Fracture

By Lydia Chow

“Cause there’s no comfort in the waiting room, just nervous pacers bracing for bad news. And then the nurse comes round and everyone lift their heads, but I’m thinking of what Sarah said—that love is watching someone die.

So who’s gonna watch you die?”

-- "What Sarah Said" by Death Cab for Cutie

The first thing I noticed about her was the way I could see her scalp through the wisps of her thinning hair. Turns out she has had leukemia since she was two years old. The emergency pediatrician on duty that morning tried to cajole her with saccharine smiles and wafer-thin jokes, but the moment she spotted the IV bag in the nurse’s hands, the little girl immediately began to shriek.

It took both of her parents and the nurse to pin down her thrashing limbs, but her screaming pleas continued to ascend in an agonizing crescendo. The doctor leaned in to unbutton her shirt, exposing the elevated area of her chest where an artificial vessel had been implanted for easy access when sticking needles for chemotherapy. The stinging smell of rubbing alcohol. The sound of plastic wrapping being torn. The piercing glint of the sterilized needle. I wondered how many times each of these pieces have flashed through her senses, how many times she has lain on the gurney helplessly anticipating the plunge of the needle as it hovered above her chest.

The emergency room is like an airport terminal. The people come and go—some pass through like air, others linger for some time—but no one stays forever.

There’s the mother who brought her daughter in for a minor swelling just below the eye, not realizing that driving your daughter to the emergency room is no guarantee that she can return to school before her lunch break ends.

There’s the young man brought in by the ambulance from a motorcycle accident, drawing shallow, panicky breaths through his mouth as his deformed nose lies buried under a wet, sticky cocoon of bloodied gauze.

There’s the baby scalded with second-degree burns in a hot-pot accident, screaming without pause for ten minutes with a cry that rattles through the operating room doors.

Today, there’s the 39 year-old man who was rushed in on an ambulance gurney, his body hunched in a stiff fetal curl and his skin the color of blueberry flesh. The nurse stationed at triage later told me that he had suffered cardiac arrest during the night, and by the time his relatives had
discovered him the next morning, *rigor mortis* had already settled into his body. It was impossible to pry his curled body flat enough for them to perform CPR.

But I hadn’t needed her explanation to know that it had been too late. Was he dead or dying when he passed through those double doors that morning? I had never watched anyone die before, but I knew it the moment I saw his face. I knew he wouldn’t stay here for long.

Sometimes, it’s hard not to imagine yourself in my place instead. Try not to flinch as the gasp of the IV needle pierces your bubble of trepidation. Try not to wince as the nurse rubs an iodine-soaked Q-tip on the abrasions streaked across my bruised cheek. I am pushing the wheelchair and I am sitting hunched in the wheelchair all at once. In this liminal place where *I* does not exist, neither does *you*—

So close that my hand on your shoulder is your hand upon mine

So close that my eyes close as you finally fall asleep.

*Each morning, when the day shift nurses file into the room to relieve their late-night coworkers, is the best time to eavesdrop for stories.*

Nurse X: Unbelievable! I was checking the blood pressure on an elderly male patient, and what does he do? He feels me up! Gramp, if you’re feeling well enough to be touching things you’re not supposed to, maybe you don’t need to be at the ER so late at night!

Nurse Y: Well, Grandpa is still a man, you know.

I couldn’t stop staring at her nails. Gleaming candy-coated talons, crusted with pearls and rhinestones like barnacles on a seaside pier. She was probably capable of ripping a chunk out of my face with those claws, if it weren’t for the fact that she was curled up on the stretcher whimpering of pain in her abdomen.

The rest of her cohort, three girls hovering over her as the triage nurse questioned them about patient history, seemed out of place in the sterile white room. False eyelashes like fuzzy black caterpillars, hair dyed to the hue of caramel, towering platform heels, lips pursed in a glossed O. It was the middle of the afternoon, yet the quartet looked as if they had just rushed over to the hospital directly from a glitzy nightclub.

One of the girls described what had happened to the nurse in rapid-fire Mandarin—far too quickly for me to comprehend. Gesturing as she spoke, the dark lines of a tattoo peeked from under the edges of her shirt near her lower back. The other girls cooed and stroked the patient’s honey-colored hair, their jeweled nails running through like a luxury comb. I wondered if they noticed that
many of the people in the ER had stopped to stare—elderly male patients ambling past with an IV hook, doctors peering through from the door to the surgical unit. Or perhaps these girls were used to the stares, in this old city where values remain traditional and fairly conservative. In Taipei, nobody would have spared them a second glance.

As one of the hospital volunteers took ahold of the girl’s arm in an attempt to take her blood pressure, she yowled, taking the nurse and the volunteer by surprise. *HEY!! That hurts! Stop it!* She clutched at her chest, drawing her arms towards her. The nurse, now irritated by the girl’s dramatic show of pain, commanded the volunteer to measure the blood pressure on the other arm. The girl let out another howling screech in reply. Suddenly, I wanted to smack this girl.

“What can you do about it?” the nurse said, when I later relayed what I had felt in that moment. “You run across annoying people all the time, people with short tempers who expect to be treated like royalty. But you can’t tell them off, so you just have to grin and bear it.”

The patient had an open fracture on his lower left leg. I don’t remember much about him, other than that he was unconscious when the ambulance brought him in. What I do remember with remarkable clarity are his hysterical family members. A plump woman with graying hair in a perm, her make-up smeared and her face contorted in despair as she howled uncontrollably in the waiting area. An indignant young man—perhaps the eldest son—pacing furiously in front of the emergency surgical ward, demanding an update from every medical personnel who walked through the door. Others were seated in the waiting area, faces emotionless; others attempted to calm the woman down, to no avail. She was making such a ruckus that the nurse at triage turned to me and rolled her eyes. There are other patients trying to rest just down the hall. Can she just be quiet?

At some point, you disconnect. If you absorb everyone’s pain like a sponge, how long can you last before someone comes along and wrings you dry? You don’t see a husband, a father, a friend, a man. You see a fracture, an open wound, blood and bones obstructing your way to the end of your shift—a reprieve before you resume the cycle again, day after day. Pain can help you see everyone else’s clearly. *Or it makes you blind.*

*Wow. It must be intense to be shadowing at the ER, isn’t it? I’m guessing you’ve probably seen a lot of suicide attempts by now.*

I froze at his words. Have I?

Days later, an elderly female patient came in via ambulance, lying on the gurney with a non-rebreather mask fastened to her face. There were no external signs of injury. I barely noticed her, not when several patients with traumatic wounds from car accidents were lined up on both sides of the triage station. It wasn’t until later that I learned that the elderly woman had destroyed the lining of her esophagus from attempting suicide by drinking bleach.

Someone told me later that it’s the most common method of suicide in Taiwan. Other popular methods include jumping off high-rise buildings and ingesting pills.
When people enter the emergency room in critical condition, I can only register snippets of the fast-paced dialogue between the triage nurses and the EMTs. (My listening comprehension of Mandarin Chinese is not nearly quick enough to translate the rapid-fire technical lingo into my native English for my brain to process.) All I can do at the moment is to appraise the patient’s physical appearance. I have seen fingers severed from the knuckle, stab wounds in the chest, blood and vomit galore. When the problem is internal, I can’t decipher what they are here for. I have seen Demerol addicts allegedly feigning pain in order to get a fix, a woman returning with complaints of stomach pain enough times that the nurses recognize her name. I can’t feel their pain, and so I rely on my eyes. I am Anubis weighing hearts on a scale, deeming the worthiness of those who enter the realm of the dead. I judge their pain.

Acknowledgments
I would like to thank the people who played an instrumental role in the development of this essay:

My revision group (Taylor Bloom, Jeff Kremer, Haley Peters, and Cathy Wang)—for their invaluable feedback through two iterations of this piece, for pointing out where the piece became too fractured to comprehend;

Professor Joe Harris—for his help in refining a thematic focus among the vignettes, and for his pep talk in the final days of refining this piece, when I fell victim to a sorry case of “kill-your-darlings” remorse;

Dr. I-Ling Hsu—for giving me the opportunity to shadow in the emergency department of National Chung Kung University Hospital, an intense experience that inspired the vignettes of this piece;

Also, I would like to acknowledge the artists that influenced this piece—Amy Hempel (“The Orphan Lamb”), Pablo Neruda (“Sonnet XVII”), Death Cab for Cutie (“What Sarah Said”), and Francesca Lia Block (“Wasteland”)—whose works were a source of inspiration in the moments when I fumbled with controlling an essay that seemed to be in danger of falling into pieces all at once.