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Patient

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The Missouri Review, Volume 33, Number 1, Spring 2010, pp. 152-166 (Article)

Published by University of Missouri

DOI: 10.1353/mis.0.0206



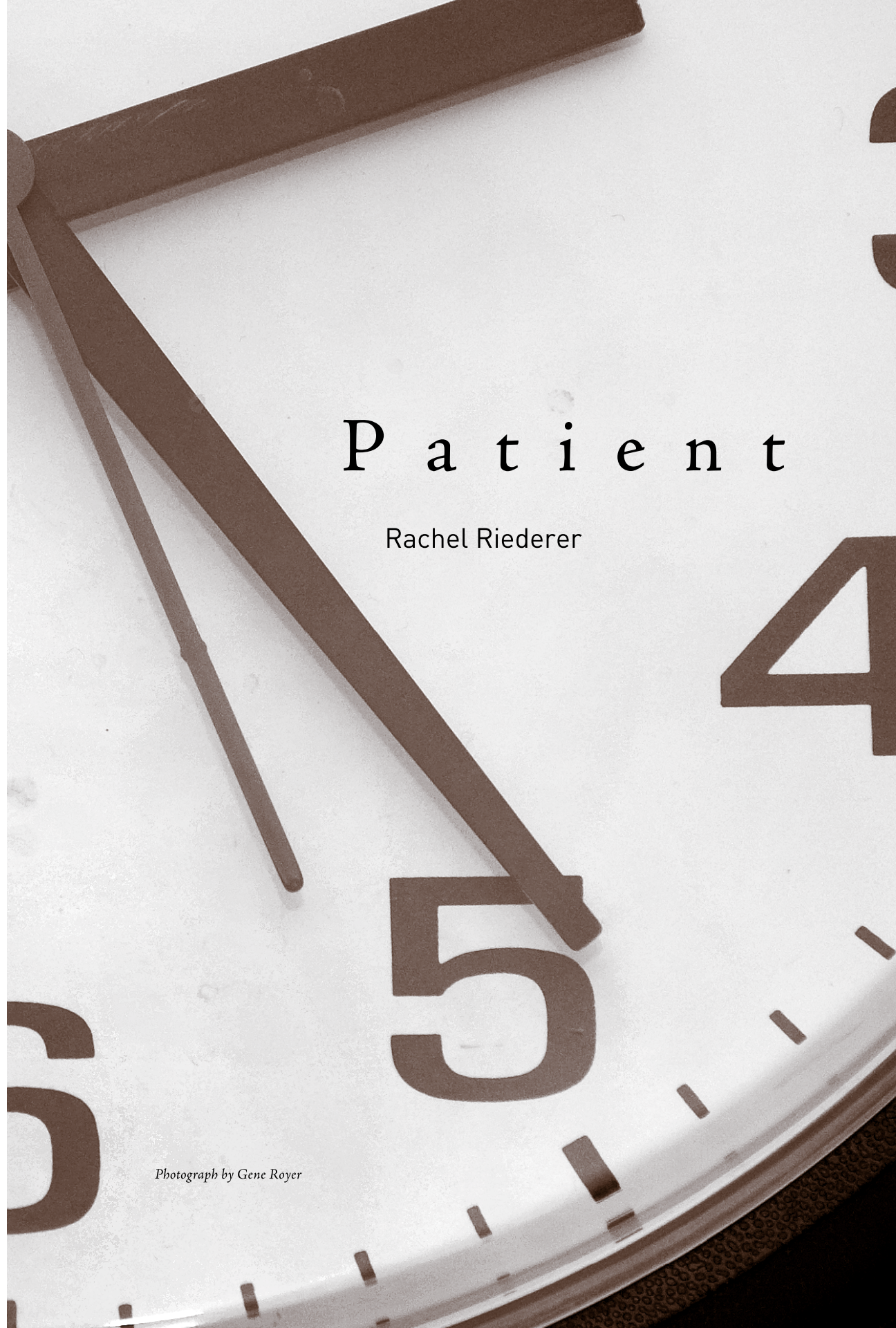
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The bus will have to move. I'm under its rear tires on the passenger side, and with the crowd, the driver can't see me in the mirror. "Can you please tell him to move?" I say to someone leaning over me. It is easy to be calm because I cannot really have been run over by a bus.

I look for my friend Simone. She is short and curvaceous, with warm brown Caribbean skin and long black hair. We have been out together, dancing in a sweaty blue-neon nightclub with pulsing music and dancers with seductive silhouettes gyrating on pillars. Earlier, she had helped me pick out the pink-and-red

shoes that are now squished under the tires. She would make the driver move the bus, but I can't see her.



P a t i e n t

Rachel Riederer

Photograph by Gene Royer

In an emergency, you cannot just say, "Somebody call 911," because everyone will assume that someone else will do it, and no one will call. This is called "the Problem of Collective Action." I pull my cell phone and driver's license out of my jacket pocket and hand them to a stranger and tell the stranger to call an ambulance.

It's about two in the morning, a weekend in late November; there can't be a bus on my leg. I am a junior in college, and tomorrow I am going to a big tailgate where I will drink beer and hot chocolate with peppermint schnapps, laugh with my friends in the cold. A few minutes ago I was standing on a corner in downtown Boston, in a crowd of about two hundred students waiting to be taken back to campus. The tall charter bus, with gleaming white sides and purple lettering, its tinted windows well above eye level if you are beside it, came around the corner. We were standing on the street, and it pulled up fast, right by the crowd. And then those of us standing furthest out in the street were up against it—the hot, smooth flank of the bus on one side, the pressing crowd on the other. Someone beside me fell, and then I fell. While I was still lying on the cold asphalt, the bus moved forward a little, and its tires rolled onto my leg. It stopped there, breathing its exhaust and the smell of hot rubber on me. Do all buses have four tires in one cluster like this, two across and two deep? Two of the tires are sitting on my left leg, and my right leg is wedged into the little crevice between the pairs.

But this isn't a real event; it is a saying: "I feel like I got hit by a bus." You say this when you have gone for a long run without stretching and wake up the next morning with soreness in long-forgotten muscles. It does not happen in real life, certainly not to me.

The bus moves forward, off my left leg, over my right leg, and then off me altogether. The weight must have been deadening my nerves; the sensation that was uncomfortable a moment ago has exploded, the pain in my leg taking up all the room in my brain. Someone picks me up and moves me to the sidewalk. I feel small. The cold cement feels good. There's an ambulance, and now Simone is here. She will go to the hospital with me, but she has to ride in the front. I lie in the cargo hold and beg the EMTs for drugs. They cannot give me any and ask what hospital. I shouldn't have to make this decision; I don't even know the names of any Boston hospitals, and what good are EMTs who are powerless to choose a hospital or relieve pain?

At the hospital, everything is moving; my stretcher is being thrust into wide, swinging doors. White coats and bright-colored scrubs flash against the bright white walls. There is forceful talking and the beeping of machinery. People surround me. They put an IV in my arm, and a beady-eyed nurse says that she put morphine into the IV bag, but she is a liar and a sadist, I can tell from her pinched face, which cannot even approximate a look of compassion. I know from the feeling in my left leg that there is not a single drop of morphine in the ridiculous plastic bag.

My left leg is purple and scarlet and mustard yellow. It would be grotesquely beautiful, but the tire mark and gravel embedded in the flesh ruin this effect. The sadistic nurse touches my ankle and says it is broken. They will do an X-ray to confirm and send me home in an air cast, with crutches. She is wrong. If broken ankles felt like this, people would not have them so often.

I demand anesthesia. I cannot leave the hospital. I have to be unconscious. Now. She laughs. I try begging. "Please," I say, and my eyes tear for the first time. I repeat myself, screaming, so she will know I am not kidding. She is sorry, she claims, but she has given me the maximum dosage. That's not my fucking problem, and I tell her so.

She wants to cut the shoe off my left foot; I cannot let her. I love these shoes! They are Mary Janes, but they are soft and have soles like sneakers, and they are pink with red checkers. My swollen ham foot is bursting out of the left shoe, but I can still unhook the small silver buckle. I sit up, and while I am unstrapping the cute, salvageable, only slightly torn shoe from the ruined foot, another nurse, clearly Beady Eyes's nemesis, comes in. "Here, I thought we should have given you this in the first place." She plunges a needle into one of the connector sockets on the IV tube. The throbbing leg goes numb. The panic subsides. I love her. I have to know what she gave me.

"How do you spell it?" I ask, and as the room blurs and quiets, I hear: "D-I-L-A-U-D-I-D."

Semiconscious and calm, I am full of solutions. Emergency rooms need to be bright and well-lit, but someone should have remembered that all the sick and injured people are lying on their backs, scared and disoriented, and staring into rows of fluorescent lights doesn't help. I will mention it to someone.

It has only been a few minutes since the angel nurse gave me the medicine. Now a tall, handsome black doctor is standing at my feet, looking at my leg in a way that worries me. He is touching parts of my enormous Technicolor calf and ankle—my leg is now a column, the same size below the knee as

above—and asking can I feel it. Sometimes I can. He touches my toes and asks if I can move them. I wiggle them. At least, I order them to wiggle. They refuse. The nurse and doctor exchange words about nerve damage and crush syndrome. I try again, try asking the toes to wiggle. Try cajoling, sweet-talking them. I revise: they don't even have to wiggle, just bend a little. They are unmoved.

My toes would have bent. My feet are pretty and obedient. They are slender with high arches. Yes, they are callused on the bottom, but they are nothing like this fat red blob that has had all the foot-shape squashed out of it. "We are going to operate right away," the doctor tells me. "We are going to do everything we can to save your leg."

I have seen enough medical dramas to know that when doctors try to save a limb, it gets amputated. When I go to hospitals, I get stitches or an air cast, not an amputation. If my leg is amputated, I will never fall in love and get married. I will either be a bitter, one-legged old maid or else I will have to troll around on the Internet and join some sort of online group for fetishists of lopsidedness and half limbs. Maybe I will get a discount on pedicures—but no, actually, how could I even bring myself to paint the toenails on my remaining foot? Does a cyclops wear mascara?

This can't be real. Maybe I never went to the steamy, pulsing blue club outside which buses mangle legs and thrust people into metallic-smelling fluorescent hospitals. I have read about lucid dreaming; if you want to be lucid in a dream, there are a few techniques. Try to flip on and off a light-switch—it will not work. Or try to read text or numbers—you will not be able to. Your dream self has only to remember that if you cannot read and use light switches, you are dreaming. With practice, good lucid dreamers can control their dreams. I have done this only once. I dreamed I was in the ocean, about to drown in a huge oncoming tsunami. I panicked but then realized that I am never in the middle of tropical oceans in real life, so this could not possibly be a tsunami situation and I must be dreaming. I calmly flew into the air and hovered while the wave rolled past beneath me.

2

Please remove any jewelry before surgery. I hand the nurse a fistful of tongue ring, nose ring and earrings. The handsome doctor is an "orthopedic traumatologist," and he introduces me to a plastic surgeon who will help in the surgery. I gesture to my nose and say, "Oh, no, I'm not here for this. It's actually my leg that's the problem." He doesn't get it and begins explaining that

plastic surgeons do more than cosmetic surgery; they work on all kinds of soft tissue. I already knew that, but I don't bother explaining because they have given me a little something to calm me down, and I sink into sleep.

I wake up in a dim beige room with soft light peeking in from the window where the blinds are drawn. My leg hurts. A lot. My leg hurts—it must still be there if it hurts this much, and I should be excited that it is still attached to me, but the ripping pain makes that impossible. My mom has come all the way from Kansas City, so it must be at least the next day. Mom, with her strong pianist's fingers and her brown eyes and brown hair, straight and fine like mine, only shorter—a familiar fixture in this strange room. She is stroking my hair and saying soothing things to me, which is nice, but medicine would be better, and I ask her to get the nurse. The ICU nurse, Joey, is a tall, muscular man in his forties with a trim, dark beard and mustache. I tell him my leg hurts, and he starts to talk about morphine and maximum dosages. This time I do not swear; I say simply that morphine does not work on me and I need something called "Dilaudid: D-I-L-A-U-D-I-D." He smiles and disappears into the bright white hallway, closing the door behind him and reinstating the dimness.

There is a faded baby-blue blanket over my legs, and tubes run from beside the bed up under the blanket. "Will they have to—" I cannot finish the question, but my mom knows what I mean—she must be wondering too—and she says that the doctors do not think they will have to amputate my leg. They have cut some slits into the tissue and left them open to relieve the pressure.

When Joey returns, he plunges a needle into the IV socket, and a familiar warmth rolls gently into my brain, flushing out panic and muffling the pain. Joey says I have strong legs, and we talk about kickboxing, which I take at my gym and which he teaches at the Y. He has a high voice for a man so muscular and dark, and when he speaks, it is slow and friendly, with lots of inflection, not like the rushed, flat-affect speech of the ER nurses. He says I will kickbox again someday because I am strong; he can tell. "Yeah," I say, trying to mimic his cheerful tone, but as I say it I start to cry.

A few days have passed. I have been moved from the ICU to the "Med/Surg" floor, where my off-white wallpapered room has a large window that looks out at pale late-autumn sky and the gray of other hospital buildings. I still have the light blue blanket. Two plastics residents come and debride my leg every day. The muscle of my shin was torn off the bone. It has no blood

supply, but the doctors decided not to remove it—they hope that if it sits there long enough, blood vessels will grow in and reattach the muscle to the rest of my body. Meanwhile, it dies a little every day, the muscle that used to move my foot up and down. In the first surgery, the doctors cut four long slits into my leg and left them open—now there is no skin on the front of my shin. It is wrapped in gauze and then a layer of plastic wrap to keep it sterile. When the doctors change the gauze, which they do daily, it tears off small chunks of dead tissue. This is supposed to stimulate cell regrowth, but it doesn't feel regenerative. The first few times they did it they put me under general anesthesia, but they can't do that anymore.

General anesthesia shuts down your digestive tract. The nurses told me this to explain why I need laxatives and suppositories. Using a bedpan is embarrassing, but when it is difficult, it's worse. And so it is good to have less anesthesia. I try to remember this when the two residents come and change the dressing while I squeeze my mom's hand.

3

My mom has moved into the hotel down the street from the hospital, and she is in my room almost all the time. She's an excellent patient advocate, making sure the doctors check on me frequently and demanding that the nurses up my pain meds whenever their maximum dosages are not enough. We talk about getting extra Valium for debridings, how to wash my hair, how to insert suppositories—not walking.

She has gone down the hall to talk to a nurse, or maybe to call my dad, when a new nurse comes in. He is my age, tall and slender and tan, with dark eyes, heavy eyebrows and thick brown hair. I am feeling alert and more normal than I have in days, and we chat about ordinary things. He is in the nursing program at Northeastern; he knows someone I know, and I ask if he likes his program, and he asks me what I study. For a few minutes, while smiling and talking and feeling a little awkward and shy, I am like myself. Then he says he is going to give me a sponge bath, and I am again a crippled patient talking to one of her many health care providers. I stink. I have been sweating into the once-crisp white sheets, and they are soft and damp. One of the medications makes my sweat smell tangy and chemical, and my hair is greasy, but though I badly need a bath, I am mortified at the prospect of this glossy-haired young man soaping and rinsing me limb by limb, and I ask him if we can do it later.

He leaves the room, and I can feel that the bed is wet and hot where I am sitting. I am not incontinent—but then again, until four days ago I was not a person whose legs got crushed by buses or had to worry about sponge baths. I reach between my thighs, and my hand comes back bloody. I am not supposed to have my period, but obviously my body is no longer trustworthy, and all the organs are working together to perpetrate the perfect betrayal. I cannot get out of bed, and if I press the nurse call button the dark-haired young nurse will come back in here, and I cannot—will not—talk to him about my period. Despite my best efforts, I am crying again, and the only thing I can think to do is yell “Mom!” repeatedly, like some terrible child at the grocery store.

The nurse comes back in and wants to know what’s wrong and how he can help, and all I can do is sob and tell him to get my mom. I am regressing. But it’s not even regression; I didn’t tell my mom when I got my first period in the sixth grade. Now I am twenty years old, blubbering like some insane, menstruating baby. My mom helps clean me up and gets a female nurse to change my bedding and give me a sponge bath. The young male nurse, she assures me, will not be assigned to me again.

4

It is Thanksgiving, and I have been in the hospital for six days. My father and brother have come for the holiday, and my friend and roommate, Johanna, is here too. She is from Ireland and doesn’t go home for the holiday. She always hugs me as soon as she comes in, and I love to smell the cigarette smoke in her curly blond hair and feel the cold that clings to her jacket; it is as close as I come to going outside. We all make fun of the hospital cafeteria’s greasy and chewy attempt at Thanksgiving dinner, but we don’t care. When I was about four years old, my parents made a tape of me talking about the first Thanksgiving, and they play it every year for anyone who will listen. On it, I talk in a baby voice about how the Indians made best friends with the pilgrims and shout a singsong imitation of Miles Standish inviting Chief Massasoit over for hot dogs. My parents imitate the whole monologue for Johanna. Normally I would blush and protest this performance, but tonight I don’t care. I laugh along with the rest of them.

After dinner, my family goes back to the hotel. Johanna stays. Tall and thin, she can just barely curl her long legs and torso into a cozy ball on the chair next to my bed. She comes here a lot, though I am usually too foggy to be good company. Sometimes after I fall asleep she sits in the chair and

presses the button that releases the pain meds into my IV every ten minutes or so, and I stay numb and asleep that much longer.

After my family goes home, Johanna sits in the chair next to the bed, and we watch a movie on the little TV mounted on the wall. It is a romantic comedy, and it looks cheesy but good, I say. Johanna laughs—because, she tells me, we have watched the movie several times together already, and every time I wake up from my opiate sleep and see it on, I say as if I have never seen it before that it looks pretty good. The movie channel at the hospital plays the romantic comedy and two children's movies on a never-ending loop. Johanna reminds me that we have watched all three.

Tonight she reads me a funny story about an American tourist in Ireland, in her thick accent with its soft vowels and lilting inflection. Usually she takes a cab back to our dorm, where she sleeps in the room adjacent to my empty one. Tonight she hunkers down in the chair next to my bed, and when I wake up in the middle of the night for my next round of drugs, she is still there, wrapped in her long, blue-gray sweater, sleeping.

5

I have been in the hospital for more than two weeks, and I haven't seen my leg yet. The pale blue blanket stays on even when the nurse bathes the rest of my body, even when they move me into the chair next to the bed to change the linens. Usually I lie back and look at the ceiling during dressing changes, but I am getting curious, and today I am going to watch.

I promise myself to be stoic. I will not cry or bite my hand. Worse things have happened to better people, I sometimes repeat to myself. My dad used to say this in a fake hillbilly accent, the same voice in which he said, "Well, it sure beats a poke in the eye with a sharp stick," when things went wrong. Political prisoners, rape victims, starving orphans, homeless addicts—these people have it hard. You are a privileged college student whose leg hurts.

So, no crying. The nurse uses blunt-edged, crooked scissors to cut away the plastic wrap and the top layers of bandages. The gauze underneath is caked with blood, which I was expecting, but also with something surprisingly dark yellow, the iodine that they've swabbed onto the wound as an antiseptic. She wets the bandages, and as she peels away the final strips, with little bits of flesh stuck into the white gauze netting, she always asks me in between strips if I need a break. I don't take one because if she just keeps going, it will be over faster. My leg from my hip to the knee looks normal, just a bit shrunken, since the muscles have atrophied. My knee is

swollen, and two inches below the knee my leg becomes a steak. The skin is gone from most of the front and side, and there is just a mess of red tissue about three inches across that extends nearly the length of my shin. Below the meaty exposed parts is what used to be an ankle, where my leg used to narrow, where you could see my Achilles tendon in the back and the little circular bones protruding on either side. Where my ankle should be, there is a thick yellow-and-purple cylinder connecting the wound area to the club-foot, which is wider than it used to be. It's completely black on the top and bottom, but the sides are still fleshy. I am told that the black crust is dead soft tissue that probably will fall off and let out the new pink skin that is—maybe—growing underneath it. A few weeks ago the sight of this would have made me queasy, but I am sick of feeling weepy and nauseated with my brokenness. Today it makes me mad.

If you are in the hospital, people will say ridiculous things to try to cheer you up. “Sometimes pain is its own form of prayer,” they say if you have told them you are not interested in praying. “God has a plan for everyone,” they say with kind smiles. You will lie in your hospital bed and think that if there is a god—a possibility that seems more and more remote every time someone puts a glycerin suppository, blood thinner, or seizure medication into what used to be the beautiful machine of your body—he or she probably does not have enough free time to make individualized plans for everyone. People may scold you for your doubt—gently, because you are in poor health—and remind you that God works in mysterious ways. You will be tempted to shout at them that if God planned for you to get run over by a bus, then he is at best a poor plan-maker or, more likely, a sadist.

Simone, who studies religion, is assuring me that “everything happens for a reason.” I want to scream at her that people have two working legs for a reason and that her statement is a cop-out that weak people turn to when they realize they have zero control over their lives.

But it is impolite to shriek at people who have taken the time to visit you and who only want to help, so I murmur something noncommittal.

6

The doctors do not talk about amputation anymore. They talk about physical therapy options, explain the various braces and orthotic devices that could make up for the fact that I cannot flex my foot out of its constant semipointed position. Every day Mom reads me the cards that come in the

mail: sweet messages, votes of confidence. Many say they are proud of me for being strong, or being brave. These make me laugh. How would I be strong or brave? There is nothing for me to do here except take the medicine I am given, follow the doctors' instructions and try to wiggle my foot. You have to make choices to be brave, and I don't have many. I can choose to tell dumb jokes to visitors, and I can choose to cry when I'm alone instead of in front of people.

There is comfort, though, in mottos, and eventually I find my own, a trite and simple mantra but one inarguably true: *All things must pass*. My parents have the George Harrison album with this title. On the cover, the long-haired hippie lounges in soft lighting on soft grass in front of a stand of pine trees. When people talk to me about divine plans and mysterious ways, I know they are wrong, but I also know this: one day I will not be in this hospital bed anymore. One day I will wake up somewhere else, and on some day after that I will wake up and my first thought will be something other than dying muscles and opiates.

Sometimes the motto is not effective: when my leg hurts a lot, like now, or when being bedridden frustrates or humiliates me more than usual, I mentally scream at my leg. *Fucking bastard asshole leg of betrayal! Et tu, motherfucking leg?* If it had been amputated I could have gone home. I wouldn't have to have Heparin injected into my stomach twice a day to keep the blood from clotting in the open wound or take Neurontin to dull the stabbing pain in my feet that is supposed to be promising because that is what it feels like when nerves grow back or take laxatives to counteract the effects of the narcotics that have shut down my intestines and made my mind so hazy that I cannot read the books that well-intentioned friends have heaped into my room.

But I can only go so far down this mental pathway before my anger suddenly gives way to empathy for the leg. It was a good leg; it had a strong calf muscle and flexible joints, and it was a slow runner but good at yoga and did not deserve to be crushed by a bus and have its insides put outside to be picked at delicately by scalpels and torn off clumsily by gauze. I was the one who took it downtown to the club, after all. I know this is irrational, but if the bus and the leg don't have to play by the rules, then neither do I.

Simone comes to visit often, and she sits in the straight-backed chair to the right of the bed, and out the window behind her there is snow falling. Sometimes she wants to talk about the night of the accident; it was a trauma for her too, after all. She rode in the ambulance and called my

parents in the middle of the night, and waited in the hospital hallways alone until other people arrived. That night I had chosen between two pairs of shoes. I wanted to wear some stiff red patent-leather monsters with thick four-inch heels. They are ridiculous, and they hurt my feet, but they are sexy in a kitschy way, and sometimes only they will do. Simone talked me into wearing the soft, flat, checkered ones. They would be better for dancing, she said while we were sitting in my room planning the night, holding up different outfits and drinking cheap red wine from a box. She was right: the pink-and-red shoes were perfect for dancing.

But if I had worn the crazy heels, my feet would have hurt, and I would have gotten cranky early in the night. I would have insisted we go home a half hour earlier, and we would have taken a different bus, one without a maniac driver. If I had been really lucky and gotten a blister, I might even have insisted we take a cab, and we could have avoided buses altogether, and I wouldn't be here now. I would be in the snowy city outside the window, walking around on two functional legs, wearing a heavy, long coat and smoking a cigarette, drinking coffee from a wax-lined paper cup instead of lying here in a thin hospital gown and sipping water from the dull peach plastic cup that's always on my bed-tray. Simone, with her sensible shoe suggestions—this is all her fault.

7

I am watching the two plastics residents slice away the dead bits around the edge of my leg. The part of the muscle that could potentially be viable shrinks every day, with every chunk that is pulled off clinging to a bandage and every sliver they carefully cut away. It's crazy to watch them and not care that they are doing this. They gave me a different drug, something called Varsed, a way to avoid general anesthesia and the heavy doses of narcotics they have been giving me. It doesn't make you unconscious; it doesn't even make you not feel pain—it just makes the pain not matter. Here I am, watching them slice, feeling them slice, and I just don't care. I am sitting up, watching, and asking them how they got interested in medicine. I can hear that my yammering questions sound drunk and slurry, which isn't fair because I am not drunk; I am thinking perfectly clearly, except that I am watching them cut strips of shin sashimi out of my body. I am telling them how interesting this drug is, and they are saying please lie back down. But I'm determined to talk to them about how when I was in high school I really wanted to go into pharmaceutical research and invent the perfect

recreational drug, something really cool and interesting but with no effect on memory or emotion. It seems like they are ignoring me, but maybe they just need to concentrate. Is this stuff addictive? I want to know. They slice in silence, no longer amused. They talk about “adjusting,” and the anesthesiologist who has been creeping around behind me fiddles with something, and I’m really tired now, so I guess I will lie back down. And sleep.

8

It is almost Christmas. My friend Jack is coming to visit today. He is back from Kenya; there he spent the semester studying wildlife management and visiting Masai villages where the houses are made of cow dung. He called yesterday to tell me he was back. He has not had e-mail or phone access while he was away, but his girlfriend sent him a letter telling him I was in the hospital. He said it was the scariest letter he had ever gotten, which made me feel important. Before he left for Africa I had a persistent crush on him. We read the same books and liked the same music, and I was good at making him laugh; I wonder if I still am. He has never returned my crush, but knowing he will be at the hospital makes me nervous in a prehospital way, when succeeding or failing at dating and flirtation were central and the stakes high. My mom is washing my hair in a basin, going back and forth to the bathroom and refilling the water cup for each rinse. She massages my scalp with her fingers, giving me good scalp-massage shivers. She brought me a blow dryer, and today I’ll brush and blow-dry my hair by myself, and my hair will be straight and shiny for the first time in a month.

Jack is here before I am done, and I yell to him to wait in the hallway until I look presentable. But I am suddenly conscious of my medical-chemical pungency and yellow complexion and remember that my face is glassy-eyed and always either puffy or shrunken. Suddenly my plan to claw my way back to normalcy with a hair dryer seems ridiculous, and I haven’t seen my friend in months, so I call to him to just come in. He looks the same, his light brown hair a little shaggier than usual, his face still narrow and eyes still bright blue. He talks to me the same way he always has, quickly, excitedly, unaccustomed to me being a slow-witted, tired patient. He tells me stories about soccer games and sunsets and creatures and gives me a carved wooden statue of a thinking man sitting up, leaning forward with his elbows on his knees and his head resting in his hands. I have been inside my small, off-white room for weeks, and I love the statue for coming from somewhere so sunny and hot and far away.

For several days I have had a mysterious machine attached to my leg. It sits on a side table by the foot of the bed, whirring. It is about the size of a car battery, and a tangle of tubes snakes from the machine under the blanket. They must be attached to my body because the clear plastic tubes have red and yellow fluids in them, being sucked in and pushed out. It is a WoundVac, the plastic surgeon is telling me, and it is supposed to help the tissue regrow.

The WoundVac is plugged into the wall, but tonight the nurse shows my mom how to switch it to battery power so I can leave my room. They pick me up and set me in the wheelchair, which has a special attachment so I can keep my left leg horizontal while my mom pushes me around. My hip, knee and foot have to stay on the same plane; if my leg is lowered, too much blood rushes in and it feels like being pricked with thousands of needles. We go down the hallway to the elevator bank. It looks like a hotel, with the muted gray carpeting and pale floral and landscape art in faux-classy gold frames on the walls. Mom asks if I want to go outside. I look out the window—fat, lazy snowflakes fall in the streetlight. Yes. I don't have a coat at the hospital—I was wearing a lightweight, dusty blue jacket when I was admitted last month—but Mom bundles me in blankets, and we get in the elevator and go. The wheelchair bumps and shakes the WoundVac in my lap when we wheel across the little gap into the elevator.

Outside, the freezing air stings the inside of my nose as Mom wheels me across the asphalt and onto the sidewalk, and we look up at the hospital together. It is like we are in a stark, urban snow globe. This part of Boston is all hospitals, side by side. A dark blue bus pulls into the patient drop-off circle several feet away. The brakes on the chair are not faulty, the sidewalk is not slippery and the bus driver sees us, but this logic does not stop my breathing from quickening. It is late, and there are no other cars. We stay for a few more minutes, shivering pleasantly in silence before heading back inside.

I can hear friends' voices in the hallway. Christmas is a few days away. They have brought lights, and they spend several minutes stringing up the multicolored strands. They tell me about school and the winter formal. By now I have stood up, leaned on crutches and screamed at the needle sensation when I lower my leg. The muscle might reattach. I might regain some con-

trol of my foot. I tell them these things and joke about having thrown myself under the bus to avoid exams.

It is late when they leave. I sit up in bed, unable to sleep, staring at the Christmas lights. The room looks warm and cheerful with the fluorescent overhead lights off and the yellow, blue, green and magenta glowing in a square around me. My mom has been talking to the doctors about getting me transferred to a hospital in Kansas City soon. They will take me there in a special medical helicopter so I can travel with all my drugs and machines. At the new hospital, they will graft skin onto the exposed bone and tissue of my leg, and I will have scars instead of wounds.

I think about some far-off future day when something will happen to me—I will meet someone, do something, go somewhere—that could only happen because the texture and timing of my life were changed by having my leg crushed by a bus and living for a season in a hospital bed. This is not the same as “Everything happens for a reason,” but it will do. In the multi-colored quiet, I can imagine a time when this will be over.

***Peroneus longus tendon transfer:** surgical procedure in which the tendon that moves the foot side to side is cut from its anchor on the lateral side of the foot and reattached to the top of the foot, restoring some of the patient’s dorsiflexion. After a few months of physical therapy, the patient will likely be able to walk on her own.*



Rachel Riederer

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