BRUCE RICE

SILENCE: A BROTHER’S JOURNAL

DARTMOUTH, NOVA SCOTIA

May 1, 10:45 PM, Dartmouth General Hospital

Lights dim. Oxygen at 80 per cent. The hubbub’s died down. I have driven my two younger sisters, Jen and Maureen, home and returned to the ICU for the late evening watch. Our older sister, Anne, lies quietly. Jen is the only one in the family who is fluent in American Sign Language, or ASL. She signed, *I love you, Anne,* before they put our deaf sister under the anesthetic so they could hook up the ventilator, the letters *I* and *L* formed together, as her hand waved to the right. It’s the same sign we now press against Anne’s warm belly as her diaphragm heaves. Respiration 27. Heart 92. Perspiration soaks her thin brown hair and forms a fine mist on her forehead.

The doctor describes the downward trend and the sixteen-year-old who lasted like this for three weeks. The lights are low. A blue computer screen casts its signature inside the nurses station in the middle of the ward. An array of small white monitors hangs from the gurneys on both sides of Anne’s bed. The defibrillator paddles and valves for oxygen are set into the wall behind her head. The bed is equipped with a warm bladder that moulds to Anne’s body, imperceptibly tilting a few degrees on one side, rolling her, sending small pulses to massage her and stimulate circulation after three days of immobility. I wonder what Anne makes of it. We used to be able to wake her up by standing outside her door and stamping on the floor so she could feel the vibrations coming up through her bed and the mattress. It is impressive in such a small hospital, but there is also some truth behind the cliché—what all this paraphernalia stands for: counterfeit hope, the sedative of science.

It took Maureen and me eight hours to get here from Saskatchewan, flying Air Canada. She lives on a 110-acre farm, a “small quarter” big enough for my brother-in-law to raise and break horses when he’s not at his day job. Mo used to work ambulances but now she has a business teaching first aid. She has seen a lot in the back of ambulances. She knows the machines, who's likely to make it no matter how messed up they are, and how others slip away when no one is watching. She is stocky and four-foot ten in her socks. One could mistake her for Anne if not for Mo's short, strawberry-blonde hair and the way she snaps back with a zinger, a habit you get when you're married to a practical joker for twenty-six years.

The ICU nurse says Anne has one of the fastest progressing cases of bacterial pneumonia they have ever seen. Her temperature has been over 40 (104F) and they are trying to bring it down, without much success. I know this malevolent shade. It was the raging fever from spinal meningitis that destroyed Anne's hearing. She was two and a half. I am a year younger than her but I still remember the tantrums when she thought our parents were refusing to speak to her. She thought her voice was broken and for a couple of years the tantrums were all she had left.

The truth is my sister isn't expected to make it through another night, maybe two at the most. I have come for Jen as much as for Anne. Jen has translated and run interference with Anne's doctors and social workers, hospitals and group homes all these years. Her words come out in a flurry and after so many years down East now she has a stronger Nova Scotian accent than her kids who were born here. None of us is a saint, but so much has fallen to Jen, the only one in the family living here on the coast with Anne.

I never learned to sign and have a hard time reading the finger-spelling. Like French, it's easier to speak than to understand someone else. You learn to spell and make a few signs, but everything is reversed from the sign you are making. The experts told my parents that a child who signs would not be motivated to learn to speak. You can get used to not hearing, but a child could have told them: there is more than one kind of silence.

Now every sentence is a strain. Because of language, there are simple things that Anne and I will never be able to say, my fingers wrapped around hers and pressed in her palm, forming the letter *U*.

It is strange how familiar all this feels: the watching, the way we circle each other like moons. There are such things in the universe, the existence of objects known only by the effects of their gravities. I see her shadows, the small dry lake in the corner of her eye, where two days ago, a few tears trickled out of her.

Anne's heart rate is 91. It should be 70. Respiration 24. It has been over 30, which is near double what it would be if her lungs were working.

May 2, 2:15 PM

Rest. Hope again. I leave ICU for a break.

I lived here for ten years. I worked in a Boys and Girls Club in the dingy basement of St. Anthony’s Church, next to public housing built near the power plant. I heard more music played at house parties in my first year in Nova Scotia than I had in my entire life until then. It was an indiscriminant mélange of Cape Breton fiddle tunes, a guitar or piano laying down a beat, dark rum, John Prine, spirituals, the Stones, and *You Are My Sunshine* more times than I can count. I took drawing classes and finally finished my degree in this clannish, best, and most familiar place.

I call Saskatchewan from the deck of the Dartmouth ferry. No answer. There’s a hockey game on TV in the Irish pub on the Halifax side. This is as far as I’ll go. Canada 4, Sweden 2. Anne is half an hour away and I wonder if I’m too far from the hospital if anything happens.

The waitress says there will not be any deep-fried clams until Friday since they have just come into season. It used to be poor man’s food but tourists in souvenir sweaters strolling among the shops and dock-side restaurants on Privateers Wharf crave it, the rustic fare of what the brochures refer to as “authentic sea and shore,” as if one can tell what is true and what is not by the taste.

The last time I was here Anne bought the supper, a mixed platter of clams, scallops and mussels. Or maybe this is me inventing again: the food, my kids happy for once on the vacation they mostly resented. Three sails wave *L. L. L.* out in the harbour. The sun dips behind the stone walls of the Citadel overlooking the streets running down to the port. A few steady lights illuminate the newly painted freighter that sits at anchor off McNabs Island. Her skeleton crew watches warily for what comes out of the channel, from the deep part of the water.

11:20 PM

My turn on night shift again. Jen and Mo are at home and just now in the waiting room I was speaking with Susan, who lives in Lunenburg County. She came in with pains in both arms and says the EMTs gave her T-block busters, whatever they are, which probably saved her life. We talk about the old store downtown, *Uneeda Discount*, and laugh. She went to the school in LaHave fifty years ago, the same place Jen lived for a while when I was still down East. Susan wonders if I knew a girl named Spearwater from some place down the road that ended in *River*.

I used to be able to tell where people down were from by the way they talked, Bridgewater being different from LaHave or Mahone Bay. Susan says her married daughter lives in Birmingham, where she has picked up an Alabama accent and writes letters home filled with *you-all's*. My friends back in Regina think I am from here, maybe because of the way I lay on my vowels or drop them completely from the first half of a compound word, *N'brunsw'k*.

It is not as though I have abandoned the language, but it fades, goes deeper into memory the way fish swim through stone until their eyes turn dusty and their bones become indecipherable from the limestone sea.

11:40 PM

Oxygen reduced to 60 per cent. Respiration still at 27.

I explain to the new nurse that Anne has almost 100 per cent hearing loss, and we are here so that she knows she is not alone. The nurse replies that my sister will remember none of this. I am told people do remember voices, so why not a hand brushing an arm, if touch is how we speak? Anne has taught touch-sign to deaf-blind people. If we stop, what will happen to the language we make now, the signs forgotten, like the accents of those villages along the South Shore after the children disappear into gated communities in the States or fly to the prairies like me? Even now, as I think this, I can see how this place took me into itself; its speech and its tide, part of my restlessness.

I feel I am taking a chance writing here, turning the reading lamp on so that I can see the page. Anne's heart rate increases when they adjust the tubes or wash her. Her breathing gets shallow and her oxygen drops. She knows things are happening. Perhaps she knows this light is my light. My left hand holds hers as I write, balancing the pad precariously on my knee, as if the letters could travel up my arm, across my shoulders and down again, dancing on the ends of my fingertips; the end of a thought, barely a whisper at the edge of my skin.

On behalf of the sleeper I would like to say
the fish is aware of the sea.

May 3, May 4

Two lost days. What happened? Perhaps I'll remember later.

May 5, 12:35 AM

Last night, I went out with Jen and Mo, after a good day. But today is the end of seven days and things may go no further. The x-rays still show a shroud of white on Anne's lungs.

The doctors and nurses have started to set us up for "the talk." I wonder if we really seem so dense they think we don't see it coming. My sister has beaten the odds so far. Her organs did not bleed, one of the deadly side-effects of a last-ditch treatment—an enzyme that kills the bacteria causing the pneumonia. It costs $15,000 for a course of treatment lasting a day. *Thank you, Medicare.* Doctors returning for the mid-week shift are surprised to see she is "still here." By which, of course, they mean not dead. There is grim satisfaction in this but it will mean nothing if they can't get her off the respirator. Her lungs need to push air by themselves. With all her systems working, it could come to weeks or months under sedation, our sister hooked up to the machine and waiting for a blood clot, for an opportunistic infection, or for fluid on her heart to finish the job.

Today Mo said it too. Her words were, "It could all mean nothing. This bug doesn't care." And there it is, formed in our minds. The pneumonia is no longer a colony, a nasty bacterium, but a thing with a will that has inserted itself into our lives: not malevolent, but simply indifferent.

1:30 PM

The South African doctor is hopeful. The x-rays continue to clear and two units of blood have been ordered. Anne needs hemoglobin to fix more oxygen in her blood stream and to get her blood-oxygen count out of the sixties. This means they're really getting ready for a tracheostomy, to put a breathing tube in her throat, and want her in the best shape possible. They wouldn't do this if they didn't think she had a chance. Some of these doctors are optimistic by nature and some have learned not to be. Their actions are clear enough. A few days ago they were talking about "decisions" that will have to be made if she crashes. The next unspoken question: what if they can't get her off the respirator. Here they come again the euphemisms about "a decision." By which they mean: what to do with our sister, age 56 years, 10 months, heavily sedated and expected to remain so, heart beating, kidneys healthy, brain (so far as can be determined) working. Even now, if they reduced the sedation she would be strong enough to try to pull the tubes out of her arms and throat, fully aware of her own panic, the doctors, and us. They'd have to sedate her again. Being strong or scared doesn't matter. This bug doesn't care.

May 7, 1:54 PM

This morning my brother-in-law and I took the old road to Bridgewater to visit his son. It is the first sunny day in a week and I needed to get out of town.

Jen and Mo have been at the hospital all day. The nurses say they have to make a decision tomorrow. What they mean isn't clear. But Anne has been on the respirator for ten days and it looks like we have hit a wall. She still isn't well enough to get onto a trach tube. This morning Anne's eyes were partly open—the first time we have seen them in a week. My sister Jen frantically tried to sign to her and said *Anne, Anne* but we had to calm her down since Anne cannot see any of this and any disturbance sends her vitals spiraling. Anne's eyes are grey-blue like my father's. They appear flat and opaque, and yet an eyelid flickers—an automatic response. The nurse says that earlier one of the staff from the group home signed using touch-sign for the deaf-blind and Anne responded.

May 8, 12:55 PM

(Written from memory—no place or time to write)

Sometime this morning they adjusted the respirator to see if Anne can take some breaths on her own. The machine is now assisting rather than breathing for her. It is the first real sign she may be able to get off it, perhaps as soon as Thursday, two days from now, if she continues to improve. Her sedation has been reduced and her eyes open briefly—long enough for Jen to sign *You have been very, very sick* (fingers of both hands making twin Vs that are touched together; the sign for sick is middle finger of left hand touched to forehead, middle finger of right hand touched to chest).

Sometimes while we are at her bedside or when I am milling around I feel suddenly weepy. After a while at the hospital, Mo and I walk down the block to John's Lunch. Mo orders a BLT and I get a plate of deep-fried clams, which I have been dying for since I got here. Comfort food. After a while I realize neither of us has been speaking. We have simply been staring at our own plates and thinking. The good news is almost as hard to take as the bad. It leaves me out of place as if the last ten days belong to a stranger, their meaning unclear.

Wednesday May 9, 1:05 PM

Anne's blood oxygen is still at 40 per cent, the mark needed to get her off the respirator. We weren't here this morning when they cut the sedative to encourage her to do more breathing on her own. They tell us she was lucid, and very anxious, like everyone who wakes up on a respirator.

Jen tries signing when Anne's eyes open, but we don't know how much she sees. Jen teaches Mo and me signs: both hands held to the chest as we mimic the act of inhaling. Hands held apart and gesturing wider—meaning *Bigger*. *Bigger breaths*. *Slowly*.

And that's what Anne does. Her body heaves and the wave on the machine leaps, the small mountain squared off at the top before it drops off, a short space as it starts again, breaking the steady pattern of small hills when the respirator takes over. I wonder if this is doing any good, but her respiration rate settles down and the machine shows that she has taken a few deep breaths. The main thing is she is better than yesterday. We hope the staff believe us when we tell them she is responding to our signs. I can see it in some of them: the door that opens, meanings felt like gentle pressures over great distances. A few more fish in the sea.

9:10 PM

They just increased the sedative so that Anne can sleep. One of us will return at 6:30 a.m. tomorrow so we can be there when she comes out of it. Her breathing is still rough—frequent and shallow rather than regular and deep like it needs to be.

I hold her right hand, make the sign for "slow." My fingers rest over the back of hers then I brush upward toward her wrist, which is how the sign would feel if she made it herself. This was my sister Mo's discovery earlier this afternoon. Here we are as if we were kids improvising a language again, but now it's more urgent.

9:30 PM

Anne seems to be watching me with one eye open. Her body heaves as if she is trying to cough. I am only partly used to this. There is no cause for alarm.

Is she watching me writing? Does she think it's a dream: her brother appears out of a fog from two thousand miles away and suddenly knows how to sign? The nurse hears the beep, tries to suction. She opens the valve that increases the sedative.

Respiration 25. Fewer than half of the breaths belong to Anne.

May 12, 10:30 PM

Another rough night. About 4:00 a.m. my sister's respiration rate and blood pressure shot way up. It was pretty serious and they had to do a lot of work to get things under control. The blood pressure was still high but coming down when Jen got there this morning. Right now everything seems to be under control. The pneumonia is clearing but Anne's lungs have fluid in them, which was probably what brought on the trouble last night.

The good news is that while changing the tubes today, the nurse disconnected the sedative by accident. People come out of it very quickly, which is what Anne did. Her first words were: *What the hell is going on?* Then she repeated it. Everybody, including the nurse and respirologist, cracked up. No one could believe it.

They turned the sedative off and Anne seems to tolerate the trach tube pretty well. She has been reading our signs and responding to messages on the white board. She was still lucid this evening. The fact we can communicate with her means we can give her instructions about her breathing and she can tell us if she is having any discomfort. We have arranged an interpreter so that the medical staff can communicate directly with Anne, who hates talking to others through us, especially Jen.

Mo flew home today. There is nothing like having your personal EMT on call. She has been a terrific help and can kick butt when needed. As we walked to John's Café the other day, she said almost matter-of-factly, how all of this will change our lives. I feel it too, the beginning of a trajectory; something ahead, pulling us toward it. I can't make it out. In the meantime, we try to keep ourselves together. I will miss her.

May 15, 3:30 PM

Three lost days. Yesterday and the day before tangle together. Today is already shrouding over. From memory then:

Mother's Day, May 13

I slip away from the house early to buy a Mother's Day card for Jen and a card for Anne. I am surprised by the number of people picking through the leftover cards halfway through the morning. Perhaps they are on their way over to their mothers across town. Anne is awake when I get to the ward. Her eyes open wide and I realize how difficult this is going to be. I sign a few words. Anne is on light sedation. She had a turn during the night and has fluid in her lungs. The doctor says that she could have had mild heart failure.

She is stable now and they seem to be content to wait until Monday for an echocardiogram.

I sign *Hi Anne*, and she mouths *Hello*. I put her glasses on her face and hold up the card for her to read. In the silence afterward, I wish I had waited longer to pull out the card. I tell her Jen is sleeping in and Mo has gone home. I struggle through the one-way conversation, then go back to Jen's. I go across to Halifax and wander the old streets near the water in the afternoon. I am surprised that the shops are open this early in the season. The chill stabs through my summer jacket and worries my bones. The world seems to be leaving me further and further behind.

May 14, 2:00 PM

Jen and I meet Frances, the signing interpreter we have requested. She joins us at the bedside and we call the doctor over. Frances is the hearing child of two deaf parents. Over the next couple of days she tells me that she always resented being a go-between who signed for her parents for hearing people. The day she refused to sign she started just being their daughter and their relationship improved. Most of the deaf community knows Anne is in ICU. This is my sister's world. Like always, I don't know them and they don't know me. For now they only have fragments and rumours.

The doctor stops by Anne's bed and I am surprised by his bluntness. He does not have a bedside manner and knows it. He talks as if there is a stopwatch ticking away in his pocket. The first thing he tells Anne is that she has been very, very sick. Next, that she had to be put on a machine to help her breathe. He says she has been here for three weeks. I think this is wrong but realize, yes, her first visit to Emergency, when they sent her home with antibiotics, was three weeks ago today. This finally seems to hit her—how sick she has been. He says it is important for her to breathe slowly and deeply.

And that seems to be it. The doctor leaves and we stay. I use the interpreter a few times instead of relying on Jen, my own speech and finger spelling, or the whiteboard. But most of the time I stay at the end of the bed.

Jen and I go for lunch. I do some errands and drive her back to the hospital, then leave. When I return late in the afternoon, Anne seems to be distressed. She believes she is going to die. We explain she is getting better but she does not believe us.

May 15, 6:10 PM

Heart Rate 124. Respiration 38.

I come to the hospital right after supper. I want a few minutes alone with Anne before I leave tomorrow. I am surprised to see her turned on her side. Her face is flushed and her temperature has been between 39 and 40 degrees, where it was when I saw her on the first Saturday. Earlier today the doctor said she may have a recurrence of the pneumonia or perhaps a second case of hospital-induced pneumonia from being immobilized and on the respirator for so long. They have given her a stronger antibiotic and are testing her blood. Anne seems distant. Her eyes barely open. She tries to mouth a few words. I rinse out a cloth with cold water from the sink at the nurses' station and put it on her forehead. I show her get-well card drawn by Jen's daughter.

Emily has drawn a card with hearts and flowers, and a picture of Anne on a bed. The four legs are sprawled out at angles like matchsticks. She has drawn Anne's hair and face with yellow markers. Red for the body. The woman in the bed is smiling. Anne looks at the card as I hold it up for her to see, but she does not respond. I tell her I am flying home to Regina tomorrow. She doesn't respond to this either. Her eyes are half-open. I stand by her bed another 20 minutes, turn down the nurse's offer of a stool. Anne's eyes close and I think she may be sleeping, but sometimes she does this when she wants you to leave or doesn't want a conversation. I stay a while longer. Just as I am about to leave her eyes open. I pull one strap of my knapsack over my shoulder and wave goodbye. The bed is too high and too wide to give her a hug with all the equipment in the way. So I sign, *I love you*, a new sign I have learned in the conversation around the bed, then head out past the nurses' station. I stop to thank them and to tell them I am heading back to Regina tomorrow. One of them tells me they thought I was from here, which if you know Nova Scotians, is a complement.

May 16, Wednesday

I wake up at 4:30 a.m. I have already brushed my teeth and shaved before I realize I am up an hour early. I go back to bed and get up again when I hear my brother-in-law stirring in the next room. I dress quickly while he showers and stick my head in Jen's room to let her know I am leaving. She has not been asleep for long, a couple of hours at the most. I put my duffel bag and knapsack by the door. We don't say much. A few sentences. She thanks me for coming.

It is barely light as I drive to the airport. I turn onto the overpass that used to lead to a traffic circle from the horse-and-buggy days. The drive to the airport seems shorter than I remember from when I lived here, but of course it must be the same. I pass small lakes I never visited because I didn't have a car or there was never the time. Two weeks ago, sitting by Anne's bed, time was the silent friend. Passing time meant hope, the slowing of Death's march toward us. But looking at these lakes now, bulldozers scraping forest and fragile layers of earth from hilltops to make way for condominiums and shopping centres, I feel that something good and decent has been lost.

I come to a crest and remember how, travelling home, I always used to start from this hilltop, the muted sky, the undeciphered forest looming like the background in an Alex Coville painting as the highway's geometries lead gradually upward to the vanishing point.

They still haven't found the reason for Anne's fever, which should be gone by now. There will be a long struggle ahead. If the pneumonia doesn't beat her she could have up to a year of rehabilitation. I try not to think about it. I have made no promises, no resolutions. The light is too fragile. I have done too little and I have nothing to swear by.

But this is not what I want to leave in my journal, so instead I write:

I will swear by love, how it stood in the room, its shadow
marking the hours so we wouldn't have to.