Book reviews

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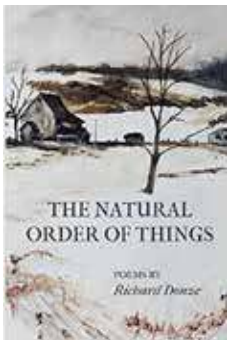

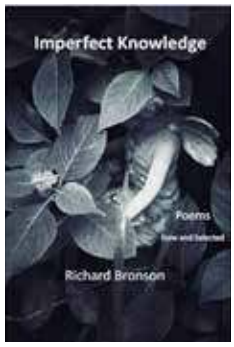

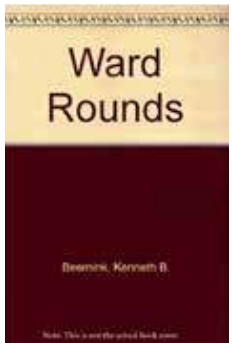

Four collections of poetry by health care providers

The Natural Order of Things

Richard Donze
Finishing Line Press, November 19, 2021, 138 pages

An Otherwise Healthy Woman

Amy Haddad
The Backwaters Press , March 1, 2022, 88 pages

Imperfect Knowledge

Richard Bronson, MD (ΑΩΑ, NYU Grossman School of Medicine, 1965)
Padishah Press; First edition December 15, 2021, 107 pages

Ward Rounds

K. Dale Beernink, MD (ΑΩΑ, Stanford University School of Medicine, 1963)
University Park Publishing, 3rd edition, February 15, 2022

Reviewed by Wynne Morrison, MD, MBE

Perhaps there is something about the pandemic that leads to reflection—thinking about what makes us human, our connections to others, and how the care of patients and our own vulnerabilities intersect. In these four collections of poetry by health care providers (three new and one republished more than 50 years after its original edition), the human world of being a provider, a patient, a family member, or a citizen is brought forth in a way only poetry can show it. One author is a nurse, two are physicians with decades of experience, and one was a young physician-in-training who died from leukemia before he could fully launch his career. Each provides glimpses, or fragments of moments, that impart more emotion than information, an ever-important balance to the scientific side of clinical practice.

The Natural Order of Things

This is the first full-length collection by Richard Donze, who practices occupational medicine and is a physician executive in Chester County, Pennsylvania. Many of his poems are about family and the impact of health and illness on relationships. The poems about patients also emphasize each individual's place in their social structure. The collection is anchored by two long poems ("I carry your name") about his brother's death from croup as a toddler when the author was just a few weeks old. The impact of this loss on the family, including on the child who was too young to remember it, shows how every loss lingers, even decades later. The childhood death is but one example of the natural order of things being broken.

Donze loves word play and skillfully employs line breaks to evoke multiple meanings or build suspense. Run on sentences, sentence fragments, and absent punctuation add urgency throughout. He focuses much of his attention on times of transition—beautifully detailing the shift in focus of soon-to-be parents in "Nesting," to really feeling the change in "Diapers and course:"

> changing crib sheets and schedules/diapers and course.

He also chronicles the opposite end of life, as in "Racing," where he describes a husband walking his wife through how to pay the bills after the husband receives a terminal diagnosis:

…when her look
glazed over he acted as
if it was the newness of
what he had to teach

and she had to learn not
why he had to teach it

He captures many such moments with more starkness than sentimentality, lending power to his words.

When he writes of illness or frailty, it can sometimes be difficult to tell if the moment described pertains to a friend, family member, patient, or himself. The experiences all become both important and universal in that ambiguity. It is fitting that his last poem in the collection is about the umbilical cord—the literal connection of one human being to another.

An Otherwise Healthy Woman

This collection follows up on Amy Haddad's chapbook *The Geography of Kitchens*. Haddad is a nurse and educator with years of experience teaching ethics, narrative, and the humanities. Her experiences as a cancer patient inform her work throughout. The book begins with well-described scenes that highlight how eerily strange life can be in the hospital, whether for the patients, their families, or the staff, and then moves on to more first-person experiences with her own health and that of her family. She is an expert at showing rather than telling, using details to help the readers make connections for themselves.

Haddad celebrates those who work to improve patients' quality of life, rather than just pushing for more medical miracles—in "At Rehab" saying:

These are the people who know their way around pulleys,
braces,/and electronic lifts.

She also turns her poetic lens on herself in "My Role as the Wife," where she struggles to adjust to being the patient's family member rather than the nurse, "I am a bit player. What I say does not drive the plot."

In the book section titled "What we did on the floor," she looks at the challenges of working in a hospital—from learning to manage boundaries in examining a patient to dealing with disrespectful staff. She does not shy away from moments of regret. In "The White Stucco House," she describes leaving after being dismissed as a visiting home nurse, when she feared her patient was in an abusive relationship:

At the door, she asked me not to come again
and softly clicked the door shut. That was my last visit.
I didn't tell anyone why.
Let me make it clear. I left her there alone with him.

The last section of the book is full of raw descriptions of her own medical care. From the dehumanizing scene of lying on the table in radiology in "Stereotactic biopsy," to having her body marked up before surgery "a cut diagram/like those made for butchering steers," in "Cut along the Lines." Her description of the disconnect between her experience and the idealized lives of the cancer patients in a TV ad will change the way I see such ads forever.

Imperfect Knowledge

This is the fourth poetry collection published by Richard Bronson, in which he draws on decades of experience in reproductive medicine and his experiences as a proponent of the medical humanities on Long Island. His father's background as a family practitioner in the Bronx, including at times of financial hardship during World War II, is also very important background in his writing.

Many of Bronson's poems harken back to his childhood, his time as a medical trainee, and are filled with both humor and quirky moments. He uses few poetic devices other than condensed language—the power of his writing lies with what he chooses to notice. He consistently points out the details that would make anyone pause—the police officer killed, the enucleated eyes of the lab animals. Bronson does not hesitate to touch on challenging subjects—violence, medical error, euthanasia. He recognizes that atrocities are perpetrated by human beings, and that every human has within them the capacity for tremendous good, and terrible harm.

The strength of his poems lies in the simplicity of the language even in the oddest circumstances, and he makes great use of medical terms like "incidentaloma" that may never have appeared in a poem before. "Penumbra" compares New York City during COVID to the "epicenter" of a stroke, surrounded by repercussions and those who feel the after effects, even if not always on the front line. "A Death in Cambridge," tells of a classmate sitting next to him who suddenly collapses and dies, ending with life moving on:

I walked out, wandered through Cambridge streets.
A train rumbled by on Longfellow Bridge.
In the distance, the rhythmic call
of a coxswain on the river.
Overhead, a 'V' of geese flew by.

Bronson's snapshots of life, with medicine as a backdrop, capture many such moments.

Ward Rounds

This poetry collection was first privately published by K. Dale Beernink in 1969, with a full edition in 1970. Most of the poems were written after Beernink had to leave residency training following a diagnosis of leukemia, which ultimately took his life when he was 31 years old. This current edition was spearheaded by Dr. Richard Ratzan, with a new foreword by Beernink's widow, Margaret Rose Beernink Badger. In the original preface, Beernink compares poems to a clinical encounter—each an "isolated episode" being a story to itself. He beautifully describes how during the time available to him when his illness forced him to leave clinical care, "my patients reappeared to me."

Most of the poems start very grounded with the patients themselves—disconcerting at first to the modern eye in having patient names as headings, until seeing the notes at the end that the patients are composites and the names have been changed. The stories retain the neophyte's impression of the strangeness of medicine—patient deaths are not yet routine, and his own vulnerability is on full display. An example is a priest having to convince him to stop chest compressions, with, "Doctor, you did your best," after which Beernink has to call the patient's fiancée. He struggles with the subterfuge on the phone:

> To say the turn is for the worse – a deceit
> To further compromise the already effete
> Self-image of a healer that lay
> Weeping in this wrinkled white.

That last alliterated line captures the rawness of clinical work.

Beernink was a jazz musician, and his longest poem in the collection is a eulogy for a patient who drummed with Duke Ellington, in which he connects the rhythms of music with the rhythms of dying, and notes how small he feels next to the patient, "wise in the knowledge of dying."

In so many of these poems, one can hear Beernink reflecting on his own imminent death as he wrote.

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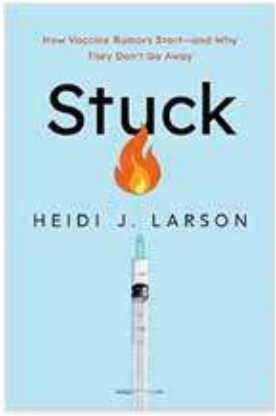

Stuck: How Vaccine Rumors Start – and Why They Don't Go Away

Heidi J. Larson
Oxford University Press
July 16, 2020, 200 pages

Reviewed by Jack Coulehan, MD (ΑΩΑ, University of Pittsburgh, 1969)

Remarkably, *Stuck*, subtitled *How Vaccine Rumors Start – and Why They Don't Go Away*, was published in late January 2020, shortly before the COVID-19 pandemic began. At that time, many of us believed that the anti-vaccine movement was still a relatively marginal phenomenon. We had no idea of the devastation COVID would cause. The vaccine wars, with all their hostility, misinformation, and political baggage, lay more than a year in the future. Yet, readers of *Stuck* should not be surprised at what happened. Its first lesson is that vaccine resistance and the rumors that perpetuate it have deep historical roots. "The first anti-vaccine league was founded in the mid-1850s when emotions raged in the United Kingdom against a law making smallpox vaccination compulsory." Its next lesson: as vaccine science has advanced, vaccine resistance has grown, especially in the 21st century, though many of the arguments against vaccination in the 19th century remain prominent today. Vaccines are unnatural, invasive, harmful, and/or irreligious. Compulsory immunization violates personal freedom. Sound familiar?

In *Stuck*, Heidi J. Larson, Professor of Anthropology and Director of the Vaccine Confidence Project at the London School of Hygiene & Tropical Medicine, approaches vaccine rejection as a complex moral and cultural phenomenon, rather than an issue of ignorance, or a marginal point-of-view. In a sense, anti-vaccine rumors are the tip of an iceberg, perpetuated by deep underlying concerns, like perceived threats to personal or cultural values, distrust of government, misperception of risks and benefits, or a combination thereof.

In many parts of the world, vaccination campaigns are hindered by distrust of the government's true motives. In 1990 a tetanus vaccination campaign in Cameroon targeting girls and women was boycotted as a result of rumors that the vaccine caused sterilization, rather than its stated goal of preventing neonatal tetanus. Similar sterilization

rumors have arisen about multiple vaccines, including polio and childhood diptheria, pertussis, tetanus, in numerous countries in recent decades. Catholic bishops in Nicaragua, Mexico, and Kenya have questioned or condemned vaccination campaigns, claiming the Church and the people had not been well-enough informed about vaccine risks, including the possibility of sterilization. In some cases, where governments have responded to popular pressure, by pausing to investigate false claims, the mere fact of an investigation seemed to give credence to the rumors.

Anti-vaccination rumors can also arise from episodes of mass psychogenic illness (MPI), commonly known as mass hysteria, among vaccine recipients. In such cases, one person develops dramatic symptoms attributed to recent vaccination, the syndrome then rapidly spreads to others as a result of "emotional contagion." p84 During a 2014 human papillomavirus (HPV) vaccination campaign in Columbia, 15 girls in one high school developed a constellation of numbness, tachycardia, nausea, and dyspnea after receiving IPV vaccine. Over the next several weeks, more than 500 vaccinated girls in the same rural area of Columbia experienced similar symptoms that, in some cases, included seizure-like body spasms. These reactions, many of which lasted weeks or months, led the public to assume that HPV vaccine was the source. Similar outbreaks of MPI following HPV or other vaccines have occurred in the United States, Australia, Chad, China, Iran, Ireland, Japan, and Denmark. In Denmark, HPV vaccine acceptance dropped from 86 percent to 15 percent within one year as a result of internet, mass media, and social media misinformation about supposed adverse consequences of HPV vaccination, including videos of afflicted persons.p90

Another type of rumor is pseudoscientific, in the sense that it is based on a mistaken or misunderstood scientific claim. Perhaps the most destructive pseudoscientific rumor about the danger of vaccines is the contention that MMR (measles-mumps-rubella) vaccine causes autism, which is based on a 1998 paper by Andrew Wakefield, published in *Lancet*. The paper, an analysis of 12 autistic patients, was later retracted, and numerous large scale studies since then have shown the claim to be completely false. Nonetheless, the belief in a vaccine-autism connection persists among large numbers of people around the world. Deprived of his medical license, Wakefield continues to publicly promote MMR rejection. After he spoke with parent groups in Minnesota's Somali community, MMR coverage among their children declined from 91 percent in 2004 to 54 percent in 2010, "resulting in serious measles outbreaks." p11 Larson presents additional examples from Sweden, Kenya, Italy, and other countries. A representative of Generation Rescue, an anti-vaccine advocacy group, claimed, "To our community, Andrew Wakefield is Nelson Mandela and Jesus Christ rolled up into one." p11

Today, the most powerful forces perpetuating, and magnifying, vaccine misinformation are the "digital wildfires" p68 created by the internet and Facebook, Twitter, WhatsApp, and other social media. Facebook, has attempted to curb sites that explicitly identify themselves as promoting false information about vaccines. However, most false vaccine narratives are "embedded in websites or social networks with a primary focus elsewhere, or have sophisticated names," p79 that disguise the misinformation.

Progress in vaccine science has bred seemingly pragmatic objections unrelated to fear of autism and other misinformation. The Centers for Disease Control and Prevention (CDC) now recommends 20 or more individual shots for 12 different diseases in the first 18 months of life, (Vaccine Schedule for Children 6 Years or Younger, CDC[1]), as opposed to the much more limited schedule of diphtheria, tetanus, and whooping cough (DPT), oral polio vaccine (OPV), and MMR recommended decades ago. Moreover, these diseases are largely invisible to parents. Most have never encountered a case of measles or rubella, let alone polio. The absence of childhood diseases, results, of course, from vaccination and herd immunity, a concept that parents, concerned about repeated needle sticks to their child, may not consider convincing.

Compulsory vaccination is particularly problematic for many Americans who claim it violates their constitutional right of privacy. "What is particularly striking is the deep distrust in the motives—political, business, and research motives—that prompt suspicions…. The assumption that populations would accept—and continue to accept—more and more vaccines needs a reality check." p124 The constitutional rights claim was heavily politicized in 2021 and 2022 when COVID vaccine mandates threatened the jobs of many workers who refused vaccination. Despite the Supreme Court's decision in Jacobson v, Massachusetts (1905), which upheld state government's power to protect the public's health by compulsory smallpox vaccination in a Massachusetts community (Jacobson v. Massachusetts :: 197 U.S. 11 (1905) :: Justia US Supreme Court Center[2]), the proper balance between personal liberty and community responsibility remains controversial. Larson alludes to medical hubris when she writes, "excessive confidence in the technology has overlooked the vulnerabilities it depends on from public trust in governments and big business to assumptions about cooperation." p73

In *Stuck*, Larson makes a very strong case that vaccine hesitancy and rejection are widespread, and growing global problems. The book is much weaker in proposing effective solutions. It's clear that simple solutions, based on the premise that resistance will fade away as soon as public health agencies educate people, have failed. Our facts are not necessarily their facts. Larson recommends listening more carefully to anti-vaxxers' concerns and developing creative pro-vaccine messaging.

Since the publication of her book, the massive initiative to vaccinate the American population against COVID has confirmed the extent and multiplicity of antivaccine beliefs in our society. It has also led public health agencies to develop more sensitive and engaging messaging than in the past. Nonetheless, the core problem remains, "Today we are in the paradoxical situation of having better vaccine science and more vaccine safety regulations and processes than ever before, but a doubting public." p124

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