

Spring 5-5-2016

# The Fourth Color

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## Recommended Citation

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The Fourth Color  
Honors Thesis  
April Drafts-Johnson

Special thank you to:

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A note about the title:

David Sedaris is known to give his books non-sense titles based on catchy phrases he has overheard or read. The title *The Fourth Color* was also born this way.



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# The Human Condition





### Nurse by Day...

April Drafts-Johnson, RN, BSN, my hospital badge says, and when I introduce myself at parties I say, "I'm a nurse." That's the box I have put myself into. Three or four days a week I wake up at 5:30 AM, dressed in my blue uniform, hair in a tight bun, and enter a world of no's. No, you can't eat or drink yet, you have to wait until your procedure, I instruct my patients. No, he won't be discharged until the biopsy can be reviewed, I tell a patient's family member. No, I don't think she'll make it past the end of the week, I murmur sadly to a coworker. The shifts are long, and sometimes I leave my house before the sun comes up, and return after it has gone down. Such is the life of a nurse.

But late at night, 10:30PM, on Tuesdays and Thursdays, to be exact, I walk into a room of yeses. A place where I'm not a nurse but an actress. I can be a newly retired veterinarian, an antebellum housewife, a toaster, anything I want. Yes, I say on stage, and I would love to try your peaches, General Lockabee. Yes, it is a hard life here on the kitchen counter, kind of crumby, but good morning Mrs. Jeeves, would you like some jam with your toast?

Improv comedy is not a hobby of mine—it's a lifestyle. "I don't know how you do it," my coworkers say when I tell them I stayed up the night before at practice with my improv group. But the truth is, I have to do it. My coworker James has his dog, Lanna studies the constellations, Tom plays guitar, Susannah goes to church, and I have my improv. Every nurse has their thing. You have to, or you'll go crazy.

Which is why, when I can, I try to incorporate improv into nursing as often as possible. Yes, you can walk around the hallway if you use this cane, let me show you, I tell a man who just lost his foot to diabetes. Yes, I understand you, I know it's hard, use this magnetic board to tell me what you need, I say to a patient with oral cancer. Improv is all about "yes and," about teamwork, about being positive, about using what you have at the moment, and luckily, though sometimes it seems I am rattling off no, no, no, you can't--nursing and improve share some of the basic principles: building a relationship of trust, thinking outside of the box, solving problems, communicating effectively, and most importantly, connecting with other human beings and making their day a little better than it was before.

## Just Enough to be Dangerous

It's 6:00 AM. I lie on my bed, legs high in the air in the candlestick yoga position, trying to get the blood that is trapped in the veins of my lower extremities back to my core. I'm feeling hypotensive. Dizziness, a racing, pounding heart rate, my vision is blurry. Speaking of blurry vision, I've been going to the bathroom during the night a lot lately. Nocturia. I drink a lot of water, I'm constantly refilling my water bottle, almost like a compulsion. Yesterday, when I was at work, I had the feeling that my eyes couldn't take the scenery around them anymore. It was almost like I was seeing through a tunnel. My skin felt cold and clammy. I ordered soup to be delivered, hoping it would keep me warm, and raise my blood glucose a little. According to my notes, I have Type I diabetes. That, or a pituitary gland tumor.

I want to go to CVS to get one of those fifteen dollar blood glucose testing kits, so I can check my blood sugar and see if I truly am hypoglycemic. No. What I really want is a full body scan. I want to lie down in one of those loud machines, have a doctor analyze my blood chemistry, my urine chemistry, test my reflexes, palpitate my body for suspicious lumps and bumps. My patient yesterday came in for a backache last month and found out he had stage four lung cancer, metastasized to the bone and everything. It's nothing, I tell myself. You are a healthy twenty-one year old. He was fifty, and a smoker.

It scares me that something could be going wrong deep within your body, and you wouldn't even know it. There's a mole on your back, in a spot you can't reach to put sunscreen. Too much time on the beach, and ten years later it's skin cancer. Bacteria multiplies on your skin. It's everywhere, collecting beneath your fingernails, on the entire surface area of every hair on your body, even in the leftovers you eat for lunch. Then one day you get a papercut, and suddenly you have sepsis. Plaque is building up in your arteries, just a little each day until finally you have a stroke, and bam! You're dead.

I take my daily calcium supplement to prevent osteoporosis. I have all the risk factors. Female, short stature, low BMI, allergic to dairy products, history of fractures. I never drank milk as a child. They say you absorb all the calcium you can in your teen years. My parents tried to make me drink soymilk and fortified orange juice, but instead I drank soda. If only I knew then what I know

now. I swallow the pill with a swig of water and check myself for Chvostek's sign. My cheek twitches. Just what I thought—hypocalcemia.

I always forget, it's either hypocalcemia or hyponatremia that causes seizures. Seizures can also occur in diabetes and brain tumors. I'm terrified I'll have one. Some people with epilepsy feel an impending doom right before they have a seizure, and I've had that feeling ever since we learned about it in Med/Surg two weeks ago. I picture myself, innocently walking to the library—all the sudden I collapse and start convulsing, right in front of the fountain. Luckily, the passersby notice something is wrong and call an ambulance. I'm rushed to the hospital, where they diagnose me with a brain tumor. There's nothing they can do about it, it's too late.

Ms. Fleur in room 208 has a brain tumor. She threw the Bible at one of the techs last night, and last week she made a racket, banging on her side rails, asking for her supper. When I first met Ms. Fleur, I was struck by her good manners. Her fingernails were painted, her hair was curled, a strand of perfect pearls decorated her neck. She was beautiful, so prim and proper, even though she was in the hospital. But that was six months ago, and now the tumor has taken over. She wears just a hospital gown now, on a good day. On a bad day, she'll keep taking it off, even though we tell her to keep it snapped. Poor thing. I want to sit in her room for my entire shift, hold her hand, tell her it's going to be okay...but there's not enough time. I have to take vital signs for the whole floor.

I look in the mirror at my face. I have had acne since I was twelve. It's the one health condition that my mother takes seriously when I complain about. "Relax," she'll tell me over the phone. "It's just a stomachache, not appendicitis. But did you know Dr. Finnenbrook could prescribe you some lotion to put on your face? It'd help with the zits." Still I refuse to wash my face with anything but soap and water. I've read the studies. In 2006 Accutane was all the rage. No more pimples! Then everybody died of cancer. Not me. "It's just salicylic acid," my mom said when she handed me a tube of benzoyl peroxide. I threw it away. I'm only twenty one, puberty is almost over. Probably by next summer my pimples will have vanished. Unless they don't—which is indicative of a hormonal problem. I google *hyperthyroidism signs and symptoms* just to check.

Vitamins ingested, teeth brush, face washed, all done. I finally put on my scrubs, which I wash separately from all my other clothes, because there are things like MRSA all over this hospital. Did you know *C. diff* isn't killed by Purell? You have to actually wash your hands under warm water with antibiotic soap. But there are still Purell dispensers outside each patient's door. People don't understand.

I flip through my notes, like I do every morning before class, just to reinforce what I'm learning. We are studying anemia this week. I should probably get some iron supplements. Anemia can lead to cardiac arrhythmia or even acute respiratory distress if not treated. I'm lucky to have this life-saving knowledge right here at my fingertips. Nursing school is both beautiful and terrifying in that way. Most mornings I lie in bed, my thoughts oscillating between "Get up! It's time to save the world with your quality patient care!" and "Don't move. Something out there could kill you."

## My Sins

I once let an elderly woman go an entire day without eating. I didn't realize that her breakfast, lunch, and dinner trays were piled up on her nightstand. She couldn't talk, mostly she slept, and because she was so low maintenance—or so I thought—I only came in periodically to check on her. I thought somebody else was taking care of it. It wasn't until half past six that I discovered she must have been starving all day. Hurriedly I fed her four milk cartons through a straw. She sucked up the milk so fast and I had to go back to the nutrition room to get more. The next day I skipped breakfast and lunch for my penance, but succumbed to a piece of chocolate cake in the late afternoon. The creamy frosting was delicious but made me feel guilty.

Someone died down the hall and their family came up to say goodbye. At first it was only three or four people but soon the hall was filled with this person's family members. I don't even know where they all came from. They were loud and clogged up the hall and blocked the door to the nurses' station. A nurse turned to me and imitated one of the sobbing ladies. I chuckled back. In all honesty the scene horrified me but it was easier to laugh along with her than to chastise her. The family stayed long, and I prayed that nobody had seen me laugh at the nurse's joke.

When Mr. Hamilton, a frequent flier often seen in our unit, was being discharged, I went to our closet and filled up a baggie with graham crackers, peanut butter and apple juice for him to take back home. Discreetly I put the stolen food in his backpack. He was homeless.

One of our dementia patients said "I love you" after I wiped oatmeal off her chin and I didn't say I love you back.

On Mrs. Goldstein's last night, her husband asked if I would be there in the morning. She was dying of some sort of awful cancer and I had gotten to know her family throughout her hospital stay. I wasn't scheduled to work the next day and I knew I would never see any of them again. I wanted to hug him and tell him what a good husband he was to her and how I could tell she was very loved. I knew doing that would make me cry and I didn't want to make him any more upset. All I said was "I'll be thinking of you and your family." To this day I wish I had hugged him. I'll never forget the sadness in his eyes as I walked away.

Some weird old guy flirted with me when I was taking his dinner tray away and I flirted back. I didn't mean any of it but I couldn't find a way to politely tell him to stop. Plus I pitied him.

I found myself oddly jealous of one of our bedridden patients. How nice would it be to have nothing to do all day, to watch TV and have meals delivered to your door? Walking out of her room with my two perfectly functioning legs, I realized that I was the lucky one by far.

Two weeks before Christmas I took a roll of tape I found at the nursing station and used it to wrap my presents.

Mr. D'Ario offered me a Butterfingers after I cleaned his room up and I didn't accept it. I could tell he felt emasculated by having me do all his work for him and was trying to make up for it with a candy bar. I thought it was gross and I wasn't sure if I could get in trouble for taking food from a patient. I should have at least put it in my pocket so he felt better.

I counted how many gloves I use per day. On average it is about thirty pairs. I work three days a week—ninety gloves a week times fifty-two. More than four thousand pairs of gloves. Every time I throw them away, I imagine sea turtles being strangled by their plastic fingertips, baby whales choking on my trash, the gastrointestinal systems of dolphins clogged with the teal gloves, size S.

I spent the day caring for a dying twenty-five year old, just a year older than me. His coloring was off, it was palliative care only. Seeing him lying there gave me a nagging feeling that I should do more with my life—take a chance, talk to a stranger, ride my bike, dance like nobody is watching, plant a tree or something. Instead I wasted my night watching Netflix and eating Cheez-its alone in my room.

## The Same Everywhere

I hate it here, Emmaline thinks stalling the engine in the Starbucks drive thru. Hate it, hate it, hate it. The car in front of her pulls up to get their coffee. Probably not even real coffee. Probably one of those froofy little sugar drinks, because it is 6:00 PM and nobody else drinks coffee this late. Everybody else has been off work for at least an hour now. They are all heading back to friends and family, to happy hour specials and home-cooked meals.

Emmaline's hatred is not just a fleeting emotion or mundane thought. It is a feeling of absolute disgust, jealousy, anger, and shame. She feels the sensation pulsing through her body with every heartbeat. It is ringing in her ears, twitching in the sore part of the small of her back, cramping in the clench of her jaw. I hate everything and everybody, Emmaline thinks as she sips her Americano. It scalds her tongue. Fucking nothing goes right.

Americanos used to taste like friendship. That was her and Molly's little joke. Every morning before NURS 450: Community Health for the Nurse Professional that wretched, pointless 8:00 AM class she and Molly would meet at the little Starbucks by the nursing auditorium. They made the best of it together. Molly is who Emmaline thinks of as she exits the drive thru and heads to the hospital for her shift. She tries to hold back tears that don't come, because she already cried in the shower this morning and on the phone with her mother earlier this afternoon. Pathetic.

Now Americanos taste like failure. You can get Starbucks anywhere. This coffee is the same as the coffee at home. Nothing has changed except the fact that Emmaline is alone. She might as well have stayed where she was, if all Chicago has to offer is chain store coffee. Still, selecting the sepia filter, she tags Molly in an Instagram post of her steaming coffee. #starbucks #americano #oldfriends #justlikeoldtimes

Molly was smart. Molly got a nine-to-five job at the hospital where she did her practicum at the end of senior year. Emmaline got offered a similar job, but she stupidly did not accept it. Stupid, stupid, stupid. And she thought she was so great, taking a risk, driving out here to Chicago, starting fresh. Molly just started grad school, at the same place where she and Emmaline got



their undergrads. The hospital is paying for half of it, or some deal like that. Emmaline could've done that too, but she didn't want to. She was too busy dreaming of Chicago.

Molly is biking home from work. She has started biking because her therapist said she should incorporate stress-burning activities into her life. She passes by the nursing auditorium, where she used to spend many hours. Back when she was young and naive and excited about her profession. I am going crazy, she thinks as she eyes some students getting onto a shuttle. Only six months have passed since she and Emmaline graduated, but she feels old. Sitting in a chair behind a desk, checking charting, ordering supplies, her boss constantly breathing down her neck since she is new. The same thing day after day. Time moves too fast and then achingly slow. Maybe she should have gone to Chicago too. "I biked ten miles today! I feel so energized!" Molly texts Emmaline, despite feeling tired beyond belief.

The plan was to come to Chicago, a city Emmaline had read about and seen on TV, heard her mother's friends talk about their vacations. Artsy, unconventional—a real city, not just some college town. Emmaline had been saving since high school for this glamorous life. She would live in a majestic high rise, bike to work every morning, sip fair-trade coffee at some hipster coffee shop. She'd be an ER nurse, do badass stuff, be a hero.

Emmaline clocks in at work. She listens and takes notes during report, nodding at all the right moments. She is doing admission assessments today. As much as Emmaline dreads her nocturnal hours, she lives for her work. At last she is in control. People depend on her. When patients fuss at her, she adds their frustration to her own. She saves it, bunched in a ball in her head. She makes it a challenge to not react to their rude complaints about wait time, responds to every issue with a genuine smile. If I'm not happy, I might as well bear the brunt of it, she considers. Solving other people's problems gives her a sense of purpose. Some sort of crooked sublimation. Let me absorb all their hatred for them.

"How do you do it?" asks one of the other nurses, after Emmaline is called a bitch by a middle aged woman with back pain. Emmaline contorts her face into a wide, creepy grin.

"I am queen bitch," Emmaline seethes, giggling. "Supreme bitch. I accept my title."

"You crazy," says the nurse. "But you ain't the only queen bitch in here."

Emmaline secretly enjoys festering in her bitterness. It gives her a certain angry energy that she has never felt before. She powers through tedious paperwork and charts. Queen bitch.

But during her break the queen bitch mood fades. Emmaline is alone again, sifting through updates on her phone of friends and acquaintances traveling through France, getting engaged, bachelorette parties and baby showers. There's a picture of Molly at some picnic with her grad class cohort.

It would be a fresh start, too. Emmaline had planned to eat all organic. She was going to wake up early and run around the city, train for a marathon even. She was going to start dating. She'd make all sorts of quirky Chicago friends. Artists and poets. They'd go to street music festivals, take trips to the art museum, hang out in comedy clubs.

But what really happened was that the awesome ER nurse job Emmaline was offered turned out to be a night shift, three nights a week. Emmaline had taken that in stride at first—after all, she was a night owl—but after the first week quickly realized that the lack of sleep and total change in routine had turned her into a hateful and depressed monster. Instead of exploring the city during her days off, she slept. Emmaline considered buying a bike—it seemed to be helping Molly—but couldn't find the energy to even type a reply to her friend's text.

The healthy eating thing hadn't panned out either. After Emmaline moved in she had planned to cook an earthy, vegan dinner with Claire, her new roommate. They'd drink gourmet wine and eat quinoa and brussels sprouts and Claire would introduce Emmaline to all her friends. But by the time Emmaline had lugged all her boxes to the apartment, she was too tired to cook. Claire left

her alone with Sandy, the mangy dog that came with the apartment, and went to a party. Emmaline started to boil water for pasta but was so grossed out after finding hair in the kitchen sink drain that she broke down and walked to McDonalds, buying a supersize combo meal and eating it alone in her bed. Well, not totally alone. She made sure to take a picture as she fed Sandy a cold French fry. Emmaline sent it to Molly in a picture message with the caption, "Meet my new friend."

The worst part of it all was that Emmaline couldn't communicate her struggles to anybody. The nurses at work were grumpy. Emmaline thought that during orientation she would meet other new grad nurses and they would all bond and become lifelong friends, just like it had been with her clinical group. But all the new grads knew each other, they'd all gone through school together. Emmaline tried to go out for drinks with them after work, but after being ostracized for the better part of an hour, she left the bar and went home to drink wine by herself.

On the way home Emmaline sees a street artist performing some light show. Sheepishly, she stands alone in the crowd. Next to her is a bearded man, her age. He is the type of guy that Emmaline imagined befriending in Chicago.

"Can you take a picture of me in front of the lights?" she asks him shyly. Buttoning up her rain jacket for maximum cuteness, Emmaline smiles for the camera. The picture is stunning, but Emmaline can't help wishing that she wasn't alone in the photograph.

The sun beats down on Molly at the NP picnic brunch. She turns the screen of her phone to the highest brightness setting so she can look at her Facebook newsfeed. She had tried to socialize, went up to a circle of the students and made an honest effort to engage herself in conversation. But what they are talking about is so stupid. Everything is new to them here, they are all natives of busy places like New York and Boston, coming down South for grad school because it's cheap and sunny here.

“There’s this new place downtown! They have the best barbeque!” one of the girls squeals. The place isn’t new, it was here when Molly’s own parents were students here. But everything is new to these people. Their fascination with what Molly views as her boring old town annoys Molly. She looks down at her phone and nibbles on lukewarm pasta salad. There’s a picture of Emmaline, dressed in a yellow rain jacket, framed by a background of beautiful lights. “So lucky to explore the city a little on my own tonight,” is the caption. A surge of jealousy rushes through Molly.

Molly snaps a picture of the food on the picnic blanket. “New friends and my fave pasta salad!” she posts as her Facebook status.

At one o’clock in the morning, her time, Molly texts Emmaline. “I hate it here.” She is surprised when Emmaline responds almost immediately. “Yeah, I hate it here too.”

## The Most Worrisome Disease of Them All

I can feel the negative energy as Hannah gives me report, her voice tired and monotone. We collect trays from one of the rooms and Hannah slams the tray down on the cart. "I'm so done with last night. Mr. Jeevers called me like every fifteen minutes to go to the bathroom. And if 46 calls, just don't answer it. That woman is crazy." Hannah thrusts the phone at me.

"Don't catch her infection," the charge nurse warns me as Hannah huffs off to clock out. And it dawns on me.

We use Standard Precautions for all of our patients, wear gloves when touching bodily fluids or giving injections. We wash our hands with hot, soapy water to rid them of germs. We have gowns to shield us from MRSA, and special masks to prevent the spread of tuberculosis. There are vaccines and immunizations. But there is nothing protecting us from the most worrisome disease of all—a bad attitude.

Perhaps the most common illness found in a hospital, afflicting millions each day, a bad attitude is pervasive yet highly preventable.

Well, easier said than done I guess. It seems like every time I encounter a grumpy person at work, my mood gets worse. The twelve hour shift drains me. When I get home from work, my back aching and my stomach gnawing, I often yell at the shower for not heating up fast enough.

But there must be something we can do. It takes as much energy to be grumpy as it does to be happy. And I've found the more I smile at people, the more they smile back.

One time, I was shopping online and I bought smiley face earrings that I wear when I'm working, just to remind me to smile when I forget why I decided to do this job. That's my little vaccination against bad attitudes.

My roommate even has energy exercises she does when she is having a tough shift. She shakes her muscles out, and with an imaginary brush, wipes all the negative energy off of her.

And of course there is always coffee. My coworker Jeff hypes himself up on caffeine, and sometimes I swear I catch him skipping down empty hallways. It works for him I guess.

I don't know. Maybe one day, we will find a cure for the bad attitude. For now, I'm just going to let the negative people roll off my back. I just hate that something that seems so simple prevents me from doing my job the right way.

Trying to Make  
the Best of It

## My First Car

My family is not a car family. My parents leased a Rav 4 after running their Dodge caravan into the ground, two days before driving from Massachusetts to South Carolina. When I asked my father what kind of car they got, he replied, “A white one!” That was when I knew I was in trouble.

Even my grandmother had the luxury of getting driven to school. So did my father. But when it came time for me to go to high school, I walked more than a mile, sometimes through the snow, and up a hill, at least one way. Instead of stylish leather boots, or the comfortable Uggs that girls in my class wore to school, I had a pair of bright red, water resistant hiking boots that I wore every day as I trampled across the muddy shortcut to my school.

When it came time for me to commute to my clinical rotations for nursing school, I paid my friend Lauren to carpool to the hospital. That worked for two years, until it was time for my final semester of nursing school—a practicum in which nursing students worked independently. I was assigned to work at the local Veterans’ Affairs Hospital, a historically underfunded institution, located not far away from USC but not close enough to ride my bike. Lauren was assigned a hospital in a different county. I was on my own.

What ensued was a desperate attempt to get my parents to help me buy a car, despite their idea that it would be safer and more financially conscious to take a taxi to the hospital every day, or ride the city bus. I was very confused as to how they could possibly think that these were acceptable suggestions, as I would be the one paying for the car and car insurance, and all I wanted was their advice on how to buy it. I wrote my father the following mock newspaper article, hoping that he would send me our current insurance information and some tips on where to go to find a car.

### **Father regrets rejecting daughter’s “frivolous” request for car**

COLUMBIA, SC—Grieving family members of 21-year-old April Drafts-Johnson gathered on the Horseshoe for a candlelight vigil in remembrance of the nursing student’s life. The Honors College student and dedicated intern at the Dorn VA Medical Center has not been seen since Thursday, marking three days since the young woman disappeared from a bus stop on Sumter Street.

“I’m not sure what she was doing there that early, especially in the dark. We tell the students to avoid the city bus system, honestly, because of all the problems we’ve had in the past,” said Columbia Police Officer James Higgins.

According to Drafts-Johnson’s roommate, Lauren Yarberough, who was the last to see her alive, the nursing student was attempting to commute to an early shift at her job at the VA Medical Center. “She’d done it before. I warned her that it wasn’t safe, but she didn’t have any other option,” the roommate told reporters, fondly



remembering how her friend would ride her bike in the dangerous streets of Columbia, often late at night, coming home from her job.

Phone records show that just two months prior to her disappearance, Drafts-Johnson excitedly texted her mother and father telling them about her acceptance as a nurse intern at the VA Medical Center. The only catch? The opportunity was a 14 minute drive from campus, and Drafts-Johnson was still in the process of trying to buy a car. Phone records show that her father's only response to this news--a major milestone in the career path of a budding nurse--was a URL link to the city of Columbia's public bus system schedule.

"I should have just called the insurance people for her. Or at least given her the number of our agent," cried the grieving father of the victim, Brian Johnson.

Apparently the aspiring nurse had managed to save over \$15,000 in her 21 short years, working multiple jobs as a copy center attendant, Sonic carhop, and camp counselor in efforts to independently buy her first car. However the victim's parents were too busy to help her coordinate auto insurance information, test drive cars, or make sure that the vehicle was safe and sound. As a result, the 5'3," 120 pound blonde decided to take her father's advice and just ride the bus in the dark to work every day.

"I was worried she wasn't ready for the responsibility," said the father of his daughter, who was regularly the responsible for the lives of ten patients at a time, and had participated in resuscitating babies, closely monitored patients after cardiac surgery, and administered life-saving chemotherapy medication to cancer patients.

"You know, college kids. They don't understand how much work it is to have a car. I was worried she'd use it to just go shopping at the mall, or worse, drink and drive after a night out," expressed the father of the victim. Library records show that Drafts-Johnson spent her weekend nights in the fifth floor of Thomas Cooper library, working on her thesis and studying nursing charts, that is when she wasn't busy working her second job as Resident Mentor for University Housing.

"The first time she approached us about helping her find a car, we told her it was frivolous. Oh, how we wish we could go back in time and just help her pick out a damn car," said the victim's parents in a press release. Despite both being graduates of the University of South Carolina, and residents of the city of Columbia for at least four years, both of the victim's parents had apparently forgotten the high levels of crime and violence that run rampant through the city. It is estimated that over fifteen hundred homeless people--many of whom suffer from mental disorders, anger problems, and are previously incarcerated rapists—seek shelter in the many bus stops located in Columbia.

The community shared memories of Drafts-Johnson's zest for life and aspirations to save the lives of others as a registered nurse.



*Caleb Turner, who can often be found seeking shelter in bus stations around Columbia or waiting in dark allies for vulnerable college students to pass by with their wallets full of money, fondly recalls the victim.*

“April? You mean dat hot blonde thing? Yeah, I seen her on da bus near erry morning, it seem. Always wondered what a pretty girl like dat was doin’ on da bus with all ah us,” remembered Mark Thompson, a recovering crack addict and fellow bus rider who was released just last month after serving a 10 year sentence for stealing a young woman’s purse at gunpoint. “She always smilin.’ I loved da way her scrubs bunched up so’s I could see her panties,” Thompson stated, before begging the reporter for five dollars.

Caleb Turner, a “freelance NASA expert” and known schizophrenic who often sat only inches next to Drafts-Johnson on the early morning bus rides, just to catch a whiff of her delicate feminine scent, remembered Drafts-

Johnson from the clinic where she worked. “She was always extra gentle with her shots,” recalled Turner, who is also a diabetic. “She taught me how to read my blood sugar, so I wouldn’t get stuck in a case of ketoacidosis again.”

Debra Klein, Dean of the USC College of Nursing, expressed her sympathy to the family. “It is always difficult to lose a young person, especially somebody as sweet and kind as April,” noting that the victim had made it on the Dean’s List every semester of her undergraduate career, recently scored in the 99<sup>th</sup> percentile in a practice board exam, and was set to graduate magna cum laud from the college in only a few short months.

Columbia Police Department released a picture of the victim, who was last seen in bright red USC scrubs and a white lab jacket, and urge anybody with any information on Drafts-Johnson’s disappearance to call the Columbia Missing Persons tipline at 803-777-FIND.

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The strange thing was, I wasn’t asking my parents for money or anything physical—I just wanted their advice on how to buy a car. I quickly realized that the reason they were hesitant to help me was not that they didn’t want me to have a car, but because *they had no idea how the process of buying a car worked.*

Neither did I. There were so many forms to fill out and government rules to comply with. My father suggested borrowing my grandmother’s 1990 Volkswagon Vanagen—an old RV-type vehicle that was not very reliable-- parking it in the VA parking lot, and living in the hospital parking lot, “just for the semester.” At the time, it actually seemed like a more appealing idea than exploring the dangerous world of car dealerships and auto insurance. But then I had a better idea:

## **Nursing Student Buys Gun Instead of Car**

COLUMBIA, SC—After a drastic change in plans, a nursing student at the University of South Carolina has made an unconventional choice to protect herself. Sources say the student, April Drafts-Johnson, who was in the process of buying a car for transportation to her clinical site, dropped the whole plan and went to a local pawn shop to purchase a semi automatic rifle, which she plans to carry with her for “safety reasons” on her bus commute to the hospital.

Previously Drafts-Johnson had been reported missing for three days after attempting to commute via bus to her job at Dorn VA Medical Center, 15 minutes from campus. Fortunately, the student was found safe and sound at a McDonald’s on Garners Ferry. After this near-miss, the student decided that it really was time to buy a car, no matter how confusing and complicated the process was.

“This is such bullshit!” Drafts-Johnson was reported saying after waiting two hours in line at the DMV only to be turned away for having out of date paperwork. Bystanders reported that the student was attempting to convert her residency from Massachusetts to South Carolina for insurance purposes. After being denied, the 21-year old angrily biked off to the pawn shop down the road.

Cradling the assault weapon, the student reported “I have no idea how to use this thing, but hopefully its sheer appearance will prevent another wacko from kidnapping me off the bus.”

Drafts-Johnson reported that the process of purchasing the gun was “almost too easy” compared to the arduous process of purchasing a car, obtaining insurance, and the cost of up keeping a vehicle.

It appears the student became disgruntled and confused after devoting hours of her time to filling out paperwork, completing forms, and being scammed by multiple auto dealers. When asked how she came up with the idea, Drafts-Johnson reported, “I don’t know. I’ve been reading all these headlines about how easy it is to buy a gun in this state. I just decided to try it out for myself.”

John McCormick, dealer at John’s Pawn on Assembly Street, reported that the distressed student appeared much calmer as she walked out of the store with her new rifle.

“Trying to buy a car—man, that was so hard. I think I filled out my DOB, SSN, and home address a hundred times. But buying this rifle, wow. All I had to do was sign my name on this piece of paper, write a check, and wait three days” said the student.

So far, Drafts-Johnson has reported her new plan is a success.

“Hello there, princess,” called Joe Crawley, a homeless man with less than gentlemanly intentions, as Drafts-Johnson boarded the bus on Friday morning. However, his eyes went wide and he inched away from the student as soon as he noticed the semi automatic rifle jutting out of her backpack.

“Whoa there, cowgirl, I’m not trying to hurt you,” said Crawley timidly as he and his homeless colleuges slowly moved away from the student, giving her a four-row radius on the 306 bus to the VA.

Drafts-Johnson says that while her choice is “maybe a little over the top,” it is the best option for her, and perhaps even safer than driving to work every day.

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Luckily, it didn't actually get to that point, but clearly, stress about my transportation issues was taking its toll on the most vulnerable member of the family—my little brother, who used artwork to express his own anxiety about cars:



In the picture, you can see me driving a car out of the window of a barn, my brother and sister in the backseat. My parents are in the foreground, groveling about cars and recommending taxi companies. My favorite part is the speech bubble above my mother's head, which pretty much summed up the entire family's view on automobiles: "This is too damn stressful."

On the back of the drawing was his Christmas list and a plea to send him money for an Xbox. It was a little heartbreaking.

Finally, a week before my practicum was to begin, I realized it was time to bite the bullet and figure out the situation for myself. I asked my cousin, who owned her own car, where she bought it from, and it turned out that a distant relative of mine owned a car dealership in Sumter, SC.

I got a friend to drive me to the DMV, filled out forms to get a South Carolina license, and spent the week researching car insurance. That weekend I took off of work, convinced my cousin to drive me halfway to Sumter, convinced my uncle to drive me the other half of the way to the auto dealership, and after test driving only one car, drove off the lot with it.

"What kind of car did you get?" asked my dad when I told him the news over the phone that evening.

"A 2005 Nissan Sentra," I replied.

"Oh very nice," he said, obviously unable to visualize it.

"It's dark blue and it has four doors," I answered, realizing that cognitively, this was the only way the both of us would ever understand cars.

## Man In Tights

It's been a long day, but I stand and offer my seat to a professionally dressed woman when she gets on at Government Center. We exchange smiles and that's it. I'm too tired to even untangle my headphones, so I hold onto the railing and listen to the hustle and bustle of the train ride. People coughing, reading e-books, complaining on their cell phones, the steady thump of the train over the tracks combined with the heat of the compartment threatens to lull me to sleep, even standing up. I stare straight ahead into the back of the guy in front of me. I can't wait to shower.

"You're Jorge!" the woman chirps, and hearing my name from an unfamiliar female voice perks me right up. I turn around.

She's dressed nice, probably some sort of banker, or accountant, one of those jobs in a climate controlled environment, where you get your own desk with colorful post-it notes. She's wearing one of those professional business suits, and it fits her well. I picture her on the phone, solidifying some important deal, writing notes in that cute girlish handwriting that these types have.

"That's me," I say, forcing a smile. Where does she know me from? Definitely not high school. She doesn't look like a girl I would've met at Paddy's.

"You were in the *Globe* last week! I saw your picture! I guess you don't commute in your...outfit. I guess that makes sense!" her voice is sweet.

"That's me," I say again, my voice trailing off.

Ha. This doesn't happen too often, me getting stopped on the street. Somebody recognizes me from the article. I feel a mixture of pride and embarrassment. I'll have to tell Tammie, the nurse manager. This'll crack her up.

“Congratulations!” she bursts. She has a nice smile. I can tell she drinks coffee, probably late in the afternoon. Everybody else on the train is slumped, dressed in puffy coats. Her posture is perfect, and she holds her jacket neatly folded in her lap.

“Thanks,” I nod.

“My sister’s a nurse! At Mass General! Maybe you know her?”

I most definitely do not know this girl’s sister. There are so many nurses at Mass Gen.

“Oh yeah?” I say. “What’s her name?” Trying to keep the conversation going. Trying to be friendly. I guess I should milk this publicity while I can.

“Tracie O’Connor! She works in the NICU? With the babies?” the woman says. She looks my age, late twenties, but her voice makes her seem a little younger. It’s cute.

“Oh...I’m up in peds. With the...kids.” Wow, I’m tired.

“I know!” exclaims the girl. “I read all about you! Great article. So uplifting! We need more people like you!”

“Thanks,” I say sheepishly. I don’t mean to sound standoffish but I’m not used to this kind of attention. And I’ve been running around for twelve hours.

“Well, here I go!” says the woman, getting up from her seat. “Congratulations again! Nice to meet you, Jorge! I’ll have to tell my sister I met the tutu guy!”

I give her one of those nod-and-smiles, and she disappears into the hubbub of North Station.

I get home, turn on the game, lie with Redd on the couch, zap a Hungry Man in the microwave to go with my Sam Adams. From the article, you wouldn’t guess that I’m a meat and potatoes type of guy, but I am.

The article. It’s what everyone is talking about lately. It all started when I first came on to the peds unit, what, four years ago? All the girls in my class were jealous. Everyone wants to work with kids, but nobody gets to do it right after graduation. Especially at Mass Gen. I weaseled my way in. It pays to be the minority sometimes. Everybody loves male nurses. Plus I’m bilingual.

I was the only male nurse on the floor, and all the nurses got a kick out of it. I was the shoulder to cry on, the guy they called when we needed to do a transfer, I could reach the blood pressure cuffs on the top shelf of the supply closet. Then Kevin came in, but I am still the favorite.

Every year on our floor we raise money for enrichment—we bring in clowns, magicians, artists, football players, anything to make life on the oncology unit more fun for the kids. The nurses have a tradition of doing ridiculous things to raise money. The year before I came on, Sherrie said she would shave her head if she raised more than \$1000. When I first met her, she had the ugliest pixie cut. It took months for her to outgrow it, but she raised like \$2400 or something. Being the only guy on the unit, the nurses wondered if I could top that. And boy, I did.

Man in Tights Mondays, I called them. I raised \$3625.75, the record for the fundraiser. Every Monday for a calendar year, I wore a blue tulle ballerina skirt over my jogging leggings. That was four years ago. Over the years I’ve added a few things, like the jingle bells on my sneakers, or the disco ball antennae headband, but every Monday, I show up for work looking like a total idiot.



The kids love it. The parents do too. When Sammie was here, down in room 302, a few friends from his first grade class came to visit. Of course it was on a Monday. I'll never forget it. One of the kids' parents took me aside. I thought they were going to ask me one of those tough questions, like, "How do we explain cancer to our six year old?" Instead, they asked me if I did birthday parties. The look on their face when I told them I was actually a nurse was priceless.

There are two male nurses on our floor now, me and Kevin. Nobody would mistake Kevin for a hired clown. Most newcomers assume that he's a doctor, just because he's the only macho-looking nurse on the floor. Well, on Mondays anyway.

The funny thing is, everybody assumes I'm gay. I mean—male nurse, wears a tutu, has a little pet Chihuahua named Redd, I see where they're coming from. But actually, Kevin is the gay one. He even has a husband. Not that it matters, really. It's just one of those things.

They wrote the article after the hospital got funding for our new oncology research center. *Jorge Vasquez, a registered nurse who works in pediatrics, knows how to make medications less scary. While some nurses simply give the children stuffed animals to hug as they undergo chemotherapy treatments, Mr. Vasquez goes a step further. Every Monday the registered nurse, a 2007 graduate of Northeastern University, dons a crazy outfit and turns tears into smiles as he makes his rounds.* Blah blah blah blah blah.

The article made everybody really happy. The general manager of the hospital bought our floor lunch. Tammie bought fifteen copies of the *Globe* that Sunday and made me cut the article out of each one. My face was plastered on our bulletin board.

I sent a copy of the article to my mother, but the article just made me sad. Because the only reason they wrote it was to brag about the new research center, which we wouldn't have gotten

if Sammy hadn't been here. Sammy's parents donated the money after Sammy got worse. He was only six and a half.

Sammy was one of those kids that is obviously rich, his parents stayed at a hotel nearby, when they didn't stay in the room with Sammy. They brought him food from outside, trying to get him to eat, and they gave him an iPad to play with. He was an only child, and I felt bad for him. He got visitors and cards from his class, but most of the time he and his mom sat in his room. He was too little to learn how to make the friendship bracelets that I teach the older kids to braid to pass the time. He'd missed so much school that he couldn't read. He was too drowsy to draw. It seemed like he was constantly on alert, his tired eyes wide open every time I walked into the room. Most of the kids cry whenever I bring the needles, but Sammy shrieked. The noises he made reminded me of the time my sister stepped on Redd's paw with her stiletto heel.

He was a shy kid, and though he was white, with blue eyes and blonde hair—would have been a perfect Gap Kids model were it not for the tubes and wires and anorexic scrawniness—I saw myself in him.

I've never had cancer or even been sick, really, but I remember feeling alone and scared when I was his age. We all lived in this tiny apartment—Mama, Papa, my grandparents, my uncle and two cousins, plus my brother and sister. Every morning my siblings would walk me to kindergarten on their way to the middle school. They had to drop me off early or else they would be late. I would always be so early that the school hadn't even opened the doors yet, and I would wait on the cold steps, freezing in my hand-me-down winter coat.

"What are you doing here so early?" I remember a male voice scaring me as the rusty basement door by the front steps creaked open. It was Mr. Robinson, the janitor. Worry surged through me. Was I not allowed to come early? Where else could I go to wait out the thirty minutes before school started?

I was just starting to sniffle tears back when Mr. Robinson motioned for me to come into the basement.

“You’re going to freeze if you just sit there,” he said. “Come help me with this.”

Mr. Robinson led me through the basement and my cheeks reddened with the warmth of the indoors as well as excitement. I had always wondered what was behind this door.

It was the kitchen, I discovered. Mr. Robinson opened the door to a huge stainless steel fridge. “We need to pour all these milks out,” he said. “They expire today.”

We loaded the cartons onto a cart and Mr. Robinson led me outside next to a drain. He showed me how to open the cartons and one by one we poured them down the drain. Strawberry milk, chocolate milk, all of it dripped in a disgustingly awesome puddle around the drain.

“Good thing you’re wearing boots today,” said Mr. Robinson. I looked down, embarrassed at my huge boots that Mama had gotten from the church. They were too big for me, I had to wear three layers of socks for them to fit.

“Big feet, eh?” said Mr. Robinson. “Me too. Watch this.”

Mr. Robinson walked into the puddle in his rubber boots. There was so much milk over the drain that it went over the toe of his shoes. “Nasty, huh?” he said with a grin. “You can do it too.”

I couldn’t believe Mr. Robinson was being so crazy. Timidly I stepped into the puddle. To my horror, instead of being blocked out by the rubber boot, the milk seeped through a tiny hole in my sole. I could feel the cold liquid through my soggy socks. “Aghhhhhh!” I screamed. “My feet!”

“Uhoh,” Mr. Robinson said, and he lifted me out of the puddle. “I did not see that coming. Good thing you aren’t a submarine. Heh.”

“Well, we can’t have you walking around like this all day. Luckily I have a solution. Sit here.”

I sat on the stairs again. Mama was going to kill me. Wet socks and wet boots. Mr. Robinson came behind me with a pair of boots, almost brand new.

“These have been in the lost and found for three years,” he said. “They might be a little small but let’s just see.”

The boots fit perfectly.

“You better head inside,” said Mr. Robinson, throwing my old boots into the dumpster. Stunned, I walked away to my classroom, my new boots thumping down the hall.

Every morning after that morning, Mr. Robinson would find me on the steps and invite me inside for a project. Sometimes it was assembling new desks, putting oil in old hinges of lockers, wiping down old lunch tables. When spring came we mowed the soccer field and shoveled mulch into flower pots.

At lunch, the other kids scrunching their noses at my spicy food, sometimes I would see Mr. Robinson mopping up the cafeteria. He always gave me a thumbs up. Suddenly it didn't matter that Thomas, the class bully, pushed in front of me in line, or that my jeans were too short. I had a job. I had something to look forward to every morning.

Mr. Robinson taught me how to pick a lock, how to fix a leaky faucet, how to scrub permanent marker off a desk—but more importantly, he taught me that you don't have to be in charge to make a difference. Mr. Robinson is who I think about when I suit up in my blue tulle, when I sing crazy songs to the kids, when I put my arms around worried parents. It doesn't matter if you are the one writing prescriptions or taking away empty trays or collecting urine samples. Anybody can make a difference.

### Ms. Palmer

Ms. Palmer remembered dieting, only after she'd had the children, of course. Only eating the vegetables at dinner, drinking the three glasses of water an hour just like the magazine had said. Maybe that was why. Maybe, somehow, all that water and fiber had done something to create an imbalance—too much gastric acid, perhaps, she'd always felt sour after a week of that.

Maybe it was the medication her doctor had put her on, after Jonathan died. This will make you feel better, the doctor had said, and it did. Ms. Palmer hadn't wanted to take the medication. She wanted to experience the pain and grief in its entirety, it wasn't right to feel all cloudy and mellow after something like that happened. But she took it anyway. It helped. But maybe, while it had eased her mind, it wreaked havoc on her stomach. Tore away the lining, or slowed her system down too much. She had felt nauseous the first few days after taking those pills.

It could have been anything, the new doctor said. They can't explain these things yet. Was it in your family?

Or maybe it was the worrying. She'd always been a worrier. A magazine in the waiting room talked about stress ulcers tearing holes in the stomach. That couldn't be good. Charles had always told her not to worry. The children will be fine, he'd said. She worried anyway. She had been right, in the end. Sarah was here, she didn't visit often, but she was here. Jonathan wasn't. Don't worry, she thought. What's done is done. Nothing to do now except wait.

There was a lot of waiting, it seemed. It had all started two weeks ago. It was so embarrassing, Ms. Palmer thought, so she didn't even tell Charles about it. Not until it got worse. She could eat,

but nothing would come out. She tried everything, the Mirolax, the water, taking a hot shower. Her stomach ached. After four days, she got Charles to drive her to the ER, where they waited.

Then it was waiting for the tests to come back. When they came back positive, more tests. Then finally the first procedure, to get everything out of her intestines. Then the surgery, to create the little hole that was connected to a plastic pouch that collected all the waste. At first we will help you empty this out, the stoma care nurse had said, but then you have to do it on your own. You'll feel better.

Ms. Palmer did feel better, she felt cleaner, the stomach aches were gone. She hadn't spent this much time in bed in fifteen years, Of course, when Jonathan died, she'd been in her own bed. Now she was in room 117, connected to tubes and wires and machines. They would keep her comfortable, the new doctor had said. Make sure you drink that water, or else we'll have to hook up a new IV.

But they never brought the water, even after she had gulped down the first mug. The mug was huge, like the value mugs at gas stations. Ms. Palmer hadn't wanted to drink all that water, she knew it would make her pee, and they never came by to help her pee, either. Charles had to move the thing to the side of the bed, and help her onto it. Of course, as soon as she was ready to go, the nurse came in the room. A male nurse, at that! How embarrassing. I need to start this as soon as you finish, he'd said. The saline. You aren't drinking enough water.

She'd tried not to cry when they tried to find the vein, but it hurt and she was tired. Charles brought pictures from the grandchildren. That worried Ms. Palmer even more. The grandchildren were sweet, but Sarah never sent pictures, only on holidays, and usually they came late. The fact that Charles had called Sarah only yesterday meant that Sarah was scrambling. The sense of urgency bugged her.

It seemed like everyone who came in commented on the pictures. How cute! How old are they? Oh, five is a great age! And twins! One of each! How special. Ms. Palmer didn't tell the workers

that Sarah didn't ever bring the children over, that she hadn't called in months, that she still hadn't sent the school photos from September so all Charles had in his wallet were the preschool pictures from last year.

Everybody here called her Ms. Palmer, even though it should be Mrs. Palmer. She understood that it was out of respect, but why did they have to be so formal? They were emptying her pouch, measuring the greenish brown muck. Just call me Rebecca, she thought. You have your hand in my shit. We are close enough. We can be on a first name basis! But "How are you feeling, Ms. Palmer?" was all she got, over and over again, everyday.

Charles brought her flowers for the room and more importantly, library books. She'd missed two weeks of book club, but she read the books anyway. Marge and Etta came to visit and brought a card from the church. Get well soon.

Ms. Palmer got the feeling that she wouldn't be getting well soon, or even at all. When Charles left to check on the house, the new doctor came in with another doctor and some forms. As soon as her stool became more formed, she could go home. Or, the newest doctor had told her, you could stay here. There's chemotherapy, we could try radiation. It won't stop the growth, not really, but it'll give you a few months. We'll give you some time to think. Talk to your husband and your daughter.

A few months. When Jonathan died, he didn't get a few months. One day he was alive, and the next day he wasn't. There'd been signs. He'd moved back in, after he'd gotten fired for taking money out of the register. He was out late, he spent time in his room with the door closed.

Ms. Palmer remembered when Jonathan was five, the same age as her grandchildren, what would have been his niece and nephew. He'd loved kindergarten, he painted pictures. They had a pet frog that Jonathan doted on. He was so bright, so into nature. Charles had taken him on hikes with the Boy Scouts. Ms. Palmer always thought Jonathan would be a scientist, or a park ranger.

But school had been hard for Jonathan. The teachers told her and Charles that he wouldn't listen, that his work was messy and incomplete. In junior high, he had to retake English over the summer. In high school, Charlie taught him how to drive. They'd fixed up a car together. He'll be fine, Charlie reassured her. He just isn't academic. Nothing wrong with that. He can work with his hands. Jonathan got a job at the new grocery store, and that helped, for a while.

But then his manager had called, where was Jonathan? He hadn't shown up in two days. When Jonathan came home for supper, he told Rebecca that work had been good. When Charles asked him, Jonathan admitted he'd been with friends, out in the woods. I just forgot, he said. I lost track of time. We were having fun swimming. The store didn't call again.

His senior year the cops brought him home. Charles had taken care of it. Rebecca was in DC, helping Sarah shop for a wedding dress. It was so exciting, all the planning. It reminded Rebecca of when she and Charles got married. Of course, they'd just gone to city hall. But it was still special. Her mother and father had cried when she showed them the ring, just as Rebecca had cried when Sarah called to announce she and Robert were engaged. She and Sarah had been close then, when Sarah was still working, and Jonathan was still there.

Jonathan managed to graduate, and he moved to the city to be a tech manager at the Best Buy. Now that he was out of the house, Rebecca and Charles didn't worry as much. Sarah and Robert got married. Jonathan looked fine at the wedding.

But one day Rebecca had opened some mail from the bank. Charles had given Jonathan the card, he'd needed some money after his car broke down. He'll pay us back, Charles said. He just needs to get back on his feet. Rebecca looked at the bank statement. Just two thousand, Charles had said. This was more than two thousand.



Charles took care of it, like he always did with Jonathan. Just let me deal with this, he'd told Rebecca. You worry too much. Jonathan paid them back the next week. Rebecca wondered how he'd come up with the money so quickly, but didn't want to ask.

The months that followed were a blur...Jonathan moving in, but not unpacking the boxes in his room...lights on in the hallway at night...but Sarah's first was born!...seeing Jonathan too much, then rarely expecting his presence at the dinner table...and finally, horribly, the day that Jonathan just didn't come back.

"You worry too much," Charlie had said, again, when late one night Rebecca cried. It had been two days. But Jonathan had been gone for longer than two days. Ms. Palmer knew she lost him the first time she had to inspect the inside of his fingers for track marks. Her own son, a drug addict.

They found him three days later, in a car in the mall parking lot, dead for five days. Charlie wasn't there when the policemen came, they made her sit down and call Charlie over before they told them the news. Then identifying the body, the questions, telling Sarah, the funeral. Charlie took care of it, like he always did.

Ms. Palmer woke up to the smell of omelets and a stranger sitting on the couch that was next to her bed. Ms. Palmer wiped her eyes. Etta again. She really didn't want her friends to come, didn't want them to see her like this, all propped up with pillows and no make up, the pouch so unpredictable.

But the stranger was wearing scrubs, asleep, sitting up. Ms. Palmer raised her eyebrows. She'd been complaining to Charlie about the nursing staff here. He'd brushed it off when she complained about the pile of medication wrappers the nurses kept dropping under her bed. But asleep?

“Ma’am? I am so sorry,” the woman in scrubs said. Overweight, very heavy, too much makeup. “I’ve been up with my son all night. Kids, right?”

What does this lady know, thought Ms. Palmer, noticing the bright phone in the woman’s hand. She was young despite the circles in her eyes, healthy, well nourished. Ms. Palmer felt butterflies in her stomach. Despite her annoyance at the woman’s obvious rule breaking, she felt a maternal urge to help her.

“I know it, went through it with my son too,” she heard herself say. “It gets better after they go to school.”

“Oh he’s been to school and back,” the woman said, taking the tops of the containers off the tray, “Dropped out last Friday. His grandmomma’s gonna kill him.” The omelet smell was nauseating now.

Ms. Palmer wondered for a second, how a woman that young could have a child old enough to drop out, then decided it was better not to say anything.

The lady continued, telling the story of Kevin’s descent into girls, then gangs, then stealing. The moped that one day showed up on her porch, the policemen who took it and Kevin away.

“But hey, what I tell myself, after a certain age, you can’t do nothing about your kids. They go their own direction, no stopping them. I bathed him, hung up his artwork, cooked him dinner every night till he was fifteen. Just like Oprah said. Your kids aren’t the sum of your existence. Kevin’s not the sum of my existence. I’m not just a mom.”

Ms. Palmer nodded, still not saying anything though the story sounded eerily familiar. She’d never really thought about that, after the church ladies’ hushed voices, Sarah’s blaming, her own voice, telling her she should have done better. Jonathan had been much older than seventeen. He was a man. He’d decided his life. She’d done the best she could.

The woman left after fixing Ms. Palmer's coffee, and she now sat alone in bed, taking tiny sips of ice water. She tried not to eat until Charles got there, or else she would just fall asleep as soon as he arrived. She didn't want to hurt his feelings.

Rebecca thought about her life before Jonathan and Sarah. Dancing with her girlfriends...meeting Charles for the first time, then Jerry, then back to Charles...the teaching degree she finished, how proud she had felt that day...volunteering at the library with the Woman's Circle...drinking with Etta and Marge when their husbands went boating...trying on makeup at Macy's and loving how she looked...

The pouch gurgled, and for the first time Rebecca didn't feel a rush of self-consciousness.

The pouch wasn't the sum of her existence, she wasn't just a pale, bony body in a hospital bed. Jonathan, Sarah, even Charles—they were a part of her, but not the whole her. This whole time, she'd been thinking what the consequences of her diagnosis meant for other people, not for her. It was her body. It was her life. And now that she looked at it that way, it hadn't been a bad one. It wouldn't be a bad one

## Frequently Asked Questions

*Here are some frequently asked questions that I've gotten on the job and from acquaintances about being a nurse!*

### **Why aren't you a doctor?**

If I said that I never wanted to be a doctor, I would be lying. Every child has wanted to be a doctor—just like every child wants to be a fireman, a teacher, astronaut, and a veterinarian. I love science, and I love people. Nurses, doctors, teachers, lab technicians, any number of professions could feasibly combine these two passions. I chose nursing because it usually allows more face-to-face contact with the patient.

### **Oh, I get it, you have a doctor boyfriend then?**

Nope.

### **Wait, but you're so smart...you should be a doctor! Is it just because you're a girl that you became a nurse?**

No, I have pondered it, but I don't think the reason that I went into nursing was because of some subconscious feeling that because I am a woman, I don't deserve to be a doctor. All lines of work have hierarchies and hospitals are no different. Nursing and medicine are two different fields that work together to benefit the patient. Nurses work on a body-mind-spirit model to ensure nursing needs of a patient are met. Doctors work on a body-mind model to make sure the needs of the patients are met. These areas overlap and sometimes contradict each other, but this is productive because it allows for healthy discussion between healthcare workers. Personally, I just work better on the body-mind-spirit model—I've always been a supporting role type person, and I've always been interested in spirituality and emotions.

### **Isn't it gross to clean up people's poop? Why would you get a degree just to that?**

Lawyers have to deal with criminals. Teachers have to deal with stupid people. Bankers have to deal with poor people. Salespeople have to deal with rude people. Nurses have to deal with sick people. Bowel movements, urine, and emesis are all just part of the job for me. Sure, it gets annoying and sometimes nasty, but every job has an annoying and nasty aspect to it. Mine is just more hands on.

Furthermore, I have a great deal of respect for the people I have cleaned poop off of. I believe it is one of the noblest things you can do for someone-- to make them clean again if they can't do it

themselves. I have cleaned urine off veterans who got paralyzed serving our country, I have cleaned stool off of a woman who died too young from ALS, I have cleaned all sorts of stuff off of a man with schizophrenia who was too depressed to do it himself. When I'm cleaning someone, I am restoring their dignity. I am giving them a little bit of their old life back, making them feel more comfortable, and preventing them from getting even sicker.

You're right, anybody can clean up crap, but the reason I have a degree is so I can assess it. So many times I have found suspicious-smelling stool that revealed the patient was infected with *C. diff*, or blood in urine that turned out to be an indicator of poor renal function, leading a patient to be taken off a medication that was slowly killing his kidneys. If I hadn't been washing up that person, those connections might not have been discovered.

**Isn't it nice to have a job where you only work three days a week, and you don't have to worry about deadlines when you are off?**

I have to admit, despite the early mornings and long shifts, nurses do have a pretty good schedule. It's nice to have a couple days off where I don't have to go in to work. But my work doesn't end when I am off the clock. I often lay awake at night, wondering if my patient that day is surviving the night, or if I made the right decision.

**I heard nurses make a lot of money! Do you have a lot of money?**

My mother told me it's not polite to discuss finances, so I don't. But I will say one thing: I didn't go into nursing to make money, and the people that think they are going into this field to make money are in for a surprise. Like my clinical instructor once said, nursing isn't glamorous, and it isn't lucrative. But it will give you an appreciation for what you have, and let you use your abilities to help others.

**Why don't you just take a five minute break? You work too hard.**

You and I both know I need a five minute break, at least, but sometimes it's just not possible. One time I felt myself getting really tired and wanted to go to the hospital's Starbucks downstairs. Alas, I knew that one of my patients needed to be changed. "Mr. Wilson is sitting there in his own pee," I thought to myself. "If you go and get the coffee, he'll have to lay there for another five to ten minutes. Think about it April, do you really want that coffee?" I didn't get the coffee.

**Wow, you're a nurse! You are must be an angel!**

I have to say, I do blush when people call me an angel, and I do appreciate it when people appreciate the work I am doing. But the truth is, I'm not an angel, I'm a person, just like you. Sometimes I get off work and stop at the gas station for a six pack of beer to relax after a long, hard day. I indulge in fast food on a regular basis. I roll my eyes (back turned, of course) when a particularly irritating patient says something crazy. One of my favorite things about nursing is the crazy stories I get to share with coworkers. A small part of me does get excited when I see a disease that is particularly rare. I probably get too much of my sense of self-worth when reading thank you notes from patients. As much as I wish I could, I can't perform miracles. Nurses are people too.

Loss

## Back Again

Lub dub—lub dub—lub dub. My heart was pounding in my chest. I didn't even need a stethoscope to listen to it, I could hear the muscle contracting and relaxing, feel my blood surging violently through my veins. Nothing I did helped—not the breathing exercises, or cold showers, or dimming the lights. I felt dirty and angry and hot. It was like my body was punishing me. I deserved it.

“You're making the worst mistake of your life,” Tim had said, the gruff voice I had once found sexy now scaring me. My life as of yet was a series of mistakes, each one perpetuating the one previous to it, until I ended up feeling like a beached whale—exhausted and fat and hopeless, staring out into the distance wondering who could help me. Mistakes on mistakes on mistakes.

Moving out of Tim's had been an ordeal. It had been a bad idea from the beginning, as my grandmother continued to remind me. I only lasted five days at his place before everything disintegrated. And here I was, back where I started, in my childhood room. Cardboard boxes, once so neatly and excitedly packed, were now thrown around my room, an interesting contrast to the bubble gum pink walls that surrounded me, closing me in now more than ever. I had tried to leave, to strike out on my own, and failed miserably.

It must be in here somewhere, I had thought. I had so hastily packed my belongings that everything was thrown into the boxes with no rhyme or reason. I had been crying on the phone to my uncle for the duration of the move-out, but I had double checked everything. My razor and little soaps were out of the bathroom, my books, the beautiful turquoise dinner set I had bought as a housewarming gift for Tim—for us. All gone, packed right back into the liquor store boxes that they had been brought over in. Surely, though, if I had managed to collect every bit of makeup, every tiny knick-knack that I had brought over to bring a feminine touch to this manly apartment that was supposed to be my new home, I would have had the sense to pack up my stethoscope as well.



It wasn't my stethoscope, it was my mother's. Had been. Bright red, its silver bell gleaming with her maiden name engraved—Marsha Tillman. I hadn't gone to graduation or any of those pinning ceremonies—what was the point, with everybody in my family seemingly in an argument with each other, Tim gone on another two week stint for work, and me, just relieved to be done with school, start working, start saving, finally getting out of my grandmother's house after twenty four years. But my Uncle George had visited that weekend. This was your mother's, he said, and I knew just what was inside the box wrapped in newspaper.

I don't remember much about my mother. She came home late, slept all day. We lived with my grandmother, after my dad left. "Don't bother her," my grandmother would say, trying to feed me breakfast. I remember my tiny body being lifted up, my arms clinging to my mother as she slept, still in her uniform, and Granny sitting me down to eat lukewarm oatmeal before kindergarten.

My grandmother had shown me the pictures but I didn't look at them often. "She couldn't wear earrings after she had you," my grandmother said, pointing at a picture of me pretending to play hair stylist with my mom. Her eyes bright, her hair long and brass colored. "You were always touching her."

Sometimes, on lonely weekend nights when I wasn't working and it was too hot to sleep, I would look at the photo albums Granny kept in the living room. I would open the book slowly, careful not to make any noise, the plastic covered pages sticking together in the humidity.

My favorite picture was one of me and my mom when I was five years old. We are facing each other. But somehow my grandmother must have snapped this moment of rules relaxation. In the picture my mother and I are facing each other, sitting on the couch that still sits in our living room. The stethoscope is in my ears, and I am listening to my mother's heartbeat. The picture is uncharacteristic, because I was not allowed to touch my mother's things—not her makeup or leather purse, and most importantly, her stethoscope.

"That is not a toy," I remember my mother chastising me one day, her stethoscope in my sticky fingers, trying to find the dog's heartbeat. I would listen to the walls, to my own heartbeat, tap my fingers against its bell, experimenting with sound. It was hard to believe that the stethoscope wasn't a toy, its bright red color, smooth texture, and the fun noises I could hear, appealing to all

of my senses. Sometimes I would find it, hanging near the washing machine or inside a coat pocket, and snatch it up, enjoying the forbidden noises of my stomach gurgling. But eventually I would be found out.

My mother died when I was eight. In her sleep, Granny told me one day after bringing me home early from school. Sleeping—it seemed like all my mother did. She'd leave for work after Granny made me dinner, and not come home til after I left for school in the morning. Later, when I was twelve and my dad took me for one of our sporadic weekends, it slipped.

We were at the pharmacy picking up some medications for my dad's back. He always complained about his back. This time the pharmacist wouldn't give him the prescription. "It's people like your mother," he snarled, "why I can't get my pain meds. Some people actually need them. Then you always have the people that use them to off themselves, and ruin it for everybody else."

I always wanted a relationship that was better than my parents' on again, off again craziness. They were married but lived as if they were divorced—separately and usually trash talking each other, except for certain periods in which they were hopelessly in love again. Even when I was little their relationship weirded me out.

"You could be so much more," my uncle George, her brother who was also a nurse, had told me, later after I graduated high school, back when I worked at the Waffle House by Best Western. It was supposed to be just a job to tide me over, til the next thing happened. But the next thing never happened, even after two years and there I was in my visor, taking orders from hung-over travelers.

So when I met Tim, I thought things were looking up. It was actually a romantic story, at least that was what everyone said when I told them. How Tim stopped by the Waffle House one morning, his hair wet from the rain, truck broken down on the side of the highway. How I was the one that poured his coffee as he sat on the barstool. "I've always wanted to see Edgefield," he'd said. I

looked at him, puzzled. Edgefield is a small town between rural areas, without the benefit of a rural or urban atmosphere. “Naw, really. My buddy said the waitresses are prettier in Edgefield.”

Tim stopped by even later, after he got his truck taken care of, and soon Waffle House #543 was a landmark on his journey to bring various goods back and forth across the country. Whenever I heard the engine of a truck, I looked out the window, wondering if it could be Tim. Suddenly I had a reason to wake up early and do my makeup. I came to work on time instead of accidentally-on-purpose sleeping in. Tim was twenty six to my twenty one, and the stories of his travels made me feel thankful to remain here in Edgefield. People were cruel out there, stealing tires right off of parked cars, offering jobs and then rescinding them just as Tim had driven fifty miles out to meet them.

When I started spending time with Tim I blossomed. It's crazy how timing just works sometimes. My life just seemed to get much better. George helped me apply to nursing school, and before I knew it I was working as a nurse's assistant at his practice when I wasn't studying or spending time with Tim.

But those days were over now. My first real nursing job started next week, and here I was, unprepared without a stethoscope, a sobbing mess, somebody who lost priceless family heirlooms. How careless.

The dreams were the worst part. I dreamed that I went to a park, trying to go for a run when I ran into Tim and Bobby and Tucker, all sitting on a bench waiting for me. “You want your stethoscope back?” they would say. “Follow us,” and even though I knew I shouldn't, I would. They led me into the woods and hit me with sticks, finally they let me sit around the bonfire to eat something, I was famished. And then I would see my stethoscope, melting in the fire.

Or I would wake up, thinking I was still in Tim's bed—our bed, but Tim wasn't there it was Bobby, and he was saying “Shh, shhh, keep sleeping” and he wasn't really doing anything just lying

there, but I couldn't tell him to leave because Tim had given him permission to stay but it was supposed to be on the couch but Tim wasn't here to tell him to leave me alone.

Or I would believe that I was in some uncomfortable plastic covered hospital bed, tied in restraints, old and wrinkled and alone, nobody caring for me because I never cared for anybody else, I just left when things got hard instead of staying and trying to work them out. Just like Tim had said.

No matter what I did I couldn't find the stethoscope anywhere. It had to be at Tim's. George came over for dinner the next night and I had to confess.

"Well, Tanya, don't worry about it," George said, but I still felt terrible. The one thing that I had of my mother's, and I basically just threw it away. "It's just a thing," George tried to reassure me.

Still, I needed a stethoscope for work, and a replacement wouldn't be cheap. I grumbled as I scrolled down the Littman's website, looking at colorful new stethoscopes that were way out of my price range.

"Tanya, you are not going to believe this!" George called from the next room. I almost fainted when I looked at the screen of his laptop. There on the local Craigslist page was my mother's stethoscope, marked down to the ridiculous price of \$60.

"That motherfucker," said Granny. "I'm calling the police."

"I am very interested in your stethoscope. Me and my boyfriend will come meet you at the McDonalds off of 78 at 9 PM tonight. Cash okay?" George read in his mock-gay voice as he typed a reply to the seller.

We arranged with the police to meet us at the McDonalds, and sure enough, there was Tim's truck. Granny and I were shaking as George turned into the restaurant parking lot.

The two cop cars parked on either side of his pick up truck, and we pulled up behind Tim to block him in. George, Granny and I waited in the car as the police officers approached his window and retrieved the stethoscope. The officer motioned for me to get out of the car. Knees shaking, I stumbled over to the officer and he placed the box in my hands, like he had just pulled a baby from a burning vehicle. "Check it to make sure it's in there." I nodded.

My mother's stethoscope—my stethoscope—was again in my hands.

"God bless the doctor that will walk away with that eventually," said my uncle, smirking into the review mirror as we drove away from the McDonalds.

**DO NOT LOSE THIS PAPER**

I wrote in the top corner, and circled it. The sheet was white, your standard computer paper. It was one sided. It had very important information on it. Information that could be found nowhere else but written on this one, single page.

It may be crumpled now, not the perfect, flat sheet that I first received. I forget if it had a small tear in the right or left corner, one of them, I guess it doesn't matter anymore. But just in case you find it.

I think I wrote on the paper in pencil but it could have been in ink, blue or black probably but I do have a purple pen, so don't count that out.

Library, home, car, Starbucks, car again, home. It is not in between my bed and the wall, as are many things of this nature. Neither is it in the folder I originally put it in, where it is supposed to be. There were many similar papers in my car, but I unfolded them all and found only junk.

This paper is not junk. This paper is simple but it is very important. As I said, information that I cannot get anywhere else. I'm not sure why I did not memorize this information or write the information on another paper. Either way, that is the past. Now I don't have the paper.

Could the paper have flown out of my backpack as I walked home from the library? Is it possible that a stranger would steal this paper out of my backpack as I waited in line at the coffee shop? Did the paper just vanish out of thin air?

It must be somewhere. It is probably lonely, just drifting along the sidewalk or lying on a desk at the library. Probably, somebody, innocently not realizing how important this paper was, threw it away. Or maybe people are looking at it now, wondering why it says "DO NOT LOSE THIS PAPER" circled, in the top corner. Do they wonder if it is lost? Or do they think they were meant to find it? Most likely they will be indifferent. It is just a piece of paper.

But it is not just a piece of paper. It is a paper that I was supposed to keep. It had important information on it.

I wish I had not treated it like just a piece of paper. I wish I had put it in my pocket, and zipped the pocket up.

Oh.

I forgot I folded it and put it in my jacket pocket. I remember folding it twice, all the while thinking, "This is a very important piece of paper. I cannot lose it." That is why I put it in my jacket pocket, and not in the folder with the other papers.

Where is my jacket? It is a green jacket, not very special, just a plain green jacket with two zippered pockets, one of which may or may not but hopefully does have a folded, white, piece of paper with this information on it.

My jacket is either on my bed or in the kitchen on a chair. I do not like this jacket so I take it off as soon as I get home. Now, I wish I had treated my jacket nicely. Now, this jacket is worth more than my pearl earrings or my silver tennis bracelet or even my necklace. This jacket is nothing special, just a fleece jacket, doesn't even have a hood, but it might have this important paper inside, so now it is extremely important.

The jacket, as I guessed, is on my bed. And it does have the paper inside. There it is. Folded up, tear in the top left corner confirmed. I did write on it in pencil! What a relief. That was a close one. I will never lose sight of this paper again, I think. I will put it in a safe place. I will memorize the information and write it down somewhere else so I don't forget. I am so glad I found this paper.

### For the First Time the Last Time

Somebody died today. That's all I can think of as I drive home. Somebody died today, and I was there, right next to them—touching them even. And I didn't even realize they were dying, no, not until the real nurse came in and said, "I think this is it."

The night before I had been at Jacob's. "I have to pretend to be a nurse tomorrow," I told him, our little joke phrase, which means I have to go home early. I left his place at ten and fell asleep in my own bed until 5:30. When I wiped my eyes this morning, washed my tired face, slid into my scrubs, stopped by McDonalds on the way to the hospital, I thought it would be a normal clinical day. Listen to report, look at charts, input and output. Awkwardly try to make conversation when I'm taking vitals, averting my eyes as I give a bed bath. Bring a patient's wife tissues, maybe change a wound dressing if I was lucky.

"You have an easy patient today," said Ms. Jennifer when she handed out the assignments to my clinical group. I was relieved. Last week my guy—I mean my patient—that still seems weird to say, "my patient"—had a million procedures and thought every one of them was some life or death surgery instead of a normal swallow test. I understood his confusion. This hospital is a maze and I guess if I suddenly found myself in a gown, helpless in a bed not knowing what was happening, I'd have a lot of questions too.

This lady—this patient—Ms. Jennifer promises me, will be a lighter load. I can probably help the others with their bed baths and hopefully she will come up with a vaccination or something for me to give, Ms. Jennifer explains, since this lady—patient—is on hospice and meds are discontinued.

Lighter load? I'm not sure anything about this situation seems light, but I nod. Ms. Jennifer knows what she's doing, I do not. Ms. Jennifer has been a nurse for twenty years, and I've been pretending to be a nurse for eight weeks.

When I put on my scrubs I am not just a college kid anymore, and that scares me. Patients ask me for advice, let me prick their fingers and slip my hands up their gowns. If this patient could



see me tomorrow, in my t shirt and jeans, running late to my 8:30 class, would they let me touch them? Would they tell me their fears? Would they let me see that sacral pressure ulcer?

I know I'm not stupid but sometimes I feel utterly, hopelessly, dumb, just standing there at the hospital computer like an idiot, writing down all these words to google later. Worse is standing outside the patient's door. It's seven AM and here I am, my hand shaking as I get ready to knock. "Nursing." I have to say, confidently, because I have to come in regardless, because they need to be assessed. Poor things. "I'm sorry I'm sorry I'm sorry," I think to myself, over and over again, as I listen to their lung sounds with my freezing cold stethoscope, pinch their fingernails to check for capillary refill, shine bright lights into their eyes. You can go to bed as soon as I'm done, I say, surprised that in my whole two months experience nobody has punched me. If somebody woke me up and started doing the things I do to these people, I would sock them right in the nose. Like, get your hands off me.

When the real nurses and I walk into the patient's room for bedside report, it is dark and she is sleeping.

"Ms. Neil, 89 year old female, history of HTN, stroke, DM, fracture right ileus, came in last week after falling at her residence," last night's nurse says.

Why isn't she whispering, I wonder as I furiously jot down my notes, and then it occurs to me that Ms. Neil is not going to wake up, that the blood in her brain is making it swell so that she may never wake up. Hospice, Ms. Jennifer said.

"Alright, I will begin my assessment and be sure to take vital signs, looks like she hasn't had a bath since yesterday so I'll make sure to do that too," I clarify with the day nurse.

"Shouldn't be too hard," says the day nurse.

After they leave the room is eerily quiet. Ms. Neil's breath sounds are raspy and groggy—  
rhales???? I write in my notebook, forgetting the term we learned in class. She is breathing on  
her own, however ragged. Her heartbeat is a little slow but not bad. I watch her for a second, her  
chest rising and falling. She is still and peaceful.

I feel bad that I moved her around so much, so I go and help the others with their patients.

I knock on the door two hours later. I guess it doesn't matter that I knocked or not, Ms. Neil is  
unresponsive to external stimuli as it says in her chart, but it seems rude to just barge in.

"Don't worry, Ms. Neil, I'm making this water nice and hot for you," I say as I turn on the tap.

"Okay, I'm just unsnapping your gown, I'm gonna wash your arms first." I squeeze the washcloth  
and gently scrub from her shoulder down. It feels weird to narrate what I'm doing, but the video  
we watched in class says to always talk to the patient, even if they can't hear you. Plus it breaks  
the heavy silence.

Ms. Neil's body is light as a feather. Usually I need another person to turn a patient but her frame  
is so tiny I know I can do it myself. I'm wiping her back when I realize that she is breathing fast.  
Like really fast. Increased vital signs means increased pain, I remember from a slideshow. Shit.  
Here I am torturing this poor lady. I turn her back so she is lying down.

"It's okay, we'll take a break," I say. But even after a minute, her breathing is still weird. Not fast  
this time but incredibly slow, with large gaps between breaths. She's exhaled maybe twice since  
I turned her back around. Oh god what have I done?

Luckily the real nurse steps in just as I am about to call her.

"I think I hurt her when I turned her, I was just trying to wash her back, but look at her chest, that's not right. What do I do?"

The real nurse steps towards us and puts her hand on Ms. Neil's shoulder. "It's okay."

Nothing about this seems okay, can't she see this woman is not breathing normally, how do we fix it what do I do, oh my god. I've just done something horrible to this poor innocent person.

"It's okay." the real nurse repeats. "This is it. Hold her hand."

Suddenly I realize what is going on. This is it. Agonal breathing, classic, just like we learned. I drop the washcloth and put Ms. Neil's tiny hands in mine.

"It's okay," the nurse says, and I'm not sure if she is talking to me or Ms. Neil.

After a minute, the nurse takes her hand off Ms. Neil's shoulder and I follow her lead. Ms. Neil looks exactly like she did when I first walked in except this time she is alarmingly still. The nurse makes a call, types something into a chart. "First time?" she asks.

It takes me a minute to process what just happened. I nod, something is caught in my throat, and I start crying as I pour out the unused bathwater. Finally I manage, "Before you came in I turned her. Did I do that?"

"No honey, not at all. It's okay. We thought it might happen today. Ms. Neil's been sick for a long time, remember? You didn't hurt her. It's a good thing you were here otherwise she would have been alone."

I nod, trying to contain myself. It's a good thing *you* were here, I think. If that nurse hadn't shown up what would I have done? The textbooks we read teach us how to perform head-to-toe assessments and the proper angle to inject medications but not how to comfort people as they are dying. Not how to stand when your knees are about to give out because the person—that fellow human being, somebody's grandmother, probably— in bed before you is taking their last breaths and there is nothing you can do.

I'm not just a college kid anymore and that scares me.

## Strawberries

We had eaten the strawberries with chocolate the week before, special for Valentines. I had bought the strawberries even though they looked kind of old and wilted, just for the holiday. Despite their age they worked well with the dark chocolate chips, which we melted in the microwave.

I stopped at the supermarket on the way to my 3p-11p shift on Saturday night, just to pick up some snacks for the night. Chips, a can of Coke, a package of cookies for the nurses' station to share. Just some junk food.

I couldn't walk by the strawberries without stopping. There they were, red and glistening, big and meaty and fresh. "I don't need these," I said to myself, eyeing the five-dollar price tag. Last week it had been for the holiday, the out-of-season expense excusable just to make my boyfriend happy. But this was just a normal weekend. Work, sleep, go about the day. I bought them anyway, hoping they wouldn't go bad if I left them in the car for eight hours.

The shift had barely started when we got the first code, my first code. I was assigned to be the recorder, the one who stands on the sidelines and furiously writes a timeline of the code events. Those present, time of arrival, team roles, how much epi and when, what round of chest compressions did we stop at, color change at the endotracheal site?

EMS called from the highway to give us the details. Obese female, thirty-four years old, found unresponsive in bed, last seen at 1:00 PM, asystole, currently on the thumper, ETOA five minutes.

"Sounds like a DOA to me," said one of the team members.

And there she came, rolling down the hallway in a stretcher, the thumper pushing on her chest to rise and fall, creating a steady beat for the flurry of action as tubes were disconnected and reconnected, lines were initiated, and orders were called.

The first things that struck out to me about her were her youth and her size. Her nails were painted, just like mine, and her skin was immaculate. She was also huge. As I wrote down my timeline, I wondered, do they have enough people to do compressions?

That question was answered when someone tapped me on the shoulder, "You're up." They grabbed my paper and pencil and continued my recording as I made my way to relieve the person giving compressions.

One, two, three, four, five, six, seven, eight, nine, ten, I counted. "Harder and faster!" shouted someone from behind. "Color change!" yelled the respiratory therapist.

But at the next pulse check, she was still asystole. "Call it," said somebody, and the doctor said, "Time of death, 15:37."

Her family was in the lobby. Social work asked me for her name and information. Somehow I found myself in the family meeting. I'd never been to one of those before, and I wasn't sure why I was there. I guess it was to show the family that we had tried.

Thirty-four years old, I thought to myself as I looked at her husband, who was sitting there, head in his hands.

"When I left for work, I thought she was napping," he said. He was still wearing his Postal Service uniform. I noticed the brow of his baseball cap, which he had placed in his lap, was lined with sweat.

The rest of the night was uneventful, I scarfed down my snacks when I had a break. It wasn't until I was walking back to the car after I clocked out that I remembered the strawberries.

"How was work?" said my boyfriend as I walked in the door. "What's in the bag?"

We ate the strawberries, not waiting for the chocolate to harden, by the light of a muted television screen at midnight, just sitting there on the futon, too tired to say much of anything.

"These are great," he said. "Valentines' Day all over again."

It was then that I decided, I will always buy the strawberries.

Dark

## Away From Here

Esther wakes up, her vision blurry without her glasses, mouth dry, smacking her lips in an annoying habit, one of many, that she seems to have developed since arriving here. Here. Where? It startles Esther when she wakes, that she cannot identify her surroundings immediately. Amelia's room? No, the guest room is yellow there, and here she sees a blur of white and blue. It seems almost nautical, bringing her back to vacations in Maine with Thomas, waking up to the natural lighting every morning, snuggling together in the cold, the smell of the sea rocking them back to sleep in their houseboat. But she does not smell the salty ocean air here. Here.

She grips the sides of the bed, then realizes that her bed at home does not have railings to grip onto; her bed at home is king-sized and expands far beyond her five-six arm span. She reaches for her glasses, which she always keeps at the bedside table. The table is plastic and bare, the first thing she glimpses with her corrected vision is the gold framed picture of Thomas. Esther's heart sinks to her stomach with the realization. Here.

Feeling the wristband tethered to her right arm confirms her suspicion. She is here—not at her daughter's, not docked off the coast of Booth Bay, not in her own home—here. A patient at Livingwell Suites, Inc., formerly known as Connelly Rest Home, whatever its name now, a glorified hospital.

Esther tries to take a deep breath, but feels as if a weight is on her chest, and not the good kind of weight—not Amelia's baby body nestled asleep on top of her, not the pages of a book after falling asleep while reading—a weight of disappointment and dread, of anxiety and doom, a weight that has become familiar these past few months yet never ceases to startle her. Her eyes flicker around the room, her breaths become shallow and accelerated. She grabs the sheets to ground herself, the texture of crisp linens has always soothed her. Sit up. Esther has always had the tendency to emotionalize her experiences. She can't breathe because of her cramped position, lying perfectly flat on a hard bed. Nothing is suffocating her. She can fix it. Esther scoots up and rewards herself with a deep breath. Still got it.



*Still got it* has been Esther's mantra for the past sixty three years. She first saw it in a magazine ad for a kitchen counter cleaner when she was twenty years old. She clipped the ad out and tacked it to her desk, because the picture had made her laugh in how accurately it portrayed her life. A brunette girl with an apron, the kitchen falling apart around her—Esther remembered a cat chasing a canary, a dog with its muzzle in a freshly baked pie, a little boy spilling milk on the counter, somebody ringing the doorbell. *Blah blah blah blah—but Laura's still got it. So and so cleaner for when life is a hassle.* Something like that.

Still got it, still got it, Esther remembers murmuring to herself, holding back tears in the bathroom mirror after Dr. Donaldson yelled at her for giving a patient water the day the hospital's air conditioning broke. Still got it, still got it, squeezing herself into the garnet mother-of-the-bride dress at Amelia's wedding. Still got it, telling the new nurses to put their phones away at orientation. Still got it, still got it, the steady rhythm of those three words comforting her comforting Thomas when he fell in the shower, waiting for the ambulance to come, wiping his face with a cold cloth. Still got it. Lungs keep breathing, heart keep beating, if you have those two things you still got it, even if it doesn't feel like it.

Esther aches—her back from the strange sleeping position, her stomach from the nausea of memories flooding back, her hands from the arthritis, her head from the worry. She reaches for water. Esther has always believed that water is the cure for every ailment. The ice water wakes her up with every sip. She makes a plan. Esther has always been a planning person, checks in boxes, step one, step two.

Step one in this case is getting out of bed. Esther knows she can do it, knows she has to do it. The walker is by her bed. Esther had never pictured herself with a walker before, she'd just never imagined it. The ugly grey sneakers were one thing, the thick treads to prevent falls. Amelia had made fun of Esther when she first bought them. Old lady shoes. But it was time. The walker, though, was a recent development. It was annoying, she'd always wondered why Thomas had never used his. That was back before he fell, back before her fall two months after his. Clunky and unwieldy, she realized it was. Thomas had always walked so fast, his stride twice the size of her own. That was why he hadn't used it. It forces you to slow down, to ponder every step. But maybe that was a good thing.

Esther meanders down the tiled hallway, reminding herself to smile. Like clockwork, Tiana the tech comes out of the next room. “Good morning, Miss G,” she says. “Your breakfast will be there when you get back.”

Esther doesn't have to remember to smile with Ti-Ti. *Tiana is what you would call a breath of fresh air*, Esther wrote in her patient satisfaction evaluation, back when Thomas was here, and Esther was a caretaker, not a patient. Tiana is always so beautiful, her skin smooth and dark, her make-up the perfect balance of professional and colorful, her braids swept up with a giant hairclip. Tiana is studying to become a nurse, she has two babies, and she knits scarves. Esther's father told her to always remember three facts about the people she meets. Those are Tiana's. Esther used to be able to remember them off the top of her head. Now she writes them in her notebook.

“Hello Ms. Galloway,” one of the nurses looks up from her phone to greet Esther. “I like the way you are wearing your no-slip socks. Please be careful in the hallway. Don't forget to ask for help!” the nurse's voice is loud, her words annunciated so perfectly that they seem robotic.

Esther cannot for the life of her remember this person's name. Nurse Blur, Esther calls her, only in her head of course. Esther does not have three facts written down about this nurse—well, probably she does somewhere, but she hasn't bothered to look at them. Since she was little, Esther has had a habit of blurring out the unsavory—not exactly forgetting what she doesn't like, just not recalling it in the detailed way in which her mind usually works. She is not sure if this is a good habit, or a bad one. Good in that Esther prides herself on focusing on the positive. Bad in that her forgetfulness could be misconstrued as rudeness, or worse, senility. But a little rudeness never killed anybody.

Esther knows exactly why Nurse Blur is acting this way. Esther herself used to act this way. Worry that the patients will fall, that somebody will get hurt on her watch, the need to follow the rules. Fear of the elderly, who once appeared so fragile to Esther, before her hair turned grey. The need to feel in control, to feel above the others—smarter, and more secure. And if somebody falls, there will be an incident report to fill out, and commotion in the hallway.

Esther can't really blame Nurse Blur for her behavior. Esther is being a picky patient, somebody she would have dreaded being assigned to back when she was a nurse. Somebody who complains for perfectly good reasons that are still impossible to address, doesn't listen, refuses medications, participates the world around them instead of passively tolerating it. Sick, but smart, and not playing the safe role of the sick person.

"Still got it," Tiana grins as she walks towards Esther's room, her arms juggling three breakfast trays.

"Thanks TiTi," Esther smiles back, now sitting up in her bed.

Esther has told Tiana about her mantra, they spend enough time together. Esther feels comfortable around Tiana. Her hands aren't cold when she takes Esther's blood pressure. Esther remembers when she was first admitted. She already knew Tiana from when Thomas was a patient here, on this very floor.

"Come feel my heartbeat," Esther told Tiana, her first night as a patient at Livingwell. "Apical, not the machine."

Esther knew that Tiana has to record what the machine says, it's not her job to assess heart rhythms, just to record the numbers. But she saw the study sheets in TiTi's pocket, noticed the careful way in which TiTi took a manual blood pressure, the old fashioned way, instead of using the Dinomap. Tiana was practicing, and Esther figured she might as well be a guinea pig, now that she was here.

Tiana was timid, but that was good. There is a balance between being confident in what you are doing, and being worried. It's important to have a little anxiety. Keeps things going.

"See how fluttery and fast it is?" Esther said as she guided TiTi's stethoscope over her chest. "Not good. That's how I ended up here. Anemia."

Anemia is not the only reason Esther is here at Livingwell, and Tiana knows it. There is a long list of reasons for Esther's admission. Anemia, irregular heart rhythm, hypertension, history of falls. Those are the small ones, the ones that Esther will talk about. Those are things that happen to everybody, eventually.

Esther eats her breakfast, picking the cheese off her omelet. She always has Tiana give her a hot wash cloth before she eats. Hot, not warm. Esther uses the washcloth to clean her hands, and the moist heat helps with the arthritis in her hands, so she can peel her orange. Amelia brings her mother a bowl of assorted fresh fruit every Friday, because Esther was complaining about the sugar in the canned fruits on her tray.

After breakfast, Esther does the word finder that accompanies the tray each morning. At first glance, it seemed too easy for her, but Esther can't stand wasting paper, and the puzzles are difficult sometimes. The days pass slowly. Esther tries to keep herself on a schedule. Watch the news, look at her photo albums, daydream. Today is Saturday, which means Amelia will be visiting at six for dinner.

The newscast lulls Esther into a deep sleep. Her eyelids flutter open only once when Tiana comes in to take away her uneaten lunch tray. Around noon, this always happens.

"Well I'll tell you one thing," Tiana says to the housekeeping lady as they clean up the room. "This lady is crazy. Look at this." Ti-Ti holds up a bag of old Splenda's that Esther has collected, now all soggy from spilled ice.

"Nasty. Who would want to live like this? If I were her I'd just clock out. But you still see her scraggling down the hallway. Some people don't know when to give up."

They don't notice that Esther is awake now. Immobile with a combination of post-nap weariness and miserable realization, she stares up at them and begins to cry, first silent tears and then howling ones.

"What's wrong?" says Tiana, in her sweet voice that Esther now questions. Tiana tries to wipe the tears off of Esther's face but recoils when Esther swats her with a surprising strong arm. "Get off me!" she wails, her wrinkled face now red. "Go away!"

The women leave quietly. Esther looks around. Was this just a dream or was it real? Esther feels different, like something inside of her has been extinguished. The next day she doesn't get out of bed, not the day after or the day after that. Her skin becomes the grayish yellow that she once knew to be a sign of impending death. And finally she is away from here, and once again dreaming in her soft king sized bed, her husband sleeping by her side.

### October 6th

I know everything this girl is telling me is bullshit. I look down at my notes, *Patient Miranda C, 15 year old female, involuntary admitted after police called to home, per patient's family MC threw pet dog to ground and threatened mother with knife following family argument. Hx oppositional defiant disorder dx 2010, possible dx bipolar d/o, family hx depression and polysubstance abuse.*

"My mom and I get along real well," Miranda tells me. "I just don't like it when she takes my phone away."

She doesn't want to be here. Nobody does—well, except for us, me and Erik, the mysterious visitors dressed in bright red scrubs, the last names on our student badges whited out with tape. And even Erik hemmed and hawed when our instructor told us we'd be visiting the adolescent unit today. It must be a guy thing, not wanting to work with kids.

I make eye contact with Erik across the common room. He's interviewing a greasy haired boy. I look back at Miranda, she's staring at my ponytail.

"Your hair is so shiny," she says. "They don't let us have conditioner here. It has alcohol in it."

Working in a psychiatric facility is like reading somebody's diary. As nursing students, we have the privilege of reading the patient's charts, peering into their lives—sometimes we know things about them that they don't even know about themselves, or at least events in their life that they have tried to keep secret. Family drama, sexual assaults, illicit drug use, all neatly tucked into a binder behind the nurses' station.

Psych is different, my clinical instructor said on the first day of class. In Med/Surg, it's all about vital signs, turning "q2," looking up lab values, cleaning up bodily fluids. In psych, we read about time travel and listen to first-hand accounts of mythical creatures. If a patient brushes their hair

that morning, there is a celebration. We chat and do watercolors, instead of bed baths. Psych is special, in its own dark way.

Every time I turn a page in Miranda's chart, I discover some new horrible information. *Raped by her cousin at three years old. Dad died of heroin overdose. Older brother is in jail.* Miranda isn't the only client with a sad history—three weeks ago I interviewed a homeless seventeen year old, abused by her parents and then her boyfriend—but whenever I turn a page and see these awful things recorded in the psychiatrist's scribbly handwriting, I gasp. I wonder, do these atrocities continue to shock the nurses who have worked here for years, or do they just get used to it?

Miranda and I finish up our interview just in time for her to go to individual therapy. As I write some more notes, I look over at Erik. He's still with the boy. Our clinical instructor told us to observe the adolescent floor—notice the milieu therapy, the decorations, the technicians, how the room is laid out.

I see a woman in purple scrubs—a tech, from the hospital's color code—unlock a bedroom on the ward. What could she be doing there, I wonder. Here, the kids clean up after themselves, it's helping them learn to live in the real world. And besides, there's a big rule—bedroom doors aren't allowed to be closed, for obvious reasons.

All of the sudden, "NOOOOOOOOOOOOOOOOO!" from Erik's corner. I jerk my head around. The boy is screaming, he's leapt off his chair and is running toward the tech. Erik looks at me.

"No, no, NO!" the boy yells. "Don't open that! I'm warning you! Don't! Please!" He shoves himself in between the half-closed door and the tech.

The tech takes two steps back and then a security guard takes her place. Erik darts over. We've never seen something like this before. I wonder what could be in there. Contraband cigarettes? Is he covering for his roommate and a girl?

A nurse has gone into the room for an inspection. The security guard sits with the boy, who is shaking, still yelling, "No, no, no, Miss Rachel, don't go in there alone! I finally trapped Paul in there! He'll get you! No! No! No, no, no!"

Erik is next to me now, he taps me on the shoulder and it spooks me. Erik is not usually this quiet. He whispers, "That kid is fifteen years old. Been seeing a hooded figure, Paul, since he was twelve. He was on Risperdal, but I guess it's not working. Can you believe this? Poor kid. Stabbed himself twice, all because Paul told him to. Killed a cat, too. Has no friends, he's too worried Paul will get them next."

The nurse comes out, shakes, her head, puts a note on the door, "Please keep closed." The boy is whimpering, I see tears in his eyes before he wipes them away with his T shirt. The nurse talks to the tech and security guard. The boy stands up. He's sweaty, still breathing hard.

"I'm sorry, Miss Rachel! Paul was in there! I put him there, just like Dr. Holtz said to! I finally did!"

The boy looks around, he's trying to find Erik, but it's time for us to go. The commotion lasted longer that it felt like.

As the tech unlocks the door to let us out, I glance at Erik to make sure he's okay. Usually he's so bubbly and energetic around patients. "Well, how was the rest of the interview, then?" I ask.

"We have the same birthday," Erik sighs. "October sixth."



# Light

## The Best Christmas Present Ever

It arrived a few days before Christmas. The box was so large that workers had to come in and install the present into the house. The kitchen, warm with smells of gingerbread in the oven and Annie's Mac and Cheese on the stove, was now complete. For years, the little boy had been washing dishes by hand-- every night scrubbing old food off plates, even standing on a special stool because he was too short to reach the sink. But thanks to a true Christmas miracle, those days were over. The Drafts-Johnsons now owned a working dishwasher.

Nothing can replace the feeling of excitement, the childlike wonder in the boy's eyes, as he began to fill his new dishwasher with dirty dishes. No longer would the boy's hands be chapped by the harsh detergents used to clean up his family's messes. No longer would the boy spend hours each week, alone in front of a pile of disgusting plates and cups and a sink of mottled dishwater. No longer would the boy have to scratch baked-on cheese off of a four day old casserole pan. Advances in technology and an early Christmas gift would forever improve his childhood.

Our dishwasher broke down just in time for my little brother Adam to become old enough to learn how to wash dishes, everybody's least favorite household chore. Like the good older sisters we were, Lilah and I taught Adam to wash dishes in the sink, and quickly left the chore to him so that we could spend our time on more important things like painting our nails or watching the Bachelorette, and resume his le kitchen, which we could often get away with ignoring for up to



The family had been in the process of “looking for a dishwasher” for about two years. Now that we had an in-house servant—I mean, little brother—to do our dirty work, it is possible that nobody realized the effects of not having a dishwasher, until one day Adam went to a friend’s house.

“The Williams have a flat screen TV *and* a dishwasher!” Adam exclaimed after a playdate with one of his school friends. “We made hot chocolate and afterwards, instead of rinsing out our cups, his mom just put them in the machine, and it did all the work for her!”

“Did you tell them that we don’t have a dishwasher?” asked my mother, worriedly. Adam’s friends all got rides to school while he walked in the cold, some of them even had laptops and video games, which they often bragged about. Poor Adam only got a ride to school if he was luckily enough to be spotted along the way by one of his friends.

“Brian, look into it,” my mother said.

A few days later, the dishwasher arrived on our doorstep.

Since its arrival, the family has enjoyed several memories with our dishwasher, the first being how excited Adam was when it was finally installed and used for the first time. His reaction to the appliance could probably have been videotaped and sold to General Electric for use in an advertisement of some sort. He was even more excited about the dishwasher than he was for the Wii Connect he also received that Christmas.

There were several rules about the dishwasher that were important to follow. The first was one my sister and I made up: Adam was in charge of filling the dishwasher, and we were in charge of emptying it. We were much too delicate to load dirty dishes. Another rule, which my mother made to save time, was that there were specific sections for forks, knives, and spoons. The most interesting rule, however, was made after a particularly gruesome episode of *Lost* in which during a fight scene, a man fell onto an open dishwasher and got impaled by knives that were blade up. It seemed so ridiculous—to die there, just because someone forgot to close the dishwasher—but the danger seemed real. Thus, the dishwasher was to always remain closed, and all utensils to be placed sharp side down.

## Two-Dog Family

“Can you believe it?” my mother says, as we sit on the porch, a dog on her lap and one on mine, being lazy in the sun. “We are a two-dog family.” It’s funny how these two creatures came into our lives and changed everything.

We didn’t get them as a pair but they fit together like puzzle pieces. People think they are brother and sister, but they aren’t related and they are both male. They are Mickey and Hugo, our pet schnoodles.

Mickey is the one who is always assumed female. He has beautiful eyelashes and dark brown eyes. He is very shy and quiet. He can run up to five miles. His body is limber, and his fur is silky. He is very emotional—when he hears people yelling he shakes, and one day he and Hugo were fighting, and he threw up because he was so upset. Mickey aims to please. One day, we decided to dress him up, thinking that he would probably just rip the doggie clothes off within minutes. But he looked so cute and we were cooing over him. He liked the attention, and he wore the clothes all day.

Hugo is short and pudgy. He is our family’s first dog. Hugo is a dare devil—as a puppy, he ate a bar of dark chocolate and almost died. He ran away once, and we thought we lost him, but he was just hiding in the bushes. He came out just after we had printed out 100 “Lost Dog” posters and put them around town. We joke that he only came out because he wanted attention. Hugo can be a perfect angel one moment, and then an evil dog the next. He will act like a cute, fluffy snowball, and then try to bite your arm. Hugo has a dry skin problem so he has to have a half-capsule of fish oil every day. We call him the alligator because his breath smells like an aquarium after his supplements, and his skin is scaly. Not to mention his tendency to bite.

We got Hugo the summer after I graduated high school. My mother jokes that he was my replacement, as I left for college less than a month after he arrived. Mickey came just before Christmas, the same year. It’s a good thing we got the dogs, or else my brother would be alone. My sister and I are a great deal older than him, and now that we don’t live with our parents, he has nobody to play with. Now he has two schnoodle playmates.

One day my brother decided to play a mean trick. “Call me. Hugo got into trouble and Adam wants somebody to talk about it with,” he texted me from my father’s cell phone. I was at work, and I was terrified. What had Hugo gotten into now? I imagined the poor dog once again lost, or having ingested more chocolate.

As soon as I could I called my father. "What happened to Hugo?" I cried.

"What? He's just sitting here like usual. Wait. Did Adam take my phone again....hang on...I have to go deal with him," said my dad, and we both realized we had fallen victim to Adam's ill-advised prank.

Later that night Adam called and tearfully apologized. "Dad says he's gonna kill the dogs if I keep misbehaving," he told me. "Please help."

I told my sister what had happened. She asked my parents to send her a picture of Hugo and Mickey in front of the day's newspaper, to make sure they were okay.

The dogs were fine, just sitting there, like my father had said, not at all realizing that in the past hour alone their death had been faked, and then threatened.

# USC Finally Finds Solution to Parking Problems

COLUMBIA, SC—For many years, students and professors alike at the University of South Carolina have struggled with a major issue: finding a place to park on campus. However, starting next semester, construction is starting on a new project geared at solving this conundrum—at a price. Administrators and parking officials have made the tough decision to sacrifice the Historic Horseshoe in order to make campus accessible to every student who has a vehicle.

Starting in Fall 2017, the grass area where young lovers can often be found picnicking, youthful students play Frisbee, and local dogs enjoy a break from the concrete sidewalks, will be demolished and turned into an eight-story parking garage with two thousand parking spots.

The decision is controversial but over time has gained student and faculty support.

Dr. Chris Roberson, a theology professor, confessed to a reporter that he had resorted to “illegally parking in handicapped spots, just because there’s nowhere else to go.”

The issue came to real light during the May 2016 graduation ceremonies, during which award winning musician Justin Bieber was scheduled to speak, but showed up three hours too late for his speaking engagement due to parking issues.

“That was such a disgrace,” remarked Beverly Branditt, USC Class of ’87, who was disappointed that campus officials had to convince “boring old Darius Rucker again” to speak at her daughter’s graduation last May. The Branditt Family has since donated over \$25,000 to the construction of the new garage.

Brian Faulker, a third-year business student who could honestly take a shuttle from his apartment to campus, but doesn’t like the temporary discomfort of having to stand in a bus during his commute, reports, “I am a hundred percent in support of this project! I have to drive to campus thirty minutes before class just to find a parking spot! Now I’ll be able to stop for Chik-fil-A before class!”

Becky Randanos, a second-year film studies major, who lives only a fifteen minute walk away but is too damn lazy to walk literally only 4 blocks to school every day, had a smile on her face as she stood in line to buy parking passes for the new garage. “At first I thought I would miss being able to study in the sunshine, but then I realized I’d rather just watch Netflix anyway,” reported the student as she smacked gum and updated her Facebook status.

Not everyone is excited about the project, however. Julia Warner, bride-to-be, complained to a reporter “I met my fiancé on the Horseshoe...what am I gonna do for our engagement pictures? Stand in front of an ugly parking garage?”

Martin Woberger, who has received not one but two verbal warnings from USCPD for smoking pot on the Horseshoe, is upset that the University is trading nature for convenience. The biology student reports he has never struggled with parking issues because he just rides his bike everywhere. “It’s like a song I heard,” referenced the part-time student as he napped in a hammock attached to a hundred-year-old oak on the edge of the historic park. “Paved paradise, and put up a parking lot.”

For those interested, parking passes to the USC Horseshoe Memorial Garage can be purchased, \$100 per semester, at [www.sc.edu/parkingservices](http://www.sc.edu/parkingservices).

## Missing Coffee

It was the second time in ten minutes that Mr. Jeffrey had pushed the call bell.

“Can I help you?” I answered, already knowing what his complaint would be, since I had told him I was working on getting him the coffee that was absent from his lunch tray, but it would just take a few minutes.

“I called twenty minutes ago about my friggin’ coffee! I want my coffee back!” he yelled through the phone. “You people need to do your job and get my coffee back!”

I smiled when I heard his voice. “It’s on its way, it’ll take a minute because the kitchen is downstairs,” I reminded him.

I was just floored. Mr. Jeffrey was yelling at me! When just last week, he wouldn’t—or couldn’t—talk. I remembered holding my breath at his bedside, counting how many times he breathed over a minute. Twenty six times. His skin was pale and cold, and he wouldn’t open his eyes. I thought we were losing him.

Last week, as he spiraled downward, he couldn’t lift his hand to even press the call bell. I tried to make him drink a protein shake, then some juice, then the infamous coffee—but he wasn’t strong enough to swallow.

We gave him antibiotics for sepsis and normal saline to keep him hydrated, but it seemed like everything we did was in vain. I hurt my back turning him every two hours, but he wouldn’t wake up, even when his wife came in.

I’m not sure what happened, but when I saw his room number illuminated on the call bell system, my heart jumped. Mr. Jeffrey was back again.

I arrived with the coffee, extra cream and two sugars.

“Thank you,” he said, as he inspected it. I noticed he had blue eyes (they had been closed all week) and he even gave me a grin as I walked out the door.

The call bell rang as soon as I sat down.

“Now my food is cold! How do you expect me to eat this cold food?” It was Mr. Jeffrey.

“On my way,” I said. Mr. Jeffrey could be as angry as he wanted, I decided. I was just glad to hear his voice.





# Reflection

Real people have always intrigued me. David Sedaris, an American humorist and essayist who now lives in the United Kingdom and travels around the world to perform readings of his books, is one of those famous people that has managed to remain down to earth. In fact, he spends his time picking up trash on the side of the road in his tiny British town. Why? The litter irritates him. And most interestingly he is inspired by his experiences on the side of the road, whether it be a discarded Egg McMuffin wrapper or an interaction with the passersby.

Sedaris' style is appealing to common people, because at one time, he was one of us. Before Ira Glass invited him on to the National Public Radio Show *This American Life*, Sedaris was a middle-aged college drop-out who worked at Macy's as a seasonal Christmas employee. His stories are relatable and real.

Or are they? Sedaris has come under scrutiny because his stories are marketed as memoirs—works of non-fiction—but have been discovered to have embellishments. Sedaris is very open about the fact that his public works are not entirely truthful. He is known to classify his writing as “realish,” meaning that it is based off some real life experience, but not necessarily true. He builds stories out of snippets of conversation overheard in line at the coffee shop, or from a blink judgement that a dog looks strangely similar to its owner. Sedaris keeps a daily diary, in which he records his activities. During an interview with Terry Gross, Sedaris spoke about writing in his diary:

I mean, there's a - the you that you present to the world, and then there's, you know, of course, the real one. And if you're lucky, there's not a huge difference between those two people. And I guess in my diary, I'm not afraid to be boring. You know, I don't have a - it's not my job to entertain anyone in my diary.

Sedaris is a professional writer, but he can't spend all hours of the day writing, which is why he has picked up a job as an unofficial street-cleaner. Sedaris reports, "...I need to do something during the day, and I wouldn't want any kind of job where I'm sitting down, because then I wouldn't want to come home at night and sit down" ('Let's Explore,' 2013).

Similarly, I have built the preceding stories from my daily experiences as a nursing student. The stories are not ingrained in truth but show an accurate glimpse into my life (of course, I have tried to leave out the boring parts). I, like Sedaris, write in a private daily journal, no matter how mundane my day has been, and from time to time look back on this diary to find inspiration for stories.

The beginning of this project was aimed at imitating Sedaris' writing style—though Sedaris is still my muse, I found it impossible to capture his unique way of storytelling. My stories are not all humorous, and are slanted towards the nursing side. However, by studying the way that Sedaris writes, I have found new inspiration and motivation to write.

Another motivation that I have for writing is the emotional release. While I enjoy nursing and find it rewarding and even life-giving, nursing can be a very physically and mentally taxing profession. Somehow, writing it all down allows me to process what has happened, learn, and reflect on what I see in my job. Though the nursing-inspired stories are not depictions of actual events, imagining what *could* happen and exploring healthcare from different perspectives in my writing has allowed me to improve my nursing skills.

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## Further Readings

*When Breath Becomes Air*, Paul Kalanithi

*The Opposite of Loneliness*, Marina Keegan

*Falling into the fire: a psychiatrist's encounters with the mind in crisis*, Christine Montross.

*Imagine what it's like: a literature and medicine anthology*, edited by Ruth Nadelhaft

*Dress Your Family in Corduroy and Denim*

*Me Talk Pretty One Day*

*Let's Explore Diabetes with Owls*

*Naked*

*Children Playing Before a Statue of Hercules*

*When You are Engulfed in Flames*

*Holidays on Ice*

*Squirrel Seeks Chipmunk*

David Sedaris