



HOSPITAL ATTACK WOUNDS 3

a short story by GREG AMES

Midnight in Buffalo and you're slumped on a stool at McGlennon's, nursing a pint of Labatt's Blue. Nothing much has changed here. The bartender looks up from his paperback and scowls at your glass: you're not drinking fast enough. The muted tv above the bar flashes tonight's baseball scores.

"So, really, why are you in town, man?" asks the young woman on the stool beside you. She's heavy-hipped and pretty. Bright green eyes. "I haven't seen you in like — what? Two years?" When she hugged you earlier, her curly black hair smelled like smoke and apples. She rakes her ringless hand through it now.

"I came to see you." Big smile. "I knew you would be here —"

"Bullshit," she says. "Are you visiting your family or something?"

You say, "My mother's sick."

"Oh." She frowns. "What's the matter with her?"

"She has a degenerative brain disease. It's called Pick's disease."

"I'm so sorry. Is she going to be ok?"

"No, not really. It's a lot like Alzheimer's, but the decline

is even faster."

You've been living with this for almost four years now. You're still just as indignant, just as helpless, but the shocked face of sorrow you prepare now is an act solely for this drunk woman's benefit, for anybody who says, "I'm so sorry," or, "That must be terrible." It's the face they expect a suffering person should have: pursed lips, downcast eyes, slow-nodding head.

"So I'm here to visit her in the nursing home and to spend time with my father. But it's tough to know what to do."

"God. I'm sorry. I don't know what to say." She touches your hand.

"Yeah, that's ok. Nothing to say." You squeeze back.

Her hand lingers. "But your dad must appreciate your help."

"We have a good relationship now. About a year ago, we sort of declared a cease-fire." Cue the rueful smile. "We don't fight about petty bullshit anymore."

She nods and drinks her beer. You drink yours. An Allman Brothers tune wheezes out of old speakers bolted to the ceiling.

"She's in a nursing home out in Lancaster," you say. "For

dementia patients. I saw her tonight. She mostly just slept in her wheelchair."

"Fuck." Her mouth hangs open. Nice teeth. "How old is she?"

"Sixty-one."

"Jeez, that's so young!"

"She's been sick for years now and . . . She was a nurse. That was her identity, you know? It was how she knew herself. Now she fights the staff sometimes. She doesn't understand why they're grabbing her. And the only woman they know is this crazy lady who screams and punches."

"Terrible."

Her third-floor apartment is tiny and cramped. She lives alone, except for the cats; she got sick of having roommates, she says. "You want a beer?"

"OK."

You're on each other before the beer's half gone, and she leads you into her little bedroom. It smells sweet and clean, like expensive soap or scented candles: lavender and vanilla and tangerines. She yanks your T-shirt up over your head and unbuckles your jeans and tugs down your boxers and wangles your dick around with her fingers a bit, and you pull her up to standing so you can shuck off her shiny blouse and her dark slacks and unhook her bra and lick her nipples and her pudgy midriff and pull her underwear down to her ankles. Her hand gently grips your shoulder, and her feet lift up, one after the other, as she steps out of her underwear — a million choices the brain has just made, processed innumerable possibilities, synapses, neurons firing — and you push her back onto the bed and fall awkwardly on top of her. She rolls you onto your back and presses her hips against you, grinding now, her palms pinning your shoulders down, her tongue in your mouth. "I want you to fuck me. Fuck me," she says, spurred by death and loneliness, and you climb on top of her, no condom, no questions.

Afterward, she pads off to the bathroom. The toilet flushes. She comes back smiling, snuggles up next to you under the blankets. "Hi," she says, resting her head on your chest.

What's the protocol? When can you finally get up and leave? She's got one big fat leg hooked over your thigh, and you don't know her last name. The whole room reeks of sweaty ass.

"Sorry, you know, I gotta get up early in the morning and visit the nursing home, so . . ."

Get dressed, kiss her goodbye, walk out into the still-dark morning.



A person can cope on different levels, including the physical, social, cognitive, and emotional levels. Problem solving, daydreaming, drinking or taking drugs, meditating, getting angry, praying, working out, and accepting the situation are common methods of coping.

Most often, individuals use behaviors that have

worked well for them in the past. Sometimes they behave in a certain way because it is the only method they have of coping with stress or because other coping strategies fail to work. Some persons learn to turn to others for protection and nurturance; some turn to chemicals or to food; some rely on self-discipline and keeping a stiff upper lip; others feel better after the intense expression of feelings; some withdraw physically and/or emotionally; still others work out or talk the problem out. Coping methods are as varied as individuals. Some work; some don't.

— Sue Ann Wooster

Essentials of Adult Health Nursing (p. 63)

Your father is making breakfast in the kitchen. "Intellectually," he says, "I can accept this choice. She was becoming more than I could handle. I couldn't lift her anymore."

Your brain hurts. Temples pulsing. The thought of orange-juice pulp makes you gag. Smile at him. "These people are trained for that sort of thing. We're not. You looked after her for years."

"I know, but . . ."

"She's better off; you're better off. You made the right decision. The *only* decision."

Whether you believe this or not is unimportant. She's there. He's here. You're learning how to be sympathetic.

You've come back to Buffalo ostensibly to help out — to hold your mother's hand in the nursing home, to support your father, however one does that — but now that you're here, you want nothing more than to run howling from this with your fingers in your ears, to remain a child. Yet you continue to eat breakfast and lunch with him. You continue to visit your mother twice a day, morning and evening, steeling yourself as you walk onto the dementia unit, smiling. The handsome, healthy son. "Have you seen Bob?" a white-haired woman asks you almost every time. "My son Bob is supposed to take me home. Bob's late. Have you seen Bob?"

Which is more than your mother has said in two days.

Get out of yourself. This wasn't done to you. Think of him. Put yourself in his shoes. If it helps, use one of your past girlfriends as a visual aid. You fall in love and get married and raise two children who move away. You buy a little ranch house in Amherst, New York, "the safest city in America," a retirement place with a pond in the back and ducks and sometimes a blue heron. But your zip code cannot protect you from what's coming. One day your wife comes home from work and starts repeating herself, tells the same anecdote five or six times in less than an hour: "A boy I treated today had two kidneys on the same side of his body," and you say, "Boy, that's different," and a few minutes later she says, "This boy had two kidneys on the same side of his body," and you smile and say, "Well, I heard something about that," and she says, "This boy had two kidneys on the same side of his body," and you nod wearily, and, "This boy had —" *For Christ's sake, how many times are you going to say that?*

Your wife begins to forget where she has put things, little things at first: a house key or a sandwich. You both call it a “senior moment,” even though you are only in your late fifties and she is two years younger than you. She laughs and says, “I put a sandwich in the *closet*!” She writes notes to herself. You find them and read them in horror: “The washing machine is through the kitchen.” “Our home phone number is . . .” One Saturday morning she drives off in her car and three hours later returns on foot, sweating and a little winded but exhilarated by her stroll. “Where’s the car?” you ask her. She stares blankly. “Did something happen to the car?” “Damn straight something happened. You drove off in it. Now, where’d you leave it?” She lifts a trembling hand to her hair. “Please stop yelling at me.”

You would feel helpless. You would be enraged. You would ultimately ignore all the signals, because it would go away — it would have to go away — and life would again be as it was.

On Thanksgiving she puts a twenty-five-pound turkey upside down in a cold oven and leaves it there for three hours before anyone notices. And Thanksgiving gatherings stop altogether. She writes fifty-five Christmas cards to friends and colleagues and family members, but writes only her own name and address on the envelopes and receives fifty-five Christmas cards from herself in the mail, and the Christmas cards eventually stop, as well.

“Went to the chiropractor yesterday,” your father says. He’s wearing a green-and-blue plaid bathrobe over sky blue pajamas and shaking sugar from the bottom of an almost empty box of Frosted Mini-Wheats. “Lifting her, trying to get her up and down stairs. Just those two steps leading in from the garage.” He shakes his head, sighs. “You know I would’ve kept her at home . . .”

“What else could you do?” you say, wincing at the volume of your voice. Your head feels like a popped cork. “The irony of all this,” you say quietly, “is that the only one who would’ve had any fucking clue how to handle this situation was her.”

He smiles wistfully at this. “Isn’t that the truth.”

Consider the kindness and charity of a woman who loved being a nurse, who excelled at it, who became a nurse practitioner and taught other nurses how to become better nurses, a woman who gave out handfuls of condoms and medical supplies at the women’s shelter, even after she was reprimanded for profligacy, and had articles published in major medical journals and who wrote a college textbook and a Ph.D. thesis titled “Multiple Spoken and Written Channels of Communication: An Ethnography of a Medical Unit in a General Hospital.” This astonishing woman, your wife. You were damn proud of her. She was the bright flame. Forced to grow up fast on Buffalo’s east side, the oldest of five, she looked after her brothers and sisters when her parents stayed out all night. She worked in shelters and halfway houses her whole life. You were not as liberal, a Baptist from tiny Cassadaga, New York, but you admired her struggles, her many successes — this woman who recently screamed, “Help! Help!” when you tried to get her into the passenger seat of your car; who muttered, “Go to hell!” when you attempted to change her

urine-soaked slacks; who wandered aimlessly about the house, picking up books and holding them upside down, pretending she could still read, so you wouldn’t worry about her. And of course you worried even more, especially after she quit talking, and laughing, and listening. Imagine finally getting to the point where you have to put your sixty-one-year-old wife, your lover and best friend, into the dementia ward of a nursing home — consider all that, process it, and that’s not even close to how bad he’s feeling right now.

He has cut up a banana for your cereal. “Or would you rather have raspberries?” he asks. “I bought some when you said you were coming home. I didn’t know which you like better.”

The stern, critical father, the despot — where has he gone? The old, tired conflict is blurred and almost hard to remember, like graffiti scrubbed from a brick wall: the arguments over your long hair and piercings; your delinquency and his insults and punishments that only provoked further rebellions, which resulted in still-harsher penalties, and so on. How foreign it seems now, like the history of another family that had nothing really to worry about.

It’s 9:30 A.M. Your mother’s asleep again in her wheelchair, her cheek smushed by her fist. Why is she sleeping so much? Are they sedating her? Or is this a coping method, a defense mechanism? Does she know she’s in a nursing home? Maybe she closes her eyes and hopes that when she opens them she will be a young woman again, recently married and working double shifts at Buffalo General. Probably her thoughts are nothing at all like the ones you attribute to her.

TODAY IS AUGUST 19, 2001, the bulletin board says. THE WEATHER IS [a yellow cardboard sun]. THE NEXT MAJOR HOLIDAY IS [a smiling cartoon man in a red tie leaving his office].

Today she’s in the Nature Room: pale green walls hung with framed photographs of sycamores and elms, a forty-inch television set, and a door that opens onto the courtyard. You sit on a lumpy love seat next to your mother’s wheelchair, rubbing the dry skin of her forearm. Your father brushes her hair gently off her forehead. Six old women and men sit mumbling and rheuming and drooling in a semicircle around you. After a while, you ask your father if the three of you can’t maybe move down the corridor into her room. He shakes his head. “No, they try to keep the residents out of their rooms as much as possible. Creates a sense of community.” Your mother starts to snore. Her breath smells rancid; she hasn’t brushed her teeth in weeks and nobody can make her brush them. Your father stopped trying to do it for her because every time he approached her with a toothbrush she screamed, “Help! Help!” and pushed against his hands. What are the options? She will swallow mouthwash or spit it angrily at the mirror. The attendants run a glycerin swab over her teeth and gums each morning, if they can get her to open her mouth.

At 11:30, your father looks at his watch. “Well, what do you say?”

That means: *Let’s go and come back later.*
(end of excerpt)