

For Jan Coleman's class 12/7/2009

Recovery, by Edward Ordman Version of 12/4/09

The attack occurred on Harun Al Rashid Street in Jerusalem, as we walked downhill a few blocks outside the Damascus Gate of the old city. The attacker came from behind, several hours after dark. With one hand he grabbed my wife's handbag, which she was holding between her right arm and her body with the strap over her shoulder. With the other hand he pushed her down hard, face down onto the pavement. He ran with the handbag, uphill and into a darkened park with trees where I clearly could not chase him. In June 2007, at the age of 83, she may have been a bit more fragile than a younger victim. The male friend who had been walking on my wife's other side was a nurse, but even he did not immediately see the extent of her injuries.

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I need to admit to a prejudice at the outset. I am firmly convinced that my wife Eunice is the smartest, most loving, most charitable and sexiest lady in the world. I won't describe our courtship, from a common interest in microcomputers to marriage, but we are probably good examples of a description of love written by the economist C. Northcote Parkinson. He explains that you may have a firm list of what you want in a spouse, and are sure you want to marry a blonde until you meet Susan. She isn't a blonde, but you suddenly feel very sorry for every girl in the world whose hair is not quite the same color as Susan's. That's how I look at Eunice.

All of our friends and families told us strongly that we were a complete mismatch. When we married, Eunice was fifty-nine, I was twenty years and five months younger, and the extreme differences in background in religion, politics, and everything else may be summarized by the

fact that her ancestors included officers of the Women's Christian Temperance Union and mine included officers of the Greater Boston Association of Retail Liquor Dealers. We were a perfect love match from the beginning, and have grown closer and more in love every year since. How many couples can enjoy discussing second derivatives over breakfast? We have found common interests in science, religion, art, travel, gardening, reading, and more other subjects than we can name.

We are both about five feet seven, with waistlines somewhat larger than they ought to be. In appearance she looks enough younger than her age that people don't notice our age difference, but she can still be recognized as a white-haired grandmother. I'm mainly bald with a white beard but am mistaken for Santa Claus only by very young children and only when I'm wearing my big red winter coat.

My wife's ideas of travel are not very ordinary, and I've come to love them. We'd been to Indian villages in the Bolivian Andes with a group sponsored by the charity Freedom from Hunger, and visited literacy programs in the slums of Phomn Penh with a group from American Jewish World Service. So it was not a complete shock when in 2007 she suggested visiting a Palestinian refugee camp with a group organized by Interfaith Peace Builders. The visit to the Duheishah refugee camp near Bethlehem had been fascinating, and not frightening despite a National Geographic article published a few months later that said it was such a dangerous place that no Jew would consider setting foot there. A few days later in Jerusalem, we'd had a fascinating evening with an Israeli Jewish peace advocate and were returning to our hotel when the handbag thief attacked her.

Eunice lost consciousness more than once. Her eyeglasses were broken. Her face was covered with blood, and she lost control of her bowels. When she was able to respond adequately, still down on the pavement, the nurse with us began some elementary tests.

“Can you wiggle your fingers?”

“Yes.”

“Can you wiggle your toes?”

“Yes.”

The police arrived very quickly. Had I seen the attacker? Not well enough to help, in the dark from behind him as he ran away. The streets in East Jerusalem are much less well lit than in West Jerusalem. Did we want an ambulance? While I was very scared by the fact that she'd lost consciousness for awhile, Eunice seemed able to make decisions now. I often leave decisions in emergencies to Eunice, partly since her decisions are very good and partly since she wants to be in control of herself.

“Let's see if I can stand up.”

With help from our friend and me, she stood up and walked a few steps.

“It's only twenty yards or so to our hotel. I'd rather go there.”

With one of us on each side, we walked her to the Holy Land Hotel and into the Ladies' Room in the lobby, where I tried to clean her up. A few women from our group of travelers came in to help. I handed one of them Eunice's badly soiled panties. I'm still startled to recall that those panties mysteriously appeared in my hotel room in another hotel five days later, clean, with no explanation of how they got there.

When we emerged from the Ladies Room, our nurse friend reappeared.

“Can you see out of each eye, one at a time? Now together?”

“Yes”

“Can you raise your arms?”

“The right arm doesn’t come up.” Eunice looked surprised and puzzled at the discovery.

“It’s time to go to the hospital.”

The hotel desk called an ambulance, which took us to Hadassah Hospital at Ein Kerem, on the west side of Jerusalem. Once she was stretched out in the ambulance Eunice said, “After all the strange places we have been, isn’t it nice that this happened so close to a really good hospital?”

I was wondering what was wrong, maybe a torn ligament or a broken arm, but only began to realize how serious it was as the ambulance crew worried about her rapidly dropping blood pressure. I tried to distract myself, using our tour leader’s cell phone to telephone credit card companies and cancel the stolen credit cards even as the ambulance took us across Jerusalem.

We spent two nights and two days in the emergency room, and my fears kept growing. Her right shoulder was shattered, with two pieces of the upper humerus (the long bone in the arm) badly out of place. There had been a bad concussion, and several teeth were chipped. There were bruises from her knees to her forehead, and extensive internal bleeding. After two days her right arm had swollen to over twice its normal diameter, resembling a great bag of blood.

One thinks of Jerusalem as a city full of religious traditions, and one of those turned up even while we were in the emergency room. Hadassah Hospital is a large complex of tall buildings, with more under construction, built on a steep hillside overlooking the village where John the Baptist was born. During the first night, in addition to the the shoulder x-rays, the

hospital took extensive brain scans to see if there was internal bleeding or damage there. The next step was to have detailed teeth and jaw x-rays to see how bad that damage was. The dental department was in another building, and all the usual routes to it had stairs somewhere on the route. Eunice was still lying flat on a gurney, with an intravenous solution coming in from a bag on a pole on one corner of the gurney, and stairs were out of the question. The man pushing the gurney asked questions and studied a map of the campus. There was one route with no stairs but it involved passing directly through the morgue. Did we mind going through the morgue? It didn't bother us, but our gurney pusher could not do it. He was a "cohen", a descendant of the ancient family of Jewish priests from Temple times, and religiously observant cohen's are not allowed to be near dead bodies except for immediate family. So he had to go find another gurney pusher who was not a cohen and swap patients to get us someone who could take us through the morgue to the dental school building.

After all the tests, the hospital resident physician in orthopedics discussed the case with us.

"She'll have only limited use of the arm," he said, "but after all, she is 83." I was terrified. Was this the end of the kind of life we had known? Would we be able to travel, to climb hills, to hug, to make love?

I protested to the doctor. Luckily, when we are traveling, I carry a small book of pictures. There is one of my wife on a mountaintop, one of her rowing between islands on the ocean, one of her whitewater rafting at age 75.

"She isn't the usual 83-year old," I said. "What would you do for a 30-year-old with this injury?"

"I'll look at her again tomorrow," said the doctor.

Shortly thereafter another doctor stopped me in the hall.

“I saw your wife in neurology,” he said in moderately accented English. “She’s an amazing woman. I don’t know how people act in the United States, but in Israel you have to be very pushy. Pound on doors or stand on desks if you have to, but absolutely insist on her being seen by the head of the orthopedic department in the Medical School, Dr. Milgrom. Be as pushy as you have to be. Don’t take no for an answer.”

I had to push pretty hard, but we did get Dr. Milgram to come, on our third morning in the hospital. He grew up and went to medical school in Chicago before immigrating to Israel, and we understood each other well.

“I’ll be there to perform the surgery tonight,” he said, “along with my Palestinian colleague Dr. Jabbar who is the best expert on this kind of surgery.”

Dr. Milgrom wanted to do the surgery that same evening, starting at 8:45 PM. Why were they doing it at night? Was there still internal bleeding? Would her condition get worse? What would they be able to do for her, after such great blood loss? The doctor explained they could use small incisions and work with long instruments to move the bone parts, using a form of x-ray to see what they were doing, since there had been too much blood loss to make a conventional incision. I sat, I paced, I tried to read and couldn’t, I paced again with worry all day and in the waiting room that night during the surgery.

The surgery, done from 8:45 to 10:15 at night, went well. They needed four screws, each over four inches long, to hold the bone fragments together. Her arm was strapped to her body to immobilize the bones while they set. It would take another surgery more than six weeks later in Memphis, Tennessee, to remove the screws.

Two days after the surgery, being in the orthopedic ward of the hospital was increasingly uncomfortable. They were trying to feed her solids, but the Middle Eastern food they were bringing was too hard to chew and unappealing to her. Her lips were still too swollen and her jaw too sore for hard rolls, and whole tomatoes and cucumbers without salt didn't attract her and were hard to eat. The sandwiches offered by volunteers coming through the ward seemed to be familiar to the patients from Turkey and Greece, and I found them edible, but they didn't help Eunice. The room had five patients in a space in which an American hospital would have had two, and a multiplicity of languages that would have been fascinating if it were not too noisy for either sleep or conversation. I could not imagine how the nurses' schedules were organized: at all hours each ward needs nurses who speak Hebrew, Arabic, English, and whatever other languages the patients on hand need. We heard French, Yiddish, Greek, Turkish, Russian and others I could not identify.

Even being beside each other almost constantly, Eunice and I missed each other terribly, with no practical way to feel close and too much noise to talk. By now the nurses had let me help move her to and from the toilet and I had a sense of how she could and could not be touched. Eunice was finally off intravenous, although the needle was still in the back of her left hand. I wandered through the halls until I found an empty wheelchair. I brought it back to the ward.

“May I take her for a ride in the wheelchair?”

The nurses agreed, and reviewed with me how to get her in and out of the wheelchair. I took her down the elevator, out the front door, and across the street. We passed through two security checkpoints manned by Israeli soldiers with automatic weapons looking almost three feet long held across their chests. Within the hospital neighborhood, the wheelchair was not questioned

and was allowed to bypass the metal detectors. There was a hotel for family members visiting patients in the hospital, and I had taken a room with twin beds. I carefully moved her from the wheelchair into one of the beds.

Then I called the nursing station in her ward and managed to get them to summon the nurse on duty who spoke English. I explained where I had taken her. For which symptoms should I bring her back to the ward, and for which to the emergency room? When did I need to bring her back to the ward for doctors' rounds? The nurse sounded horrified, but she answered my questions.

Eunice was delighted with the hotel breakfasts and with the food I carried in from restaurants. She got some choice in food, even if it was limited to what was available in the few restaurants within walking distance. We had quiet to talk and I got some utensils so I could cut her food for her. I had some of her favorite music on an mp3 player with a tiny set of battery-powered speakers.

After two days of this arrangement, the doctors agreed it was a reasonable solution. Besides, the hospital was chronically short of inpatient beds. They checked Eunice out of the hospital and gave us a schedule of when to reappear for further checkups.

“But don't move her except between the hotel bed and the hospital,” Dr. Milgrom admonished, “and it will be at least another ten days before she can fly to the United States. You'll need first-class seats with a full recliner, so she can be horizontal during the flight.”

We stayed very close to Dr. Milgrom's orders, although after the intravenous port was taken out of her left hand she felt a little better and I would take her to the hotel restaurant in her wheelchair. We had fascinating conversations with people from throughout the Eastern

Mediterranean area, mainly family members of patients in the hospital. Before we left the hospital, I even took her in her wheelchair to see the hospital chapel with the twelve famous Chagall stained-glass windows, the only part of the hospital seen by most tourists.

A week after we arrived in the hospital, the group of Americans we had been traveling with came to visit us before they left Israel. I brought Eunice, in her wheelchair, to the hotel lounge for the visit.

“How can you be so cheerful and confident?” they asked her.

“It will take time, but I know I can get over this,” she said. “I’m a survivor. I survived the automobile crash which killed my first husband, and being hit by a motorcycle when I was crossing a street.”

She did get over it. The second surgery six weeks later went well, although she reported more discomfort after the large screws were removed than after they had been put in. A few weeks later she was allowed to start physical therapy. Late that Fall her therapist said, “You have more strength and motion in this arm than the doctors or I thought would ever be possible. You can do much more with it than most women ten years younger who have never been injured.” By the next summer Eunice was again kayaking and canoeing, with a strong J-stroke on both sides, a fairly good test of shoulder strength.

Eunice exuded confidence from the beginning. I may have put on a confident face at times, but I was very scared. Sometimes being scared is a feeling that passes slowly, but in this case I can clearly remember the moment when Eunice restored my confidence.

Part of my motive for moving her to the hotel was selfish. I wanted her for myself, I wanted to be able to talk with her, I wanted to be able to touch her. But touching her wasn’t as easy as it

might have been. With one arm heavily bandaged and bound to her body, an intravenous needle in the other hand, bandaged head, swollen lips and chipped teeth, and huge purple touch-sensitive bruises from knees to forehead, there weren't many places to touch. Carrying off one's lover is a standard male fantasy, and I'd done that. Having her all alone is part of it. Not being able to touch her belongs perhaps in a Greek myth like Orpheus, or a play by Jean-Paul Sartre. The third night in the hotel, I patted one of her feet. She looked up at me. We both understood the problem.

"I love being touched," she said. "I love being yours. It's hard not to be able to hug or kiss. What else can we do?"

Eunice has as strong a prejudice in favor of me as I have in favor of her. She even thinks I'm sometimes very creative. Of course, knowing how to do research on a computer gives me some advantages. As a teacher, I frequently used searches and contacts on the Internet to find ways to help handicapped students. In 1997, Ann Landers even mentioned me favorably by name in one of her newspaper columns, contrasting this more constructive use of computers to the spread of internet pornography. I sensed Ann Lander's ghost watching over my shoulder as I used the hotel's lobby computer to seek information on what one could do to express affection when only feet could be touched.

Later, as I was getting ready for bed, I was undressed and giving Eunice a long foot rub. We talked and figured out things that we could do together. Things were going to be all right, after all.