

Instead of Teaching
by Mike Heppner

It looked like: a prize you'd win: a fuselage: a flaring-out: bomb-shaped: a silver menace: a plastic silver bullet.

She came in around nine while I was dozing on Dilaudid. My wife and eight-month-old daughter were waiting for me at home.

The old man in the other bed was in rough shape. He was a former schoolmaster with a wife who seemed young and vigorous or at least comparatively middle-aged. They'd put his commode right up to the head of my bed, and his mulchy shits reeked of Chinese food. He had a son who sat with him for hours and called him "Buddy."

It's too big. I'm sorry. I can't do it.

The nurse left me with a tube of lubricant and went to check on her other patients. A man down the hall whose accent I couldn't place kept shouting *no*.

Grainy silver, something permanent or at least not biodegradable. It entered like a bullet.

Both the old man and I had the Red Sox going on the TVs over our beds. It was late September and the Sox had pulled their starters to get ready for the pennant.

I had IVs in both my arms. My first night they'd given me a blood transfusion that took six hours to administer. I dimly recalled asking the nurse whether the two bags of blood had come from the same donor, and she'd said she had no way of knowing but probably no.

On the second day they dripped a bag of cold iron through my veins. The bag was small, like a dowager's red pillow.

The nurse left the suppository on my tray along with my cup of meds. I'll be right here, she said neutrally. My mind was a flat thing lying on the pillow next to me.

A fuselage. A silver probe. Some welding compound you'd melt with a torch and use for solder.

I threw my hand over the tray and reached for the suppository, which I'd put back in its wrapper. Call it stubbornness. A compulsive dislike for things left undone. Or

maybe I just knew I'd be better off if I followed doctor's orders. The silver casing was a hard, grainy shellac, and I wondered if the grainy texture continued all the way through.

The Dominican man who replaced the old schoolmaster had recently been ill with a communicable disease, so I was shipped out one night to convert his room into a single. So much for squatter's rights. My new roommate was an eighty-six-year-old man named Mr. Yee. His name made me smile. Mr. Yee's kidneys were failing, and he weighed 110 pounds. His fluent son told his doctor that Mr. Yee had once been a buyer for Marriott hotels. I wondered: buying beds? Artwork at wholesale? Or maybe "buyer" meant something else, something I didn't understand.

The silver cartridge lodged itself at an angle. In a pain that overwhelmed and depersonalized, I fell forward into the room's dark monitoring spaces.

Outside the weather was changing. I'd missed the last good days of summer. On a walk through the fourteenth floor corridor, still tethered to my IV and dressed in two hospital johnnies, one worn backward to cover my ass, I watched the steam outside rise from an enormous turbine. The turbine looked like a spinning mushroom.

My wife helped me take my first shower. I had a catheter running out of my penis, which weighed on me like a heavy sack. The hospital supplied a thin bar of soap and a travel-sized bottle of Johnson's baby shampoo. The roll-on deodorant grabbed at the hairs under my arms. I took long showers that filled the auburn-lit private bathroom with a spongy, tropical steam. It felt good standing on my own legs. The soap was generally worthless—it made a film rather than a lather—but it gave me an object and a purpose. My wife watched and held my arm unnecessarily. I didn't smell like myself. I smelled sour and chemical, like something found spoiled and uncorked in a vial.

After the sixth day, I cast off my hospital johnny and put on some clothes from home—plaid sweat pants, a blue shirt that read "Arlington, Massachusetts" (where we'd just moved), thin brown socks and the worn-out sneakers my mother had bought at the Bass outlet in Foxboro. It felt rebellious getting rid of the hospital clothes. It was an act of public relations. I had something to prove to the people who were looking after me.

At some point they brought me down for an MRI. A man and woman, both New Zealanders, worked together, and I took pride in guessing their accent as they transported me by flexi-mat from the gurney to another rolling bed. The woman asked if I was

claustrophobic as the man stood to one side, observing. He was tan, chesty, and had a thick blue tattoo on his left arm by the wrist.

Once I was inside the machine, the woman's voice came over my headphones. She and the man had gone into another room. (To take cover?)

What sort of music would you like? she asked.

I didn't know—I hadn't expected music or being asked to choose. But it made sense—something to focus on for the half hour while the machine did its business.

After some thought, conscious of not taking too long, I said New Age music, because that seemed right.

What? asked the woman, and I repeated it, thinking maybe they didn't have New Age music in New Zealand.

Her voice came back. You mean like Enya?

I swallowed and said yes, though I hadn't meant Enya.

Most nights I stayed up late with the TV on mute—baseball, the first half hour of Saturday Night Live. Every few hours someone checked my vitals: pulse, temperature, then blood pressure, always the same order. A Cambodian technician with perm-fried red hair squeezed the blood pressure cuff so tight it hugged the bone. Then twice a day a phlebotomist—the word was new to me—took two vials of my blood. The needle made a small pinch—it came spring-loaded on a plastic butterfly frame. A millimeter thick tube wound from my arm to the vial, which filled quickly. The welt-like bruises on my arms had turned from purple to yellow. An IV technician stopped by every day to check my connections, carrying a basket of needles and the other sterile-wrapped tools of her trade. IVs got swapped out on the fourth day. The IV tech would cover the new port with a bandage and date it with a black marker. After eight or nine days I got to spend some time off the IV with just the port hanging from my arm. Before hooking me back up the nurse would flush my vein with a quick injection of cold clear drip. My vein would swell and sting as the drip pushed in, and I could taste a swimming pool in the back of my throat.

Mr. Yee's son arrived one afternoon to talk with the kidney doctor about his father's condition. The son looked about forty, carried a backpack slung over both shoulders, and walked flat-footed in gray socks and leather thong sandals. There was

some discussion about how well Mr. Yee understood English. Mr. Yee's son explained that Mr. Yee spoke perfect English but was hard of hearing. His main language was Cantonese. Sometimes his *no* sounded like something else. He would order enormous lunches and leave most of the food on the tray. Mr. Yee's son said that Mr. Yee had lived near the hospital for over fifty years and had come to fear the neighborhood. The doctor agreed that some blocks were better than others and you just had to be careful walking at night.

When I was strong enough, I would take the elevator down to the second floor and browse the gift shop. A florist offered simple arrangements for ten dollars and Mylar balloons with words of congratulations in red-and-green glitter-font. Past the florist a cashier sold candy and snacks—the chocolate bars smelled so good after a week of not eating but I had no cash or even pockets and wasn't supposed to be on solid foods. Every day I nudged my IV along as I glanced over the imitation potted plants in raffia and terracotta, the inspirational calendars, the frozen fudge. A handsome black girl with fabulous copper-wave hair stood behind the cash register chewing gum and mouthing along to the spit-polished R&B on the radio.

Over time I came to anticipate my doctors' questions, answering them in clinical detail as if I were a member of my own primary care team. Less pain on the toilet now. I'd gone from using the bathroom two dozen times a day to roughly eight or nine. In street clothes, standing between my IV and a sign advising me to "Call Don't Fall," I would chat with my GI specialist about my progress. I'd developed a strange anti-shame about the whole thing. I could tell my pretty weekend nurse about the steaming animal dump I'd left for her in the specimen tray and not feel awkward or emasculated.

I was evolving. My smell had changed, and I didn't like it. The input my body had taken on—drugs, liquid diet supplements and no food—combined to produce a smell I did not associate with myself. And the sweating was constant. I'd wake at two in the morning and have to flip over my soaking-wet pillows. Going to the bathroom at night involved unplugging my IV, easing over the edge of the bed, making sure my catheter and IV cords were clear, then pushing my IV around the bed's narrow clearance and across the moon gray room. The toilet seat was high, and I would put my feet on the base of the IV stand to balance myself. Other nights I couldn't make it to the toilet in time and

used the commode. Once I misjudged and shat on the floor. Brown crescents of splatter glowed on white tile, and I mopped it up as best I could with a stack of sanitary wipes.

Past the gift shop a marble concourse skirted a display of paintings given to the hospital by a variety of private and corporate donors. Blue and black tadpole swirls covered a vanilla cream-cake canvas. A video installation piece carried live camera feeds from the Common and Government Center, and I'd walk past it during my morning and afternoon exercise. At the far end a breezeway crossed the street, and I stood at the midpoint and leaned against the glass to watch people waiting for the bus. To the north I could see the T.G.I. Friday's where I'd had my dinners while my wife was waiting to go into labor. I went nearly every night during our weeklong stay and ordered twenty-three-ounce draft beers and wings, leaving my cell phone on the counter in case she needed me to hurry back.

I missed food. Other patients on the floor were allowed to order whatever they liked, but I was stuck with flavorless bouillon, tea (sometimes they'd forget the tea bag and just bring a cup of hot water) and an Italian ice. "Clear Broths" were considered low status, followed by "Full Broths," then "Low Resistance." One day I talked myself into being put on "Low Resistance," and I used the time to wolf down a plate of white rice and half a burnt bagel. The food hurt my stomach but I didn't care. Then my GI doctor found out and bumped me back to "Clear Broths." I always ate the food in the same order—the bouillon before it got cold, the Italian ice before it melted, then the tea. After another day on "Clear Broths," I got an upgrade, but not to "Low Resistance" (on "Low Resistance" you could actually order real food like scrambled eggs and poached salmon for dinner) but one step up to "Full Broths." The differences between "Clear Broths" and "Full Broths" were negligible. Instead of bouillon you got a cream soup—usually either tomato or mushroom—and instead of Italian ice you got a raspberry or vanilla sherbet.

At the T.G.I. Friday's, I would sit with my cell phone on the counter and drink tall draft beers and eat nachos with extra jalapeños and hot wings and a heaping garden salad with blue cheese dressing, and the sports on TV would be the Bruins or Celtics or maybe late season football. I'd walk on the icy sidewalk to rejoin my wife in the hospital—drunk, but not so anyone but myself could tell. At the T.G.I. Friday's you could play

trivia games at the bar, and the jukebox skewed toward early-90s classic rock, and the waitresses always assumed you wanted another tall beer even if you'd already had three.

My father took the train up from Rhode Island the day I went into the ER. I was shivering spasmodically from the blood I'd lost. They parked me in a corner of the room next to an old woman who kept calling *Hello?* to the attending nurses. My wife was there; she'd driven directly from work, and her mother was home with the baby. The pain had grown more acute so they hooked me up to a morphine drip, which was a luscious syrup relief. My street clothes went into a bag for my wife to take home. By the time my father arrived I was in my johnny and booty socks. Now that he was gray and older, you didn't notice his beard so much. He had a timetable for the Amtrak back to Rhode Island and a book and a magazine. The ER bled a dull, dim murmur through the patterned curtain. He asked how I was feeling, said I didn't look so bad, wondered if I'd put on weight. (I'd wind up losing thirty pounds over the next twelve days.)

Was your train crowded? I asked.

Not so bad for a Thursday.

Did you take the Acela?

Oh, no, not for this.

Gonna eat on the way back?

I might at that.

I thought what I might have for dinner if I had to catch a train. Nothing sounded good. The thought of red wine and a sandwich was like a soft punch in the gut. A nurse gave me a milky drink and a cup of ice with instructions to drink it all down. Then my wife and father stepped out while I used the commode. My bladder was so full that I couldn't urinate, and the little bit of shit that slushed out felt two hundred degrees hot.

I spent my first night in a private room. Around midnight a doctor stopped by with a proxy form for my wife to sign. There were forms for me as well—legal forms in case I got HIV or had an allergic reaction to the transfusion. The first bag emptied at three, when they woke me to start the second. All night they kept a light on over my bed. I woke to a busy gray morning, warmer and sluggish, and lapped my breakfast cup of tea.

Days later, I went down to explore the Au Bon Pain near the lobby. I couldn't eat anything but it was nice just to look at the racks of prepared salads—Caesar, tomato and

mozzarella, chick peas and tabouli—vats of chicken noodle and cream of potato soup, lunch sandwiches, egg sandwiches wrapped in foil for breakfast, trail mix, serve-yourself coffee and hot chocolate, low fat chips, energy drinks, all natural candy bars, brownies, blondies, fresh fruit salads, seedless grapes, hot wild rice.

More tests followed: a CAT Scan, a sigmoidoscopy. I was scared of the flexible tube and needed repeat assurances that I wouldn't feel a thing. They wheeled me next to a monitor and had me lie on my side with my knees tucked. The monitor showed what looked like a coiled tube of white Styrofoam. I couldn't see a camera or the source of the image on the screen. The doctor probed my anus with his finger. I groaned, gripped the sheet, slammed my fist into the mattress. Finally I yelled stop (our agreed-upon "safe word"). The finger withdrew, leaving an impression of itself. Then the doctor's assistant injected something into my IV. I switched off.

After a few days my nurses started calling me "the professor." I wasn't sure why. Other than once mentioning I'd lost my teaching for the fall, I hadn't spoken about my job. Moreover, I'd never really thought of myself as a professor. I taught adjunct two or three days a week depending on the semester. It was just something to pay the mortgage.

Had I *professed* something to them? Not that I could remember.

I saw my main GI doctor every other day. Wearing my sweatpants, my brown sneakers with no socks and my Arlington T-shirt, I stood with my IV and gave him the day's rundown. The main thing, I said, was the lack of real food. It was starting to depress me, the three servings per day of tea, beef bouillon and Italian ice.

How many times a day are you going to the bathroom? he asked.

Far fewer than before, I said.

I stood tall over the doctor—was I trying to intimidate him?—who said he'd still like to keep me on the broths for at least another day. Your system's suffered a shock and needs time to recover. Maybe tomorrow we can start you on tomato soup, he said.

In the Au Bon Pain, doctors and guests of patients sat at narrow tables watching the valets drive off and return cars from the short-term parking. They ate tuna salad on white bread, barley soup, cheese soup, antipasto, bean salads, mixed green salads with honey vinaigrette, chef salads topped with bacon and minced hard boiled eggs. Their

food smelled warm and buttery. A crumb cake had a silver icing swirl that looked like melted money.

Back in January, my wife and I stayed at the hospital for eight days to have our daughter. It was the first week of school, and I announced to my class of mainly eighteen and nineteen-year-olds that my availability might be erratic. After class, I rode the Green Line down Huntington and walked back to the hospital. My wife's pain seemed to hover between tolerable and briefly intense. I slept on a pad next to her and got her water and snacks from downstairs. For dinner I'd walk across ice to the T.G.I. Friday's for cheap wings and beer or to Bertucci's for something more substantial. At Bertucci's I'd sit at the empty bar and get my drink order in quick. In ninety minutes I could put away three large beers, maybe four if I ordered one with the check. Over the bar one screen showed basketball and the other the nightly financial report. The French onion soup wasn't authentic but close enough. Getting ready to go, I'd order a side of mashed potatoes to bring back to my wife. If I went to T.G.I. Friday's, I'd pick up some fries. If I was really hungry I'd order the steak fajitas, which came out lukewarm even when still sizzling in the pan. The Friday's stood on the windward side of the hospital, so walks back were cold and treacherous. A muted hum hung over the hospital lobby, and some of the lights inside the Au Bon Pain were turned off. My wife was usually sleeping lightly and often didn't get around to eating her fries or mashed potatoes. On the fifth day her doctor finally decided to go ahead with a c-section. They had me change into my scrubs while my wife went in for her prep. My scrub pants had no pockets so I held onto my keys and wallet. I hadn't planned on bringing a camera into the operating room—it seemed in bad taste—but a nurse insisted. You'll regret it if you don't, she said. Inside the OR my wife lay with a curtain hanging under her chin. She looked scared and freezing cold. The nurse cautioned me not to look past the curtain unless I was sure I wanted to. My wife's whole body jerked every time the doctor reached into her. Then the baby came out and they set her under a heat lamp. It was four in the afternoon but seemed like the middle of the night.

One day Mr. Yee's nurses came to give him a laxative. I had baseball on the television and my cell phone wrapped in the folds of my gown. The Cambodian technician—the one who always over-pumped the blood pressure cuff—took my vitals.

What's wrong with him? she asked. The cuff tightened, and I thought about the bone in my arm.

I guess he can't go to the bathroom, I said.

Oh, that's too bad, she said. She went away, along with Mr. Yee's nurses. Eventually the same team came back and stuck Mr. Yee on his commode. I took a sip of ice water and watched a commercial for free carpet installation. Clouds of shit smell passed over me, and I pulled my sheet up to cover my mouth and nose. At last a nurse returned to help Mr. Yee into his bed, giving my side a good work-over with an air freshener.

After nearly two weeks, I'd become one of the floor's regulars. My last name on the board outside my room was smeared and faded. Other patients would slip in and out over the night while I lingered from day to day. Nurses who'd go off shift for extended periods—maybe to spend a long weekend on the Cape with a husband or boyfriend—would return and laugh to see me still there.

Finally my health improved to the point where I could finish my recovery at home. My doctor went over my discharge papers as I sat on the edge of my bed. All of my belongings were packed in two paper bags—my laptop, iPod, stack of magazines, dirty socks, some medical pamphlets. He made me read over a summary of my condition at the time of my arrival as well as the actions taken over the past twelve days to stabilize me. There was a space at the bottom for me to sign and date. Then we stood, and he shook my hand, telling me to come back for a visit but not as a patient.

It's the start of a journey, he said.

I didn't want to hear that.