

Is There A Nurse in the Church?

My mother went back to school to become a nurse when I was nine-years-old. It was no surprise, really. When I was born she installed a 2000-watt overhead light above a wall-length mirror in our bathroom and essentially converted it into her own first aid theater. Going forward, whenever I bashed a shoulder or cracked open my skull she would haul me in there for triage. Once, after examining my fractured head under the glare of these klieg lights she calmly pronounced, "I can see right inside to your brain." My father, anxiously waiting in the doorway, promptly passed out. But then he faints at the mention of a dental appointment. "You need about twelve sutures," she cheerfully forecast, as if it was going to be an adventure to have a needle and thread poked through my scalp. Even before she officially became a nurse my mother never said stitches, it was always *sutures*. Likewise, bumps were *hematomas* and bruises were *contusions*. (If she ever has her colors done I'm sure they'll be blue-purple.) Nursing was her destiny. Move over Florence Nightingale.

In her bathroom-slash-operating theater my mother could sterilize needles for splinter extractions, pluck asphalt from your eyeball and thoroughly examine cuts and assorted road rash (*wounds* and *abrasions*) for signs of infection (*sepsis*). She removed the Band-Aids that others were terrified to peel off. She extracted loose teeth in danger of being swallowed. And she applied ice to sprains and gauze to scrapes so that a child could get back on base as fast as possible.

Over the years my mother developed a reputation in the neighborhood as a provider of low-cost (free), low-pain healthcare and thereby had a devoted following among my friends. When a neighborhood child (hint: red hair) was temporarily relieved of her eyesight after chewing an entire pack of bubble gum and blowing a helium balloon-sized bubble that popped and sealed her eyelashes shut, her choice was Nurse Pedersen.

For one thing, my mother never softened the prognosis by saying something wasn't going to hurt when indeed it was, as the school nurse was wont to do. She told it like it was and so you trusted her. If she said, "This is really going to sting for a minute,"

you figured it was going to hurt less than whatever your pediatrician with the hypodermic needles and big clunky hands had up the sleeve of his white lab coat. Also, her clinic admitted unaccompanied minors and therefore friends didn't have to report injuries to their parents, who would make them go inside and "rest quietly" or worse, insist on knowing "who did it."

As long as you didn't need to see a doctor then her "Don't ask, don't tell" policy afforded a welcome measure of nurse-patient privacy. Kids showed up at the door with black eyes, bloodied elbows, dog bites, cold sores and ingrown toenails as if our home was the local Lourdes. And my mother welcomed these volunteer patients. Even after friends grew up and moved away they would still phone in their symptoms from college dorm rooms across the country and she'd provide long distance diagnoses.

But now back to the beginning. I was thrilled when my mother returned to school. She brought home fun things to play with like a dissecting kit and also a stethoscope through which I could listen to the dog digest its food. However we all had to serve our turn as guinea pigs. The cat had his abscess cleaned and re-bandaged. Dad had his blood pressure checked. And late one night I awoke thinking there was a strangler in my bed, which was of course my mother with one corpse-cold hand around my neck registering the pulse in my carotid artery and the other holding a flashlight trained on her nurse's watch. After I screamed and leapt off the mattress she efficiently scrawled something in her notebook and said, "I didn't want to wake you." I complained, "You scared the heck out of me." She said, "Your pulse is normal and that's the main thing."

I must admit that my young friends thought it odd that when they came over to play my mother might be practicing her craft in the kitchen by giving injections to an orange or studying a sheep's brain. By the time she was student nursing the house was like something out of an episode of the "Twilight Zone." Yet if they stared for any length of time she'd eventually look up, hungrily eye their healthy young bodies and ask, "Should we prick your finger and find out your blood type?"

When my mother began her math classes and I had already passed algebra I was regularly awoken at one o'clock in the morning for assistance. I asked why she didn't just look up the answers in the back of her book. I mean, that was the whole *point* of

being in college instead of junior high school – they *gave you* the solutions. Child of the 1940s that mom is, she insisted it was cheating.

Had my mother gotten an earlier start on college she could easily have been a doctor. There's something bold and confident about her demeanor that, no matter what the situation, clearly states: "I'm in charge and you're not." And over the years I've noticed that in a genuine medical emergency this is the kind of firm leadership most patients are seeking.

For instance, one Sunday my mother was sitting in church during a christening when the father just barely managed to hand the infant off to his wife like a football before passing out. The minister asked if there was a doctor in the sanctuary. My mother and a dentist simultaneously accepted the call to the altar. The dentist deferred to her. One could make a case that this is only as it should be since he fills cavities for a living and she was by this time a registered nurse. However my mother is simply the kind of person that you defer to in a medical emergency. She instructed the dentist to go and call an ambulance. Then she adroitly went into her routine - pulse, breathing, heartbeat - and determined that no onsite heroics were necessary.

The paramedics arrived moments later and she reported her findings as they hustled the man off in the ambulance with a relative. My mother turned to the wife, who was still standing at the altar slack-jawed and clutching her child. "Did your husband clean the oven this morning?" Nurse Ellen inquired. Wide-eyed at this bit of ESP the woman said, "Yes, how did you know? We're having twenty for brunch." My mother just bobbed her head in acknowledgment and suggested, "Next time tell him to open a window." Another case solved.

And yet she isn't always so decisive. Once I arrived home from camp and showed her a painful lump the size of a chestnut on the top of my head. She matter-of-factly replied that it was either a horsefly bite (I'm allergic to bug bites) or else a brain tumor. I was eleven. I vividly recall being terrified that I was going to die from a brain tumor. In the meantime she didn't appear to give more or less weight to either possibility. She simply said that if it went away in a few days then we could be sure it was a bite. It did. It was the same when you had a stomachache. She'd say it could be something you ate or else acute appendicitis in which case without an emergency

appendectomy you'd die. Even with me, her own child, her *only* child, my mother has the capacity for a certain detached professionalism - never ruling anything out just because it happens to be the most unpleasant outcome.

Like an evangelist takes his faith seriously, my mother takes her medicine seriously. And it's accurate to say that over the years she's been an aggressive community healthcare provider. She has no qualms about sweeping a ballroom, bathroom, courtroom or any other public space for illegal smokers and summarily escorting them from the premises, not caring a whit if they're big shot executives or high-ranking politicians. And they all go meekly and quietly because they mistake her self-assurance to mean that she's in charge, either operating as an undercover security person or head of the Red Cross. Or more likely The Gestapo. Lenin, Stalin, Ellen.

Embarrassment would be an understatement for what I've occasionally experienced while trailing along in the flotsam and jetsam of her bandages and defibrillators. My mother can spring into nursing action at a moment's notice, without any warning, because her medical radar is constantly operating. Even when it appears as if she's working as a greeter at church or serving food at a picnic, in actuality she's surveying everyone's physical and mental health. After someone passes by she'll lean over and whisper, "Apparently he forget to take his lithium this morning," or "That entire family is hearing voices, and *she* could go to group therapy all by herself." Before we arrive at a party she'll enthusiastically say, "Stay close and I'll introduce you to an undiagnosed borderline personality disorder," as if we're embarking on an African safari.

But that's nothing compared to her penchant for tackling potential patients. When one elderly parishioner arrived at church with a few bruises on her arms and face my mother immediately insisted upon knowing what had happened. The woman, who's been in her seventies as long as anyone can remember, lives on her own and explained that she'd taken a fall but had since recovered. Little did this woman realize that she was playing right into my mother's blood pressure cuff. Because my mother already had her slide rule out and was calculating when each bruise had occurred by how it looked and had already determined that there'd been more than one fall, possibly three or four. (Don't try to tell my mother that you cut yourself on a Saturday when you did it on a

Wednesday because that wound speaks to her the way elephant dung talks to a jungle tracker.)

My mother abandoned her post in the foyer and hunted the woman down in the sanctuary in order to read her her medical rights: “As a healthcare professional by law I must insist on knowing the nature and cause of your injuries.” My mom has a way of wording things to make it sound as if there are law enforcement officials waiting outside and that you’re going to be arrested and brought to trial if you don’t cooperate. It probably didn’t hurt that they were in a chapel but the woman quickly confessed. She’d been experiencing frequent dizzy spells, passing out and falling down. That afternoon my mother made phone calls to make sure she was getting the appropriate assistance and medications. Meantime I wrote the woman a note of apology and said that she should consider herself lucky since she only had to be inspected by my mother on Sundays and was free to do as she pleased during the rest of the week.

Over the years, no matter where my mother took an entry level nursing job she ended up in charge of the floor, wing, or department within a few weeks and then the entire place inside of six months. She ran a skilled nursing facility in Amherst, New York, before going to work for the state of New York as a psychiatric nurse. On one evaluation a coworker wrote that my mom is “intimidating.” Now my mother was actually shocked by this and called and asked me if I thought she was intimidating. I said that I’m sure it was meant as a compliment. After all, there was that time when her office building caught fire and all the furniture was moved out on the front lawn and two athletic-looking local citizens tried to steal the couches. My five-foot-six, sixty-something mother came out of the building, which happens to be in an economically challenged section of the city of Buffalo, and with no one else in sight formally addressed the two sturdy neighbors performing the removal: “Excuse me gentlemen but that couch is the property of New York State and I’m going to have to ask you to put it down.” They were stunned. They obliged. In fact they hauled it back into the building for her.

Her job held many other dangers – working in the inner city, driving on streets that were rarely plowed, going on home visits where nearby drug dealers operated freely. I knew she was in an unusual line of work when I received an insurance policy from Albany detailing what I should do in the event that she should be taken hostage. She

never was, that I know of, (or else they decided to give her back in a hurry), but I remember mom had a few safety guidelines: Always sit in a wooden chair (God knows what's in upholstery), never drive your state-issued vehicle (good way to get shot at), and never enter a home where you see a pit bull or boa constrictor in the window (used in urban debt-collection proceedings). I'll bet they don't teach *that* in nursing school.

The only time I've found my mother unenthusiastic about plying her trade is by the roadside in winter. If we're driving together and she spots an accident she murmurs, "Oh please let someone be there." Apparently there is a law or code stating that a medical professional must stop if there's been an injury. She slows the car and when she sees the flashing lights of an ambulance says, "Oh thank God. I'm off duty."

The rest of the time she's ready and eager for a crisis. She particularly covets an opportunity to brush up on her Heimlich maneuver. This is because it's one of those procedures that you can't really practice unless a person is actually choking, for fear of sending their spleen up into their nostrils. And to my mother, a first aid dummy just isn't the same as getting her hands on a real chest cavity.

My family basically lives in fear of the Heimlich maneuver. This is the one area where we take precautionary measures – cutting meat into small bites, chewing food carefully – because, quite frankly, getting one's guts smashed in is not a particularly pleasant way to conclude thanksgiving dinner. Once when I started to cough and sputter at the table as a result of some water going down the wrong way I immediately became alarmed when I looked over and saw my mother putting on her Heimlich face - part concern, part delight.

"Can you speak?" she shouted across the table. (Inability to speak is the first sign of a choking victim according to the first aid books.) And yet I could have spoken if I'd only had a second to swallow and relax. But instead I saw her rising from her chair, eyes gleaming, hands being drawn together. Then I went into a full panic. Because I definitely did *not* want my ribs jacked up into my throat and so I tried to talk but amidst the growing dread I just couldn't manage to catch my breath. By then she was moving fast, a predator closing in on its prey. Just in the nick of time I managed to push my chair back and flee from the table. (Second sign of choking victim: Running from the table.) She chased me into the living room. The rest of the family froze at their places around

the table as if watching the final few minutes of a tied Superbowl. They were probably alarmed by the thought that it could have just as easily been one of them.

However by the time I took flight I was not only convulsed with terror but also with laughter and my face was turning purple (third sign of a choking victim) from simultaneously coughing and gagging. My mother threw her arms around my chest. “No!” I finally managed to yell out. Fortunately she knows you can’t talk and choke at the same time. I was released onto the floor in a heap of gasps and giggles.

“Well why didn’t you speak up in the first place?” she asked in her no nonsense tone, though I sensed a note of minor disappointment in her voice. “I thought you were choking to death.”

Fortunately everyone in the family rotates being a target of the matriarchal medical reactionary. One Easter my uncle passed my mother the potatoes and she noticed a dark spot on his arm. “Have you had a doctor look at that?” she inquired with more than a slight hint that there was a dramatic revelation to follow. He said no. She announced that it looked like skin cancer or a malignant melanoma and should be removed and sent for a biopsy as soon as possible. And if it was a melanoma then he’d be dead within six to eight weeks and there wasn’t anything that anyone could do about it. Then she passed him the roast beef. He was no longer hungry. Instead he asked me, “How come every time we invite your mother to dinner we end up wanting to land a medevac chopper on the roof?”

The only real problem with her diagnoses is that she’s usually right. My uncle did have a form treatable skin cancer.

My Aunt has found a novel use for my mother’s nursing skills. My mother’s sister Sue is very intelligent and so she knows that there are times that she should go to a doctor but like many of us, she just doesn’t like to go. She needs that extra push. So she calls my mother. The phone calls are pretty much the same.

Nurse Ellen: Hi Susie, how are you?

Aunt Sue (in the midst of an embolism but completely calm): Fine thanks. What a gorgeous day we’re having.

Nurse Ellen: Yes, I thought I’d go for a walk later, perhaps you’d like to join me.

Aunt Sue: No, thanks. I’ve been feeling a bit tired.

Nurse Ellen (radar goes on alert): Oh really? Have you been getting enough rest? Is it allergies? Are you taking any meds?

Aunt Sue: No, no, it's just that I passed out a little while ago.

Nurse Ellen: You passed out?! You have to see a doctor immediately! How's your pulse?

Aunt Sue: It's hard to tell because I'm experiencing shortness of breath and have these shooting pains down my right arm...

Nurse Ellen: I'M CALLING AN AMBULANCE RIGHT NOW!

Aunt Sue loves to call with dizziness, gaping wounds from kitchen accidents and chest pains and act as if nothing is wrong. And of course she knows she should go to the hospital. But for some reason she requires the added motivation of my mother screaming into the receiver: "Call 911 because you're going to die!"

My mother can pretty much tell what's wrong with a person by a single glance. As a kid I'd arrive home from school and she'd take one look at me and instantly declare scarlet fever, bronchitis, or walking pneumonia. A few hours later the doctor would confirm and prescribe.

Not too long ago a woman in her neighborhood had been ailing with cancer and as my mother and I were bringing in some groceries we saw the woman from about thirty yards away and my mother leaned in and whispered, "Looks like pneumonia." A week later the woman died. My mother asked a relative the cause of death and was told an autopsy was being performed. The following week she reported back to my mother. Pneumonia.

In her own emergencies my mother is equally efficient and not known for depending on the kindness of strangers or even family members, for that matter. Healthcare isn't a two-way stretcher. It's no secret that she views the rest of us as medical incompetents. When I was thirteen my father and I arrived in the kitchen one morning to find my mother with ten stitches above her right eye. She'd gotten up in the middle of the night and accidentally hit the corner of her dresser, driven herself to the emergency room, and then back home again.

"Why the heck didn't you wake us up?" My father asked in astonishment. "Because you're both useless," my mother calmly replied. "You," she pointed at my

father, “Pass out at the sight of blood and You,” she turned to me, “Can’t drive anyway.” Okay, she had a point. Two points, actually.

Though divorces usually have more than one specific cause I would have to say that my folks split on grounds of irreconcilable healthcare and sanitation differences. Whereas my mother has no interest in anything that can’t be thoroughly vacuumed, my father’s going to be cremated wearing a T-shirt depicting a photograph of the Surgeon General with a big red line through his face. Dad’s a smoker and champion caffeine consumer. And it’s probably not an exaggeration to say that if he were to modify his habits the stocks of coffee and tobacco companies would take a major dive. If he ever gets his cholesterol checked I’m sure that instead of numbers there’ll be just one word: Pastrami.

Dad’s philosophy about doctors is essentially that if you don’t go then there’s no chance they can find anything wrong with you. His theories on cleansing agents might be called The Ganges Principle, referring to the fact that people who bathe in the Ganges River daily, amongst the detritus of garbage and dead bodies, experience no ill effects because their immune system is accustomed to it. And that the way to build a formidable immune system is to surround one’s self with a certain amount of germs and pollution and let them build up over time.

Dad’s the kind of guy who when his shoes start to wear out he wraps them a couple times with duct tape. He’s convinced that the spic-and-span crowd, with all that constant scrubbing away at mold and dirt and dust, is just asking to get struck down with the first viral infection that comes along. Next stop, polio. Dad believes good health stems from living in harmony with the natural world and therefore spiders have as much right to live in your bedroom as you do. In fact, they may be the *only* thing between you and a case of malaria. Once when I asked why he didn’t remove the cobwebs taking up a full one third of his wall and ceiling he said that it helped to control the mosquito population. (Apparently he was just short a water table of having his own private ecosystem in there.) If I had a truly untenable entomological situation in my room as a child (i.e. cigar-sized centipede) the most I was going to get Dad to do was perform a shoebox capture and relocate the creature to a nearby forest. I think bumblebees and

carpenter ants must have pictures of him hanging in their hives and entrances to their hills the way democrats used to have photos of JFK in their front hallways.

Anyway, since the 1970s there's been little tolerance for people communing with nature. And so by the time I was fourteen it was obvious that Dad was going to be consigned to the dustbin with the next spring-cleaning. The signs were all there. Only the quick and the cleansed survived in Nurse Ratchitt's ward. As a preemptive strike she had already taped up his door so that whenever he managed to pry it open it made a tremendous sucking sound, as if a tornado was ripping through the hallway.

Now in fairness to Dad, part of the problem (I like to think) was that he'd lost his sense of smell after a brain aneurysm in his late thirties. Okay, he's not what one would call extremely observant to begin with. (His was the car coming around the corner with the briefcase on the roof and the coffee cup on the hood.) One afternoon I can remember standing in the kitchen with my mother when she poked her head up like a prairie dog that's just smelled a predator and barked, "Smoke! There's a fire!" She ran to the taped up door and saw smoke wriggling through the crack where the shag carpet had interfered with her plastic barrier. She quickly unstuck the door and barged in to find my father calmly smoking away and typing while his curtains blazed orange and blue directly above him.

In the same manner that political enemies in totalitarian states disappear in the middle of the night, the movers (or the EPA, depending on whose version you choose to believe) quietly took him before dawn one morning when I was fifteen. I awoke and he was gone, transplanted to an apartment a few blocks away where he never bothered to unpack. It took four coats of primer and paint to cover the telltale stains of smoking and even then the nicotine seeped through again after only a few weeks.

For me there were pros and cons of having a nurse for a mother. The good things were that I didn't need to have friends tying my teeth to doorknobs and garage doors in order to yank them out. And I could always drive in a snowstorm. Buffalo is a Snow Belt city that's usually shut down by a few robust blizzards every winter. In such cases only emergency vehicles - plows, police, hospital workers and the like - are allowed on the roads. So I would simply borrow my mother's old student nursing cap and hop in our station wagon. Of course I didn't mention this to her at the time. And the fact that she

worked a night shift and slept during the day gave me free rein to perform my civic duties.

Once we were all in high school my friends and I had fewer bumps and bruises that needed treatment. Our teeth had come and gone and come in again for good. However, we developed a new appreciation for my mother's bathroom operating room. It was the only place in town a teenager could really examine his or her skin for pimples. It also came in handy for applying makeup. My friend Mary quite accurately dubbed the full wall mirror under the blazing lights "The Truth Mirror." Mary was in the habit of fixing her hair and face at her own house and then stopping by our bathroom for the finishing touches before heading out on a date. She insisted that you just couldn't be sure of how you really looked until you checked The Truth Mirror. She also said that it was easy to think that you looked pretty good and then go in and be completely horrified by The Truth Mirror. It could make a teenager feel so zit-faced and plug ugly that you didn't want to go out again until you were twenty-one. Some friends wouldn't even enter into my bathroom or if they did, they'd use a lighter rather than switch on the high-powered searchlights.

I opted not to pursue a career in healthcare. My own interest in medical science ended in a high school health class taught by Mr. Wyatt, the school gym teacher--football coach--health instructor. He was a 250-pound former linebacker with bad knees who would pace in front of the classroom pitched forward as if he was battling a mighty headwind and rail at us that "douching does not stop pregnancy" while pounding on Resuscitative Annie's chest for emphasis.

Instead, I left home with a clean bill of health when I was seventeen and headed for a job on Wall Street where I traded the stocks of healthcare organizations rather than working for them. However, I did eventually have my medical moment in a crowded Manhattan movie theater when an older woman fainted. It was as if Nurse Ratchitt momentarily possessed my body. Without thinking I ran over to see if the woman had any medical alert bracelets or pill bottles. I ordered the youthful and bewildered manager to call 911 and checked to see if the woman was breathing. She was. By the time I began searching her bag for some identification a large crowd had gathered around us. Contrary to popular belief, New Yorkers are not coldhearted pedestrians who casually

step over dying moviegoers. Every person in that theater dug into their pockets and purses and helpfully offered all the prescription medications they had with them, which came to about two hundred bottles of beta blockers, amyl nitrites, anti-depressants, Viagra, eye drops and asthma inhalers. The manager returned and said that an ambulance was on the way. It was a large movie theater and the rubbernecks were pressing in. The manager suddenly awoke from his trance and asked me if I was a medical professional. “No,” I replied. And then I don’t know what was going through my mind because I added, “My mother’s a nurse.” The manager began pushing the crowd back and officiously shouting:

“STAND BACK EVERYONE! HER MOTHER IS A NURSE!”