

## Charting

By Deborah Meltvedt

In the first lockdown drill of the school year, when the *all clear* came over the loud speaker, my students unfolded themselves from crouched backs and hugged knees, helped me push a table away from the door, then started debating the best age to die.

“Sixty,” said Diana.

Fabian nodded. Lenore claimed seventy-two.

They threw out more numbers as I raised the blinds to reveal a sun-soaked public school quad free of terror, for now, and twenty-eight sophomores plopped themselves back into seats whose desks were covered with carved hearts or crude leafy drawings of weed.

No one said fifteen. Or twenty-two. Or even ninety-four.

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At the skilled nursing rehabilitation center, the purgatory between independence and the hospital ICU, rotating staff charts my father’s vital signs, medications and progress he makes fighting teasing bouts of pneumonia and dementia. On the wall is mounted a white board with nurses’ names wiped off and new ones scribbled on.

On the second day of his admission, I wait bedside as the newest dietician coaxes my father into eating a lunch of pureed Cobb Salad. This is harder for me to watch than blood draws, so I stare out the window at stretches of adobe-colored buildings and fig trees, thinking of times when a hospital was once my father’s kingdom not his jail.

Halfway through his meal, with a new burst of coughing, my father drops his spoon, his eyes widen, and he shouts how sick he is of K-rations. He grabs invisible controls and is suddenly back to the skies of 1944. Oxygen tubes become goggles he adjusts over and over.

“Which unit are we in?” he asks the air, then calls me by a long ago dead co-pilot’s name.

“Dad, it’s me!” I keep repeating until his shoulders soften and he returns to sweaty sheets, exhausted, and utters his daughter’s real name.

The dietician is unfazed. Simply says, “I didn’t know you were in the war” and softly rubs his arm, then scribbles something in his chart. I wonder if it will only be how many ounces he ate or simply the words “reminiscence again.”

My father was a handsome man. A good catch with dark wavy hair that grew into a V down his forehead like a crow's beak. His patients loved him. They often told my sisters and me how much he saved their lives. How he could twist a sideways baby out of their body and stitch up an episiotomy with grace.

But ghosts of World War II haunted my father. Growing up, they surfaced late at night when bourbon or vodka brought out old memories of dive-bombing and loss. One war gave birth to suburban battles of violent shouts and twice a threatening gun laid down on cooled tile in our own backyard. Eventually, by the time I turned twenty, my father got sober. But, instead of awkward apologies or open emotions, medicine became our olive branch to each other. Him the doctor, me the science teacher. But the chance at father-daughter closeness had escaped us both, so in those last few days of bedside waiting, I felt anxious and alone as my father's trivial memory of day-to-day living eluded him, and mine still hung on to childhood scars.

Until I let go and met him in his past.

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My students often ask me to diagnose them.

"What's this thing on my arm?"

"Why does my head, throat, back, neck, stomach always hurt?"

I tell them I'm not trained.

"Why didn't you become a doctor?" they wonder.

"What could be better than this," I say.

I don't tell them I was too scared to dig deep into the tissues of the living, believing I would nick an artery or snip a nerve (much like the reason why I don't cook chicken because I would miss the slightest shade of pink harboring Salmonella). So instead of cutting open chests or suturing wounds, I chose the safer world of teaching health and medicine. The profession of prevention, in which I had the ridiculous assumption I could keep young people alive.

Saving others was always what I wanted. The mangled sparrow on the driveway, students from themselves, my mother. Especially my mother. From her cigarettes. From women at the country club with deep tans and throaty voices who told her, "He's a good man, just stay." I wanted to save my mother's suffering when she was admitted to St. Agnes Hospital one winter morning and after four months of invasive pokes and prods, never got to come home. Or even have a cool drink of water down her throat. She died on a Friday the thirteenth, where I watched the monitor drop from forty-to-twenty-to-zero.

When I later told my students, as they knew she had been sick, Laura asked, "Was it that

nosocomial thing?” I told her, “yes.” Then she hugged me. And we went on with the living. Until a few years later I learned that a drunk driver on Garden Highway wavered over the lane line late at night and two young people were killed. One of them was Laura.

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The phlebotomist keeps calling my father by his first name. My dad stays silent. His arm stubbornly tucked into sheets. I remind her to call him doctor. Or Doc. I am learning. I turn to my dad, “What is the name of your plane?”

“Mary Ann”

“Your squadron?”

“506th.”

I keep taking him back. Past what he forgot to have for breakfast and into my father’s neuro time machine.

“Dad, where did you go to college?”

“Iowa State and UCLA”

“What made you fall in love with flying?”

“They were giving plane rides in fields outside of Marshalltown for 10 cents! Can you believe it? I wasn’t scared at all.”

“How many babies did you deliver?”

“Over twelve thousand!”

The phlebotomist says, “That’s a lot of babies. And you were in the war?”

My father smiles, offers out his arm sprinkled with tiny blue veins, and says, “You know I used to work here.”

But later, when the speech therapist comes in and asks my father to tell her what day is this, he doesn’t know. She asks him to repeat back three words, “penny, table, apple.” Spell the word “world.” Spell it backwards. My father just dabs his lips slowly at a spit of stuck puree.

After she leaves, he finally mumbles to me “apple” and whispers quickly “d-l-r-o-w. World.” He takes a sip of thickened water, I bring a spoonful of vanilla pudding to his mouth and he swallows slowly. We repeat “w-o-r-l-d” until the coughing comes again.

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I let students pretend. To be doctors. To be their own patients. We make up mock medical charts. These include fake insurance numbers and real pre-existing conditions. We draw family trees. Jamie wonders if she needs to include all fourteen siblings on her mother's side. I learn about pride in student ancestors as flags from Jamaica and the Philippines emerge with pride.

One day I notice Cassie, usually vibrant and social, is frowning, staring at her page.

She sighs. "I'm not really comfortable with this assignment." Her brown eyes are muddy, her arms tight across her chest.

Looking down all I see are the words "me" in one square with a line towards another box labeled "mom" then other lines going nowhere all over the page.

I say "C'mon, let's go outside" where Cassie wipes her cheeks with the back of her hand and tells me her father and his family want nothing to do with Cassie or her mom, adding "I don't really care, it doesn't matter."

But of course it does. The stories of our families. How do we plant connections?

"It's okay," I say, "I like lopsided trees." Then add, "Do you want me to beat somebody up?" Cassie's smile is back. For now.

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In my tree, of his five children, I was the only one who shared my father's brown-eyed trait and his battle with sleep. Insomnia served him well in war and hospital shifts, but not so much for resting in hospital beds. The nurses want him on his back, but also, like me, he is a side sleeper. So we create a system.

My father grabs my arm with one hand and with his other the bed pole. Fret, ask, reach, grasp, repeat. Head askew, oxygen tubes carefully fitted, neck bent, his aim the fetal position of ancient slumber. Fret, ask, reach, grasp, repeat. How we finally touch. How I hope he dreams of that first roar of a plane in Iowa. Or the march to liberation.

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In their medical charts, the students answer holistic questionnaires about mental and physical health that go beyond genetics and how many servings of vegetables they have a day. Their experiences are all over the geography of trauma. A Trans friend who tried to end their life. Giving up their dog when a mother lost her job. There are parents dying of cancer, a brother addicted, goodbyes to an uncle at the border. Kyla can tell me the diagnostic criteria for social anxiety disorders. Under "personal experience" she notes: being bullied, speeches, father's second wife.

Angela knows all the symptoms of schizophrenia. Outside the classroom door, she tells me of a brother's world of delusions, paranoia, heartache. How he won't take his meds, how someone stabbed him once, that he owns the peace in their house. It is easier to trust me than a therapist she confides.

Mortality and morbidity rates pop up in student writings. Unintentional injuries, homicide, suicide. Domestic violence. A student tells me they knew somebody who drank bleach, then corrects themselves and says "Oh no, they just shot themselves."

Over the years, the statistics hit too close to home for me. Josh gunned down at a gas station, one student held a pistol to their own scalp. Another's foster father was the one who pulled the trigger. And one death from Covid. Scared of the vaccine.

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The last night I saw my father he tells me a story of sailing back to the United States aboard a ship called "The Liberty" after Germany surrendered. Lying on his side, wincing every few minutes, he recalled a storm in the Atlantic that was so fierce it made most of the other soldiers devastatingly sick. But not my father. After two years inside his plane of being tossed to the heavens and back again, it seemed he was immune to nausea. So on the night of his birthday, half way to home, he poured himself a glass of cognac to celebrate, but no one from his unit could toast with him. They were locked in their rooms.

"For their own good," he said. The seasickness was so bad the men might jump overboard, "They were that bad off," my father kept repeating. "That bad, can you imagine?"

And I can't get rid of the vision of my father all alone, his feet hugging a wet deck as he weaved back and forth, swallowing sharp liquid, a hero at sea.

Later, the oxygen tube slips off my father's nose, and coughs become gurgles in his throat. He whispers to me, "We need to leave. Please!"

He knows we can do it but he has no idea even where he is.

"We can't stay here, they're going to kill us."

He has a plan. He points to the TV and doesn't understand why I can't follow. It is not the only time in my life I have to hold him down, but it is the only time in my life I feel close to him. I call the nurse and they give him a sedative. He falls asleep, on his back, defeated.

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My students tell me they don't trust doctors. I am reminded of barriers to care. How a parent might not speak English. Fears of racial profiling and even shame about their own bodies. When I remind them doctors aren't gods, I forget my own privilege of being raised in the cocoon of medical culture.

I need a new way to get them to tell their medical story.

"Pretend you are in the hospital and are very sick, but not dying." This part of their immortality I can control.

"What do you want staff to know about you? Besides your vitals?"

We go through questions. "Who would you like in the room?" "What scares you?" "What do you want to be called?"

Next, I tell them, narrow it to three things that a phlebotomist or speech therapist or physician would see *every time* they opened your file?

Because this is where compliance begins. Where trust starts. When we are written as more than a pulse rate or diagnosis.

I think about what would have been my father's example. Too much to include his love of pumpernickel bread or surgery or Hemingway. Or even, before sobriety, how he loved a bottle of gin more than his daughters. But I think easy to narrow to at least three.

"Call me doctor, not Richard."

"I worked at this hospital for over forty years"

"I was a damn good pilot and helped win the war."

And sometimes, I think, he was a good dad.

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Later my sisters arrive from out of town. We begin taking turns. There is a fever, a worried report on urine output. The slowing of heartbeats. He needs to go back to ICU. They can't give morphine here. The doctors tell us he can barely breathe, even with oxygen tubes.

The decision is made. My sisters and I talk about how he wouldn't have wanted the intubation. The tubes are pulled out. He was drowning, they said. Lung rivers.

I think, there is no best age to die.

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At times I wonder what I would add to my own medical chart. To call me Ms., never Miss or Mrs. That I still see faces of students who died behind a wheel or in front of a gun and didn't make it to medical school. How I didn't become a doctor but had the privilege of peering inside another type of inner life. And sometimes I regret not giving into last wishes –a glass of water for my mother, breaking my father out of rehab jail. That I remember both his screams and my father's voice repeating *w-o-r-l-d* and know how much he sacrificed a lot to try and save it.

Or maybe just simply “Insomniac, hates raisins, she was once a teacher for almost forty years.

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