

You Will Make Several Relaxing Cuts

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1

The grieving family members haven't left the patient's room by the time you arrive at the hospital. The woman in admitting tells you they're still grieving, and she remembers you. You are a contracted hospital regular. Your sneakers squeak as you walk to the intensive care unit, where you sit down in the waiting room. You play *Plants vs. Zombies* on your cell phone and avoid eye contact with the unit secretary. The waiting room and its keepers dematerialize as you strategically place puff-shrooms and scaredy-shrooms with your thumbs on your cell phone's touchscreen in preparation for this morning's first wave of zombies. What this means is you're being paid seventeen dollars an hour to play *Plants vs. Zombies* while you wait to cut the eyes out of another dead person's head.

2

You realize you're leaning against the waiting room's fish tank when you sense small blue-gray creatures approaching you in your peripheral vision, thrashing their tiny bodies against the algae-covered glass.

3

With indignation, the grieving family members identify your black recovery case on their way out. You agree that your recovery case is large. It's larger than the grieving family members' smallest child. You attempt to convey this agreement with your facial expression. This means you still have a face. You look away and you remember you haven't eaten breakfast yet, and you suddenly feel lightheaded. You imagine a banana in your pocket. You taste the banana in your mouth. You're in the middle of imagining a handful of almonds

when you see the grieving family members waving their arms. You watch as a seasoned nursing assistant whispers something to the unit secretary, pointing her finger at you. You detect the grieving family members coming at you, but you do nothing to discourage their assault. Even the smallest child seems to know she's supposed to go after you. You're okay with anything the grieving family members want to do to you.

But she isn't dead yet! they scream. *Just a few minutes ago, we swear to God she was still blinking!*

It is one of those families.

4

The charge nurse ushers the grieving family members out of the intensive care unit's lobby. Security is summoned to transport the patient's body downstairs before you have time to request that you complete your recovery in the patient's room. You're so intent on fabricating a reason why you need to perform your recovery in the intensive care unit instead of the morgue that you forget your cell phone in the waiting room. This will be a problem after your shift is over in eleven hours and you have to drive back to the hospital just to collect your cell phone.

5

You don't want breakfast anymore, and you imagine the face of the janitor who is required to clean the hospital's fish tanks. You wonder how often this janitor cleans their tanks, or if there's a special position just for fish tank cleaning. You also want to know where the fish are stored while their tanks are being cleaned. This is a level-three trauma center with at least thirty or forty waiting rooms, and you imagine all of the hospital's blue-gray fish together in some kind of giant waiting tank at the same time, the fish tank cleaner scrubbing the grimy walls of their homes as quickly as possible one after another. You wonder if fish who were previously friends are sometimes separated from each other during the dividing process once their tanks are clean. You console

yourself with the thought that these separated friends might be reunited during subsequent tank cleanings in the future.

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In fact, you're only capable of following security downstairs to the morgue because you have a fantastic imagination. You imagine your face is composed of sculpting clay, and that your insides are rotten, and then you imagine the grieving family members clawing at your clay face as they ought to, and by the time you arrive downstairs you don't have a face anymore. At first this is a great relief. This means you won't need to worry about facing another dead person. And then you're worried your facelessness might frighten the patient while you complete your recovery. What if your face actually looks like the inside of a gutted butternut squash from all of the clawing, inverted and then re-smoothed as if with a soft baking spatula? How are you supposed to know what you look like without first checking in a mirror? This would prove you never had any blood to begin with. This would certainly prove you're not even a person, and you're the expert on not being a person.

Do you need anything else? security asks, locking the gurney in place. The patient's body shifts toward you inside her body bag with the abruptness of the locking. You feel her weight shift toward your left hip. Your recovery case is getting heavy but you don't set it down. You let your right arm go numb.

No, I don't need anything, you tell security, and security leaves you alone outside of the morgue's entrance with the dead body.

7

Your girlfriend wears a headset in a call center just outside of a local hospital's morgue, four miles from where you stand. Her headset lights up in fluorescent blue when she makes and receives phone calls. All day long the fluorescent blue flickers and illuminates the tangled brown hair just above her left ear. You know she's Facebooking between taking donor referrals, speaking with grieving families, and waiting for you and other remote technicians

to call in their recovery times. You know she's especially poised for the moment when you will call in after this morning's recovery, when she'll hear your voice from the depths of another morgue.

Sitting in the call center of death, your girlfriend is like an umbrella leaf plant. Her powers include keeping track of and protecting all of the recovery technicians out in the field today from bungee zombies and catapulting zombies during The Final Wave, from internalized demons related to the demands of a job that necessitates cutting eyes out of dead people's heads. That, and your girlfriend isn't upset anymore about the argument you two had last night. This morning she's ready to offer to spend the night at your house for the remainder of the work week because she knows it makes you happy, and she knows your job is worse than hers, but she also knows she can't offer this when you call in with your time of recovery. You still have your job, and so does she, and the line is recorded.

Like the other donor coordinators working twelve-hour shifts, your umbrella leaf girlfriend has a fast recharging rate, a quality shared with your coworkers in the distribution department of the eyebank. The only difference is that she's ready to forget the donor referrals and the argument, sitting in her cubicle prepared to inform you with just the tone of her voice that she'll be sleeping with you in your bed tonight. Your conversation will actually be documented in the donor database as "T.O.E. of 0945." "T.O.E." means more than just "time of enucleation." You've both learned to listen for tone and for sanity, or for a lack thereof. You hold each other differently after work based on ten-second long conversations on a recorded line.

8

You imagine having sex with your girlfriend in your own bed tonight. You imagine having sex for a long time. It's when you reach for your girlfriend's breasts that you realize your cell phone isn't in your pocket. You're still standing outside of the morgue with the gurney waiting next to you, the thick rubber body bag now

intimately settled against your left hip. Who knows how long it's been since security departed. You can't make that journey upstairs to the intensive care unit to obtain your cell phone because if you do, you know you'll never return to the morgue to complete this recovery, and this recovery is what's at stake. You wait with the gurney thinking about how your cell phone is upstairs for as long as you can remember. You wait until you remember your job isn't to wait, but to cut.

You are here to retrieve ocular tissues from the confines of that thick rubber body bag, and you are here to retrieve two posterior poles from the depths of that lady's head, and you are here to peel back that lady's eyelids without thinking about the reality of what it really means to peel back the eyelids of a dead lady, and you are here to do so perfectly. By the time the recovery is complete, you will be holding corneas in your hands, but you will have forgotten yet again that your cell phone is upstairs, and this means you really will have to drive back to the hospital after your shift just to collect it.

9

You place your recovery case on top of the body bag and wheel the gurney inside the morgue. It happens like a sigh of relief and also like you're still holding your breath. Today there are four bodies in the morgue, five if you choose to include your own. You use both of your hands to close the morgue's heavy door behind you. You cry yourself back into your body. The tears lubricate your intentions to move your limbs in the direction of what you know you're supposed to be doing down here. You've never been a crier before taking this job, but now you cry daily in the basements of local hospitals, funeral home preparatory rooms, and medical examiner offices. You say *I'm here for sure* out loud and your voice echoes against the white brick walls.

10

You unzip the patient's body bag as the fifth body in the morgue. You tell yourself that you are The Fifth. You are in charge here. You

identify the patient of the grieving family members and you adhere to universal precautions while you do it. You raise the gurney six inches and you compare the patient's name on the consent form with her name on her toe tag. The patient's toenails were recently painted gold, probably by a granddaughter or a daughter during the patient's hospitalization, but you are here to check for signs of diseases. Blue or purple spots, for example, on the patient's skin, or white spots on her mucous membranes. Abrasions, signs of intravenous drug abuse, prior surgical scars. Without any other significant findings to report, you document the color of the patient's nail polish on the body inspection form as *a shimmering golden bronze* even though it doesn't matter to the eligibility specialist who will eventually clear her chart. You dislike prying open the patient's mouth to check for oral thrush, teeth, and what always upsets you most: a single, stiff, meaty tongue.

11

The familiar smell of untended shit and bleach returns to you immediately after you finish identifying the patient. It's at this point that you always remember the first recovery you observed during training. When your trainer removed washcloths from the patient's mouth as necessitated by the standards of a full body physical inspection, seemingly unlimited quantities of loose fecal matter cascaded up and out of the patient's mouth, down and onto her naked chest, flooding the space between her exhausted, sagging breasts the way a river moves with uncompromised intention after a life-changing storm.

That's when you tore off your facemask in what was supposed to be a sterile environment and threw up in the hazardous waste bin. You were on your knees, and your partially digested salami sandwich, extra mustard and pepperoncini, drenched the bloody tips of anonymous syringes and soiled paper towels and latex gloves. That's when you remembered, still dry heaving, nothing left inside of you, that this eye donor had just hours before been a grandmother.

Happens sometimes, your trainer told you, speaking and breathing like someone who had clearly gone swimming in shit before.

It's especially typical of GI bleeds.

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You're unable to draw blood from the patient's subclavian vein in her neck, so you refer to your paperwork to determine whether or not the patient will also be a tissue donor, the majority of which is filled out in your girlfriend's handwriting. This patient is ineligible for heart donation because of her age and cause of death, so you'll need to draw blood directly from her heart: a valve, the aorta, whatever you hit first and with the best of luck. You check your paperwork again to confirm the patient isn't having an autopsy, and you proceed with the heart stick. You're successful after ten minutes of strenuous work.

This is how you move in the world: inserting an 18-gauge needle into the chest cavity of an old woman until you reach what you pray isn't fixed blood, pumping backwards, pulling with all of your strength, hoping like hell you suction something, anything, from between her frail upper ribs and without breaking one in the process, so that you won't need to track down a pre-mortem blood sample at the laboratory.

But you've succeeded, and now you're expelling the first ten milliliters of fluid into the morgue's rusting sink and documenting the process on the blood sample worksheet. This part is like using a coffee bean to wake up a sleeping mushroom plant in *Plants vs. Zombies*. You go back into the old woman's heart. Her heart sleeps like a mushroom plant in a daytime level until you, assuming the identity of the coffee bean, apply your magic touch. Is it you who goes back in? You're holding a vacutainer serum separator. The patient's blood flows into the separator effortlessly. The blood tube now contains an adequate blood sample. These are your hands.

13

In your oversized blue scrubs you might as well die, too. You are the master of aseptic technique. You and your patient are living

in a sterile world, and you created it. You elevate the old woman's head, her hair coarse, thin, and white. You irrigate her eyes with sterile ophthalmic solution, ensuring both round surfaces are free from debris. You are diligent in keeping the tip of the bottle from becoming contaminated by the old woman herself, because once you're dead you can contaminate yourself, and in order to do so you imagine your girlfriend standing before you in the morgue, radiant, taking off her heels, persuading you to go to a different restaurant for dinner tonight after work. You wipe the patient's lids with alcohol pads, wet against your fingertips, working medially to laterally. Drowning in your blue scrubs, your girlfriend now standing in your bedroom with her work clothes in a pile at her feet, you employ no less than one pad per old woman eye.

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Except now you hear your girlfriend's voice from just a couple of hours ago. You're standing next to her in the call center earlier this morning, minutes before she dispatched you for your 271st ocular recovery. Your girlfriend's keeping track, and your girlfriend's on the phone with your immediate future.

If you can just place lightweight icepacks on the patient's taped eyes for now, yep, that'll work, uh-huh, just fill latex gloves up with crushed ice if that's all you've got.

It's so rehearsed it's not even her voice, and she hangs up. She looks at you.

Donor's ready, she says.

15

Except now it seems to be Thanksgiving, just after everyone's finished dinner, and your mother's here with you in the morgue asking you to apply medical cold packs to your grandmother's swollen, edematous feet.

They're in the side door of the freezer, she says. *Grandma'll be so happy if you do it. She loves being waited on, and you hardly ever see her.*

You're digesting double servings of turkey and potatoes while standing above your patient's draped face. Your girlfriend's

still undressed, too, but now she's in the basement of your grandmother's house, waiting to make secret love to you while your family watches *Jeopardy!* upstairs, and your grandmother is ready and waiting, too, leaning back in her favorite recliner, extending her enlarged, purple, cracking feet to you as a kind of offering, what she considers a gift but only because she doesn't even know who you are, an eye-cutter still standing in the basement of some hospital, another morgue. You leave your naked, aroused girlfriend waiting in your grandmother's basement, and your grandmother falls asleep in her recliner after your mother applies the medical cold packs because you seem to have disappeared from the kitchen where you were just standing at the freezer, and you choose your patient over your girlfriend, your mother, and your grandmother, and you lean in toward your patient's left eye, which stares back at you, blue-green, cloudy, a single cataract, only minor epithelial damage.

Grandma? you don't ask, instead rolling the patient back into her body bag. You zip yourself in, too, and you fall asleep spooning the patient, her eyes still intact, no blood. You imagine falling asleep inside of the body bag while spooning the last dead person you'll ever have to see.

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Except you can't sleep, and it's warm inside the body bag because you're still alive, so you count: *two hundred and seventy two, two hundred and seventy three.* This time you imagine falling asleep inside the body bag spooning your own grandmother, her eyes also still intact, but when she looks at you she sees someone else, not her grandchild, a different eyebanker in this world, and she's both alive and awake, and she wants answers.

She asks, *Who are you?* and then *Where am I?*

I don't know, you tell your grandmother. You really don't know who you are or where you are, and you don't know what else to do, so you ask your grandmother if she's tired. She tells you she is tired, and you both fall asleep, and it turns out your grandmother's dead body is actually the last dead body you'll ever have to see.

17

After you've performed all of the necessary pre-ocular tissue procedures, you place an underpad over the area on the patient's face where you established a sterile field just twenty minutes ago. You follow the logic of undering the overing in the same way you imagine crawling into a dead person's body bag to die. This is a woman's face. This is what you were trained to do, and so you do it, and you do it in the language provided during your training. You follow the logic of undering the overing because there is no other way to survive in a world of cutting eyes out of dead people's heads. You tell yourself you're restoring sight for the next surgical candidate in need of a cornea.

This means that on the underpad you must open a sterile in-situ recovery kit, allowing the inside of the blue outer wrap to function as a second sterile field within the first sterile field. It's almost too much even for you, but you transfer two single fenestrated eye drapes to the second sterile field, and open two corneal viewing chambers anyway. You make sure to unscrew the lids. You examine the Optisol GS for color, clarity, and package integrity. You pour the Optisol into the corneal viewing chambers, careful again to avoid contamination, careful not to contaminate the lids or engage the threads of the jars with the lids.

What this means now is that you're laughing. You begin to sway back and forth, kind of like a dance. No, let's be honest, you're dancing beautifully in the hospital basement's morgue while cracking up. While you dance you imagine your girlfriend dancing with you in near darkness tonight, but this time it's darkness without dead people.

You separate and organize your instruments on your perfectly sterile field. You distinguish inside instruments from outside instruments. You place instruments you don't anticipate using for the procedure at the top of the field. You look at your tissue forceps, your corneal forceps, your tenotomy scissors, your lid speculum, your muscle hook, and your cotton tipped applicators.

No, you think, staring at today's configuration of tools. The gauze sponges form a mouth. You thought you were going to make

it through at least one more recovery, but the hemostat forms a nose. *Yes*, you are talking to no one again, the surgical blades (#15), *those are most certainly eyes*.

18

You pull it together yet again, and it's after you do so that you aren't afraid to tell the patient's face that you prefer your girlfriend's face post-cry. *A good, hard, long cry*, you say out loud, your voice small in comparison to the vast silence that's always surrounding you. With your eyes closed, dressed in full protective gear, you compare and contrast the white-blue of the patient's face to the pink of your girlfriend's face last night post-cry. The inside of your facemask becomes warm with the only breath in the room. You hear your girlfriend's voice again and you smile this time.

It's rosacea, she says, *the doctor prescribed antibiotics. When I'm old it's going to get worse, and it's going to be gross.*

Well, you wish you had said, *you're only twenty-six tonight and your rosacea is the most beautiful rosacea in the whole world.*

19

You drape the patient's face with a new fenestrated field. You say *fenestrated field* out loud, too, because it reminds you you're still a person who likes the way things sound out loud. You expose only the patient's right eye this time. Using one of your cotton-tipped applicators, you gently open the superior lid by pulling toward the top of the patient's head. You insert the closed lid speculum under her upper and lower lids near her ice-cold nose. You slowly open the speculum while moving in the direction of the middle of her eye, taking care not to make even a moment of contact with her cornea.

Using the forceps and tenotomy scissors, you lift and cut the patient's conjunctiva at the limbus three hundred and sixty degrees around her cornea. You separate adhesions between her conjunctiva and her anterior globe, confirming her conjunctiva doesn't come into contact with her anterior globe within five millimeters of her limbus. You don't know what this means either, even though you're

the one doing it, and you begin to shake. What this means is it's a long sentence for you, too. You're fluent only in a language that encourages making it through ocular recoveries.

This must be part of the dance, and because you're dancing that's how you'll remember that you're speaking correctly, right? Wait, what do five millimeters mean again? And her right eye is beginning to bleed.

If necessary, you breathe back, responding directly to the blood, *you will make several relaxing cuts in the conjunctiva radially to accomplish your task.* These are the words you were trained to repeat when overwhelmed during a recovery. "You will make several relaxing cuts" is the mantra for an eyebanker under pressure.

Using an outside scalpel blade to scrape the conjunctival remnants, you remove as much of the tissue as possible without compromising the patient's cornea. You simultaneously realize it's not the patient's cornea anymore. You're dangling the cornea of the grieving family members' daughter, mother, and grandmother from your forceps in a lonely morgue located in the basement of a level-three trauma center.

20

You are alone again in the morgue, and you are running out of beautiful metaphors in the morgue, you think, no wait, you see, how it is, to cut eyes, out of dead people's heads. You snip and snip. The snipping sounds like scissors cutting human tissue, except the scissors are real and you are holding an actual person's tissues in your hands. You exit your own human body, and you exit that body quickly and before dropping this woman's cornea into the corneal viewing chamber, and you imagine eating oysters tonight with your girlfriend after your day at work, just another day at work. Oysters are her favorite, and as you imagine tilting your head back just like the head in front of you, which rests uncomfortably on a styrofoam head block, angled at exactly forty-five degrees per your girlfriend's directions to the patient's caregiving nurse earlier this morning, you drop a raw oyster into your own open and waiting mouth. ☹