17, 2026



A Quiet Kind of Guts

Category: Guts

written by Dennis Freire | April 17, 2026

I sat in the back of the chapel and shrank.

At the funeral of a friend who had lived with cancer for eleven years, the words rose around her like banners: fighter, warrior, fierce, relentless. She was a mother of three. She never gave up, they said. Their praise was full of steel.

I have stage IV cancer. I go looking for treatments that might hold it at bay. Not cure—just delay. Just slow the animal down. Let me keep my place here a little longer. Let me wake again to sunlight on the kitchen floor. Let me have one more ordinary Wednesday.

I have never known what to do with the language of war. I do not want my body turned into a battlefield, a Cormac McCarthy landscape, all Blood Meridian and scorched earth. No guts, no glory. Fight to the death. I do not want to be measured by how convincingly I can become a weapon against myself.

Does that mean I lack courage?

If I am not a warrior, then what am I? What if I don't want war?

Maybe guts are not always made of iron. Maybe they are softer than that, and stranger. Maybe guts are what it takes to live without the shield of metaphor. To be afraid and still show up. To let the needle in. To sign the consent form. To know the truth and keep loving the world anyway.

Maybe my guts do not live in conquest. Maybe they live in tenderness, in endurance, in the unglamorous ache of wanting more time. Not glory. Not victory. Just the stubborn, beating wish to remain. □□□□□□□□□□□□□□□□

*Dennis Freire
Cedar City, Utah*

Spinal Fusion Surgery

Category: Guts

written by Sophia Nguyen | April 17, 2026

When I was ten years old, I was stretching in my Houston Ballet class when I felt a sharp pain in my back. At first, I ignored it. But over time, the pain began radiating down my right thigh whenever I walked or sat too long. I knew something wasn't right.

I mentioned it to my parents only twice. I've never been much of a complainer, and during the COVID-19 pandemic, they were working long hours in clinics and hospitals. I didn't want to add to their stress. So I masked my crooked gait, compensating with different muscles, forcing myself to stand straighter. Secretly, I was afraid of what a trip to the doctor might reveal.

Months later, during a family trip to the Grand Canyon, everything changed. After a long car ride and a steep hike, I couldn't hide the pain anymore. My parents saw it. And for the first time, I felt relief that I was finally being heard.

My last of many consultations was with a pediatric neurosurgeon. He was a very tall man with a warm smile. He wore a thick pair of reading glasses and an impeccable white doctor's coat. I sat quietly, staring at him as he spoke. He said that I had a rare case of spondylolisthesis, likely caused by hypermobility. I would need spinal fusion surgery.

As soon as I heard the word "surgery," devastation flooded my heart like a wave crashing on rocks. But at least I had an answer and a possible cure for my pain. I told my mom, "Let's do the surgery soon, so I can go back to doing things I like." People would say it takes guts to decide on spinal surgery quickly like this. But I wasn't scared. I just wanted the pain gone. At that moment, I couldn't have known that things would never be the same.

I underwent an intensive spinal fusion surgery that lasted eight hours. After a year of physical therapy, I was cleared, but with one condition: no more ballet. I was devastated. My dream was gone. But with my family's support and encouragement, I found new passion: golf. I now play golf for my varsity high school team.

These experiences changed me. They taught me empathy. They also taught me the importance of perseverance. And that takes guts.

Sophia Nguyen
Houston, Texas

[The Pole Vaulter](#)

Category: Guts

written by Andres F. Diaz | April 17, 2026

I found my father's training notebook on his nightstand.

At first, it reads like data. Dates on the left. Heights on the right. The record of his jumps, measured carefully, almost clinically. March, May, June, July, and so on. Page after page.

Then, the pattern shifts.

There are stretches where the entries thin out, then stop altogether. Blank pages. And then, suddenly, they return. New dates, new numbers, written with the same deliberate hand, as if nothing had been interrupted.

Between the entries, he writes to himself:

El dolor es temporal, pero rendirse durará para toda la vida. (Pain is temporary, but quitting lasts for the rest of your life.)

The notebook begins to feel less like a record and more like a conversation. Something he turns to when the body resists, when the numbers don't follow.

There are drawings too. Small stick figures, bent at impossible angles, carrying a pole toward a bar that never moves. As if he is drawing the version of himself he still sees.

En esta etapa de la vida, todavía me siento joven, pero requiere más esfuerzo. (At this stage of life I still feel young, but it requires more effort.)

My father trained with the Colombian Olympic team when he was young. His life was built around repetition. Run, plant, jump. Again and again. Until the movement became instinct. His body still carries this memory, but at a cost: screws in his knee and shoulder, a reconstructed foot, a torn calf, and scars layered over years of falls.

And still, he trains.

I read the numbers again. The heights are lower now. Measurably, undeniably lower.

I used to think I understood what guts is. In my world, it meant long nights, pushing through exhaustion, studying harder, staying later, and enduring the demands of medical training and research.

Ganar requiere talento. Repetir requiere carácter. (Winning takes talent. Repeating takes character.)

I thought that was what guts looked like: pushing through until the body gives in.

But then I see him outside, measuring his steps, gripping the pole, beginning his run with the same quiet focus.

Not as fast. Not as high. But still going.

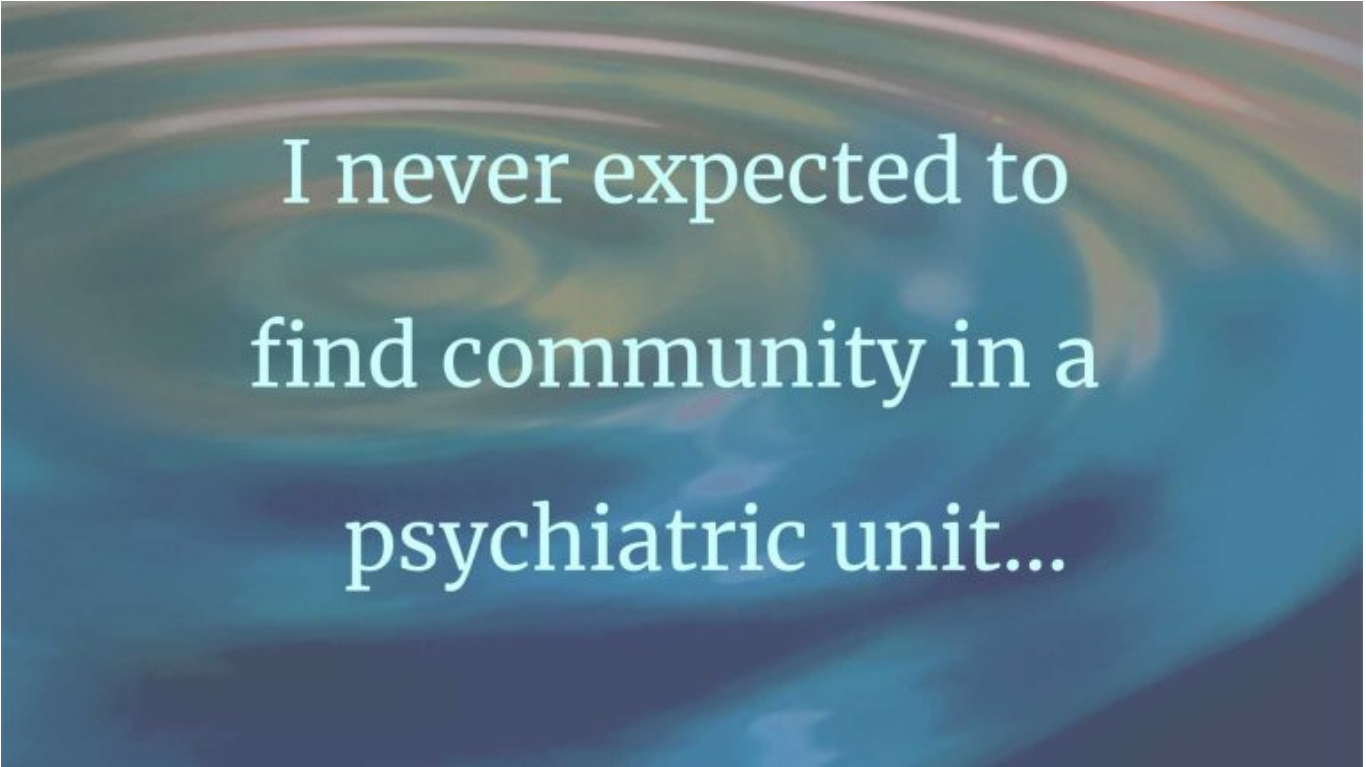
I'm no longer certain I know what it means to have guts. I don't know if I'm watching him lose something, or witnessing a kind of strength I don't yet understand.

Maybe guts has nothing to do with what the body can still do, but with what the spirit refuses to release.

Student, Interrupted: A Story in Three Parts

Category: Stories

written by Lori Salter | April 17, 2026



I never expected to
find community in a
psychiatric unit...

Part I: Student, Interrupted

During my psychiatry rotation as a third-year medical student, I observed patients pacing the halls in socks, their shoelaces sealed in plastic bags (to prevent possible self-harm) along with the rest of their belongings. No phones. No laptops. Just the steady rhythm of footsteps looping around the nurses' station.

A few months later, I found myself walking that same loop—not as a student but as a patient. My shoelaces were stored away, and *I* was the one being rounded on.

It was strange. I remember thinking how I'd present myself if I were the resident: "Patient is a twenty-five-year-old female admitted for bipolar disorder..." The part of my brain that was trained to diagnose and treat wouldn't turn off, even as the rest of me was unraveling.

I'd never seen a psychiatrist until I got to med school. In my three years as

a medical student, I'd tried talk therapy, dialectical-behavioral therapy, group sessions and thirteen medications—trying to find relief from the ups and downs that felt impossible to control.

I felt stuck, unable to see any light through a dense fog that obscured my vision. I felt I'd never find a way out. It only took one decision on a Tuesday evening—an attempt to end my life—to send me to the emergency room. I spent the next five days in a psychiatric unit.

Without screens to distract me, I spent most of my time talking with the other patients. There were about twenty of us, mostly in our twenties or thirties, with mood disorders, personality disorders or psychosis. We walked the halls together, sat in groups, waited for medication and meals together. We all had our own reasons for being there, but we shared something, too—the quiet ache of needing help.

“What are you here for?” feels different when you ask it while wearing sweatpants instead of a white coat. It's more vulnerable. More real. And when someone answers, it creates a kind of bond—one built not on roles or titles but on mutual recognition of pain and of the hope for something better.

I sat by a window the first day, longing to go outside. Another patient walked up and introduced himself. Immediately, I felt better; I wasn't alone.

“You remind me of someone,” another said. Her smile made me feel welcome.

I never expected to find community in a psychiatric unit. But I did. There was comfort in the routine, in the shared meals, in the small acts of kindness—a nurse sneaking me an extra slice of pizza, someone making space for my silence.

As day four approached, and I grew bored with coloring sheets of paper, someone new arrived. She lent me a book on the history of medicine. I felt shocked at the irony of being handed something medical-related—and incredibly grateful.

People were also honest. “You don't need to be here,” one person said, implying that someone with my education and privilege shouldn't end up in a place like this.

I wanted to argue—that privilege does not immunize you against despair. Instead, I nodded. Even after being admitted to a locked unit, I felt the impulse to justify my suffering.

On our last day, we hugged each other goodbye. When my turn came to be discharged, it was a strange and beautiful mix of relief and freedom. I felt that my fellow patients and I had survived something—not just the convolutions of our own minds, but the feeling of being alone in them. And now I was returning to the world, changed in ways that didn't fit neatly into a discharge summary.

For instance, as a medical student, I'd been taught to maintain a professional distance. To be composed. Controlled. But on the psych ward, I

learned that healing doesn't happen in isolation. It happens in connection—in the quiet nod from across the room, in the shared laughter at something absurd, in how people who are hurting still find ways to show up for each other.

I learned that everyone carries their own hard things. Everyone breaks down sometimes. And sometimes, it's the very act of breaking, and being witnessed in that break, that makes healing possible.

I still think about that endless loop we traveled around the nurses' station—the rhythm of our feet, the unspoken understanding between strangers.

I walked it as a patient. But I'll carry that walk within me as a doctor—a reminder that the path to healing isn't always linear, and that no one should ever have to walk it alone.

Part II: Off the Record

"Bipolar is one of those things they throw on everyone's chart," an attending told me. But unlike lupus, which she also cited, bipolar isn't something I could talk about openly.

The attending doesn't know that, five months ago, I was admitted to a psych ward. She doesn't know that, over these past months, my weekly appointments with my psychiatrist have kept me out of the hospital.

As I approach the end of my third year and begin thinking about applying to residencies, I realize that when I'm filling out applications or interviewing, I can't talk about the real distance I've traveled. My journey is silent. That's why I write.

This has highlighted a deep irony in the culture of medicine: We're trained to care for people at their most vulnerable, yet we're discouraged from showing any vulnerability ourselves.

From the first day of medical school, we're taught to embody "professionalism"—to be composed, competent and controlled.

This is important, of course. Patients need to feel safe. They need to trust that we know what we're doing, even when things are uncertain or scary. But somewhere along the way, "professionalism" comes to mean hiding parts of ourselves that are human—our fears, our sadness, our doubts and especially our mental-health struggles.

We ask patients to open up to us, to speak about their traumas, their mental illnesses, their deepest sources of pain. We validate them when they do. But when it comes to ourselves—whether we're students, residents or attendings—there's an unspoken rule: Don't show weakness. Don't cry. Don't need help. Don't *be* the patient.

True, medical schools and hospitals make efforts to acknowledge and help medical students and health professionals in distress.

"If you're struggling, talk to someone," say the posters. Crisis-line numbers hang on bathroom stalls and hallway bulletin boards.

Months after my attempt, I went to the office of student support.

"I'm not okay," I said. "I tried to take my own life."

The response was careful and procedural. Had I tried counseling services before? I had—many times, though not frequently enough to meet my needs. Fifty minutes every three weeks felt like a half-stitched laceration left to heal on its own.

The empathy promised by those posters never quite materialized.

As I see it, professionalism and vulnerability aren't mutually exclusive. In fact, true professionalism should include the capacity for self-awareness, empathy and honesty—including the courage to say "I'm not okay," or "I need help."

And, as I learned in the psych ward, sometimes the most powerful thing we can bring our patients isn't a diagnosis or a plan; it's the understanding that we've been there, too. Healing isn't something we do *to* people. It's something we walk through *with* them.

The loop around the nurses' station taught me that healing is communal. The months that followed taught me that survival can also be defiance. I carry both lessons now, as a patient and as a soon-to-be physician.

Part III: Sail Sign

"Sail sign" is an X-ray finding that often indicates an occult fracture, with no visible fracture line.

I wish I could say that my hospitalization marked the bottom. It didn't. In the months that followed, I tried to end my life again.

I couldn't see a way forward inside a culture that required my silence. At times, it felt like one of two things must be true: Either no one could hear me, or my voice didn't matter.

Healing didn't feel like swimming to shore. It felt like treading water in the dark—sometimes buoyed by others, sometimes swallowing salt. Still, a quiet, stubborn part of myself kept choosing to stay.

I made changes that helped me face the future with less dread: I switched specialties and started a new psychiatric medication. Feeling shaky, I applied to residencies anyway. I interviewed anyway. I began imagining a future again.

Slowly, I began to feel something unfamiliar: anticipation. I found stability with a psychiatrist who treated me like a whole person. Healing did not mean that I stopped struggling: It meant that I stopped struggling alone.

Now I'm entering emergency medicine—a field geared to visible crises—even as I know that some of the most dangerous fractures are those you can't see. I notice the patients in green gowns. The ones on psychiatric holds. The ones whose scars tell stories before they speak. I recognize the quiet in them.

I still dye my hair. I still get tattoos. I wear whimsical earrings into rooms that can feel sterile. What once felt rebellious now feels intentional—a small, wordless way of reassuring myself: *You can breathe here.*

The fracture line was never dramatic. It was almost invisible, but it was real. I'm still recovering. The sail is still being stitched.

[visit seventeen](#)

Category: Haiku

written by Tracie Renee | April 17, 2026



Putts and Guts

Category: Guts

written by R. Lynn Barnett | April 17, 2026

My mom spearheaded a move for her and my dad from New York to Florida, because northern winters were getting too uncomfortable. My mom looked forward to warmer winters and year-round golfing.

Their friends said it took guts for them to move, because they'd be leaving their core group of friends and family. My dad was initially reluctant to move because of this reality, but my mom's persistence prevailed and move they did.

They liked the weather, which was indeed conducive to year-round golf. For my mom especially, golf was like gold. She joined a ladies' golf league and enjoyed the camaraderie, the fresh air, and the exercise.

But golf, like life, has its challenges. Sometimes a golf drive looks good, until it lands in the water. Or lands in the rough. Life can have rough spots, too, and it takes guts to navigate them with as much grace as you can muster. That means not throwing your clubs in the water on the golf course, and not throwing in the towel in life.

Some years ago, my mom had a lumpectomy—on April Fool's Day. I asked her if she wasn't nervous having it on that day, and she said, "I'll fool them all. I'll survive." And she did. She not only survived, but thrived. A few years later, she got her first and only hole-in-one on the golf course. Although she was proud of her accomplishment, she didn't brag about it: par for the course for her.

Before she was diagnosed with colon cancer for the second time, she told me she'd learned to trust her gut about gut discomfort. She had colon cancer of the ascending colon. It took guts to face that diagnosis head-on. When she went in for surgery, her surgeon told me that he was going to get my mom back on the links. I told him I'd be happy if he got her off the exam table, and he said, "I can do better than that for your mom." Which he did.

Cancer didn't define my mom's life. When I called to see how she was doing after radiation, she said, "I had radiation early this morning, then I played golf, then we had brunch, then I took Daddy to his doctor's appointment."

It took guts for her to view cancer and its treatment as an integral part of her life, rather than the whole of it. Maybe I should have titled this story "No Guts, No Glory."

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