

This book is the second installment of The Tales Trilogy, the creative non-fiction account of a nurse behaviorist working in an academic cancer research institute. Her pager provides the literary device that moves her from one patient scenario to the next, encountering patients who are trying not merely to survive their illnesses, but to transcend them. These personal stories of healing are set against the backdrop of the unfolding events of 9/11.

The Pager Chronicles, Vol. II

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THE PAGER CHRONICLES

VOLUME TWO



PATRICE RANCOUR

ADVANCE PRAISE FOR THE PAGER CHRONICLES, VOLUME II

“You have achieved a perfect balance of drama, humor, pathos, and inspiration in these stories.”

Jeffrey Jones, DNP, PMHCNS-BC, LNC
Adjunct Faculty, Frances Payne Bolton School of Nursing,
Case Western Reserve University

“Much praise has been heaped—and rightly so—upon the ‘first responders’ who come upon a scene of danger and carnage and who rescue and care for victims. Rancour’s vignettes remind us of the presence of the ‘constant responders,’ those caregivers in the health care professions who handle human tragedies every day with patience and kindness.”

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“Patrice Rancour is a splendid storyteller who pulls the reader right into the hospital with her as she deals with humanity in its most vulnerable state. She brings an acute awareness to the fragility of health and to the remarkable spirit and strength of those who are ill and of those who are committed to treat and heal them. She leads us into a deeper realm, one beyond what we might commonly observe.”

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Medical Writer

“*The Pager Chronicles, Volume II* is a book that keeps one turning the pages—not to get through it quickly, but because each page is so rich with experience...”

Martha Wheeler, Author
*Affirming the Darkness, an Extended Conversation about
Living with Prostate Cancer*

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Visit the author's website at www.patricerancour.com.

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1. INGRID AND THE STALKER

After the in-service, the OR nurses and technicians amble out of the conference room, their heads and shoes haloed and swathed in diaphanous blue covers. They quickly stream like corpuscles into the veins and arteries of the various operating rooms, their voices and laughter drifting into the disinfected corridors. Noreen, the nurse manager who asked me to facilitate the discussion at the staff meeting that morning, nudges me into her office and shuts the door, motioning for me to take a seat. A former military officer, Noreen brooks no nonsense. I've seen her take on surgeons in the service of patient safety.

“What’s with all the intrigue?” I’m curious. As a nurse behaviorist in a large academic medical center, it’s not unusual for me to be privy to the inner workings of what goes on behind the scenes here. In fact, it’s often the focus of my work.

“You well might ask,” she responds, but she is dead serious. “Look, we’ve had a situation that’s been fulminating here for about a week, and I don’t quite know how to handle it, so I’m hoping you have a few ideas.”

“OK, shoot.”

“Of course, I know you will keep this confidential—”

“Of course, and?”

“It’s about Ingrid.”

“OK, what about Ingrid?” Ingrid is Maureen’s unit coordinator and plays a pivotal role in the organization of the unit. She is a shy, soft-spoken young assistant with doe eyes, who does her job quietly

and effectively. “Say, actually, where is Ingrid? I didn’t see her in the meeting.”

Noreen holds up a cautionary finger, leaves the room for a couple moments, and returns with Ingrid bringing up the rear. Only Ingrid is sporting a blazing shiner.

“My God, Ingrid, what’s happened to you?”

Ingrid looks furtively at Noreen who nods her head in my direction, encouraging her to speak for herself. She has a bit of a hard time getting started, so I just wait quietly as Noreen seats her. She doesn’t look me in the eye as she mumbles, and I have to ask her to speak up in order to understand her.

“Ingrid, please. You can tell me,” I encourage quietly.

She looks up finally and I can see she is embarrassed. “It’s my boyfriend, Nate,” she barely squeaks, her engorged eyelid making it painful for me to look at her.

I am truly appalled. “Your boyfriend did that to you?”

Noreen can’t help herself as she motions Ingrid to pull down her scrubs over her left shoulder where a ripening rainbow of color flashes from black to green to yellow, complete with individual fingerprints.

“Oh, Ingrid, how long has this been going on?”

“About six weeks, ever since we moved in together. He never treated me like this before, so I’m as surprised as the next person. I thought it was just a fluke, but it’s happening pretty regularly.” She looks down as she says, “He tells me it’s my fault that I make him so angry.”

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I can see Noreen is working up a fine head of steam on that one. “You don’t believe that, do you, Ingrid?”

“Well, I know I’m not supposed to believe it, but I kinda do anymore.”

Noreen looks at me tight-lipped. If this were a cartoon, I’d be seeing steam shooting out of her ears and steaming up her glasses for sure.

“Well, have you talked to him about this?”

Oh yeah, he’s always sorry about it after it happens, and promises he’ll never do it again. I know he really loves me and I really do love him, but—” At this she becomes weepy. “I really don’t want to break up with him.”

“Why?”

“Well, I’m a little afraid of what he’ll do to me if I suggest it,” she whimpers.

She is such a sweet little thing, already feeling so defeated and so bereft of self-esteem in just six months of this that my heart breaks for her. She is a quiet study in learned helplessness, auburn wisps of hair escaping from her OR bonnet.

Noreen, never one to pussyfoot around, continues. “Well, honey, we really have to do something about Nate.”

“I know,” Ingrid blows her nose. Noreen catches her eye, and Ingrid nods in my direction. “Go ahead. You can tell her.”

“Well, if it isn’t bad enough that Nate is beating up on little Ingrid here, he has started taking to coming to work to make sure she is here. He began by waiting outside in the car. Then he started

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waiting for her down in the lobby by the elevators. And now, he's begun cruising for her up on the unit, and it is really creeping out the staff. He asks them if they know where Ingrid is, if she left the building with anyone. I mean the guy is relentless."

I look over at Ingrid who is worrying the drawstring of her scrub pants. "Is this true, Ingrid?"

She nods as she wipes her face.

Noreen pulls herself up. "I can't have my staff beaten up or shaken up on the unit. And I can't have some unpredictable, impulsive guy up here with vulnerable OR patients. I think it's time we took some action."

I look over at Ingrid who is clearly overwhelmed by the entire situation.

"Ingrid, what would you like us to do?"

"I don't know," she mumbles. I see this frustrates Noreen who has probably tried to reason with her to no avail on multiple occasions and was probably sworn to secrecy until the stalking encroached upon Noreen's territory. With that, some sort of boundary has finally been breeched, and my entrée into the situation is Noreen's way of throwing down the gauntlet. The time for change is now.

"Well, actually, I know of someone in town who has lots of experience with this kind of thing," I say. "In fact, years ago, I used to work a bit there."

"Who's that?" Ingrid asks meekly.

"I have friends at the battered women's shelter—" I begin, and with that, Ingrid physically recoils.

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“Oh, I couldn’t do that,” she resists. She either doesn’t see herself as battered, or her fear about retribution from the boyfriend is so entrenched that challenging him feels too dangerous.

“Now, Ingrid, just hear her out,” Noreen says. I can see she is warming quickly to the idea. Noreen has been hoping for a cavalry rescue, and she senses one might be waiting in the wings with this recommendation.

“You don’t have to do anything drastic just yet. Why not just talk to them and ask them for some suggestions?”

Ingrid shakes her head solemnly, “Oh, no, no, no, no,” she says sotto voce. “I really couldn’t.”

“Why can’t you?” Noreen pushes.

“Well, I’m just not ready to yet,” Ingrid responds somewhat defensively.

“Will you be ready to respond when he breaks your collar bone? When he dislocates your shoulder again?”

“He’s already dislocated your shoulder, Ingrid?”

Perhaps it is my wincing that registers as the reality check because she hedges a little. “Well, maybe if you talk to them for me,” she demurs.

I hate to be so deceitful but I realize that this is my entrée and I go for it. “OK, I would be happy to talk to them, Ingrid,” as I pull open Noreen’s phone book that she uses as a bookend on shelves crammed with policy and procedure manuals. “There’s no time like the present. I’ll look up their number right now.”

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I can see Ingrid is hovering somewhere between fear and relief and she nods, despite looking like she intends to make a run for it. I dial the phone number quickly and we wait until someone picks up the other end of the line.

“Hi, Charlotte, this is Patrice...Yes, it has been a long time...Look, Charlotte, I have a favor to ask. Would you mind talking to a friend of mine right now? She’s got a bit of a problem and can use a few ideas. Great, hold on...” And I abruptly hand the phone over to Ingrid who backs away from it as if it were a viper. I look at her steadily and hand her the phone. “It’s just a conversation,” I smile gently.

She looks at the waiting receiver and nods as she puts it to her ear, and says in a small voice, “Hello?”

As she starts talking, I realize that Charlotte, being whom she is, will gently reel Ingrid in, coaxing her into taking that small, but powerful first step. As that conversation engages, Noreen walks me outside of the office, closing the door behind her.

“I think it’s time to call security about this guy. What do you think?”

“I think it’s way past time to call security,” I concur. “The last thing you need to be worrying about is this guy popping up unexpectedly. Do you want me to call them?”

“No, you don’t know what he looks like, and I have all the details. I just want to be able to put your name down on the report too.”

“No problem. Mind if I stop by tomorrow to find out what’s happening?” I gesture towards her office.

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“I wish you would. It took everything to get her to agree to talk to you about all this, so she can use all the support we can give her.”

“Well, she’s in good hands with Charlotte,” I grin at her.

“I hope you’re right,” she responds as she heads back into her office. I see Ingrid still on the phone so indeed the incomparable Charlotte must be working her magic.

Life can be hard. And so begins another day in the life of the hospital.

2. FLYING MACHINES IN PIECES ON THE GROUND

As I leave the OR, I glance at my watch and notice that it is time for my weekly family support group to begin. I stroll down to the bank of elevators and push the requisite floor button, my eye inadvertently straying to the TV that sits perched on a high shelf behind the door to the family waiting area. A jet has just crashed into a tall tower in a sky-scrapered city. At first nothing registers for me as the image is soundless. Must be a movie. How do people watch stuff like this first thing in the morning? Aren't there enough disasters in peoples' lives that we have to volunteer for more on screen? Gluttons for punishment, I think.

As I wait for the elevator, thinking about Ingrid, another jet crashes into another skyscraper—once again of course, soundlessly—and I see a news byline run across the bottom of the monitor with a split-screen image of a well-known news anchor. I find myself drawn to the door of the waiting room and open it. There are two other people in the room, eyes riveted. I feel disoriented as I sit watching suit-clad ghosts, dusted with powdered concrete, racing away from billowing clouds of debris. Terrorized faces lift towards buildings collapsing like giant accordions into the ground. 9/11 is unfolding and those numbers will no longer refer merely to a number dialed in case of an emergency. This is the mother of all emergencies. I can't seem to pull my eyes away from the scene on the set, like narcotically watching the mangle of a roadside accident, but I know I can't abandon my post at the group.

Backing out of the room, my eyes fixed on the set, the elevator arrives without pushing the button. My mind is overflowing with a proliferation of confusing images from which I need to move on. The elevator is filled with people who obviously still don't know as

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yet what is happening in the world “out there” either. Their catastrophes are all happening in here, and that is more than enough for them to grapple with for the time being. I decide to keep my own counsel. If there is something malevolent happening in the world, they will find out about it soon enough.

My progress towards the group room feels sodden, like I am walking through the resistance of water. I am preoccupied, distracted, and longing to grapevine to another TV set to plug into whatever crisis is unfolding. But I don't have the luxury. The group I am making my way towards is a very spontaneous sort of group—an open-ended, casual opportunity to support families of in- and out-patients. Sometimes two people show up, sometimes eight. I never know, so I just show up for whomever is meant to be there. If no one shows up today, I think, I'll squirrel my way back to find out what is happening out in the world.

However, as I walk into the room, it appears it is just a lone older gentleman with a farmer's cap emblazoned with a “Good Earth Seed Company” logo on it. He is a bit fretful and looks tightly wound as I enter. I wonder if his demeanor is due to the unfolding news out there, but I learn immediately that his urgency is like most people's this morning: his own.

“Hi. My name is Patrice and I'm the nurse who does the family support group. Is that why you are waiting here?”

“Yes,” he says tersely, making no offer to introduce himself. The pale glow of the lit x-ray box on the wall behind him backlights his old head and showers the worn flannel of his shirt with an opalescent glow. He looks so very small and alone here.

“Well please take a seat. We'll wait just a few more minutes to make sure others who might want to join us have time to do so. Would you like some coffee or water?”

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He gestures no and I can see he is extremely nervous. Efforts to help him relax are unsuccessful. When I can see that he may be my only taker for today, I close the door and settle in.

“Tell me, Mr.—I didn’t catch your name, sir.”

Energetically, he flies out of himself like a jack springing out of a box. “You people here really don’t give rat’s rear-end about what any of our names are, do you?”

If I’d been experiencing any difficulty in bringing all of my self into the present, I immediately feel snapped back into the here and now. “Excuse me?”

“I mean, all your publicity is about how caring you all are here, but when the tire hits the road, you really don’t give a rat’s rear-end.” He is trembling, and even so, I can see he is using a remarkable amount of restraint to control himself.

“I am so sorry, sir, but I really don’t know what you’re talking about. Can you help me understand why you are so upset?”

“Sure, if you’d really like to know. No one else around here seems to want to.” His voice cracks.

I break the circle of chairs and pull mine up closer to his since it looks like it will be just the two of us. I don’t want him feeling like he has to shout at me across the room. He seems a bit disarmed that I am moving closer towards him under the circumstances.

“Please. I’d like to understand,” I say quietly and respectfully.

He sputters a bit as he gets started. “It’s about my wife, Ruth. When we walked in here—and I mean she walked in here for her surgery—we had no idea that she would never walk out.”

“What kind of surgery did your wife have?”

“She had a brain tumor, and the surgeon sounded like he believed the operation would work out OK for her. Otherwise, Ruth would never have agreed to it. Apparently, while she was on the table, she had a stroke. A bad one. No one told me about it afterwards.” He is shaking uncontrollably at this point and spitting in his effort to explain.

“No one told you Ruth had a stroke on the table?” I repeated. This is hard to believe.

“The doctor never told me. And afterward, I couldn’t understand why she couldn’t walk or take care of herself like before. Especially since we were told that the operation would relieve pressure on her brain. I took that woman home and cared for her all by myself for five months before she died.”

His face contorts. When one signs an informed consent form prior to surgery and listens to the litany of all the dreadful things that can happen as a result of it, one is always convinced that these things happen to other people and not to one’s self. That is, until they do. And then it is just unbelievable, and blame must be assigned. It is still hard for me to believe that he would not have been told about the stroke if that is indeed what happened, however I can see it isn’t much use to argue the point as he is so utterly convinced of it. And to be fair to him, I know none of the details.

“To have taken care of her all by yourself must have been hard work,” I murmur.

“You don’t know the half of it,” he barks back. “To watch that woman lie in that bed day in and day out. It was more than a body could bear.”

“How long ago did your wife die?” I ask quietly.

“Last month,” he replies, looking down at his hands, ropey with a lifetime of hard work. The gesture reveals a deep sense of powerlessness. “And to add gasoline to the fire, that damn surgeon didn’t even have the nerve to face me afterwards.”

“You never spoke with the surgeon afterward?” I ask incredulous.

“Naw, he always sent some flunky intern or student to do his dirty work for him. Never had the nerve to look me in the face to tell me man to man.”

It’s so hard to believe what he is telling me, but it all seems quite real to him. I am not here to argue, but to listen.

“Sir, I am so very sorry for your pain and for your loss.” I look him directly in the eye. He is still shaking, but is still trying to hold onto his dignity. “Truly, I am so sorry that you—and your wife—have suffered so.”

He searches my face earnestly and I can see something shift imperceptibly in the way he is holding himself. Though subtle, the shift is powerful, and his bent shoulders start heaving with sobs. And he sobs and sobs. I respectfully keep my distance as the anger had felt so palpable just a moment before, and I don’t want him feeling threatened by my moving in any closer. Such a thin veneer of anger covering such a deep well of pain. I am so grateful that he and I are the only ones here. If others had shown up, he may not have been able to express this depth of feeling, and if he had, he most certainly would have scared everyone else with its intensity.

I sit quietly as the storm passes. He takes out an old handkerchief and blows vigorously. When he’s done and has recovered himself, we both take a deep breath.

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“Can I ask why you’ve come back to the hospital, sir? Would you like me to contact the surgeon for you? Have a sit-down with him to get some closure?”

“No, it’s too late for that, little lady. I’m here to warn others off.”

“Warn others off?”

“Oh yes, to try to prevent other people from going through what Ruthie and I went through here.”

When he sees that I’m not following, he continues. “You see all these magazines lying around all these waiting and meeting rooms here?” he gestures largely.

I nod.

“Well, I’ve spent the entire morning leaving little warning notes in all of them on all the floors.”

“Warning notes?”

He picks up one of the magazines sitting on a corner table. “Yup, like this one.” And as he randomly opens the magazine, a little yellow paper slips out. In a shaky script is the message, “Run for your life. They’re likely to kill you here as look at you.”

“You’ve put messages like this in all the magazines?” I ask dazed. The depth of his anger is as equally chilling as it is touching.

“You betcha, little lady. I want everybody coming here to know what can happen when you put your life in the hands of the doctors here.”

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I sift through some other magazines and sure enough, other little yellow papers flutter out with messages like, “You’re better off dead,” or “Run, don’t walk, to the nearest exit.” The depths to which he has taken to express his anger overwhelms me.

He smiles nervously as he sees me grasping the significance of his actions. I close the magazine quietly, and place it gently on the table.

All I can think of to say is, “Gosh, I can’t imagine what you’ve been through to have gone to all this trouble. I wish we had known earlier. We would have wanted to have done something to help you.”

He looks down at his old twisted hands with the perpetually grimed fingernails. I may represent the first individual he has managed to confront as the symbolic representation of the medical center—the giant behemoth of which is so intimidating to just about anyone. Especially someone unschooled in the complexity of such a place, from a rural area. I sense him softening up.

“I’m not saying that I personally blame you for all that happened to us. And yeah, I wish someone had taken a personal interest in Ruthie and me. But I guess we were just a couple of numbers to a place like this.”

“I am so sorry you feel this way. I work with a lot of people here who pride themselves on working very hard to provide folks like you with the best care. I think when things happen that lie outside our control, it is often difficult to try to get our minds wrapped around them. I have to wonder if that’s how it’s been for you.”

“Pretty much,” he agrees.

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I nod. “You know, if the doctor had known what was happening back at home, I am sure he would have offered some home health care so that you would have had more help.” I am mindful of all the literature on caregiver stress, especially stress associated with widowhood. High levels of illness and even death usually accompany such life experiences. I am looking at one of them right now. Not to mention a complicated bereavement.

“I really think talking to the doctor about all of this might help you a bit,” I suggest, thinking it might assist him to critically debrief the event and give him an opportunity to move on. Certainly at the very least I could try to facilitate such a conversation.

“Nah, I don’t want to see that man again for as long as I live,” he responds. He rises from his chair. The interview is apparently over. “But I do want to thank you for listening to my story.”

“You know I never did get your name. I’d really like to give you a call maybe by the end of the week—just to follow up. Would that be OK?”

“Naw,” he says, “I don’t want you people to know who I am, who left the messages, or where to find me.”

“Then, would you please take my card in case you might like to call me at some point in the future? I’d really like to keep in touch with you.” I hand him my card. While he accepts it and slips it into a shirt pocket with a hole in it, I don’t have a lot of hope that he will follow through with it.

He merely tips his hat while he pockets the card, and wanders out of the room without another word. I watch him standing forlornly at the elevator until he disappears into it. The walking wounded. I wonder what the surgeon’s story is around this issue. I look at all the magazines scattered around the room and think of the hundreds all over the hospital. My, oh my.

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My mind wanders back to the raw images I saw earlier. Since the reception desk is located nearby, I decide to check there to see if an expected package has arrived for me yet. Maybe there is more news in a more public place.

3. GARY AND THE MOHS PROCEDURE

I am walking behind him through the lobby, but what I am watching are the expressions on the faces of people approaching the man walking in front of me, either nervously staring or making furtive efforts to avoid looking so obvious. I am curious as to their reaction as, from the rear, he is dressed in normal street clothes, walks with a normal gait, and appears from behind, at any rate, to look normal. Without warning, he stops to take a drink from the water fountain directly in front of me and I inadvertently run into him. At the same time, a mother with a small child turns the corner and the child points to the man I have just run into from behind and says, “Look, Mommy. It’s Frankenstein.” The woman is mortified and apologizes to the man with whom I have just collided. As he turns around to face who has rear-ended him, I now begin to understand the reactions of the others.

He is a young man—late 20’s, early 30’s with light brown hair and a winsome smile. But what the eye is drawn to immediately is the spider-webbing of scars that map his face, craters of skin missing in various depths. Like looking at an aerial photograph of a pocked and pitted moonscape.

I recover quickly and look him squarely in the eyes so he knows I see him in there. “I am so sorry. I didn’t know you were going to stop,” I apologize.

“I didn’t know I was going to either until I saw the water fountain. Guess I’m a little nervous, and when I get nervous, I get dry.” He points to his mouth, still dripping.

“A little nervous? Having a bad day today?” I ask.

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He's a little reluctant to tell this stranger all about it. "Oh, I'm sorry to be so nosy. My name is Patrice. I work here."

He takes note of my ID tag, shakes my hand and introduces himself as Gary. He has a strong Appalachian accent. "Well, I'm a pretty regular customer here, as you can see," this, as he points to his face. "I don't remember seeing you around here before."

"Oh, I float throughout the hospital. Are you on your way somewhere for an appointment?" When he nods, "Mind if I walk you there?" I ask, finding I have taken an immediate liking to this easy-going young man with the Frankenstein face.

"Sure, I'm on my way to the dermatology department for another Mohs Procedure. Which explains the reaction I just got back there," he says thumbing back at the water fountain.

"You get that a lot?"

"You have no idea," as we turn into another corridor.

"Must be kind of hard."

"Well, I wish I could say I've gotten used to it. But probably what's more truthful is that I've just learned to live with it more than anything else."

I nod as we turn into the dermatology suite. He checks in and learns that the person ahead of him is taking longer than was anticipated which means he's going to have to wait a bit.

"If you like, I can wait with you for a little while," I say. "At least until I'm called for my next appointment."

"Are you sure?"

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“Sure, no one else is in the waiting room right now. Why don’t we just chat here until you’re called?”

“Fine by me. I won’t turn down the company.”

As we sit, I ask how long Gary has been coming in for treatment of his basal cell carcinoma.

“Well, it’s a long story. Sure you want to hear it?”

“Either until you or I get called to our respective appointments.”

He smiles engagingly. I’m glad I ran into him in the hallway, even if it was physically.

“Well, it started about 15 years ago back in my hometown in West Virginia. I started getting all these sores on my body and went to see the local doctor for them. I was just a kid back then. A teenager. And he tells me that I have skin cancer. When I asked him how serious it was, he told me that I probably wouldn’t live to see 30.”

I must have startled as he tells me this, because he nods at my reaction.

“Exactly. That’s what I felt too.”

“Well, what happened?”

“Well, of course, I never went back to see him again. Scared the bejeebers out of me.”

“So how is it that you came to be here now?”

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“Well, this stuff just kept growing all over my body but I was too afraid to go see a doctor again. Then my cousin got this job up here and told me after high school I should come up and check this place out. I had nothin’ else going on, so I did. Once I got here, one thing led to another, and Dr. Swain started seeing me a couple o’ years ago, and I been comin’ ever since,” he points to his face as a supportive argument. “The rest of me looks similarly, a’course.”

“Wow, that’s quite a story,” I agree.

“Yeah, well, he started doin’ this Moh’s Procedure on me and while it’s not pleasant, I guess I can cope with it OK. It means I have to see him for the rest of my life.”

Just then a middle-aged man rolling down his sleeve comes out of one of the exam rooms and a nurse approaches Gary, and indicates he’s up next. As Gary rises from his chair and offers me his hand, I wonder how many other patients must have been scared out of their wits after seeing that doctor—too afraid to return for treatment. As I shake his hand good-bye, he grins broadly.

“You know what day it is this coming Friday?” he asks me.

“No.”

“It’s my birthday. I’ll be thirty. I’m gonna send that doctor a birthday card—from me to him.” He smiles wryly as he walks back to the exam room. I decide I’ve just met my first mensch of the day. And that’s when the pager goes off.

This book is the second installment of The Tales Trilogy, the creative non-fiction account of a nurse behaviorist working in an academic cancer research institute. Her pager provides the literary device that moves her from one patient scenario to the next, encountering patients who are trying not merely to survive their illnesses, but to transcend them. These personal stories of healing are set against the backdrop of the unfolding events of 9/11.

The Pager Chronicles, Vol. II

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