2014

Six Hours in a Clinic

Donna Adams
Syracuse University

Follow this and additional works at: https://surface.syr.edu/intertext

Part of the Arts and Humanities Commons

Recommended Citation
Available at: https://surface.syr.edu/intertext/vol22/iss1/13

This Article is brought to you for free and open access by SURFACE. It has been accepted for inclusion in Intertext by an authorized editor of SURFACE. For more information, please contact surface@syr.edu.
The six-hour clinical ordeal is not something I discuss with my aging mother or with many of my co-workers. I use my vacation time from work. I don’t use sick time because that requires an explanation, and I can’t bear repeating answers to the same questions, asked by the same people, about my multiple sclerosis: No, there is no cure yet. Yes, sometimes I hurt. Yes, I am tired. Yes, I will be okay.

This morning is a good example of waking up tired. I feel like the slowest bird ever, the bittern. Those poor birds are easy prey in the wild; they fly low, dawdling flights, making frequent stops. In another hour I will become the bittern, part prey inside the health care system.

Now I lay awake and hear the male cardinal outside my kitchen window, perched up high on the fence that buffers the morning westerly wind. The night’s murkiness is fading, and the cardinal towers above the neighborhood’s black feral cats with confidence and says “Chip, chip, chip.” And continues, “Chip, chip, chip.” Maybe this is his way of telling the others that he is okay. I open my blinds,
look down from my bedroom window and spot his bright red plumage. But just as he is there on the fence, he is gone. He flies away free, somewhere to someone. I close the blinds and get dressed in the dark room. I pull on my fading black sweats, a light gray oversized t-shirt and grab my sweatshirt. I proceed downstairs to pick up some reading materials, a yogurt from the refrigerator, and a granola bar, placing them in my oversized not-so-much in-style bag. I head outside and make my flight to the six-hour clinic.

Check in 8:15 AM
Shelley is taking basic insurance information down today; she is wearing all gray and has no makeup on. Brenda is in a royal purple jacket, gold necklace, and is acting as head nurse. She shuffles around the room, back and forth from her desk to the kitchenette, and from the kitchenette to her desk. She is a nervous hand washer. Cathy has a bright lime green ID lanyard draped over her baby blue smock and has been responding to Brenda’s random questions since my arrival. I try to keep up with their verbal tango, but I don’t understand most of the medical lingo. By now, I’ve told all three that I normally have low blood pressure and faint easily. I sit in my recliner and prove to them that I won’t pass out by eating my granola bar.

8:30 AM
Resting pulse 72. George and Karen, easily in their sixties, a pair of rounded silvery love birds perch side-by-side getting comfortable in the deep purple straight back chairs directly facing me. I am in a similarly hued speckled vinyl recliner. George opens up early morning rhetoric about his swollen legs and ankles and last night’s belly problems. Karen’s left arm appears stuck like a candy gummy to George’s arm, and she clutches his wrist and pats his feathers down with her other hand as if to soothe the pain.

8:45 AM
I swallow a pill.

9:00 AM
George is not comprehending that I am trying to read a book. Cathy is taking his vitals, and I can’t block his guttural voice from my direction—he says something flirtatious about being in a room full of women. From her desk, Brenda does the “Now, now George.” I look up from my book and spot Karen staring into some faraway place, beyond my recliner, beyond the hard cement wall behind me. She is humming quietly under her breath. She looks tired, and I think she wants to get out of her cage.

9:15 AM
Resting pulse 65. Starting the downward dive. My goal is to stay above 60.
9:30 AM
Shelley begins her “representative” mantra from her office closet. Her goal is to speak with a real person who can approve an insurance claim. Everyone including the nurses listens. “Representative. Representative. Representative,” she chirps this over and over. George, Karen, and I share a couple of wavering eye-ball quizzical looks, and we shoulder shrug together. This interests George and quiets him.

9:45 AM
Resting pulse 62. Brenda rattles at my machine, attempting to wake it up.

10:00 AM
“Representative…. REP-resentative, Rep-Re-Sent-A-Tive!” Surfer Alex wheels in, a skinny blond pushes him further inside the clinic. Cathy makes him comfortable in his recliner. Hooks him up to Natalizumab, an intravenous for rapidly progressing MS patients. The blond pecks his cheek and leaves. Alex puts his sunglasses on, lays back and rides his wave for two hours.

10:30 AM
Resting pulse 58. “Representative, representative, REPRESENTATIVE!” Brenda orders me to stand up, move around. I go out into the hallway. When I return Shelley has had success getting through to an insurance rep. Brenda and Cathy seem relieved.

11:00 AM
Cathy takes George’s vitals once more and sends him on his way. “Ya didn’t do much,” he says. Cathy explains again that they are there on the wrong day.

11:30 AM
Resting pulse 55. I climb a flight of stairs to the cardiologist for my first ECG of the day. Bradycardia (aka a slow heart) one side effect of the MS med Fingolimod—the pill I took almost three hours ago. It’s all-good, no worries they tell me. I go back down to my recliner, first stopping at the clinic desk to give Brenda my report card.

11:45 AM
A Joan Didion look-alike appears. Thin lips, pasty draping skin, a frail gait, sad watery graying eyes. She is alone like me. Brenda hooks her up to Mitoxantrone, a chemotherapy agent for worsening relapsing-remitting forms of MS. The patient has brought a small cloth bag of books but slowly faded away into her stories.

12:00 PM
Resting pulse 53. I’m back in the hallway. I karate kick and try to become a fast flying Peregrine falcon. I hate the bittern.
12:15 PM
Resting pulse 50. I am now racing up the stairwell to cardiology. Listening to Brenda and Cathy, I think my heart is going to stop at any moment. The cardiologist looks down at my line chart. “Well they tend to panic about these things. You’re perfectly fine.”

12:30 PM
And now I’m back at the clinic door, a younger boy jumps in front of me. He’s acting jittery as if he has an important message to deliver. But he’s here just like the rest of us—he has MS. He is a frail size and alone, and I see he has a yogurt in his bag. I wait for him to get settled and then give my report card to Brenda. I also see that Surfer Alex is gone.

1:00 PM
Cathy hooks the boy up to some intravenous and he turns to tell me that it is good to see me again: “It’s been at least a few weeks, right?” I have not been at clinic in over a year.

1:30 PM
Resting pulse raises to 58. Come on, come on, I can do this. I open my yogurt and the boy sees it. “Oh my gosh, I have the same flavor too!” he says. Yes we do, I think.

1:45 PM
Brenda approaches and informs me that I have to be good before I can leave. “Of course Brenda…” But I wonder what she would do if I just got up and walked away.

2:15 PM
Resting pulse 62. My body has recovered to system normal. The required six hours of monitoring have elapsed, and tomorrow I will begin taking this daily pill on my own. My heart rate should dip and rise without my friends from the MS clinic.

The Parking Lot
When I step outside, it is warm. The sun has been shining all day. I am tired. My legs feel heavy and slowly move my body to my car. I open the car door and realize that I forgot to get my parking ticket validated and I have no cash. The parking attendant asks, “What’s your plate number?” I don’t remember and have to pull the car forward so that she can write it down and then I reverse back to her window. “And your name? Address?” I give those to her. “Here’s an envelope with the amount due. Mail it within two weeks.” She flags me away and I think, wouldn’t it be nice to fly away like the morning cardinals?