Foreword

In the spring of 2000, three doctors, two poets, and one fiction writer met in a windowless conference room just off the 16-North medical ward of Bellevue Hospital. While the daily dramas of pneumonias, heart attacks, and cancers played in real time down the hall, the six of us in the conference room were discussing how these human stories might inspire a literary journal.

Prior to the Bellevue Literary Review, most literary journals were housed in English departments and creative writing programs because these were the loci of creativity and writing. But it seemed to us that a medical center could also be a natural locus of creativity. Hospitals are places where the human spirit is often at its most vulnerable. If we haven’t experienced illness ourselves, we have cared for sick children or ailing parents, or we’ve lived in fear of illness, or in denial of illness, or have obsessed over illness, or we’ve nervously eyed the sinews of our bodies and minds as the calendar plugs relentlessly forward. It is within these planes of vulnerability that literature and the arts can have the most resonance.

The BLR hung out its shingle in 2000 with a small classified ad in three writing magazines. When hundreds of manuscripts began pouring in, we realized that we had touched a nerve. While it is possible to get through life without ever renovating a house, baking focaccia, writing a legal contract, opening a foreign currency account, or milking a goat—everyone, at some point, will face illness and mortality. And many people, it seemed, wanted to write about it.

The first issue of the Bellevue Literary Review was published on September 17, 2001, and all of our memories of that time are inextricably linked to 9/11. Bellevue—as one of Manhattan’s largest city hospitals and level-one trauma centers—was one of the gathering points for victims, responders, and family members. One of the most indelible images from that week was the impromptu bulletin board that materialized along a wooden construction wall at Bellevue’s entrance. Within hours of the attack, fliers of the “missing” were posted along the wall. Within a day or two, the block-long wooden wall was entirely papered over by fliers, with photos, phone numbers, heights, weights, details of birthmarks and braces. Flags, flowers, and ribbons filled in the gaps, but it was the faces—nearly all smiling—that were the most haunting.

The BLR’s long-planned inaugural reading was scheduled for the first week in October, and certainly no one in the hospital, or in New York City, or in the country, was in a celebratory mood. After long discussion, we decided to proceed with the reading, recognizing that literature and the arts play a role in society’s response to tragedy—even when vastly overshadowed by the enormity of events.

When the first American bombs dropped in Afghanistan several hours before the reading was scheduled to begin, we thought for sure that no one would show, but more than 100 people came to Bellevue for the reading. All filed past the wall of fliers (by then renamed the Wall of Tears) to the rotunda of a city hospital to hear poetry and literature read aloud. Hospitals have always been sites of vulnerability, human experience, and emotion. That night was no exception.

In the ten years since the BLR began, it has grown immensely. Since our first call for submissions, we have received nearly 30,000 manuscripts of poetry, fiction and nonfiction. Every manuscript has been individually read and considered, often by several reviewers. We are grateful for our many reviewers—truly the unsung heroes—whose countless hours of reading are the cornerstone of the BLR.

From those 30,000 manuscripts, about 800 were eventually selected for publication. Our publisher, Martin Blaser, has observed that it’s tougher to be published in the Bellevue Literary Review than in the New England Journal of Medicine. Certainly each of those 800 manuscripts was read, discussed, edited, re-read, re-edited,
copyedited, and proofread with a literary love that is unlikely to
crop up at a medical journal.

Midway through the journal’s first decade, the Bellevue
Literary Press was created by the BLR’s nonfiction editor, Dr.
Jerome Lowenstein. A sister organization to the BLR, the BLP
has developed full-length works at the intersection of the arts and
sciences. Each of its books has received critical acclaim, and the
awarding of the Pulitzer Prize in fiction to Paul Harding last year
for his novel Tinkers, was a testament to the remarkable literary
heft of the BLP.

But the most impressive development over these last ten years
is the development of a literary community—the thousands of
readers of the Bellevue Literary Review, and the loyal attendees of our
readings—to whom we are ever grateful.

The 10th anniversary of the Bellevue Literary Review also happens
to coincide with another notable birthday—the 275th anniversary
of Bellevue Hospital. Bellevue is the oldest public hospital in the
United States, having opened as a six-bed infirmary in 1736 on
the site of the current City Hall. When yellow fever broke out in
1795, the Belle Vue farm was purchased so that patients could
be isolated far from the city center. Twenty years later, the entire
hospital operation was moved to this site, which is the current
location of Bellevue Hospital.

Bellevue has seen many firsts in these last 275 years—the first
emergency room, the first obstetrics ward, the first ambulance, the
first medical school connected to a hospital, the first outpatient
clinic linked to a hospital, the first nursing school, the first heart-
valve replacement, and of course the first hospital to house a
literary journal. But what makes Bellevue unique is the very idea
of a hospital that is open to all. Bellevue has cared for New
Yorkers from all walks of life—from United Nations diplomats
to homeless people. It always has cared for patients whose
illnesses have marginalized them—those with tuberculosis, AIDS,
alcoholism, mental illness, and leprosy. In particular, Bellevue has
been the medical home for the waves of immigrants who poured
into America since its founding, via the funnel of New York City.

As a medical student, I frequently wandered the halls of the
older wings of the hospital, the sections with marble stairs, corniced
windows, and cavernous ceilings. The hush of these halls always
felt alive to me, as though the air were permeated by the swirls of
stories from the multitudes of patients who were born here, or
died here, or suffered here, or celebrated here. The creation of a
literary journal felt like a natural outgrowth of these centuries of
human stories.

With this issue of the Bellevue Literary Review, we embark upon
the second decade of literary publishing at the nation’s oldest
public hospital, sponsored by the Department of Medicine at New
York University School of Medicine.

For this issue, the editors chose the theme “Illness as Muse,”
since this encompasses much of what has inspired BLR writers.
We are pleased to present three writers who have approached this
topic head-on. Rafael Campo is an internist and poet in Boston
who has spent much of his career using poetry to breach the
borders of medicine, while caring for patients—Latinos, gays,
lesbians, patients with HIV—who’ve often been relegated to the
outskirts of the medical world. In his essay, he ponders whether it
is indeed too depressing to keep writing poetry about illness.

Paul Harding, the novelist, discusses the writing of Tinkers,
about how he approached the experience of epilepsy without any
medical background, using only his imagination.

David Oshinsky is a medical historian who was awarded a
Pulitzer Prize for his book Polio: An American Story. He writes about
how a particular fragment of Bellevue Hospital’s history—its
psychiatric ward—came to dominate the hospital’s image, despite
it being a comprehensive, full-service hospital.

These essays are complemented by poetry on many different
aspects of illness from a wide range of poets including Edward
Hirsch, Cornelius Eady, Naomi Shihab Nye, Cortney Davis, Rachel
Hadas, and Hal Sirowitz.

Fiction can be a mirror—distorted, faithful, or both—of real
life. In “Periscope” by Anne Elliott, it is an actual mirror—one
affixed to the protagonist’s iron lung—that allows her to view
the unfolding of life around her. In “French Lesson” by Judith Edelman, grammar is a mirror used by a man to contemplate his loving wife and his language tutor’s odd behavior. Other stories turn out to be mirrors of each other. In “Boundaries” by Ronald Pies, a psychiatrist on vacation in France runs into a former patient and his stifled crush on her bubbles to the surface. Louise Blecher Rose, in her story “Transference,” tells of a young woman’s feelings toward her analyst during the sexual revolution and her search for potential mates who might match his paunchy, balding profile.

This 21st issue of the Bellevue Literary Review is an expanded edition to celebrate the BLR’s ten years, and Bellevue’s 275 years. In it, you will find literary offerings from well-established writers and from new voices. There are perspectives from within the medical field and from outside. What these writers have in common is the use of creativity—whether in fiction, nonfiction, or poetry—to examine the human condition through the experience of illness, health, and healing. We hope you find this anniversary issue stimulating and thought-provoking. We look forward to sharing the next ten years with the BLR literary community.

Danielle Ofri
Editor-in-Chief

Illness as Muse

Rafael Campo

It is not unusual, after I’ve given a poetry reading, for some impossibly young writer from the audience to remark over the post-literary pretzels and Diet Coke, “Wow, your stuff is really depressing.” One especially unkind reviewer of my books proclaimed—in a similar but perhaps more impatiently dire vein—“Bad things happen in Rafael Campo’s poems.” Coming from a fellow poet—and none of us are generally associated with boundless joy, or even middling cheerfulness—his indictment seemed inordinately cruel. Even my devoted spouse counsels me, after reading my latest villanelle about botulism or ode to schizophrenia, “Honey, maybe you should think about lightening things up a bit.” Try as I might to take all of this concern to heart, to see butterflies or snowflakes or flowers as more suitable, or at least less foreboding, objects of literary address, I keep finding myself drawn to write about illness. Like anyone, I despise the kind of person who slows down his car at the sight of a roadside accident, craning his neck in the hopes of glimpsing some awful carnage. I hate television shows like House and Grey’s Anatomy for making a ludicrous spectacle of illness. I can’t stand it when innocent family members solicit advice about their hypertension or cholesterol, because it seems to me there is so much in the world that is more interesting to discuss; I grew impatient even with my endearing grandmother, when she was still alive and would ask me my advice about her blood sugar. When I feel I’m about to fall ill myself from such constant noxious exposures, I dig out my well-worn copy of Susan Sontag’s scathingly sober Illness as Metaphor. “My point is that illness is not a metaphor, and the most truthful way of regarding illness—and the healthiest way of being ill—is the one most purified of, most resistant to, metaphoric thinking,” Sontag says, and I think “Take