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## Nobody's Home: Candid Reflections of a Nursing Home Aide

Thomas Edward Gass

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## Nobody's Home: Candid Reflections of a Nursing Home Aide

### Abstract

After caring for his mother at the end of her life, Thomas Edward Gass felt drawn to serve the elderly. He took a job as a nursing home aide but was not prepared for the reality that he found at his new place of employment, a for-profit long-term-care facility. In a book that is by turns chilling and graphic, poignant and funny, Gass describes America's system of warehousing its oldest citizens. With Americans living longer than ever before, elder care is among the fastest growing occupations. This book makes clear that there is a systemic conflict between profit and extent of care. Instead of controlling costs and maximizing profits, what if long-term care focused on our basic need to lead meaningful and connected lives until our deaths? What if staff members dropped the feigned hope of forestalling the inevitable and concentrated on making their charges comfortable and respected? These and other questions raised by this powerful book will cause Americans to rethink how nursing homes are run, staffed, and financed—as well as the circumstances under which we hope to meet our end.

### Keywords

nursing home, work, people, family, care, resident, nurse, aide,

### Comments

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## The Setting

The nature of things dictates that we must leave those dear to us. Everything born contains its own cessation.

—attributed to Siddhartha Gautama on his deathbed

I work as an aide in a nursing home.

Let me walk you through this little world that thrives within our sealed people-container. The economy of the building, with its flat metal roof and concrete block walls spread out low and long, is void of ambition or pretense. Like an industrial complex or self-storage unit, it is clean, efficient, and functional.

Our inventory here is medical specimens. Our product is time. We give old people a little more time. And if we lighten the burden of some family members, all the better. As long as we keep these faint hearts pumping, the Medicaid dollars and the life savings keep rolling in. With a 130 beds, my boss grosses \$3 mil a year. He drives elegant cars and lives in a house that is big enough to have its own name. As a relatively well paid aide, my cut is \$6.90 an hour.

I get old people up in the morning and pull clothes on them, load them in wheelchairs and spoon puree into their toothless mouths, clean them up, then put them

back to bed. That's what I'm paid to do. Get 'em up, move 'em out, wash 'em off, and lay 'em down. No-nonsense caregiving in a hurry. We are the fast food of health care.

This is a long-term-care facility. Our best clients quietly stay with us indefinitely. One I'll call Barb in 308 is our newest. She's only twenty-seven, by far our youngest resident. Barb is a car-train accident victim. Her emergency surgery reworked the plate tectonics of her skull in such a way as to suggest that the doctor must have been in a hurry or just could not find all the missing pieces. Her head is permanently canted to the right at a severe angle. Her left arm is totally limp, her right arm contracted and pressed stiff against her breast. Before the accident Barb was an affectionate homebody—a moderately retarded, short, happy, obese mulatto virgin. As a result of her accident, she has become a living doll to us.

Barb never complains, never roams the halls looking for the way home, never resists her “care plan.” She is a favorite here, and not just with the nursing staff. Helplessness is an endearing quality for many who settle into our line of work. Barb's eyes open and close but they do not focus. She gurgles through her trache-tube occasionally but shows no convincing signs of response or comprehension—not to me anyway.

Barb is plugged into medical maintenance. She has a humidifier to blow a moist breeze through a plastic tube pushed deep into her throat (this is called a “gag setup”) and an electronic feeder to meter out drops of enriched milkshake directly into her belly. Another tube collects her urine in a plastic pouch hooked to her bed frame. Barb is indeed plugged in.

We roll her from side to side every two hours to prevent the onset of those flesh-eating bedsores we call decubes, short for decubitus ulcers. Intermittently, nurses move in to probe her trachea with a suction line to vacuum the mucosal buildup that coats the airways to her lungs. Without such clearing, Barb would gurgle and spew thick mucus from her plastic spout onto

her chest with every labored breath, emitting a sputtering sound as harsh and guttural as a plumbing backup in a glue factory.

Every day we sit her up in a special chair so she can look out the window. Unfortunately the room is too small and crowded to permit her a decent view, so if Barb sees anything at all it is probably the white curtains and white ceiling tiles above the white walls. The move from bed to chair is laborious. Some nurses have us aides crank her up in a sling suspended from a hydraulic lift, which looks somewhat like a stainless steel engine puller. But most often a few of us guys save time by just cradling her in a bed sheet and hoisting her from bed to Geri-Chair (a sort of chaise longue on wheels) with one huge lead-bottomed grunt.

Many staff members love to dote on Barb. They talk to her with an intense affection and patience. They may speak to her a bit too loudly, perhaps hoping that their shouts might cut through the deep fog of her vegetative state. They stroke her arms and play with her hair. You can see that she once had beautiful hair. It's still beautiful, except for the patchwork of surgical scars and the bare spot where her skull went missing. Some ask her to blink her eyes if she understands, one blink for yes, two for no. But Barb's such a tease. Perhaps she is playing hide-and-seek with us.

At any rate, when I'm in the room she just stares straight ahead. Others say they see her give various responses and excitedly report such miracles to the nurses and top staff. Thus far I've missed all of these communiqués from beyond.

Last week while I was taking her blood pressure, a speech therapist brought a kitten into Barb's room, hoping that the little bundle of fur might cheer Barb up. Barb stared straight ahead.

When a well-dressed front-office lady with painted toenails came in, she turned up a Willie Nelson tune on Barb's little boom box, snapping her fingers like castanets and dancing for Barb to cheer her up. Barb stared straight ahead.

I privately wonder whether this cheery lady would dance for

Barb if she could voice her true reactions. Does this lady have equal compassion for people who are awake and who can talk back? I have no real problem with such sweet effusiveness—it just puzzles me. I wonder what these people are seeing that I cannot. Why would they hope that Barb knows what's going on here? How could any awareness within her immobile body be preferable to the sweetness of sleep? Me, I would let her sleep.

“You cannot tell me she doesn't understand,” the lady said, eager to show her upbeat sympathy. “I know she's in there.” This time Barb responded by staring straight ahead. She's such a tease.

Every two hours I go in and turn Barb. I check her butt for feces, and I roll her from one side to the other. She lays clean and neat little brown Easter eggs which barely make a skid mark on her bed pad—a surprising output for a milkshake diet, but there you have it. Liquid fiber, scientifically balanced nutrition producing perfectly crafted stool. It makes me wonder if all five food groups are stacked up into microscopic pyramids within each handsome turd.

This is how I serve Barb: my body turns her body for her. I swab the strings of mucus out of her mouth and reposition her limbs. I dab up the sputum around her trache-tube. I put on and take off her hand splints to keep her hands from contracting. I strap on and take off lambskin boots to protect her from foot drop, a condition in which the ankle becomes limp. I measure her urine output. I minister in silence, moving quietly and efficiently.

Surely the real Barb is elsewhere and not trapped here with us. I hope she has found a better place. Even a dense fog would seem preferable to real comprehension. I do not seek to enhance my righteousness by ministering down to her defenselessness. I find no metaphysical use for her misfortune. Barb's condition is just a sad fact. I don't see how tending to a body in suspended ani-

mation makes me a particularly better person. She resides somewhere beyond the reach of our sweet sentimentality.

I do not seek out those who cannot snub me, as some of my coworkers seem to do. I prefer residents who can talk back, who like to give me some sass, or who might believe momentarily that I am a long-lost fiancé of fifty years past. I even prefer a certain resident who begs for attention in gushing streams of maudlin self-pity. Self-pity usually irks me, but in this case we both know that she is playing a game to manipulate staff. Hey, we all do what we can.

I believe that life in general has its compensations and that beneath our infirmities we are all about the same. We are all infirm. We all have cancer and dementia, and we are all dying. It's true I get to go home on weekends and the residents don't, but what freedoms did they enjoy in simpler days that I will never know? What private realities roam free in those demented minds while we grunts slug it out in the chaos and drudgery all around us? I believe there may be a subtle balance at work here. Are they in misery or are they on vacation? Appearances are deceiving. I know what it's like to be in a state of shock, and while my interior experience was then quite sweet, the outer appearance of my body was a real mess. In the long view, surely I am no different and essentially no better off than the worst of these unfortunates.



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## Initiation

True goodness  
is like water.  
It goes right  
to the low loathsome places,  
and so finds the way.

—Lao Tzu

I am not a conventional nursing-home aide. I am not conventional in most ways. I spent five years in a Catholic seminary, which included a year of silence. Afterward I went to university and graduated with a psychology degree. I taught on an Indian reservation and served as director of a halfway house. I spent seven years in a meditation community. My interest in Eastern philosophies led me to spend an itinerant decade in Asia. When I learned my mother was dying I returned to America to care for her. The experience of attending her death process affected me. I felt that I had to perform some kind of meaningful work.

I entered this work with the vague idea that it would make me useful in some way that I had not yet discovered. When I hired on, I boldly stated that my motivation was spiritual: "I'm not particularly interested in being cheerful or sweet or polite. I just ask for permission to be real." I came hoping that I would gain some depth of character by doing good.

My sense of service came not purely out of altruism but also from a constant fear of being not good enough. I was raised by family and religion to believe there was an essential defect in my nature. So I acted as if, by bowing deeply, in humble service, thus giving myself away, I might somehow purchase my own goodness.

It took me two weeks to muster the courage to walk in the front door and actually ask for a job here.

I had never set foot in a secular nursing home before I came to work here. Previously I had viewed nursing homes as catatonic slums—Zombievilles, places where nothing happens and where the walls trap a stagnant aura of doom and despair. I thought really old people did nothing, had nothing to learn or contribute or yearn for. They just smelled like old leather and pipe tobacco, or potpourri and too much face powder. I thought nursing homes were repositories for suspended animation or the living dead. This shallow stereotype took all the life and dimension out of my elders. What I found instead was a gallery of fascinating people gathered at a pivotal point in life's journey.

Once, while walking into the dining hall after my first two or three weeks of work, I found myself thinking, "People really *need* to know what is going on in here—right in the middle of the suburbs. This place is bizarre." Of course, I had long known that nursing homes are not appealing places. But when I began to imagine what it must be like for the residents, what they must live and breathe and feel every day, the reality hit me hard. I wanted to do something more than just help the people at hand. I kept scraps of paper in my breast pocket and jotted down what I saw and heard. Gradually my notes grew into this small book.

**M**y first days and weeks here were miserable. I wondered if I'd made a mistake, but my options were limited. Sure I wanted to

do good, but I was not willing to commute more than fifteen miles to do it. This facility is just that far from home. The director of nursing (DON) at that time tried to talk me out of applying. I wanted to gag from the smell of disinfectant and urine.

Nurse Rhoda oriented me along with two undocumented Mexican applicants who failed to show up for their second day of work and remained absent thereafter. She spent an entire day of orientation talking about feces. (Rhoda now objects, claiming that she also talked about “fires, bad injections, vomit, and other disgusting stuff.”)

Fresh on the floor, I felt quite slow and unpopular with my coworkers. I gagged at the pungent aroma of fresh diarrhea. I came down with an ear infection that made me want to pull half of my teeth out. I got yelled at. One nurse advised me that “perhaps you aren’t cut out for this line of work.” And, on the home front, my nephew teased me for working at such a low rate of pay and called me a “baby-sitter.” I was embarrassed to be seen in public wearing my scrubs after work, so I kept a change of clothes in the backseat of my car just in case I had to go shopping. Shopkeepers and waitresses, seeing my scrubs, asked me if I was a doctor. I said, “No, I’m a butt-wipe in a nursing home.”

But I persisted and applied myself as best I could. I reminded myself that in Tibet and Nepal there are Tantric-Buddhist monasteries headed by lamas who reserve the dirtiest toilets for themselves to clean.

Soon enough I began to look at feces as “just stuff,” as undifferentiated matter, seminal, stinky peanut butter. I watched other aides scoop shit up in their gloved hands and dispose of it while talking of softball games and baby showers.

From the beginning it felt unnatural to select clothes for women to wear. What do I know of women’s fashions and hairdos? Rooting through their drawers seemed off-limits. I was def-

initely shy about cleaning female genitals. Dirty labia seemed radically forbidden and conceivably illegal. I'd have rather kept something of womanhood hidden and even a bit sacred. I was loath to pry at their knees, opening contracted legs like a giant clam. I did not enjoy becoming thorough and clinical while spreading and scrubbing their lips. At times the smells were remarkable in their pungency. Gradually I became accustomed and then inured to these trespasses. I also became drawn in by the intimacy that followed.

I was required to take ninety hours of night classes from Rhoda. That this overtaxed woman could make a "butt-wipe class" interesting to half a dozen exhausted laborers is a true testament to her natural teaching ability. After the classes were completed we were required to pass a state-administered test at a different nursing home.

As part of the test I had to give a shower to a sweet old lady, Laura, whom I'd not met before. I introduced myself to her in the hall. We had a good time visiting for about forty-five minutes beforehand. While we were waiting our turn, I did all I could to familiarize myself with her and prepare her for what we were about to do. I was sure I had her warmed up. She was polite and cordial. But when we got her into the shower room she instantly choked. "You're not giving *me* a bath!" she stated emphatically. After a few more minutes I finally persuaded her to go along with me step by step, being very respectful of her modesty. Then just after I lifted her onto the shower chair, the examiner said, "Look down." I had her shit all over my brand new white Reeboks I was so delighted with. I wiped off the mess, changed rubber gloves and washed my hands while craning my neck around the shower wall to keep an eye on Laura. I had to carefully guard her safety. The examiner was watching. Then she shit again—more rubber gloves and washing again, then another shit. Finally I got the water on and she screamed it's too hot, then it's too cold,

then too hot . . . too cold . . . too hot . . . Finally the examiner said, "Why don't you just wash her off real quick." So I handed Laura a washcloth, but in doing so I knocked the soap dispenser off the shower wall with my elbow. I fumbled to put it back up, but the plastic brackets had broken. The examiner eyed a gallon jug of shampoo on the floor, said it looked empty, and offered to get me another. She came back, I put a huge glob on a washcloth and rubbed it in Laura's hair. I said to Laura, "Boy, this shampoo sure doesn't lather very well." The examiner asked, "Did you read the label? That's body lotion." So I said, "Well Laura, let's wash the lotion out of your hair." That finished, I started drying her off. Then came more shit and more shit and more shit. I just couldn't get her clean. Finally the examiner suggested I just put a diaper on her, which I did. I dressed her and went to clip her toenails, putting on my drugstore reading glasses to see more clearly what I was doing. The rubber glove on my left hand got caught in the right hinge of my glasses but I dared not release her foot with my other hand. Pure slapstick! I finally sorted it out on the floor.

We had a good time. The examiner said that I held together very well, "considering."

Simultaneously with my rude initiation to the physical realities of being a nursing-home aide, I began to discover the residents as complete living individuals, fully co-equal humans, real people. Once I overcame the initial assault to my senses, I began to enjoy them, relax a bit, and laugh more freely. Every one of them has some kind of story to tell. The final stages of life are richly textured by trauma, endurance, and loss—character-building experiences. Sometimes, when people have nothing more to lose, they become liberated. Maybe some of that freedom rubbed off on me. Witnessing a spent life as it unravels is like staring into a campfire in the dark of night: endlessly fascinating, heartwarming, and beautiful to behold.

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## The Cast

There are twenty-six residents on my hall. Seventeen are incontinent. I and another aide have three hours to get them all ready for breakfast in the morning. On average, we are allowed fifteen minutes to get each resident out of bed, toileted, dressed, coifed, and wheeled or walked to breakfast. Every morning is a head-on collision against time. I am learning to be efficient and “gentle-in-a-hurry.” Let me introduce you to the rest of my residents.

**Skooter** is a graduate of Cambridge in his late eighties. He was born in Jakarta under Dutch rule and lived for two years in a Japanese prisoner-of-war camp. He has the bearing of a true gentleman. He was a successful publisher of a trade paper, something to do with frozen dinners, I think. He is also sweet and kind. He walks with a willowy, limp-handed shuffle, always smiling and pleasant.

Skooter speaks clearly but only in response to questions and never more than one or two words at a time. Skooter is also a finger painter. He usually plays with his morning bowel movement, lightly smearing it on the bed sheets, the bed rails, and himself. Sometimes he rubs it in his eyes. Nonetheless, he carries the bearing of a gentleman, always courteous and willing to

help as best he can. In the early morning, before he begins to stir, I pull a sock over each hand to keep the BM from getting imbedded under his fingernails. But Skooter prefers his freedom, and as soon as I turn my back he deftly pulls the socks off as if they were kid gloves.

Skooter's adult life has been relatively carefree. He is not nearly as difficult for us to deal with as is his Chinese wife, who did the worrying for both of them. She managed the finances, maintained a fine house, and kept the boys in line. She visits daily, impeccably dressed, continuing a life of joyless duty. I notice that she has almost no lips. Her mouth forms a straight line across an expressionless face. She is exasperated with us and complains incessantly, but she remains polite. She thinks we neglect and ignore Skooter. Apparently we never measure up to the way she would treat him, if she could. She comes in and finds perhaps that his diaper is wet or that he has to sit at his table in the dining hall for ten minutes before being served. "Much too long," she says. She does not see Skooter when he is conditioning his scalp with poop-mousse. She definitely does not see the other twenty-five residents who also need care at the same time. She knows that Skooter is messy in the morning but admits she "doesn't want to deal with that." So she complains and then the DON obligingly climbs up our butts to pacify the Mrs. The customer is always . . . paying!

I am told that family members often feel guilty about relegating their loved ones to an institution such as ours. After all, almost no one actually wants to be here. This is the refuge of last resort: a gathering of the infirm, a place to die among strangers, a temple of surrender. Some families may express their guilt by directing anger toward us, but most of our extended family members are very kind, so I am taken aback by the signs of anger or harsh judgment shown by the few exceptions.

**N**inety-year-old Ro in the room next door silently and serenely minds her own business. She reads old copies of her hometown newspaper and puts herself to sleep at every opportunity. She sleeps perhaps sixteen hours a day, not an unreasonable amount in a “sleep factory” such as this. For years Ro raised minks and sold cloth by the yard in a little country town. Her husband was a mason known mainly for his craft as a decorative plasterer; her family life mostly uneventful. Like her neighbor Skooter, Ro is a quiet digger. Apparently her stool is too dry and hard for her old colon to push through her tired old plumbing. So Ro resorts to reaming out her rectum with her fingers and plopping the dark goodies on the floor, then wiping her hands on the bed sheets and frame before closing her eyes and falling back to sleep. I have never seen such stool before, so dry and hard that you could ring a bell with it. Rounded, black as coal, and very compact, it resembles a certain form of quick-cooled lava or pumice I’ve seen.

Nonetheless, Ro always smiles quietly, never complaining, politely biding her time. She is most happy when we are helping her lie down. Her smile is bright and toothless. She complains mildly when it’s time to get up, but with a little insistence she almost invariably cooperates. I believe that her life has probably always been ruled by kindness, and that it’s too late for her to turn around now. Her son says that in all his years with her, he has never once heard Ro raise her voice. Ro’s mind seems logical and clear. She is very cooperative except for her one peculiarity of defecating in bed. Perhaps she’s too polite to ask for help or too shy to say the word “toilet” out loud.

**N**inety-two-year-old Midge used to be a wealthy and prim debutante. Now she lives just across the hall from Ro and Skooter. A glamour photo on the wall over her dresser shows her as a strik-



ingly beautiful young lady. She is a petite yet large-breasted woman. I imagine that she was a local socialite for most of her life. She still carries herself with that bearing at times. I am told that she lived in a very fine home overlooking the river bluffs, but those glory days are now over. After dressing her one morning I started to brush her hair. "I want to make you pretty," I said. Midge looked at me with surprise and chortled, "Can you do that?"

I also put her on the potty and I wipe her bottom for her, which is not the way she remembers being treated. "Are you going to naked me?" she squawks. Her demeanor swings between the delicate and downright crude. When I ask her if she is about to have a bowel movement, she might wave a limp hand at me, in the manner of a Southern damsel dismissing a flirtatious beau, and say, "Honey, don't talk about those things." Or she might just as easily crank up her voice a full octave and demand sourly, "Aren't you going to wipe my ass?" She may also tell me in a lower, cautious tone to "be careful not to hurt my adenoids," by which she means her hemorrhoids.

Her husband, Burton, was a radio operator over Germany during the war and remained a shortwave ham until his death. He did well as a salesman for a commercial bakery out of Shreveport, then as a real estate broker, and died relatively young. On the day of his heart attack she warned him not to climb his shortwave tower, "but he lacked good judgment, so he didn't listen to me." Burton suffered his attack up there. He managed to get himself down, and an ambulance took him to the hospital. She held his hand as he died. Midge says that after Burton died she "figured God didn't care much about me, to take away what I loved more than anything."

Now she spends her days lying under a jumble of blankets and afghans, begging for candy occasionally and warning us that her head is "spinning this way and then that way and is about to spin

right off.” She rarely mentions Burton any more. When I greet her early in the morning, before she’s fully awake, she might say softly, “I’m glad you’re home, Honey.” Her life is mostly morose. She is more wrinkled than any of her blankets could be and so full of sour grapes that sometimes I call her Raisin.

Recently I found her fiddling with a few coins that she had scrounged from an old purse of hers she found in the bottom of her dresser. She held about thirty cents in her palm and wanted to go shopping. Then she remembered that she had a lot more money . . . somewhere, she just didn’t know where. She remembered entrusting her finances to a kind man, but what was his name? She became afraid that she was running out of money and that maybe we would “put me outside and let the bugs eat me.” I wheeled her to the business office to see our financial manager, who reminded her of the kind man’s name and promised that we would “never ever put her outside in any case, no matter what, ever.” Reassured, Midge thanked her and said she would sleep better.

We have a physical therapist from Kenya working for us on temporary contract. He is very dark skinned. I wheeled Midge past him in the hall one morning, as he stood in his white lab coat, preoccupied with a clipboard. Midge proclaimed quite clearly, “Oh, look at the little nigger baby! He’s so cute!” Fortunately, Ken was too absorbed in his charts or too gracious to show a response.

Midge muses with a giggle, “Take me to the cemetery and put me in a coffin and make me up all pretty.” I can see what a stimulating thought that is for her. But more frequently she prays aloud, “Oh God, please let me die,” or she whines, “Help me, help me, I’m going to die.” Her lamentations test the patience of her neighbors. Marge, the surly amputee from across the hall, spits back, “Yeah, I heard them say they’re going to kill you after breakfast.” Shocked, Midge cries out, and Marge smirks, delighting in her cruelty.

**M**arge is a diabetic with a different complaint for every dull second of every endless day. She is very demanding, but she is still a favorite with quite a few of us. She is a large-framed woman with broad shoulders and coarse, burly features. A crude tattoo on her forearm reads, "Born to ?" I love her for the blunt way she speaks her mind to anyone and everyone. When I go to wake her in the morning she is always lying flat on her back in bed, naked as a jaybird. Every morning her sheets and nightgown lie crumpled up in a wad on the floor, thrown down during her nightly fits of disgust and revolt. With her wooden leg, crude manners, treachery, and surly disposition, I think Marge may be a direct descendent of Long John Silver. "If I gave my dog a bed as bad as this one, he'd a bit me," she claims.

While I'm dressing her Marge routinely chides, "I wish they'd burn that old shirt. It was worn out ten years ago." I am careful to select out any clothing that hints of feminine colors or frills. Marge, like a hobbled lumberjack, prefers dark plaid work shirts and black pants. Anything dark and brooding will do. Bright and cheery doesn't pass muster for "Old What's Her Name," as she refers to herself.

Marge likes to relate how her mother told her she was a homely baby. She laughs when she recalls her mother's words: "You were so skinny and ugly that when friends said they were coming over to visit, we hid you upstairs with Grandma."

"Mom was a nut, same as me, but one of the best women on earth. I almost didn't get married because I didn't want to leave her, but we ran off to Tennessee anyway, me and that dirt bastard. He wrote her a letter saying, 'Your daughter is in good hands,' and all that bullshit. But he turned out no good."

Marge owned a string of movie theaters from North Carolina to Kansas. She married two men, but both were "dirt bastards" and she had scant use for either.

“My first husband was a high tempered son of a bitch. One time he was mad at my new son-in-law, who was dumb enough to drive up to the house on the wrong day. My husband pulled out his pistol and put it in the boy’s face and said, ‘If you get out of that car you’re a dead son of a bitch.’”

As she tells it, Marge and her sister bested him on one memorable summer evening. They trapped that “high-tempered son of a bitch” under the steering wheel of the car and “beat hell out of him.” Then they pushed him in the ditch and drove off to get drunk at their favorite watering hole. Hours later, Marge and her sister were stopped by state troopers at a roadblock. She says, still startled, “They pointed machine guns at me.” The cops said her car had been reported stolen. And then she says, “Boy was I pissed. My sister kept trying to quiet me down, but you know me, I can’t keep my mouth shut for anybody.” They wound up in the county jail, where the sheriff’s wife happened to be a good friend of hers. Marge succeeded in convincing them that she was making payments on the car. The matter ended quickly, as did her bumpy marriage.

I’ve heard this story many times: Marge was a regular at the honky-tonks north of here. One night a jealous rival assaulted her at a bar. The woman accused Marge of sleeping with her husband and ripped a couple of buttons off Marge’s brand-new blouse. Marge’s brother saw what happened and told Marge, “If you don’t beat her up, I’ll beat the hell out of you!” Fisticuffs broke out. Marge’s petite sister, Blondie, jumped on the woman’s back and beat her on the head with a saltshaker. The fight moved out into the alley. Marge brags that in the end her opponent went home naked. “I beat the shit out of her. I was ruthless. And lots of people came up to me later to congratulate me for beating the crap out of that loudmouth.” Never before have I known a woman so proud of her testosterone.

“Were you messing around with her husband?” I ask. “Naw,” she says. “They were separated anyway. Besides, I only went out with him a couple of times,” she admits with a sheepish smile.

Later that poor woman talked to Marge on the phone and asked her who “that big blonde woman” was, the one who had bloodied her head. “You mean that ninety-eight-pound kid sister of mine?” Marge replied. “That woman met her Waterloo when she messed with me,” she concluded.

She loves to recall her best friend, Nadine. Nadine was so unruly that every landlord she had during the time she ran with Marge evicted her. “She could beat the shit out of a turd,” Marge brags. “I’d yell across the creek of an evening and find out what was doing that night, then we’d go raise some kind of hell.” Nadine used to tell people to go “piss up a rope and dribble down.” Marge claims that they had constant run-ins with Lola, who presently lives just across the hall and down a few doors. Once Nadine told her she had found Lola’s husband and son together in the Hi-Lo Theater making love in the dark. But nobody believed her. Lola’s family, Marge said, was the “meanest family on earth. They used to call the cops on us every night, claiming we were making too much noise.”

Somehow Marge and I connect as friends. Besides her amputated leg she has had a radical mastectomy. In the bathroom I turn her from behind, supporting her by the underarms. If I’m a little rough she might yell out, “Ahhh, you tore my tit off,” just to give me a hard time. Then, a true virago, she smiles, delighted by the churlish workings of her mind.

When the thirteenth of the month fell on a Friday one summer, Marge told me she always felt wary when it comes up. “One time on a Friday the thirteenth I was at a place where we used to go dancing and a carload of drunks came by and shot up the place for no damned reason.”

“Did they ever find out who did it?” I asked.

“Oh, I know who did it. One of them was my uncle. He was about my favorite uncle, too. But he was ornery. And kinda like Lawrence Welk, he’s been dead for years and his kids won’t bury him yet.”

Then perhaps to change the subject so I won’t pry too deeply, Marge asks, “What did the old maid have engraved on her tombstone?”

“I don’t know, what?”

“It reads, ‘Who says you can’t take it with you?’”

Marge is not at all kind to her roommate, Ro. When she watches TV, Ro uses a set of headphones so as not to bother Marge. Marge, on the other hand, turns her TV up as loud as she wants, and “to hell with anyone who tries to tell her different.” Marge controls the position of the curtains and the heating and cooling, totally uncaring about how these may affect Ro or anyone else. Ro demurs habitually, preferring the sweetness of sleep. Marge tells me she has “had a hell of a life,” and proudly quotes her sister’s deference, “You’ve had it your way.”

As I mentioned, Marge’s declared nemesis across the hall is the overly sensitive Midge, whom she loves to torment. Once, to save time, I pushed both Marge and Midge in their wheelchairs down the hall. Perhaps I should have thought about this first. They rode side by side about two feet apart. The effect was like tying two cats together by the tail and throwing them over a clothesline. Marge and Midge vied to outdo each other, shaking their fists, hurling insults back and forth, and taking mock swings at each other for the entire duration of my escort service. Both were still spitting vitriol as they entered their opposing rooms. Nothing like a good catfight to start the morning.

**M**idge does not take Marge’s abuse well but fortunately she has a sympathetic and supportive roommate, Gracie. Gracie was a

school administrator with advanced education. She had traveled the world, was baptized in Bethlehem and, she claims, was held captive by secret agents in a Stalingrad hotel for nearly a month. She is proud and happy and smiles broadly despite missing her dental retainer. She has presumably hidden it for safekeeping somewhere in the confines of her room. Or it could have gone down the toilet. She dresses herself inappropriately in odd layers of floral blue polyester prints and gray sweatshirts, hospital gowns, and black snow boots. Like several residents, Gracie is habitually packing up for a pending elopement.

Our housekeeping service supplies every bathroom with black plastic bags to dispose of soiled Depends and clothing. True to her heritage as an Eastern-European refugee, Gracie makes smart little cords by twisting these bags and binds her clothes into tidy travel bundles. Normally most of her clothes are hidden somewhere in her room, stashed in bags and boxes or tied up in pillow slips, making it difficult for me to coax her into coordinated outfits. She smiles brightly, always happy to see me and completely unable to stop talking. She talks of her brilliant life, her money, and her many family connections. "Mike Hopkins was a fine man. His affairs were all over the place. And I mean to tell you, the Hopkins, they treated me with the gravest distinction. . . . And golly, I have so very much money. More than George Westford! Much more than I know what to do with. But I keep it all very quiet, of course. You realize we are in the midst of bedlam here, and I must keep all that to myself and be very . . . ah . . . ah . . . you know, like, hiding about all that. It's so unusual around here, I don't know what to do." She never gives me a break or an easy way to dismiss myself and move on, so I have learned to interrupt her with some false excuse or to simply shrug and walk away because I have no other choice. As I walk away, I glance back and see, from her smile, that she has already forgiven my rude departure. I might also see her streaking her hair

with Colgate. Hairbrush, toothbrush—the subtle difference gets lost on her.

Gracie makes her way around the building. She is at home in the head nurse's office, sitting in a wing-back leather padded chair beside a grand mahogany desk. She looks out the window and proudly waves to every passerby. She feels that she's back in her element, enjoying the sense perhaps of a recent promotion or award. Her officious display of well-being and vigorous pride delights all of us, her dominion of students and protégés.

Gracie left a note on her dresser. It read:

Winona, I spent some news pre for machine to preparing for our home to preparing for exshan machine for our real machine for our exchamadiation for our review of mechanise. I will lead to help machine. I will lead to leading much happing to our home. I so enjoy helping to send much help to sesing our sisting happening to extiting sending good expanation. I will try Winona the best she can I lead home to mail for home.

Her note reveals the trailings of higher education and perhaps some benign authority. Her good intentions are blended by a loss of language that we refer to as word salad. As this loss becomes more profound, whole words will break down into an assortment of syllables and sounds unintelligible to all the world but herself. Literal meanings of words give way to simpler truths found in tone, cadence, and facial expression. As the end nears, these lost sounds may be followed by moaning. And then silence.

Gracie takes her walker with her when she roams the halls, and sometimes, to show me how fit and happy she is, she lifts her feet off the floor by locking her elbows and holding her arms tense against the handgrips. But one morning, just as she arrived at her breakfast table, she suddenly collapsed into complete unconsciousness. She was rushed back to bed in a borrowed wheelchair. The nurses quickly checked her out and found her vitals



were normal. A few minutes later, before her doctor responded to our call, Gracie came to and got herself up out of bed, apparently crawling over the bed rails, and continued talking, unaware that anything at all had happened. She had probably experienced a TIA—a transient ischemic attack, or mini-stroke. They are fairly common here. There's not much we can do about them. The diagnosis is a guess, the prescription a shrug.

Months later when Gracie was not feeling well, she notified me, "I'm so ill, I'm afraid I'm about to follow my ancestors. I wonder if my affliction can be properly understood?" Yet nothing, no affliction or circumstance can dampen her chronic cheerfulness.

Ivy is a retiring Texan of ninety-one with an exceptionally lovely head of hair, a decent wardrobe, and an unfortunately scrappy memory of dignity and independence. She hates to be helped and loathes her dependence. "I wish I had been born rich instead of good looking" is one of her favorite opening lines. When she messes in her britches, which happens just about once every three days or so, she fights tooth and nail, denying that she is soiled. Often the odor alone is sufficient to tip us off from several yards away. We find her facing the corner, slouched in her wheelchair paging through a copy of the *National Enquirer* or an old family photo album, hoping to be ignored. She denies that she is dirty, and when she loses ground on that point, she says, "Who cares anyway? Leave me alone, gosh dang it. If I ever get out of here, I'll never come back! I would have never guessed there was anything like this place in our town. Who would think such goings-on are happening right here?"

"Dirty old men," she says. She does not talk. She screams, she rants, she wails. "Why do they always send me dirty old bastards? I bet you enjoy it, don't you? *Don't* you?" She's planted a

few good scratches on my neck on shower day. I let residents refuse food, but bathing is a must. So Ivy and I do get into it. She's very scrappy.

She says, "When I see my folks I'm going to preach them a sermon they never heard before, and you'd better believe it." And I do believe it.

Lola shares Ivy's room. Lola's wispy hair is slowly recovering from the ravages of chemotherapy. She keeps her head warm with a white headband or knit cap. I remember hearing a kind word from her just once or twice. She is sullen and resentful and only wants to be left alone to sleep and to eat countless packets of artificial sweetener at her assigned spot in the dining room. She is one of several residents who are easy to ignore. Lola does not ask for attention, nor, in general, does she get much of it. She rarely returns a greeting and she has no use for small talk. About the only time I've seen Lola smile at me is when I asked her if she wants to lie down. Aides are privately grateful for the recluses—those who have no desire or perhaps no ability to broadcast their concerns, who collapse in upon themselves and want only to be left alone. Their despair frees us to attend to the squeaky wheels.

Over her bed Lola has a sepia photograph of her son as a gawky teenager. In an attempt to warm up her gloomy disposition I have learned to talk about "Chas," who is now a local engineer. Lola owned a pharmacy in town for years. She signed everything over to her son when she joined our ranks. But when Medicare/Medicaid refused to pick up the cost of a medication Lola needed, we billed the son. Neither Lola nor the nursing home has heard from him since. He changed his phone and address, then disappeared. So far as we know he may now only exist in the sheltered confines of her prickly heart.

Presently we are applying a silver-sulfate treatment on her but-