

“Your Momma’s So Fat”

An Exploration of Fat Pregnancy and Early Motherhood

KELSEY IOANNONI

In 2020 I became a ‘single mother by choice’, or a solo parent. To get pregnant, I used a sperm donor and a process called Intrauterine Insemination, which is a procedure done by a fertility doctor. As a fat woman, the journey to get pregnant was not an easy one. My body size was a barrier to entry; I had to fight to be allowed to get pregnant. This paper explores my challenges in accessing fertility services as a ‘morbidly obese’ woman, the realities of being pregnant at my size, and some of the joys associated with being a fat mom. Throughout the essay, I employ the rhetoric of ‘your momma’s so fat’, a form of insult-based comedy that attacks both motherhood and fatness, and explore the fears I had around being a mom who is, in fact, so fat.

In this essay, I explore my journey to become a solo-parent¹ (or single mother by choice²) as a fat woman, and the subsequent experiences I have had since the birth of my son. I hang this account of my experiences on a thread of “your momma’s so fat” phrasing. This phrasing, popular in insult-based comedy, actively attacks fatness and motherhood in an effort to insult an individual (regardless of the size of their mother), further entrenching the stigma, humiliation, and dehumanization associated with fat³ women.

Yo Momma (or your momma, your mother, etc.) jokes have origins in a spoken word game called the Dozens that was common in African American communities. In the 1960s, Robert Cole found that the goal of the Dozens was to insult participants until other participants gave up (171–175). Roger Abrahams (209–213) argued in the 1970s that the Dozens enhanced linguistic and psychosocial development of youth in the African American community. While the works of Cole and Abrahams were done in the

1960s and 1970s respectively, Stanzak noted in 2012 that Yo Momma jokes have continued to evolve out of the Dozens (7–28). He looks at the way Yo Momma jokes have adapted through technology, specifically on YouTube, and notes that contemporary Yo Momma jokes are no longer exclusive to African American communities. On YouTube, they are performed by young white men. He also notes that the functions of contemporary Yo Momma jokes are more performative, focusing on amusement, where the use of Yo Momma jokes in the Dozens was more about competition and duelling between participants.

The idea that it would be insulting or humiliating to have a fat mother is a fear that followed me through my intention, journey, and reality of being pregnant as a fat woman and having a child. This essay forefronts the role of fatness in my pregnancy journey and early motherhood, highlighting the fears I faced, the discrimination I encountered, the care I experienced, and the joy I often feel being a fat mother.

Your momma’s so fat that her doctor didn’t want her to have you.

My experience at the first fertility clinic I attended was horrible, from start to finish. The very first interaction with the fertility doctor started with the standard “what do you do” question. As I do with any new health care provider, I told the doctor that I am a PhD student studying weight-based discrimination in health care. I do this as a defense mechanism against medical fatphobia⁴, as if to put the doctor on notice. This doctor proceeded to contextualize every statement he made with “I’m not discriminating

against you, but...” This should have been my first sign that things were not going to go well here.

When someone decides to become a single parent by way of intrauterine insemination, they have to have many medical checks done before the procedure can take place. These medical checks are often followed by a month of cycle monitoring, where ovulation is tracked to determine the best time for insemination. During the test phase of my journey, the doctor was conducting an internal exam to evaluate my ovaries when he sarcastically said, “Good luck finding someone to help you get pregnant.” Not only was the statement disheartening, the timing was wildly inappropriate given I was in the stirrups and he was conducting an internal exam.

Ultimately, the doctor decided he would not help me get pregnant because he took an oath to “first do no harm.” He told me that if I wanted to proceed with getting pregnant, I would need to see a specialist that he approved of and get their permission first to be allowed to proceed. The idea that I needed permission to decide what I could do with my own body was ridiculous to me. I argued with the doctor extensively, but ultimately, I decided to leave that clinic and book a consult at a different one.

This experience was traumatic. It had me doubting my knowledge of my own body and my decision to get pregnant. Would I be putting my unborn child at risk if I got pregnant? Was I being selfish? How could I put a baby at risk when that baby didn't exist yet? Should I not get to choose if I put my own body at risk? Do I not get a say in my own reproductive choices? Why does this doctor get to decide whether or not, as a fat woman, I am “allowed” to have a baby? I was so beaten down from these appointments that I had myself questioning whether or not I was making the right decision.

Your momma's so fat that doctors didn't believe she could get pregnant

After leaving the first fertility doctor, I moved onto a larger clinic that had many fertility specialists housed in it. The experience at the new clinic was both drastically different and very much the same. While a fertility doctor there agreed to help me get pregnant, the rhetoric around the fat pregnant body as a “risky body”⁵ was still pervasive. While the doctor was happy to help me get pregnant, he still wanted me to consult a specialist on “obese” pregnancy to make sure I understood the risks. This insistence, however, was different than the first doctor. Here, I was being brought into the process and given agency. He made it clear that this consult is not for “permission” to get pregnant, but a discussion on what pregnancy at my size would look like so that I understood what I was getting

my body into. I still found it insulting and frustrating; I resented the idea that I was jumping into this with wilful ignorance. Ironically, I loved the specialist I saw for the consultation, switched to her OBGYN clinic, and she delivered my son 10 months later.

Even though my fertility doctor supported my intention to get pregnant, he would make an effort to moderate my expectations at every appointment. Getting pregnant takes time. Intrauterine inseminations typically take a few tries, and he believed that my weight would make it harder for me to conceive. I should not expect to get pregnant the first time. The first insemination attempt was August 2nd and I had a positive pregnancy test August 17th. The doctor was shocked and impressed (as if I had any control in the matter, although my mother insisted she wasn't surprised because I “come from fertile women”). When I “graduated” from the fertility clinic onto the OBGYN at 10 weeks pregnant, he congratulated me and told me to never stop advocating for myself

Your momma's so fat that she'd never seen pregnant women as fat as she is

Because of my size, my pregnancy was deemed “high risk.” The OBGYN I consulted with prior to getting pregnant ran a pregnancy clinic specifically for women who are “class III obese” (BMI of 40 or higher). At 5'3" and about 350lbs, my BMI was 62. Even though I was comfortable with the OBGYN, I went to this clinic steeled for the worst, expecting to experience fatphobia in this setting. This did not happen; the care I received there was phenomenal, non-judgmental, stigma-free, and size inclusive. My OBGYN and her staff did not make me feel that I was a risk to my growing baby due to my size; instead, she provided the care, support, and resources needed for a healthy pregnancy.

In addition to the fantastic care I received, the experience of being around other fat pregnant women was transcendent and hard to put into words. I have never seen so many large pregnant women, and seeing women who look like me was exhilarating and affirming. Fat women do get pregnant, and I got to be around other fat women every few weeks during my pregnancy. Seeing other women my size helped to negate the self-doubt I had after my experience with the first fertility doctor. Not only could fat women get pregnant, they could be happy and healthy at the same time. I went from the initial fertility doctor, who was so averse to the idea that fat women could also be pregnant women, to an OBGYN running a clinic specifically for fat pregnant women in a non-discriminatory, non-judgmental, size inclusive way.

Seeing other fat pregnant women on a regular basis let me become more comfortable in my fat pregnant body. We talked about our pregnancies as we waited to be seen. We laughed, celebrated, and complained together. Seeing other women who look like me provided me the space to feel joyous and celebratory about my journey; I didn't feel like it was "me against the world" all the time anymore.

My fatness ultimately did not make a difference in my pregnancy; I had a healthy pregnancy and delivered my son a day before his due date (via C-section). Regardless of how many times I was politely asked if I had high blood pressure (I did not) or gestational diabetes (another no), my baby continued to grow healthy inside me. One of the plus sides of being plus-sized and high-risk was that my pregnancy was extensively monitored. For many fat women, the hyper-medicalization of pregnancy would be distressing, given a history of negative experiences with health care providers. While I hold this position in many of my health care experiences, I found myself appreciating the hyper-medicalization of my pregnancy. Perhaps it is because I was in a space where I felt adequately cared for; I felt safe. It also could be that the constant monitoring and reassurance that everything was going well helped to contradict some of my own internalized medical fatphobia⁶.

As I was being seen by the OBGYN with frequency, I had a lot of ultrasounds. I got to see my baby significantly more than the average pregnant woman, who may only see an ultrasound at the appointment to date/confirm the pregnancy, and at the 20-week anatomy scan. I, on the other hand, had at least one ultrasound a month during my pregnancy. I got to watch my son grow and develop inside me, track his weight gain, and get frequent updates from the doctor on how he was doing. Hearing the doctor say "your baby boy looks great," or "he is healthy in there, mom!" was the highlight of my week. I could not wait for my ultrasound appointments. With every comment about the good health of my growing baby, I felt that I was winning a war that no one else knew I was fighting. Every positive comment about the health of my baby was a knockout punch to the idea that my body was inherently a risk to my growing child. It was exhilarating.

Your momma's so fat that a man didn't believe she was pregnant, so he wouldn't give her a seat on the subway

I put on about 15lbs over the course of my pregnancy. I didn't look pregnant until I was around 8 and a half months along. While most women would cherish this, I hated it. I wanted to look pregnant. I wanted a visible baby bump, not just an extension of my already large belly. I wanted

to take maternity pictures where I lovingly touched my stomach and looked maternal. Instead, I struggled to find maternity clothes in my size, had to constantly tell people I was pregnant, and never felt like I "glowed."

Idealistically, or perhaps selfishly, I wanted to experience the deference and reverence afforded to pregnant women. I wanted someone to give up their seat for me on the subway, recognizing how exhausting it must be to be on your feet while pregnant. Instead, when I asked someone to move over and share the accessible seating area with me on the subway because I was pregnant, the man sitting there told me that I shouldn't pretend to be pregnant and that I am just fat. He did not move and continued to occupy two seats. While another person offered me their seat, no one spoke up.

The experience on the subway felt defeating; I felt invalidated. I was too fat to be a worthy pregnant person. While this experience forefronted these feelings, I felt this way every time I couldn't find appropriately sized maternity wear, or postpartum supplies for fat women, or when I told someone I was pregnant they responded with "really?" My body deviated from the expectation of what a pregnant woman should look like, and I often felt that.

Your momma's so fat that she needed a nurse to help her in the washroom after you were born

An emergency C-section is dangerous for mom and baby regardless of size, but for a fat woman the risks are greater. Even though I wanted to have a vaginal delivery, the doctor prepared me for the reality of a C-section, based on her experiences helping women my size give birth. Because of this, she scheduled me a back-up C-section, but also respected my strong desire to give birth vaginally. Ultimately, she induced my labour and I was allowed to labour for two days, with the understanding that if I did not dilate enough by the scheduled date, I would have a C-section. Ultimately, I did not dilate more than three centimetres, despite multiple inducement techniques.

My son was delivered in a specialized operating room for C-sections on "obese" women. There were 21 dedicated medical personnel (including two OBGYNs, three fellows and two anaesthesiologists) to help safely deliver my son. My mom, who was my birthing partner, described the scene as like being in an episode of *Grey's Anatomy*.

The doctors used a specialized C-section technique specifically designed for "obese" women called a transverse⁷ C-section. This means that instead of cutting the baby out under the bikini line, which would fall under my "apron belly"⁸, they cut me right under my belly button, which is not typical for a C-section. The Cleveland Clinic suggests

that the average C-section takes about 45 minutes⁹. My C-section lasted two and a half hours, conducted while I was awake as the anaesthesiologist felt the risks associated with general anaesthesia at my size are too high.

After my C-section, I needed to ask the nurse for help cleaning myself after using the washroom and when I needed to shower. While most people would need help post-surgery in general, my stomach acted as a physical barrier that I could not move around; I was too physically weak to navigate my body in the ways I normally would. I would have a new nurse every 12 hours, and so for the first few days I had to re-explain to the nurse my physical limitations. Having to request assistance in the washroom was one of the only times I felt embarrassed of my body and its size during my hospital stay.

Your momma's so fat that if you share a bed with her, she'll roll over and crush you.

In the first few months of my son's life, he would only sleep for 15–20 minutes at a time, until I put him in bed with me. When we started co-sleeping together for nap-time, I let other people's fears get into my head. I became paranoid that I would roll over on him, even though I took many precautions to make sure that this was not physically possible. I had nightmares about rolling over on my baby, even when he was not in the bed. I refused to nurse in my bed, in case I fell asleep and crushed him. It took a lot, but getting over this fear was important and rewarding. Even though he predominantly sleeps in his crib now, an afternoon co-sleeping nap with him is one of the highlights of my day.

Even though I loved taking my son for walks and enjoying the fresh air with him, the sweat that I work up would give me a painful heat rash on my upper thighs. I found myself sneaking into his room after he had gone to bed for the night and I had showered to steal his diaper cream to ease the discomfort. I'm teaching him to share already.

My size presents a lot of other challenges in the physicality of being a parent. For example, getting on the ground to do 'tummy time' with him is really difficult; being on the floor and getting up afterwards are both a challenge. For the first few months, I put him on a bed to do tummy time instead of on the floor. Now that he is active and learning to roll and crawl, we are on the floor more often.

My physical body doesn't just present challenges; it also presents opportunity for joy and fun. When I lay my son on my stomach, he digs his feet into my rolls to propel himself up my body; he is learning to crawl by climbing "mommy mountain." He is learning to pinch and grab by getting a hold of my fat flesh, feeling it in his hands, and pinching it hard!

Your momma's so fat that any baby she has is going to be fat, too!

While I am happy and confident in my fat body, I actively worry about how my size will reflect on my son. Will he carry the burden of his mother's size? Will he feel stigmatized because his mom is so fat? What will his friends think? If I put him in sports, will people think I am living vicariously through him? If he is a fat child, will they blame me? Is it inevitable? Will people surveil how much I feed him to ensure I am not intentionally fattening him up? I have so many concerns over how my fatness will affect his life. Mothers bear a huge burden around the size of their children¹⁰ that I worry regardless of his size, whether he is fat or thin, it will be viewed through a lens of blaming me, his mother, for his size.

I hope that, despite my concerns, I am able to impart on my child an understanding that people come from different standpoints and positions in the world, and that regardless of size; discrimination is hurtful, unnecessary, and oppressive. I aim to impress on my child that his size and worth are not the same thing, and I hope to encourage and provide space for him to develop a healthy relationship with his body.

Dr. Kelsey Ioannoni is a fat solo mom and a sociologist who explores the way that body size, specifically fatness, impacts the ability of fat Canadian women to access health care services. Her research interests are centred around the fat body, weight-based politics, and weight-based discrimination. Her current research looks at the ways in which fat Canadian women understand their bodies through the lens of the 'obesity epidemic', and this lens results in the antagonistic relationships with their bodies. These feelings carry over to health care spaces where practitioners often hold anti-fat bias, resulting in weight-based discrimination and experiences of fatphobia in health care. Moving forward, Kelsey is passionate about investigating the ways in which fat women experience discrimination related to reproductive health and access to reproductive assistance.

Endnotes

¹In becoming a single mother, I took the route of an Intrauterine Insemination (IUI). In consultation with a fertility specialist, I chose a sperm donor through a sperm bank and proceeded with an IUI. It is a simple, non-surgical procedure where the sperm is placed directly inside the uterus using a catheter. This is the clinical version of the "turkey baster" method.

²In describing my motherhood situation, I typically use the term "solo parent" instead of the term "single

mother by choice.” While there is a lot of community around the idea of being a “single mother by choice,” I find it disheartening that the term “by choice” is necessary in order to differentiate between women who were not “responsible” enough to not become single mothers or did not choose to be single mothers. As such, I often use the term “solo parent,” or simply “single mother.” I’ve written a chapter exploring this in more depth in the upcoming book *The Mother Mortality Project*.

³“Obesity,” as determined by the BMI, is a social construct (Gard and Wright). “Obesity” relies on the processes of medicalization, where a medical framework is used to describe and examine something that is not inherently medical, in this case body size, which comes to bear disease status (Boero; Paradis; Murray). As the term “obesity” is a medicalized term laden with the moral standards around appropriate body size, I actively reject using this to describe my body and instead embrace the term “fat.”

⁴The stigma associated with “obesity” is prevalent in health-care spaces. This stigma can result in differential treatment by health-care providers (see Balkhi et al.; Chrisler and Barney; Donoghue).

⁵See, for example, Friedman or Parkery and Pause.

⁶I certainly had my own concerns even though I was actively combatting them to the outside world. What if I was wrong? What if the first doctor was right?

⁷A transverse C-section is a type of C-section specifically designed for use on “obese” women. For more information, see, for example, Tixier, Hervé, et al.

⁸An apron belly is the large amount of skin and fat that hangs over your pelvic area. This can act as a barrier to healing after a C-section. This barrier can be prevented by using the transverse C-section method previously mentioned. For more information on an apron belly and pregnancy, see “Plus Size Birth”: www.plussizebirth.com/apron-belly/.

⁹For more information, see Cesarean Birth (C-Section): Procedure Details: www.my.clevelandclinic.org/health/treatments/7246-cesarean-birth-c-section/procedure-details

¹⁰See the chapter “Fat Blame and Fat Shame: A Failure of Maternal Responsibility” in *Bad Mothers: Regulations, Representations, and Resistance* where I further explore the connection between maternal responsibility and the blame and shame felt by fat mothers.

References

- Abrahams, Roger D. “Playing the Dozens.” *The Journal of American Folklore*. 75(297). (1962): 209–220.
- Balkhi, Amanda Marie, et al. “Impact of Perceived Weight Discrimination on Patient Satisfaction and Physician Trust.” *Fat Studies* 2.1 (2013): 45–55. doi:10.1080/21604851.2013.731955.
- Boero, Natalie. *Killer Fat: Media, Medicine, and Morals in the American “Obesity Epidemic.”* Rutgers University Press, 2013.
- Chrisler, Joan C., and Angela Barney. “Sizeism Is a Health Hazard.” *Fat Studies* 6.1 (2017): 38–53. doi:10.1080/21604851.2016.1213066.
- Cole, Robert W. “Ribbin’, jivin’, and playin’ the dozens.” *The Phi Delta Kappan*, 56(3). (1974): 171–175.
- Donoghue, Ngaire. “The Moderating Effects of Socioeconomic Status on Relationships Between Obesity Framing and Stigmatization of Fat People.” *Fat Studies* 3.1 (2014): 6–16. doi:10.1080/21604851.2013.763716.
- Friedman, May. “Reproducing fat-phobia: Reproductive technologies and fat women’s right to mother.” *Journal of the Motherhood Initiative for Research and Community Involvement* 5.2: (2014).
- Gard, Michael, and Jan Wright. *The obesity epidemic: Science, morality and ideology.* Routledge, 2005.
- Ioannoni, Kelsey. “Fat Blame and Fat Shame: A Failure of Maternal Responsibility” in *Bad Mothers: Regulations, Representations, and Resistance*, ed. Tamar Hager et al. Demeter Press, 2017.
- Murray, Samantha. *The “Fat” Female Body.* Springer, 2008
- Paradis, Elise. “‘Obesity’ as Process: The medicalization of fatness by Canadian researchers, 1971–2010.” *Obesity in Canada: Critical Perspectives* 56 (2016).
- Parker, George, and Cat Pausé. “Pregnant with Possibility: Negotiating Fat Maternal Subjectivity in the ‘War on Obesity.’” *Fat Studies* 7.2 (2018): 124–34. doi:10.1080/21604851.2017.1372990.
- Stanzak, Steve. “Manipulating Play Frames: The Yo Momma Joke Cycle on YouTube.” *Children’s folklore review* 34 (2012): 7–32.
- Tixier, Hervé, et al. “Cesarean Section in Morbidly Obese Women: Supra or Subumbilical Transverse Incision?” *Acta Obstetrica et Gynecologica Scandinavica* 88.9 (2009): 1049–52. doi:10.1080/00016340903128462.

Fatphobia throughout a Life

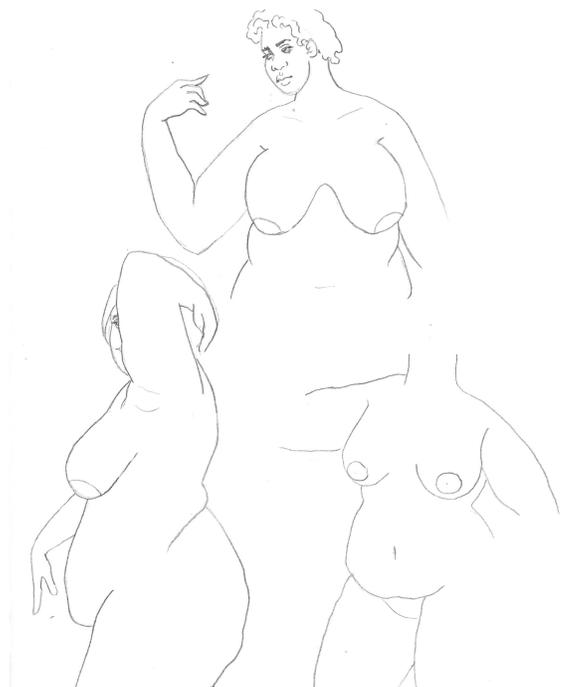
RENÉE TILLER

The way most of us are conditioned, our bodies are not supposed to be ours. Whether it is a conversation about abortions or debating what clothes we should be wearing, feminine-presenting bodies are constantly under scrutiny. Fatphobia and its surrounding rhetoric is another example of the entitlement others have on why a particular body should not exist and how it should conform to their rules.

I'm 19 years old and I've been using the term *fat* for years now. For me it's a descriptor that perfectly encompasses my body. I do want to recognize that I am a small fat, which gives me a privilege other fat folks don't have. I also want to acknowledge that as a black person I experience additional discrimination. No conversation about fatphobia can be had without the understanding that racism plays an integral role in the policing of bodies and size and this has influenced my experience as a fat person navigating the world. Fatphobia relies on ageism, sexism, ableism, and more and to ignore any of these truths would be an act of supreme ignorance.

Soon after beginning one of my first work experiences, I found a memo sent out to all of my coworkers describing my body. My title went from being a student down the hall to "another big girl." This was a professional communication outlining protocols for the workplace. The managers felt my size was just as important as the new Covid safety rules and more important than spelling my name right. My body became inescapable. As if it wasn't already.

As children in Canadian society, we are taught from a very young age to hate fatness. As a fat child, society taught me to hate myself. I struggled with disordered eating, body dysmorphia, and depression. During the formative years of my life, I would stay at home waiting for my body to shrink hoping that I would be accepted, not only by my



peers but by myself as well. Now, it genuinely pains me to see the time I wasted hoping I would change when it was the world that needed changing.

I was lucky enough to find friends with like minds. One of note is Venus B. I was able to talk to Venus about fatphobia and her relationship with her own body. Venus noted her first experience with fatphobia was extremely early in her life and also from someone very important to her. "The first experience of fatphobia that I remember was from my own mother. When I was around six, she told me that she wanted me to grow 'up' rather than 'out.' At the time I didn't realize how much of an effect that sentence

would have on me for the rest of my life. I would say I didn't start to have problems with my body until I started kindergarten. Before that, I don't think I was old enough to understand that my body did not fit society's standards.

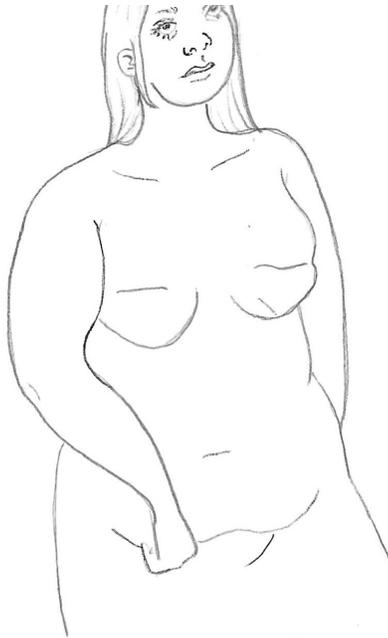
"Once I got to elementary school and I was around other kids, I started to realize that I was different. Not only that, but other people made me realize that I was different. Gym teachers would pick on me, kids would call me fat derogatorily, doctors would tell me I was obese and unhealthy, etc. It didn't help that I would experience fatphobia from my own family members and be forced to go on diets by those family members. It is no surprise that I developed an eating disorder and body dysmorphia at a very young age and carried it to adulthood.

"To tell the complete truth, my perception of my body has gone downhill over the course of my life. I can't count the times that I have stared into the mirror and hated everything that I saw. As I've gotten older and more self-aware, I've continued to realize how my body will never be accepted and my body dysmorphia has worsened. My perception

and expectations of my body differ from other people's because I am my harshest critic. My mind contains every bad thing that anyone has said about my body that I have internalized. The same negative sentences run through my mind when I look in the mirror, which I'm sure don't run through other people's minds when they look at me. No matter what positive thing anyone says about my body, I can't bring myself to believe them. I don't think I'll ever be able to see myself how others see me."

Venus's story is hard to hear for many reasons. Venus is an amazing person and if you could see her, you would be confused as to why she feels so negatively about her appearance. But Venus, like many others, has been conditioned by practically every person in and out of her life to hate her body with a passion. From doctors to family to media, Venus was told her body was wrong and unfortunately, she believed it.

I feel grateful that even at the ripe age of 19 I have figured out how to love my body unconditionally. Perhaps it's the contrarian in me but after years of being told I wasn't right,



I just wanted to say “fuck off my body isn’t for you!” At one point I began saying to myself: “Who does it benefit when I hate my body?” I knew the answer intellectually but emotionally it took a lot longer to stick, until one day it finally did. I will always have my ups and downs. I will always have days where I curse every god for putting me in this vessel but now, I know that it is not about me. It’s about how society has failed me and others like me. How can I hate my body when my body has always been there for me? How can I hate the vehicle that can take me anywhere I want to go? The heart that allows me to dance to my favorite songs? How could I ever hate my belly that perfectly balances bowls of food on it—I can’t.

I am young. Most of my life is ahead of me and I know as life goes on, I will continue to face resentment and aversion from the general public regarding my body. I will also face systemic discrimination through medical care and hiring processes. Me having a good relationship with my body will do little to help combat the systemic discrimination and adversity I as a fat person will face in our society, but I am ready to fight. I will fight for the children in my life who at 3 years old already somehow know that calling someone fat is one of the worst insults there is and I will fight for people like Venus who has been attacked by society and still must live with the lasting damage.

Unlike Venus, I am hopeful that things will change. Anti-fatphobia communities have been thriving online and “body positivity” is becoming mainstream. It will take a long time for individuals to completely unlearn the fatphobic rhetoric that has been drilled into our minds since childhood but hopefully one day, fat people as a whole will not only be able to accept our bodies but also have our bodies accepted. Finally.

Renée Tiller is a BIPOC student at York University. As the first youth representative on the Inanna Publications board of directors, Renée’s experience working with disabled, LGBTQ+ folks, and inner-city youth influences her activism greatly. The intersectionality of identities is a main focus of her work.

ILONA MARTONFI

Trümmerfrauen (Rubble Women)

On Walhallastrasse,
women dressed in kerchiefs
cotton aprons, old shoes

at breadlines and burying corpses
waiting to buy cabbage, potatoes
with their ration coupons

rubble, intact rooms,
gutted silhouettes
the old Messerschmitt airport
war refugees from Budapest
we live in Halle # 7
windowless factory hangar

by the Moosgraben creek,
Bavarian chalk hills, bomb craters.

Purple wild irises
bog nunnery manor

cleaning red bricks,
my mother, Magda.

Ilona Martonfi is an editor, poet, curator, and activist. Author of four poetry books, the most recent Salt Bride (Inanna, 2019) and The Tempest (Inanna, 2022). Writes in journals, anthologies, and seven chapbooks. Her poem “Dachau on a Rainy Day” was nominated for the 2018 Pushcart Prize. Curator of Visual Arts Centre Reading Series and Argo Bookshop Reading Series. QWF 2010 Community Award.