

2021 John J. Frey III, MD Writing Award SUBMISSIONS

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## A Late Summer's Eve "Twas the night before school"

By Caitlin Regner

Twas the night before school on Monticello Way, Not a creature was stirring, save a bird of prey.

The chickens were roaming the yard without a care, Wondering if their owners soon would be there.

The children changed into pajamas and read Many good books as they readied for bed.

And Mama in her tank and Dad in his briefs Had just settled down, prepared for relief.

When out on the lawn there arose such a clatter, We sprang to the window to see what was the matter.

Away to the window I flew like a flash, Listening to the ravenous predator slash.

The sun was setting on the late summer's night, Highlighting the gruesome scene in our sight.

And what to my wondering eyes should appear, But a red tailed hawk, striking all hearts with fear.

A ferocious raptor, with a murderous stare, I knew in an instant he was a poultry slayer.

More rapid than eagles, this hawk made a dive, And I ran out to see if our chicken was alive.

"There's Ginny, and Leo, and Dot huddled up, But where, goodness where, is sweet Buttercup?

To the end of the deck, to the very front wall, Dash away children, please look for her, all!"

When they met with the trellis, full of ivy and flower They looked at her face, and met her dark glower.

She cried a pained cluck, in the corner she hid, Hiding her wing, proof of what that hawk did.

And then, with a turn, I saw her bent wing, With a few feathers missing, held close like a sling.

I drew back my head, and was turning around, The children in shock: they did not make a sound.

Her wings were so amber, her comb, red as cherry, Her cluck briefly faltered, it was not quite as merry.

Her beak was turned upward, feathers puffed with pride, Not revealing whether she was hurting inside.

Her little golden eyes were set far apart, Her brain -- well, you know -- chickens aren't very smart.

She spoke not a word because chickens can't speak. And turned herself away, hiding even her beak.

We all turned to go, our hearts heavy with ache, Hoping and praying she did not have a break.

And throwing a piece of stale food in the yard, Told us that chickens' appetites really do die hard.

And running to eat that rotting piece of fruit, She clucked her old cluck, gave a happy sort of toot.

She sprang through the yard, and entered the coop, The children, you'll imagine, let out a loud whoop!

She clucked as we ushered the kids out of sight: "Happy school's eve to all kids, and to all kids, a good night!"

#### Resurrection

By Caitlin Regner

She regrets the idle passage of time, Years lost with fruits unknown, Time spent with a singular focus: Liquid escape, feigned pleasure, alone.

Then, suddenly, she is called back
To her son, eyes empty and glassed.
Desperately, she presses and gives him air.
Too late--he has breathed his last.

Where can she go from here? The way forward, so dim and bleak. After years of self-centered denial She admits her defeat: "I am weak."

The change is painful and slow, Stripping layers of hurt and of shame, But the memory of him whom she cannot bring back Keeps the fire in her heart aflame.

She notes each day brings more meaning. Resurfaced, she now sees the light. Caring for her children's own children, The wrong once done is made right.

As she sits with me this day, Sharing her past and her pain I realize I have witnessed a miracle A life lost, brought back again. John J. Frey III, MD
Writing Award
WINNER

### **Etch-A-Sketch**

By Elizabeth Perry

At 7:30 AM a fox trots south down our street—brisk piccolo legs, expansive tail.

She is precise, like a cut. She is the color of marmalade spooned on your toast

by someone you want to trust, but don't.
Our weekend now has teeth
other than our own. A block away
the new wet sidewalk has ruler-straight lines,

dividing here from there, now from then.

Our neighbor hoists four by fours, placing and nailing them one by one so her family can eat tangles of spaghetti together on a new deck,

high above COVID ballistics and rabid curlicues of risk. So much hangs down now, the atmosphere, the corners of our mouths. We watch our children sleep their eyes zigging and zagging under amphibious lids,

their aqueous childhood evaporating too fast.
The fox leaps in and out of us, daydreaming the dead.
We tend to the familiar vectors—raising windows,
aligning doors with their intended frames.

Our neighbor waves and the fox darts out of view. We move our hands back and forth, appearing friendly when we are terrified. We are getting used to this. We are the adults. Only kids wave up and down.

John J. Frey III, MD Writing Award WINNER **Fathers and Daughters:** two poems written by different poets, at different times, about a singular event, without knowledge of the other by Jon Temte and Emily Temte

### Interlude

we fly across the still waters of the Gulf... illuminated only by Venus and a scattering of nameless stars. Juan perches at the bow; Antonio the fisherman at the tiller of the open, unlit boat... and I, with my wife of nearly thirty-three years and three children and a boyfriend, the Texans and one Argentinian heading to Pasion Island, to see a miracle of bioluminescing dinoflagellates against the rising of a super worm moon

and Juan's baseball cap vanishes into the night.

# the night the earth shifted

```
the night the earth shifted
we walked
   soggy trousered
       into the sea
Dogs barked a warning
                            (Don't Go)
    from shore
as we climbed into the boat
    open, unlit
twenty-two eyes
    bodies tucked
        buoyant and orange
those stars
we went
    fast &
        anchored.
he jumped-
    trusting shallow ground
we trusted too
    and walked – splashed
    in dark water
        darker
to where the stars swum
                            (bioluminescence)
those stars
the dock
fulllungs
that breath
salt heavy
magic, I swear:
                            (flamingo)
    the pink bird call
    the ospreys, three
waiting knee-deep,
for the late moon to rise
    guiding us home
                             (to empty beaches)
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### Covid and the new normal

By William Cayley

"It's coming, it's a plague..."

"How much time do we have??"

"No time, it's here..."

And in a snap, stores are closed and roads half empty.

Can we get it all back?

What about all those we have lost?

A time heist bested mighty Thanos

But the tiny virus is a harder foe to beat.

# <u>I remember meeting her</u>

By Allison Couture

I remember meeting her. I've learned a lot. She's shared a lot. The life trauma, the trauma I know her children are experiencing, it scares me. And now this mania. I admit I questioned her bipolar diagnosis. I no longer question. I feel helpless. She feels unhelped. Psych says, "not appropriate for inpatient." What now?

#### Not Me

By Magnolia Larson

How are you doing?

The words flow sometimes without even thinking:

eat more fruits and vegetables

always wear your seat belt

These vaccines protect you from getting sick

get enough sleep

do your best in school so you can have choices when you graduate

you may have exposure to drugs and alcohol, but if you do, please don't drive

we want you to make good choices to be safe.

They look down, smile and say, "Ok, that's not me."

The parents laugh and say, "They're a good kid, we don't have to worry, that's not us."

But I was not prepared for the tears that came without thinking,

this startling sadness

this great wave of emotion in a sea of emptiness.

After months of the apathy that looms to bury me

After months of the compassion fatigue that threatens to harden me.

When I asked her, "how are you doing?"

When I asked if she was ready to return to the team after the accident.

The accident that took her best friend away, my son's friend away, in the twilight hours of an endless teenage summer night.

She always ate her fruits and veggies.

She always wore her seatbelt

except that night.

She wasn't the driver racing home for curfew.

She got her vaccine and wore her mask.

I could not predict the shaky voice and slumped shoulders that we have been taught to restrain,

to stay calm in the face of chaos and tragedy to offer hope and faith that things will be okay.

I could not stop the flood of grief yet immeasurable relief That this time it was not me. John J. Frey III, MD
Writing Award
WINNER

# Reading

By Jonathan Rief

An attending challenged me to keep track of my reading this year. Apparently I read 150(+) books per year. What answers am I searching for? Why does it comfort me to get lost in another's thoughts and stories? Escapism from my own life perhaps? Hearing inherent truths and insights in invented scenarios from brave souls willing to share their interpretations and teach their lessons to the world. Who knows, maybe someday I'll be the one with the courage to write.

# **The Daughter**

By Jonathan Rief

I was warned about the daughter of the 90-year-old patient in the hospital. She was demanding, distrustful, angry, certainly a handful, best to see the patient when she is out of the room if possible. All that may have been true, but when I went in, what I saw was a scared woman, who was about to lose her mother.

### A Million Things to Say Before I Die

By Markus Eckstein

John J. Frey III, MD
Writing Award
WINNER

"Please, man, I just...wanna phone," the man says between breaths.

I glance at the guard standing in the corner with his hands on his belt. The guard shakes his head, as I knew he would. He shakes his head every time.

"I'm sorry, sir," I tell the patient. "I'm not allowed to do that. But tell me what else I can do to help you."

"Just get...a phone. I needta call my Ma."

I'm uncomfortable, forced into this standoff. The chair creaks as I shift my weight. Why do I need to be the liaison between the guard and the man lying in the hospital bed? There wasn't a single lecture on this topic in medical school. In this room, the man is a patient, not a prisoner, and I wish I could treat him as such.

I feel as if I'm at a costume party. Me dressed in my yellow isolation gown to minimize spreading germs from one patient to the next. The guard with his weapon on his hip, as if the patient may leap out of bed and rob a gas station (again) at any moment. And the patient/prisoner, in his blue hospital gown. The faded fabric looks exceptionally thin on his muscular frame.

I briefly wonder what other bodies that gown has covered. A frail old lady with a GI bleed, perhaps, the blue fabric draped over her bones as she gets infused with IV fluids and Protonix? An injection drug user, maybe, here for antibiotics to treat a lump of bacteria growing on his heart valve? I wonder if anyone has ever died wearing the exact gown my patient is wearing.

"Unfortunately, we can't let you make a call," I say. I'm sure to say we, not I, hoping the guard feels a sliver of guilt. "But what else can I do? How can I make you more comfortable?"

"Just a phone, man," the patient insists, his face laced with frustration. He adjusts the nasal cannula on his face with an angry hand. The prongs pop out of his nostrils, and I see his work of breathing increase. "This is messed up...my family doesn't even...know I'm here."

I silently agree with him. If I were hospitalized, I'd want to let my loved ones know. But it's no use.

When the patient was first admitted, he'd asked to make a phone call, and I'd told him it wouldn't be a problem. I'd left the room to fetch a phone, and the guard came jogging after me like I was a runaway, saying it was against the correctional facility's policy to allow inmates to make any calls. Too easy to call their homies. Too easy to get someone to break them out. Much easier to escape a hospital room than a prison cell.

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A few days later, I'm with the patient again. The cannula has been replaced by a mask, and the monitor on the wall tells me his oxygen saturation is in the mid-80s. Not great.

"Hi, sir," I say. "How are you feeling?"

He takes a minute to answer. The muscles in his neck are working to help him bring in air. His chest heaves like a boat in the ocean.

"Phone call," is all he says.

I don't bother looking at the guard.

"There are treatments for this," I tell him. "Medicines we can try."

A sad smile crawls across his face. "Nah, man. I'm...old enough. I done my time. Now I gotta pay...for things I done."

I wonder if he's delirious or if he really thinks this virus is God's cosmic justice for his crimes. Truth is, he's committed his fair share.

DUI.

Domestic abuse.

Battery.

Armed robbery.

The list goes on. In Wisconsin, it's all on public record, viewable online. Outside of this building, he's not a very nice guy. I try not to let that taint my medical decision making.

And at forty-two years old, why is he saying he's old enough? Christ, that's me in a decade. I'm familiar with the anxiety of aging, but I still have a lot I want to do with my life, more than can be accomplished in ten years. I need more time (and more energy).

It's interesting, isn't it? We spend our youth wishing we were older, and then we waste the rest of our lives wishing we were younger. There's a period of about two weeks in our mid-20s when we're totally content, but I think I missed mine. Too busy working.

"Phone," he pleads again. "Call my family. I gotta million...things to say before...I die."
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Another week goes by, and every day I offer him treatment. Not that any treatment has been shown to be particularly effective for this virus, but there are things we can try. He declines, and declines, and declines.

The oxygen flow is increased.

He's placed on BiPAP to force air into his lungs.

The numbers on the monitor go down, down, down.

He's moved to the intensive care unit for closer monitoring, for possible intubation.

We have a talk about his wishes, about what he wants us to do *if* ... That *if* seems less hypothetical every day.

"Just lemme go..." he says, his words muffled through the mask, nearly drowned by the noise of the machines. "Don't want no tube." It's the same answer he gave when he first came in, so I can't chalk it up to hypoxia.

"You're so young," I argue. "You have fight in you yet."

He shakes his head. "Nah. Just...I just wanna call...Ma."

I look at the guard. A shake of the head.

I make a phone call to the prison, explain what's happening. Explain that the patient - who they know as *the prisoner* - is probably going to die. Explain that this may be his last chance to say goodbye.

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The prison supervisor needs to talk to his supervisor. I have no idea how far up the ladder it goes. As the request is passed from rung to rung, the patient continues to deteriorate. But in two days' time, I receive permission to let the patient make a phone call to his mother. The guy makes it sound like he's doing me a big favor, like this is *technically* a breach in protocol. And the call must be made on speaker phone in the presence of the guard, but I don't think the patient will mind.

I feel a momentary weightlessness, delighted, excited to bring the patient some good news. But when I arrive, he's asleep. I rub his shoulder. He barely stirs. He's semi-conscious, his brain screaming for more oxygen than his damaged lungs can deliver.

In most circumstances, the patient would be intubated. A ventilator would do the breathing for him for a few days. Give his body time. His lungs would gradually recover. He would then be extubated. He would survive.

But this man does not want that, so I do nothing but watch the weight of his chest rise and tremble and fall. He is lying on a hospital bed that is going to be his death bed. I wonder how many of us are sleeping on a bed that in a day or a year or a decade will be our death bed.

All he wanted was a phone call. Well, he can make it now. But now is too late.

I pass the patient's room the next morning. The bed is empty, the sheets replaced by crisp clean ones, neatly tucked beneath the mattress like at a hotel. I wonder how many people have died in that bed before. I wonder who will sleep there next.

I carry on. Round on my other patients, drink some coffee, work on documentation. The day passes. Business as usual.

On the drive home, I call my mom.

THE END

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### Good to Be Back

By William Cayley

Running is a great start to the day, but sometimes I feel overwhelmed and struggle with motivation. Most mornings, an energizing run gets me ready for the day. On not-so-good days, I start tired, and it takes more coffee than usual to get myself going.

After my first marathon in 2008, I ran the first of many Grandma's Marathons in 2009. That first 26.2 mile tour of Lake Superior's north shore was a sweltering fiasco, but I made it to the finish in Canal Park and realized I had started an annual tradition of visiting the north shore each June. I continued running year-round for fitness, but added a spring tradition of increasing mileage to be ready for Grandma's by summer. Ten-milers several days a week punctuated by weekend long-runs became the routine. I felt fitter, and my kids reminded me I was a better dad when I ran.

Some folks took advantage of COVID lock-downs to increase their workout time. That was not quite me. The chaos of COVID was compounded by the stress of a fire: our house burned, and we had to move out during renovation. Many mornings, it was a struggle just to get out of bed. While many ran virtual marathons in 2020, I did not. Exercise became more work than it had been in a long time.

By early 2021, the pandemic seemed more in hand, and we were back in our own home. Grandma's was slated to be "for real," and I signed up.

Race day dawned clear, sunny and comfortably cool. Though crowds were smaller, the starting line bustle felt familiar.

With the national anthem, more than a few of us in the starting corrals choked up. The National Guard flyover seemed more gripping than usual. The volunteers at each aid station kept letting us know "we're glad you're back." I teared up when I saw my family at Mile 12, and when I high-fived Elvis at Mile 17. There was no bag-piper at the top of Lemon Drop Hill, but Canal Park was a sight for sore eyes and legs. Rounding the final corner to the finish, I ran with eyes half closed, dripping with both sweat and tears.

Crossing the finish line, I did not care that this was one of my slowest marathons ever. I had just run the first major US race since COVID, and it felt good to be back.

### Gerrymandering and Our Society's Health

By Mike Leasure

"What is up with Texas politicians and gerrymandering?" I distinctly remember the conversation that started it all forme. One of my closest friends from high school, Brett, and I were driving around Corpus Christi, Texas, heading towards a campsite on the Gulf Coast. This was circa summer 2011 after Texas last drew its legislative maps. I was entering my 4th year of medical school and nonpartisan political advocacy was still far from my mind. All Brett and I knew at the time was that gerrymandering was deeply unethical and obviously undemocratic.

Flash forward to summer 2019, my wife, Allison, and I decided to move to Madison, Wisconsin from the Pacific Northwest. She was 28 weeks pregnant at the time, mind you, so there were actually 3 of us moving to WI. Upon arrival that July, I had resolved to finally channel my frustration and disappointment with our political system into something more concrete. Honestly, the thought of my daughter being born into a world of such incredible dysfunction seemed unjust and pushed me to take meaningful action.

Leading up to this decision, I had been receiving the Unite America (a nonpartisan advocacy organization) national newsletter for about a year and passively absorbing the material. Having developed a strong inclination towards root cause analysis for solving difficult problems in medicine, I sensed that Unite America was trying to ask the same types of questions in understanding why our country is so broken. Naturally, I researched which states Unite America was already active in and, much to my delight, saw that Wisconsin already had a chapter. I reached out to Rich Eng, who is still one of our leaders, and the conversation took off from there.

That's the compact narrative of how I got to be an active volunteer in this movement, coming up now on two years of being a leader in this effort. The deeper thread that ties all of this together is what I have witnessed in my work as a medical professional. As a reminder, the extreme gerrymandering that took place after the 2010 census took place while I was still in medical school. So, from the earliest days of my doctoring up until now, the concept of partisan gerrymandering has not been far from my mind.

To give some background, I did my training at John Peter Smith Hospital in Fort Worth, Texas. This is a Level 1 trauma center that serves as the catch-all hospital for Tarrant County, receiving patients of all backgrounds, including a disproportionate number of people who are uninsured or on Medicaid. My clinic population was roughly divided into two halves. On the one hand, I saw refugees, with a significant number from east Africa, Nepal, Myanmar, and the Middle East. The remaining individuals I took care of were a relatively proportional mix of Latino, Black, and White patients. Both groups were overwhelmingly on some form of government insurance. With my intern year coming fresh on the heels of the Affordable Care Act (ie ACA, Obamacare) being passed (circa March 23, 2010) there were many newly insured individuals. This was a remarkable change, especially considering Texas was and still is the most uninsured state in the nation.

As I worked my way through my busy clinic schedule, day after day, I couldn't help but notice a striking trend. I was seeing many middle-aged individuals, shy of Medicare's age cutoff, that would certainly have not sought primary care had the ACA not been passed. What does that actually mean in terms of health outcomes? What does it mean for people to not have health insurance and not engage in routine health care? Well, I can say

with full confidence that I saw many individuals who, had they continued to be uninsured, would have ultimately presented to the hospital in critical condition, making it too late to save them in some cases, or at least to prevent lifelong disability. As one simple example, I recall a man in his 50s who hadn't seen a doctor in at least 20 years. He came in to get established without any known health problems. It turned out he had high blood pressure, diabetes, and high cholesterol. More urgently, he revealed he'd been feeling short of breath for quite some time, leading to an evaluation that eventually revealed congestive heart failure. Had he not come in at that stage of his illness, he very well could have presented in critical condition, in the worst case as a cardiac arrest.

I always think about that man when I hear Republican politicians slandering the ACA. If they had a legitimate alternative that could actually make sure that man was covered and not forsaken, I would be happy to hear the debate about it. Since 2010, I have only heard negativity without substance. As a physician and a political independent, I find myself deeply disturbed by the lack of any substantive debate from the conservative wing on this issue. I have seen this played over on many different subjects since that time, though it always circles back to healthcare for me, since that's what I know best. I would hope that any thinking American, regardless of their political affiliation, would expect more out of their elected officials.

OK Mike, I hear your frustration, but what does this have to do with gerrymandering? Well, in the case of some states, everything. You may be familiar with the fact that after the ACA was passed, states had to choose whether to opt in for Medicaid expansion. As a refresher, the expansion would have increased Medicaid insurance coverage to individuals with an income up to 133% of the poverty line. 24 states, including Texas (and Wisconsin), chose not to opt into this expansion, mostly under the guise of not wanting the federal government in their business. A closer look at the map shows that some other deep red states opted in to Medicaid expansion despite the appearance of "supporting Obama." Most recently, the blood-red states of Oklahoma and Missouri opted into Medicaid expansion. That, to me, suggests that the circumstances for holding out likely belie common sense, middle-of-the-road politics at this point.

After paying close attention to Texas politics for a number of years now, I have settled on the fact that gerrymandering is likely the single greatest factor kneecapping any efforts to move Medicaid expansion forward there. I'll illustrate the Texas GOP gerrymandering strategy with just one of a number of egregious examples. The city of Austin, my hometown, the so-called "liberal oasis" of Texas, has only one Democratic congressman representing the five districts the city is currently divided into as a result of successfully gerrymandered districts. The remaining Austinites have been lumped into reliably safe Republican districts, diluting their voices and leading to less competitive districts overall in the state. This is played out throughout the Texas map, not only making the Texas legislature over-represented by conservatives, but increasingly more Ted Cruz conservative than George W conservative. This makes an issue like Medicaid expansion dead on arrival. Honestly, I don't care that they specifically pass Medicaid expansion. However, if they don't, they better come up with a viable local alternative. Meanwhile, I can only imagine how many people between 100-133% of the poverty line will lose life and limb simply because a few dozen legislators have no political accountability. ie "skin in the game".

Now, returning to Wisconsin, I see a very similar dynamic playing out here. The most significant difference is that Wisconsin has multiple Democrats elected to statewide office, while the legislature remains overwhelmingly dominated by Cruz-style Republicans. Most observers consider that to be the clearest evidence of how partisan gerrymandering translates into elections. There is a clear mismatch between overall voting trends in the state and how the citizens are actually represented by their legislature. Without doing another deep dive, the legislature's remarkable failure to come up with a comprehensive public health strategy to address the Covid-19 pandemic again reminded me of how dangerous hyper partisanship (and one of its root causes, i.e. gerrymandering) can be. How many people must die due to self-serving politicians not having the threat of a real, competitive election? This is not hyperbole - we all lived through this last year and, many of us, have contemplated questions like this one.

Non-partisan redistricting is a critical step towards restoring health to our democracy. This effort is tightly linked with a number of other critical reforms that we will be discussing in the months and years to come. Another timely effort is reducing partisanship in the election process itself. In Wisconsin, a bipartisan group of legislators has introduced a bill for Final Five Voting, i.e. instant run-off voting. As we work to support nonpartisan redistricting, we must lean on our elected officials to support Final Five Voting as well. Solving one of these democratic reforms in isolation will likely lead to disappointing results over the long term. We must treat the democratic system as a whole, with all of its intersecting parts.

My charge for you, keeping my personal anecdote in mind, is to think of that person that you know who my patient reminds you of. What would it be like for him or her to have reliable access to medical care? If you can't think of anyone, I encourage you to branch out of your usual comfort zone to meet people from different social backgrounds within our society. The most straightforward way to do this might be through volunteering and helping those in need. To keep the fire of democratic reform going, we all need those specific individuals in our lives who will benefit the most from these changes, whether it be a struggling neighbor or a young daughter.

### **Homing**

By Maureen Goss

John J. Frey III, MD
Writing Award
WINNER

We met in June. It was a muggy evening, so humid even the most avid of cicadas had given up, and so we walked in a silent, stifling panic through our would-be neighborhood. Unfortunately, I had decided my medium-wash Old Navy jean jacket was the perfect mix of Millennial casual and could-feasibly-handle-a-mortgage, and I tried not to balk at the occasional sweat rivulets cascading down my spine. I stopped on the corner and stared at the house. It wasn't so much stately as simply standing, trimmed in a magnificent hue I would later find in a pile of past work history listed as 'Sahara Sun'. Will paused and waited patiently, and I felt the familiar glimmerings of déjà vu, standing here on the cusp of so many possibilities. But then, hadn't we been here a hundred times before? Last weekend even?

Will and I had been wearing our house-hunting hats so long, we had permanent forehead lines and cowlicks to match our disheveled emotional states. We traipsed home to Sun Prairie last August, egos bruised but intact as we unloaded our possessions and carefully staged them around the guest room of my childhood home. We had decided to move home for a few months--it's just a few months!--after our rent rose again, and we realized how long it would actually take to save up for a down payment while forking over a third of our income for 600 square feet of independence.

This isn't your grandma's handsel, mind you. Gone are the days of robust 20% returns on investment and early retirement packages, replaced by lifetime student loan sentences and monthly mortgage insurance. In 2020, the median down payment for first-time home buyers was 7%, and conventional lenders have backed loans with 5% down since the 90s. Statistically and anecdotally, we knew this to be true. But coming from prudent middle-class households, those numbers gave rise to mild panic-hives and third servings of ice cream (which, in some cruel twist of fate, perpetuated the former).

After Christmas we found a realtor, a beautiful, exuberant soul who helped us make a reasonable plan and doled out hopeful, realistic expectations that we promptly used to wipe our boots on the way out. It's January. We'll find something! Day after grueling day, I pored over the listings in the Paragon Real Estate collaboration system. I refreshed the listings every 15 minutes. I made charts on the sales of Madison homes during every month over the past three years, and compared them to local economic markers. I refreshed the listings every 8 minutes. I compared monthly home sales to graphs of average temperature and snowfall and tried to predict the number of new listings based on weather patterns. I refreshed the listings every 5 minutes. I trolled neighborhoods after work, searching for the rare, wobbly 'Coming Soon!' sign. I clicked refresh.

As this particularly gray Wisconsin winter wore on and weeks turned into months, I insisted on seeing houses described as "probably a full gut job" and "asbestos likely" miles outside our search zone because honestly, it was a Sunday and if we weren't seeing houses what were we even doing?

That question haunted me as my dad's snores mingled with the ten-o-clock news that blared from the den. What were we doing? The most difficult part of searching for a home, I believe, is the lack of agency. Close second is the rolling marquee of houses, pro-con lists, property statistics and burgeoning home values that will surely price you out of every neighborhood from here to those Northern 'unincorporated' Wisconsin towns with weekly Lutefisk dinners.

Of the many, many houses we saw, there were exactly three that could have fit our idea of a home, or at least had the potential to be molded into it. We bid over asking, and I Googled architecture terms in my old bedroom to compose the perfect heartfelt (but historically accurate!) personal "love letter" to the owners. We were outbid every time. The only one perfectly content with the situation was our newly obese orange tabby, Finn, who gorged himself on the leftover kibbles from my parents' cat and had begun to resemble a fiery blimp.

One Sunday morning in March, we stepped out of a tiny Cape Cod with a floor so slanted I watched a couple fall into each other fighting a bout of vertigo. Dizzy from the scent of Pine Sol and renewed proprioception, I felt brazen enough to voice the question pinballing around my mind.

"Would it be weird if I tried writing letters? You know, to home owners who aren't selling?" I blurted.

Our realtor looked at me, then at Will, then turned back to me with a mix of empathy and something I couldn't quite put my finger on. "No, I don't think so."

And with that, my pent-up energy settled into its new digs. We walked and drove through our favorite neighborhoods, jotting down addresses of houses we liked and cross-checking their assessed values and recent price history to make sure they were within our budget and hadn't been sold recently. I sat on the back porch each night with a clipboard full of Superfine card stock and my favorite calligraphy pen, feverishly writing letters until my wrist grew numb, or my left eye started to twitch, or the sun fell behind the Earth. On some nights, the wind carried a string of lilacs through the screened windows, other times honeysuckle would join the fading light.

I handed stacks of letters addressed to 'The Homeowner' to a dubious-looking post woman, and increasingly to the postbox in front of the local Pick 'n' Save. It squealed happily as I opened the slot to toss in another armful of letters, quietly reserving judgment. We got emails and calls and even texts, many with encouraging words but none with an inclination to sell. Winter gave a last shuddering gasp with an appalling April snowstorm, and then it was summer. Summer. What normally felt like a natural thawing of soul and wit took on an air of defeated stagnation. We had been so sure we'd be home by now, settled even. To be here still, unmoored, felt like a crushing failure. The letters kept me sane, focused, pointed down the path we'd been trekking for months with no end in sight.

On the day I mailed our 68<sup>th</sup> letter, I sat at the kitchen table and opened my laptop. A message entitled "Jackson St" pinged my email, and my heart stopped.

The frustration and feverish torpor of the past year runs through my head as we now stand here on a muggy day in June, in front of a house that could be ours, and it feels so real that I know it must be a dream. A 1920's bungalow with a wide, screened-in front porch yawns before us. Scraggly red-berried bushes reach for the windows, and wizened Oak trees bend protectively from all sides.

The owner has kind eyes, and I feel my nerves untangle slightly. Inside we are met by a mass of shiny black curls named Havoc, an enormous Newfoundland who takes an instant liking to Will. A blue papier-mâché bird head straddles a lamp in the living room, and an archway leads to a modest dining room with a wood stove and original casement windows. Paint peels and battered floorboards groan, and still I can't breathe for fear these untethered wisps of a dream will float away, out of sight yet again. Plaster cracks run jagged along walls and across ceilings like thin veins, a blueprint of the life this house has borne witness to. We walk with the owner up and down the creaking stairs, in and out of darkened rooms, dazed and half-listening to the history of the climate-adapted Catalpa in the backyard and the Master bedroom water damage. Details, as it turns out, are important until they're not. And they're not when you've seen enough houses to know your home.

As we say our goodbyes on the porch, I swear I smell lilacs. We find our bearings in a soft blaze of orange sunlight, and strike up an ambling pace down the sidewalk full of cracks and fissures we'll soon know by heart. Will takes off his hat to adjust it, and I smooth the cowlick that pops out from under the brim. It won't be long now.