

**Living, Dying, and Mr. In-Between:
A Biographical Fragment
Of Robert and Richard Locke
By Clayton Bess
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The phone rang at 2:13 in the morning; I know because I looked at the clock. I wasn't surprised, not really at all. I was alarmed, of course. The phone ringing by the bed in the middle of the night is a terrible noise. This was happening too often and, as always, I answered prepared for the worst. And this time it *was* the worst: my mother's exhausted, scared voice, "Richard needs you to drive him to the Emergency Room."

I had gone whitewater rafting that day with Bill and Vivian, Tom and Mary and other friends, and we had come home and drunk a lot of margaritas and gone to bed late; so I wasn't thinking or seeing well. Could I drive, I asked myself? Was I safe? I thought yes, but who can be sure, awakened from a dead sleep at 2:13 a.m.?

The irony had not been lost on me, when I had declared exuberantly to everyone in the raft that perfect day on the whitewater, "I must do this! I must come out and do this kind of thing to remember why I am alive!" The irony had not been lost on me when I got home and called my parents' house and Richard's first words to me were, "Did you have fun?" before he had to excuse himself to rush to the bathroom to vomit. The irony had not been lost on me that while I was out fighting whitewater to find joy in life that my brother was fighting for life itself.

Bio:life—graphy:writing. Death:the end of all writing. My brother Richard and I have been kindred yet combative spirits all our lives. My bio is his, his is mine, and yet each of us has so much more and we are so different, and so alike.

That 2:13 a.m. phone call would have been inevitable whenever it might have come, but the fact that it came after such a perfect day in my life—September 13, 1996, the day after my mother's 83rd birthday, with good friends around me, nature, beauty, adventure—throws that day into horrific relief in my memory. No, it wouldn't have made any

difference if I had been at my parents' home that day because Richard still would have been retching all day long without my being able to help him, but did I have to be having so much fun? Richard had just undergone his third chemotherapy for a fast-growing lymphoma, and each chemotherapy had racked his body worse than the one previous. He had his drugs to relieve his pain and his various symptoms of nausea and diarrhea and convulsions, and he took the drugs on his own when he felt he needed them most. His morphine, however, disturbed me very much that night.

"I couldn't keep the morphine down," he told me after I had helped him into the car and started for the hospital, "so I shot it intramuscularly."

So many alarms rang through my deadened brain. Oral morphine? He shot it? Intramuscularly, is that different from intravenously? And now he's having trouble breathing? Could the morphine be the reason? Could it be an air bubble from the hypodermic? I don't know anything about shooting drugs, though Richard was expert, shooting speed, too often, too long. I knew Richard was annoyed by all these questions I was asking him; he just wanted to get to the ER. But from the looks of him, I was afraid he might be passed out before I even got him to the ER and I might have to give the doctors all this information on my own.

The looks of him...

This was Richard Locke.

Probably everyone in the gay communities of San Francisco, New York, Los Angeles and Toronto knows Richard Locke. The porn star. "An icon!" so many have written to me and my parents. An icon of male sexuality, an "aw shucks kind of guy", handsome, extremely well-built, with intelligent eyes and a rugged persona.

The looks of Richard Locke...

A couple of weeks earlier when I had taken him to the hospital—he was bald from the chemotherapy, walking stiffly with a cane, his lips pulled down in a grimace of pain—the nurse had asked me, "Are you his son?" Richard heard that, and I know that *that* irony was not lost upon *him*.

Richard was born three and a half years before me. He was the third child. I was the fourth and last. My father has often joked that I was neither expected nor wanted but he claimed I was a true joy, nevertheless. "Earned your keep right from the beginning," he told me innumerable times, referring to the fact that I was born on December 30 and so they were able to deduct me from their taxes for the entire year of 1944, that hard year at the end of World War II when everything was still rationed. (My mother still has some ration books in my name.)

I had watched with private horror how ugly Richard had become during those last months. Richard knew, too. He told me that a child had been scared of him in the store. "That face in the mirror!" he said to me. I had already remarked to myself—with anger at myself at the thought—that he looked just like Nosferatu.

Yet I had reminded him just the week before, when I was driving him on an errand, "Richard, you're humming. Remember this. You're going to get your chemo tomorrow and you're going to feel rotten for another week or more, but you're humming now, and you'll be humming again in just a little over a week." And when all six chemos were done, the Lymphoma would be gone, his hair would grow back, and he would be well and looking again like Richard Locke. Except without all the muscles. "It's just time, Richard," I said. "Just a matter of getting through it."

I've discovered about myself through the years that I keep trying to find the positive. I also keep trying to remind family and friends of the positive whenever they are struggling through hard times. I think that's probably because I am at heart so dark and negative. But to be honest, what is the use of laying negativity on your family and friends? My mother told me recently a story about me that I had never heard before, a story that pleases and surprises me about my nature. When I was in kindergarten she was called to school by my teacher and my mother thought, "Oh, what's he done?" The teacher told her that she was worried about me because whenever all the other kids were off roughhousing, I would just sit in my seat and hum. My mother said, "Well, at home he just sits in the window looking out and singing to himself." I guess they just shook their heads at each other, but I wonder that they both found this worrisome. I kind of like that little kid.

When I got to the hospital I parked illegally at the curb and rushed to get a wheelchair for Richard and got as quickly as possible through the first hurdles. He was still alert enough to give the admissions nurse the names of some of his medications. I knew them pretty well too, because I had become very involved with his sickness and his doctors in the past year, and so I was able to supply the names he couldn't remember. Then we were inside the ward, and we had to go through the list of meds again. I tried to emphasize to this new nurse—or doctor or whoever that blasé fellow in the ER was—that Richard had shot some morphine intramuscularly. The man looked bemused but unconcerned. Richard was gasping. They had given him an oxygen tube under his nose immediately, but now he asked for a mask. While they were putting the mask on him, I went back out to the car to park it legally and fetch his hospital bag with his medications; we had learned to have a hospital bag made up and ready. I also got his pillow.

That pillow was important to him. The first time I had taken him to the ER we hadn't thought of the pillow, and Richard had to spend his first night with those dinky pillows the hospital provides. Richard's own pillow was two thick down pillows stuffed into one case, heavy and solid yet soft, like Richard himself. After that first time, I always made sure to bring his pillow when I took him to the hospital, even this time.

When I came back into the ward they had the mask on Richard, and I stood by his side as he sat up on the gurney, trying to keep upright, but leaning, off-balance. At one point, his eyes rolled back into a fixed stare at the ceiling. I had seen him do something like this a few times in the last several months, making an expression of pain and boredom which I had always secretly laid to his overacting the invalid. Richard loved for people to know his pain, all his life.

Richard was public with everything, with his thoughts, with his body, with his pain. I think I am much more private, although people who don't know me well would laugh out loud at that notion. I come across, I know, as a pretty flamboyant, outgoing type, plain-spoken, fun-loving, loud, maybe even garrulous, and most certainly a teller of longwinded stories which I hope, nevertheless, people find pithy and humorous. Perhaps all of these attributions are true, and perhaps they are not inconsistent with what I consider to be a somewhat shy

personality. But pain I try to hide. Not Richard. Pain, annoyance, anger, bitterness, frustration with huge and tiny things—he always dwelt on them openly and at length to anyone who would listen, and I think it was actually with some sort of pleasure.

Living in my parents' house, Richard kept them awake through long nights with his loud retchings and hackings. It must have been awful for all three of them. I believe I somehow, somewhere, held it against him, though I hate that thought now. "That's Richard," I would tell myself and try my best to make it right, make him more comfortable, ease my parents' fears, talk them all through it, looking forward to the cure months down the line.

Seeing his eyes fixed on the ceiling at that moment in the ER, my first thought again was that he was overdoing it. Then I saw that his pupils were so dilated that I could see only a tiny ring of the hazel of his iris. "Richard," I said to him. "Richard? Richard?" The blasé fellow heard me, broke from the group he was talking to, looked sharply at Richard and shouted full-voice straight into his face, "Richard!" Richard's body jumped and his soul came back into his eyes. He had been gone. For that one moment, my brother had been gone to some dead place. And I had thought he was merely overdoing it.

That's when I started trembling, when I knew that I was way over my head in deep water running fast, and I had to start swimming as hard as I could go. My brother needed me, yet what on earth could I do to help him?

The blasé fellow turned to me, "Do you have his power of attorney?"

"Yes."

"How does he feel about intubation? Have you talked about it?"

I misunderstood. I thought for a moment that he meant they intended to stick a tube down Richard's throat and pump his stomach. I said, "No, I don't know, ask him, he's right there." Richard, I knew, would want to be in charge until the very last.

Richard was in fact back with the living, muttering something to one of the nurses or doctors or interns who had all now gathered around his gurney after the blasé fellow's shout alerted them to the fact that something big was happening over in this corner of the ward. We were

in the medical center of the University of California, Davis, and this promised to be a great learning experience for the students.

The blasé fellow turned to Richard. "How do you feel about intubation? You need to go on a respirator, quick."

A respirator. Oh. That's what it means.

Richard and I had talked about this. So had my dad and I. We all agreed that we did not want extraordinary measures, that we did not want to be kept alive artificially if there was no hope. My mother, in tears and great distress, disagrees. She wants every last needle and tube stuck into her to keep her alive, and she wants that for her husband and children also. That's exactly why Richard and my father gave me—not my mother—Durable Power of Attorney. I was the one my brother and father trusted with this most horrible decision.

"No," Richard said to the blasé fellow. "My lover died on a tube. I don't want it."

"But if it's reversible?" the blasé fellow asked.

Richard hesitated. "If it's reversible, okay." He could barely talk now, gasping for his breath.

The blasé fellow turned to me. "We're putting him on a respirator. You've got to go outside now." And I was pushed, really, out of the ward, ushered, somehow, to the waiting room. I don't have solid memories of the next few hours. I remember sitting in the waiting room. I remember a series of calls to my mother. I didn't tell her at first that they were putting him on the respirator. I told her I would call her back when I knew more and when Richard was in his own room, I would come and get her and my dad and bring them to the hospital. Dad couldn't drive anymore because his diabetes had taken away most of the feeling in his feet and legs, and I would always try to keep Mom from driving at night or during rush hour and would find some way to pick her up.

It was Saturday night, and the ER was full of people with all sorts of dreadful Saturday night emergencies, wounds, blood, crying. I needed to be alone. I remember going back out to the car, putting back the seat and lying down with my head on Richard's pillow. I hadn't had the chance to give it to him. I remember trying to understand it all, place it in reality. I remember crying, just a little, then.

I didn't stay there long, however. I needed to get back to the waiting room in case they came with news. I sat for some long time, then finally asked at the window and was told that Richard would be taken to the Intensive Care Unit. Did I want to see his doctor first before going up to the ICU waiting room? Yes. They pushed the button to the ER and I walked in and saw Richard. It was not to be believed, and I stood there staring and looking away and staring again. How could there be such a huge change in so short a time? His coloring was terrifying, huge reddish black half-moons under his eyes, his eyes glazed and stuck wide open, his mouth closed in a circle around a plastic tube, his chest heaving with the force of pumped oxygen, the air hissing in the tube. Nosferatu laid out.

The blasé fellow came up to me. "You're prepared for this, aren't you?"

I could only stare at him for a moment. "Prepared for what?"

"Well, you know he has AIDS? You know he has Lymphoma? You're prepared for him dying, right?"

"No, I'm not prepared for that!" I said, controlling myself from shouting only for Richard's sake. I whispered. "Yes, he's got Lymphoma, but he's doing chemotherapy! Why's he going through all that if we're preparing him to die!"

A doctor came up and the blasé fellow faded away and I never saw him again. The new doctor was Dr. Jones. I remember remarking to myself how handsome he was and thinking how happy Richard would be if he could see what a handsome doctor was tending him. The handsome doctor told me that the three chemotherapy treatments had destroyed Richard's immune system which was already very fragile from AIDS. The AIDS we had known about for more than thirteen years, but this new assault on his immune system was far worse. Richard had developed a massive infection in his blood, and the prognosis... "I must tell you, the prognosis is very bad. He's in a state of sepsis with nothing left of his immune system to fight the infection, and we don't know the agent yet. Tests are being done, and meanwhile we are giving him intravenously a very potent broad-spectrum antibiotic."

I understood all of this fully except for the word sepsis, which I needed to hear from different doctors two or three more times during the

next blind days before I could focus on the word and ask for a definition. Literally, sepsis is putrefaction or rot. The morphine had not been the problem at all; Richard hadn't been able to breathe because he was being consumed by some sort of bug which had probably "seeped from his bowels into his bloodstream" and had now spread through his entire body. "He would probably have been dead by now if we had not put him on the respirator," the doctor added, and my knees went weak.

I found my way to the waiting room for the Intensive Care Unit where there were several empty chairs and a TV set which was always on, whether or not anyone was waiting there. Day was breaking. I was still carrying Richard's pillow. There was a sofa-sort-of-thing, and I lay on it and closed my eyes, very tired but unable to sleep. After some time a nurse came out of ICU and told me that Richard was in the ICU ward but was not yet ready for me to come in. I stood up and handed her the pillow and said, "Could you give him this?" At this feeble gesture I started to weep uncontrollably and I found myself clutching onto the nurse to keep from falling. She sat down with me on the sofa and held her arm around me while I wept into the pillow on my lap. When I thought I had control back, I tried again to give her the pillow but she pushed it back to me and pushed my head back into it and said, "I think you need this pillow more than he does right now." After several moments, I could feel that she got up and, after another few moments, I could feel that she returned and brushed me with something. I still couldn't lift my head from the pillow, but kept weeping.

Weeping. This weeping took me by surprise. I didn't know it was in me to weep like that. Through the next many days I would find myself again and again bursting into sobs so violent that I would have to sit or hang onto a railing or lean against a wall to keep from falling. Twice I remember my sister-in-law Sherry and my cousins Ronnie and Wilma rushing to hold me up as a fit of weeping overwhelmed me. It was always some tiny thing—like Richard's pillow—which would set it off.

I remember, too, this other aspect of me—the actor and writer within, I suppose—that would rise up out of me and sort of hover above me, as though watching myself weep and taking notes about this human condition which I might need to portray in the future, onstage or in a

novel, and which I knew nothing about before now. And I remember that curious, divorced aspect of my psyche wondering, even as it looked down upon myself, "Is this one of those out-of-body experiences?" Not exactly, it seemed to me.

And I made mental notes about that too. Too weird. Too, too, too Bob Locke.

Some time later, I realized that I needed to pull myself together, get up, find the bathroom and clean my face. When I raised my head, I found a box of tissues that the nurse had left on the pillow beside my head. This was indeed intensive care, intensive, unobtrusive, caring care.

I can't remember the rest of this day, Sunday, very well. I remember my surprise when the elevator door opened not very long after sunrise and my mom came into the ICU waiting area. I had told her I would call as soon as I had seen Richard in ICU, but she couldn't wait and had driven herself and my father to the hospital. My sister Janet was wheeling my dad in a wheelchair. Calls were made to the family that day, I guess; Janet must have undertaken the calls; she loves to be first on the phone with dire news; my brother Clay and his wife Sherry came up from the Bay Area; so did Clay's first wife Irene. All that day Richard lay in a state of paralysis which the doctors of ER had induced in order to intubate him. It wasn't until that night that the paralysis had worn off enough that we could begin to communicate with him.

I waited until I was alone with him to tell him what was going on. I wanted to be truthful and frank with him so that he could know he was in charge of whatever was going to happen next. I told him how serious his condition was, that in fact if they had not put him on the respirator he would already be dead. I told him that. I wasn't sure it was a good thing to tell him, but I told him because I thought he should know that his decision—which he had not wanted to make—to be put on the respirator was the correct decision, the only decision he could have made and still be alive and hearing my words. In spite of the glazed look in his wide, staring eyes, surprise somehow registered on Richard's face when I told him that.

I said, "Richard, the last words I heard you speak were when they asked you about the respirator. You said, 'If it's reversible, okay.' So far

it looks good. They don't know what it is yet, but they know it's a bacterium, and they're fighting it with broad-spectrum antibiotics. But you've got to fight, too. But I want you to know, Richard, that I'm going to keep after them, and I'm going to keep asking them, and if they tell me that it's no longer reversible, I'm going to tell you, okay? So you can make your own decisions, okay?"

Richard nodded, ever so slightly.

"And if you ever want me to stop it, to end it, you're going to have to let me know somehow. So I need to know now, so I'm going to ask you... do you want to keep fighting, or do you want me to end it?"

I saw immediately that this was wrong, and I quickly corrected it. "I'm going to ask again, Richard, just one question, yes or no, so you can nod your head yes or shake your head no. Do you want to keep fighting?"

Richard nodded.

I grabbed his hand and wept into it. Again I was surprised at the sudden weeping and the strength of it, and again I rose up above myself to look down and take notes. "Richard, you're so brave!" I said, surprised again at how bald and melodramatic these words were coming out of my mouth. This was a terrific and terrifying moment between me and my brother. Nobody saw it. Nobody heard it. But we shared that moment together.

Doctor Jones returned now and asked for a decision from me on whether I would permit a heart and lung monitor to be inserted into Richard's neck. I said, "I think Richard can answer this question himself. Can I try to explain it to him?"

Dr. Jones nodded. I noticed how tired he was, and I wondered when he had come on duty. It was long past dark outside, and I had first met him before daylight that morning, an eternity ago.

I leaned over Richard and explained to him what Dr. Jones wanted to do, reminding him that there is always a chance of new infection with every surgical procedure. Richard turned his head ever so slightly to me and, though his eyes were fixed and glazed, an expression of attention came over his face; so I knew he was understanding. I ended by saying, "Now, Dr. Jones is going to explain it to you in his words, and he can correct anything I might have gotten wrong." Dr.

Jones leaned over the other side of the bed, and Richard managed to turn his head ever so slightly toward him, again with that attentive expression on his face. When Dr. Jones finished, I said, "So Richard, do you want this procedure?" and Richard nodded his head ever so slightly. I said, "Okay, then we'll do it," and I signed the papers.

By that time, Sunday night, because of how long it takes to culture the blood, they knew only the broad type of bug. By the second night they knew it by name—*clostridium septicus* a deadly little beast that had indeed seeped out of Richard's bowels to ravage his body—and now the doctors could treat it more specifically. The question was had it gained so strong a foothold in Richard's blood that they no longer had a chance of stopping it. That would be the drama coming up.

Meanwhile there was a family drama developing, a drama that too was ravaging.

Among the four of us siblings, I would call myself the glue. My mother, of course, is the real glue of the entire family holding us all together over the decades. After her death, however, I don't know that I will bother any longer trying to hold the rest of the family together; we're all so different from each other.

"What a gene pool!" my friend Bill remarked when we were in college. Bill and I met in eighth grade and we've known each other's family intimately through all these years that we've remained best friends and roommates. We met Vivian in our freshman year at a small college in northern California, Chico State. Bill and Vivian got married several years later when I was in Boston getting my Masters Degree in Library Science, and a few years after that we moved in with each other lock, stock, and barrel when we all three bought our house together in Sacramento in 1976, and where the three of us still live together. Bill and Vivian, remember, were on the whitewater rafting trip on that Saturday.

"Bob, with your family, how did you grow up so well-adjusted?" many friends have asked during the years. We always laugh. This question comes, I believe, not because my family is so weird—or even particularly weird—but because I tell so many stories on my family, and because I tell them frankly and in depth. Most other people do not tell stories on their families, I find. Or if they do, they gloss over the

psychological details which I find so telling and amusing in my own family stories.

In fact, my parents are the finest, most caring parents that a person could ever hope to be blessed with. And in fact, my brothers and sister are and have been excellent in remarkable ways. But any one of these five certainly can do and say the most surprising things.

For a single example of a family story, let me give you this, especially since it brings generations of my family into illumination. In the spring of 1997 I was driving my parents up to my brother Clay's log cabin in the Sierra foothills where we were to plant a little Christmas tree that Richard had given my parents a few Christmases earlier. Apropos of I can't remember what, I was telling my parents that Richard and his ex-lover John had not been practicing safe sex during their couple of years together. Both of them were HIV positive, both were diagnosed with AIDS, and I supposed they felt that they didn't have anything to lose. This was stupid of them because in fact HIV mutates within an individual's body and each time Richard and John exchanged bodily fluids, they were exchanging a new version of the virus which was probably helping to destroy their immune systems faster. Also, they were exchanging other germs which were probably compromising their immune system in other ways.

I imagine some people would find this kind of frank talk surprising between a child and his parents, even a child of 52 with parents of 83, but my parents and I are indeed frank with each other. They gave birth to two gay sons—one a porno star and the other an author of explicit books and plays—so they've been personally exposed to a lot that other parents might be sheltered from. Plus, my father was quite the lady's man when he was in his teens so that when he married my mother, a virgin daughter of a Pentecostal Holiness preacher, and they discovered the day after their wedding night that he had been infected with gonorrhea by his last girlfriend, a huge deal of primness went right out the window. This was before the discovery of penicillin for treating venereal disease, and so the problems for this young bride and groom were all the more complex.

So now here I was telling my parents of Richard's and John's unsafe sexual practices in their heat of passion. And I had to laugh out

loud at Mom's response: "Well, as Grandma used to say, 'A stiff prick hath no conscience.'"

"Grandma Williamson said that to you?" I said, shocked.
"When?"

"To all us girls. Oh, I was in my late teens, I guess."

"Well, what? Was she telling you the facts of life or something?"

"It was when she was telling us about her wedding night and how her husband was much older, thirty-seven, and this was his second marriage, though Grandma was just seventeen. And when she got herself all prepared for him in the bedroom, she heard her father in the next room say, 'Well, Tom, I guess that girl's ready for you,' and her husband came into the bedroom and when he was done with her, Grandma told us, 'I thought I was be-shit.'"

I can't tell you how dear I think that story is. I suppose to some people it's vulgar of me to repeat it. But I can't bear the thought that my 83-year-old mother might have taken to her grave that little human story from four generations past—from about 1885—and I can't bear not repeating it here where it shows such a descendance of humor and humanity into my brother Clay, my sister Janet, my brother Richard and myself.

The family drama that began knitting and raveling during Richard's hospitalization startled me out of sleep with a telephone call on Tuesday morning at about five o'clock. I hadn't gotten home until after midnight, so I was in a daze as I fumbled with the receiver in a daze. It was my sister, Janet, with more dire news, delivered in as dire a way as she could make it: "Get down here fast!"

I said, "Why? What's happened?"

"I can't explain over the phone. Just get down here." [click]

Let me go back a bit to set up the situation. I had not had much sleep in the past two days, having stayed at the hospital with my mother until after midnight the first two nights. My admiration for this little, old woman had deepened through the months of Richard's nightmare illness. And now while he was in the hospital fighting for his life, she spent every drop of energy she had left for him. She had been awake longer than I the first day, having stayed up with Richard through his vomitings, through his attempt at a bath to relieve his bowel cramps,

through the long wait after I had taken him to the ER, through the morning and afternoon and evening while they took him to ICU and hooked him to tubes and computers, and only by begging could I get her to leave his bedside. I was afraid she would literally die holding onto his hand. It wasn't too many years before that she had undergone bypass heart surgery. The stamina of this little, old woman, and the love, broke my heart.

The night nurse Monday night, Grant, had been particularly anxious for us to leave. He had a plan of attack for Richard, and he didn't want us disturbing him, though he was very polite in letting us know this. He wanted to change the balance of the various drugs he was giving to Richard, to bring down a particular medication drip which was needed to elevate Richard's extremely low blood pressure but which at the same time suppressed Richard's kidney function. Richard was not urinating properly, which could lead to urine poisoning. Mom, who kept her eyes on all the monitors of Richard's life support, had checked his urine bag many times, but it always remained empty. She had me ask Grant twice to check his catheter and all the tubes, but Grant explained patiently each time that until he was able to get the blood pressure medication down, there would be no urine.

There was not only the fear of urine poisoning which made the low kidney function so frightening. They had had to give Richard the paralysis drug a second time early Monday morning because he had been fighting his respirator. All day Monday, he lay paralyzed because his kidneys were not processing the paralysis drug. It was only late Monday afternoon that the paralysis began to wear off and we saw—with huge applause for Richard—that he was finally able to communicate again. It was merely a raise of his eyebrows to my cousin Sheila, but it was communication again.

"It's almost midnight, Mom," I begged her again. "Grant needs us to get out of his way. You've got to rest. Richard will be better tomorrow. You need to be strong for Richard when he wakes up tomorrow." This time it worked. But then, so soon, Janet's voice on the phone: "Get down here fast!"

Janet has a thick voice with garbled speech, and it's hard for her to communicate. All four of the Locke children—I discovered when I

started speech therapy in college for a lisp that I had never even known I had—underwent some form of speech therapy. Richard stuttered a bit at first. Clay still has a kind of funny pronunciation, although everything Clay pronounces is richly wry. Janet still has garbled speech which is hard to understand and often annoying as she struggles at length to pronounce a word which you have long since identified, retries it, retries it again, stalling her thought—which, frankly, may often have been of no great consequence to begin with—until you think you will go mad if she doesn't simply finish. I am impressed by how kind and generous all of my family are to Janet. I'm sure it wasn't always this way, and that it must have been very trying for her when she was younger and being corrected at every other word. Being the youngest child, I don't have any firsthand knowledge of those important developmental years of my older brothers and sister. Knowing my mother's desire for excellence in her children, however, along with my father's erratic impatience with stupidity, older brother Clay's love of teasing, and 14-month-younger brother Richard's cradle-replacement competition, I can imagine that Janet had a very tough time growing up. It must have become more and more obvious that she had not only speech problems but mental limitations which should have received special attentions. I remember vividly a day when I was no older than eight or nine, that something happened on a car trip that made me aware for the first time that Janet had problems—learning problems, brain problems, social problems. I don't remember the provocation, only the revelation of Janet's limitations, and I remember getting down on my knees on the floor of the car and putting my head onto the backseat and praying for her. I understood that God would have to take special care of her since she would always have trouble taking care of herself.

It turns out Janet has actually done rather well for herself, married a sailor, raised three wonderful children, Joey, Bruce and Charlotte, divorced the sailor who strayed, and manages on her own fairly well, if very wilfully. She tends to get on people's nerves because of a lack of tact and a bullheadedness deriving directly from Locke and inherited from Grandma Myrtle Rowe-Johnson-Locke-Davenport, a rollicking woman of Cherokee and White (and perhaps some Black) descent who took care of herself and raised nine children during the

Great Depression and died at the age of 87 after having caused her own personal population explosion. (I remember attending a picnic in Grandma's honor where the entire picnic ground was filled with people of all ages who were her offspring.)

But I digress into parenthetical Locke family history while the current Locke family drama was unfolding with, "Get down here fast!"

"I'll be there in ten minutes." I didn't ask Janet any questions because it would take forever to get answers from her over the phone. She was at the hospital, I knew, because that's where I had left her.

"I'm not going to desert him!" she had told me that first midnight when I had suggested she go home at the same time as I took Mom home. It's one of Janet's most annoying traits, to speak in soap operatic dialogue like "I'm not going to desert him!" Janet lives a rather closed-in life, watching soap operas all day long, and she thinks—I believe—that that is the way human beings talk and act, rudely, selfishly, full of high emotion.

In fact, years earlier Richard had stopped even trying to speak to Janet because of her insensitivity to him, the uncaring things she would say to him, and the anger she carries with her everywhere. Once, he told me, she had come into the living room where he was crying in the night because of his pain and illness, she stood there for a moment watching him, and then she left without a word. I tried to explain to Richard that Janet wasn't intentionally cruel, only sometimes thoughtless and, on that occasion, was probably simply unable to deal with his pain. But it had come to the point where he couldn't bear to be in the same car with her so that, even though my mother had bought Janet a brand new car so that she could help drive Richard back and forth to his doctor appointments, Richard would no longer ride with Janet. So I continued to provide Richard most of his rides, taking time off from work, trying to weave my schedule at the reference desk around Richard's doctor appointments. I was working the Humanities Reference Desk at the university library in Sacramento, and my colleagues there were fine, sensitive people who tried their best to be flexible in their own schedules so that I could drive not only Richard but my mom and dad to their doctor appointments.

"Get down here fast!" And so I arrived at the hospital just as day was beginning to dawn. I asked Janet what happened and tried to be

patient as I pieced together her story. As she had slept on the couch in the waiting room, the television eternally on, she had dreamed that Richard appeared to her on the television. All of the other people in the dream were on an airplane and were pulling the cord and jumping, but Richard couldn't pull the cord because he needed the book that he was writing. Janet gave him his book, in her dream, then woke up and—taking this as a sign that Richard needed her—went into his room in ICU. Either he was awake or Janet woke him. Grant must have been at his post at the doorway, watching and making his notes; each nurse in ICU has a single patient for the entire 12-hour shift and leaves the room only to snatch a bite to eat.

"I told Richard," Janet said, "in sign language this is how you say yes, and this is how you say no." She demonstrated with her hands, the fist in a ball and rotating it for *yes*, and the thumb and middle finger closing and opening sharply for *no*. "I said, 'Richard do you want us to pull the cord?' He signed, yes. I said, 'You know that Bob is the only one who can make them pull the cord?' He signed, yes. I said, 'Do you want me to call Bob?' He signed, yes. I know what the male nurse will tell you. He'll tell you he's worked too hard."

I was stunned. I was stunned at every part of this. First, that Richard wanted me to pull his life support, and second that Grant had agreed that Richard had been working too hard and for Richard's sake we should pull him off the respirator. If it was true, I would have to make this dreadful decision, and I would have to live with my mother after having made that decision.

I called into ICU on the intercom and told the voice at the other end that I needed to see Grant. A little silence, then Grant's voice, "Not now, Bob, I'm working with Richard. I'll be out in 15 minutes or so."

I sat down to worry it over. Two nights before Richard had said he wanted to fight. Now here was Janet telling me that Richard had changed his mind and that his nurse agreed. After several minutes, however, Grant came out and immediately made the picture clear. Grant had a sharp, snappish way of delivering kind of jokey sentences, and he positioned himself with his hands on his hips as he faced me and said, "I told Janet, 'I've worked too hard on Richard all night long to let you pull the plug on him now.'"

Relief flooded through me. I had misunderstood what Janet was telling me because of the context. Grant was saying that *he, Grant*, had worked too hard, not Richard.

I said to Grant, "When can I see him?" Grant said he needed to prepare Richard for the change of shift and he would have the day nurse call me in as soon as possible. As he went back into ICU, I turned to Janet and saw the look of obstinacy on her face. Clearly she and Grant had had some sort of tussle over Richard through the night, and she was expecting trouble now from me.

I picked my words carefully. I didn't want to alienate Janet, as she has a way of throwing tantrums which is very destructive to family morale. I said, "Tell me again what happened, Jan?" And she repeated her dream and the sign language. Janet learned sign language to communicate with her youngest child Charlotte—a rubella baby and deaf from birth, mentally retarded, and the sweetest, happiest, brightest personality of my acquaintance—and Janet usually signs or makes many gestures when she talks to anyone, family, strangers, whoever. I've always thought it was a way she could show off both herself and Charlotte, and since Janet needs a lot of stroking for her accomplishments, I've tried not to be annoyed by it. After all, she had undertaken what amounts to a foreign language and had accomplished it, and that was, indeed, worth showing off. Now, however, imagining poor Richard lying there in the dead of night, being asked by Janet if he wanted us to "pull the cord" and being instructed to answer her in sign language, I was filled with dismay and felt I had to keep her from doing something like this again.

"Let's see, Jan," I said, still trying to choose my words so as not to make her mad. "Richard can nod and shake his head, so let's not try the sign language, okay? He doesn't have much strength in his hands yet, and he may not even be able to make the sign for no because it takes finger coordination." She was annoyed, and the look of obstinacy hardened.

The phone in the lobby rang and it was, as I feared, my mom. I was supposed to have picked her up by this time, and she called the hospital knowing that something was wrong and I was keeping it from her. I explained to her what had happened, trying to keep my voice

neutral but watching Janet's back and neck grow rigid as she sat back down on the couch in front of the television. My mom broke into angry tears when I told her what Janet had done. "Mom, she had a dream," I said, lowering my voice to a whisper but knowing that it was hopeless to keep Janet from hearing in the echoing hallway. "It scared her. She did what she thought was best."

So now Janet was primed: not only the nurse but Bob *and* Mom were against her. I wasn't surprised when my mom arrived at the hospital that Janet took off, getting huffy over some incident as tiny as the accidental spilling of a cup of coffee. I knew there would be more trouble to come from her, but at that moment I had Richard to take care of.

I still hadn't seen him yet that morning. When the nurses changed shift, several of them were waiting for the elevator when one of them took one look at me and said, "Man, you should go home. You look terrible."

I said, "Is Richard Locke's day nurse in there?"

She said, "Yes, but you won't be able to go in for at least an hour."

I said, "Could you just go in and tell Richard for me that his brother Bob is here? He doesn't know I'm here. And he needs to know. Could you tell him?" I could imagine how helpless Richard was feeling and what he must be thinking, having had Janet talking about "pulling the cord" in the dark of night.

After Janet sulked off, I was alone with Mom and Irene and could feel freer to talk. Irene is my brother Clay's first wife and the mother of his two children, Laureen and Cheryl. She has always seemed like a sister to me since she married into the family when I was only twelve. Richard and I have always felt indebted to Irene for introducing us to classical music. Irene had spent the night at my house and had heard the phone ring that morning. I had told her briefly before leaving the house that there was some sort of trouble at the hospital and had asked her to go by and pick up Mom and Dad at the appropriate time and bring them to the hospital.

I told them that as soon as I could get in to see Richard that I needed to ask him if he had changed his mind about continuing the life

support. My mom was shrill. "No! No! Janet should never have asked him that, and you can't either!"

I said, "Mom, I've got to! Richard is trusting me to do what he wants, so I've got to know for sure *what* he wants!"

"No, you can't ask him that!"

When we were finally admitted into Richard's room, he was looking much better. As I held his hand, I could feel how much stronger he was. The second paralysis seemed to have worn off completely, and although his eyes were still glazed over, I could see expression in his face. First I told him all about Grant's medication-balancing plan the night before, and how pleased Grant was this morning with all his progress. Then I said, trying to be calm, "Janet told me about her dream last night and coming in here and asking you if you wanted to give it all up, and Grant said, "I've been working too hard on Richard to give him up!" I did a pretty good impersonation of Grant's sassy quality, and I could see the hint of a smile on Richard's face. He always loved camp.

I said then, "So Richard I've got to ask you again..."

My mom said, "No! No!"

I said, "Mom, I've got to! Richard, Janet tells me you want me to tell the doctors to stop the life support. Do you?"

My mom leaned over the bed into Richard's face, desperately holding his hand, "Say no, honey, say no!"

Richard shook his head.

"So, Richard," I said, "you want to keep fighting, is that right?"

He nodded his head.

I held his other hand up against my face and wept again. I hated asking him that question; it seemed so cruel. My mom wept into his other hand. We sank down into the chairs on either side of the bed and stayed like that a long time. We were interrupted by the entrance of the Hospital Chaplain. This was an extremely delicate moment.

Again, let me set up the situation.

The day before, on a sudden inspiration during Richard's second paralysis when it seemed he might die at any moment, I had called the Metropolitan Community Church, a church for gays and others who feel themselves outside the fold of other Christian churches. I knew it would give my mother peace because of her own Christianity, and I hoped that

Richard wouldn't consider it an intrusion. One of Richard's old friends, Reverend Troy Perry had recently been in town signing his book *The Lord is My Shepherd and He Knows I'm Gay*. If he was still here, I was sure that it would give Richard great comfort to see him. Richard's spirituality, I knew, was deeper than my own, and although I wouldn't call it particularly Christian in nature, nor was it *not* Christian.

The thought, however, was mostly for my mother. Although she has not gone to church for decades, she does have favorite preachers she watches on TV on Sundays, observing her Sabbath privately. And every night of her life, she whispers individual prayers for everyone in our family and for friends who may be in trouble. It is of the utmost importance to her that a person be "saved" before death, brought back to Christ. It's nothing I care about in the slightest, except in as much as it gives my mother internal peace.

As Richard lay in his paralysis, midday Monday, three different ministers arrived at his bedside at the same time. Two of them were mother and son, my cousin Sheila and her stalwart son Jason, fundamentalists in the Pentecostal Holiness Church. The third was this Catholic priest sent by the Metropolitan Community Church in the place of Richard's friend, Reverend Perry, who had left town the week before. How I wish I had been there when they arrived so that I could have had some control over this clash of clergies, but I had taken my mom and dad home for lunch, and so Richard was at their mercy. I do hope they were merciful.

When Mom and Dad and I arrived back at the hospital waiting room, one of my mother's sisters Aunt Bert pulled her excitedly to her seat. "Bess, there was a minister in Richard's room, and I think he saved Richard!" My mother was suddenly agog. But when I heard from Aunt Bert that Sheila and Jason were also in the room, I grew immediately uneasy and was beginning to ask for more information about this minister, when I saw him float by in his clerical garb on his way back into ICU. A mere glance—with no necessity for "gaydar"—was enough to identify that this man was definitely gay and no doubt the envoy from the Metropolitan Community Church. I walked quickly up the ICU hallway after him to catch him before he reached Richard's room. My

family and I had been careful not to break any of the rules of ICU which allowed only two visitors at a time in a patient's room.

I caught up with him just as he was about to turn into Richard's room, and I could see through the glass wall that Sheila and Jason were standing beside Richard's bed, praying over his immobile body. Sheila caught my eye, and we both waved as I tapped the gay priest on his shoulder and introduced myself to him. He immediately took my hand and, like an old friend, closed in with his arm around my shoulder. I slipped my arm around his waist and began—I hoped subtly—to lead him back down the ICU hallway as I talked, steering him through the nurses and doctors who bustled about us. But he stopped, leaning forward almost conspiratorially and whispering with the lisp which is so often characteristic of gay men and which, despite my college speech therapy, I still detect in my own voice on tape recordings, "So nice to meet you. Yes, and you are a member of the community, too?"

"Do you mean am I gay?"

"Yes."

"Yes."

"Well, then, get that fundamental priss out of your brother's room! Who *is* he?!? He is talking about sin and redemption! I will not have him preaching about what *he* thinks of as Richard's 'sins' at Richard's bedside!"

With a big grin which I did not feel, I took him more firmly by the elbow and started again to lead him back down the ICU hallway. "He's my cousin. It's okay, Richard understands. We've grown up with this family. And Richard's not as bad as he looks right now. He's only paralyzed because of the drug." In fact, Richard looked on the verge of death, lying there staring upward. I wanted desperately to get back into the room and replace Jason at his bedside, but first I had to juggle this gay priest. "My aunt says you saved Richard?" I asked, trying to sound hopeful and positive although in fact I was aghast at the presumption of this priest. But, I reminded myself, I was the one who had called him in, and this is in fact the business of priests and ministers.

The priest said to me, "I told Richard, 'Richard, you can accept all or none of what I am saying. You cannot speak, but in your heart you make your own acceptance, and God hears that.' And now Richard has

been baptised Greek Orthodox Catholic!" he said with a little thrill in his voice.

We were now in a side-lobby between the ICU hallway and the waiting room. Revolted by his sanctimony and gall even as I recognized his good intent, I managed a smile. "That's so good of you. I know Richard understands and appreciates." And I was sure this was true. "Would you like to meet my mother?"

I didn't know how she might accept this news about Richard's baptism into Greek Orthodox Catholicity since Catholics—in my mother's fundamentalist book—are like unto the Enemy. I only knew I had to get rid of this man so that I could get into Richard's room. With the quickest of introductions, I put him into the lap of my mom and Aunt Bert and went without a call back into ICU. I thanked both Jason and Sheila for coming, gave them big hugs, and both of them, apparently finished with their ministrations, left me with Richard. (That's when Richard made his first tiny movement after his second paralysis, that brave effort to lift his eyebrows at her when Sheila told him, "I love you, Richard.")

Before anyone else could come in, I took Richard's hand and tried to reassure him about all that might have happened in this room while I had been gone. With three ministers setting up a fight for his soul, bringing into this room their "last rites" mentality while Richard lay fighting for life itself, all I wanted now for Richard was calm and hope. I reminded Richard of what the priest had said—that he could choose to accept whatever he wanted of everything that he had heard today—and then I changed the subject and gave him what good news I could glean from the computer readings overhead. His temperature was lower and his heartbeat seemed stronger now and less erratic. In fact, the readings were positively much better as his paralysis was wearing off.

We four Locke children did not have a heavily religious bringing up. We went to church two or three times a year. Not the standard Christmas and Easter services that other semi-religious Christian families might observe, but more usually on those occasions when my mother's father Grover Holt or her sister Edna might be preaching at a local Pentecostal Holiness church. I remember being distinctly

uncomfortable in church, especially when separated from my family at a Sunday School service, where I would be taught some lesson from the *Bible*, with which I had nearly no acquaintance. These were lonely and frightening times for me as a child. I was also uncomfortable with the way folks would pray in these church meetings, kneeling or squatting in the rows between the pews, putting their heads on their arms in the seats of the pews and hollering to God above. I remember my Uncle Howard, an elder brother of my father—from whom I got my middle name and whom I resemble uncannily in my baby pictures—weeping as he shouted to God, tears running from his eyes and snot running from his nose. I remember people dancing around on the stage, speaking in tongues and seemingly utterly out of their heads with passion for God. Very scary to me as a child.

The next afternoon, then, when the Hospital Chaplain came into the room where my mother and I had just gone through the ordeal of asking Richard the yes or no question of whether he wanted to keep fighting, I was prepared for yet another ordeal of yet another cleric of yet another denomination of Christ come to claim Richard's soul. But this man was different. He was not so very young, probably between 35 and 40, but he was new to the ministry, having come to it after years of other pursuits. Although he spoke in religious terms, his gentle words and thoughts were based on a broad spirituality that seemed to embrace Richard in his entirety, and that seemed to brace my mother for all that she was going through. This man came by every day after that, and my mother and I always welcomed him at Richard's bedside.

I found out the next morning that Janet had again spent the night with Richard in ICU. She arrived some time after I had gotten my mother to leave, about midnight. Perhaps she had been waiting for us to leave. In any case, when I arrived in the morning, I found her in the waiting room.

"Oh, hi," I said. "Did you just get here?"

"No, I was here all night. They had to call security on me," she announced with a smirk.

My heart sank. My mother and I had been so careful not to intrude on ICU's policies, my mother fearful as always of doctors' and nurses' possible reprisals. "What happened?" I asked Janet.

"The nurses were talking over him, and I told them, 'You stop talking over my brother!'"

"Jan," I said quietly, "we don't want to alienate these nurses or they could keep us out of his room." I hadn't finished the sentence when she stood up and stormed off up the hallway. I was glad my mom and dad weren't there yet. I had dropped them off at the cafeteria and had come up to ICU alone to get the morning's news, not expecting this. It was Grant's second and last night on duty, and he came out at my call and explained very good-naturedly that yes, there had been a little scene with Janet, but that he and the other nurse probably deserved it because they had been consulting out loud over the readings on the respirator. It was very sweet of him to try to take the onus off my sister, but again I imagined Richard lying helpless through the night with this belligerence in the room.

Janet stormed back into the lobby after a few moments, yelling at me, "He said 'Help me'. I showed him how to say yes and no in sign language again, and he said 'Help me' and when I asked him if he wanted us to pull the cord, he made the sign for yes." She closed her fist and rolled it at me, showing me again *yes* in sign language.

"What do you mean he said 'Help me'. He's got a tube down his throat."

She looked at me as though I was pathetic. "I read his lips! I've been reading lips for years!" a reference to her knowledge of the deaf.

When I finally got in to see Richard, I saw immediately that the good news was that he was much stronger but the bad news was that he was somehow frantic. He kept rolling his right hand toward his body as far as he could reach—they had tied down both hands to keep him from pulling at the respirator tube—and he was indeed saying over and over again, "Help me!" Or so it appeared as his lips moved around the tube. It was very distressing to see him so distressed. I started immediately trying to figure out what he needed, asking yes or no questions. All morning long I tried different questions, "Are you in pain?" "Are you hungry?" "Do you want something?" "Do you want someone?" He shook his head no to everything, rolling his head back and forth on his pillow in tremendous frustration and flexing his legs and straining against the ties with his right arm and mouthing, "Help me!"

I kept reasking all the questions, not know what else I could do to help him. I remember going back again and again to the question, "Do you want someone?" I thought he might want me to get in touch with John, his lover with whom he had had a very passionate relationship and hateful break up, but I didn't want to distress him further by mentioning John's name. Finally, in desperation, early in the afternoon I did ask, "Do you want me to call John?" and he shook his head no. I was relieved that he seemed no more or less agitated by that question than the others. He mouthed again, 'Help me!' very distinctly, frighteningly distinctly. I was near weeping in my inability to help him or to even figure out how to help him.

Finally I said, "Are you saying 'Help me'?" He shook his head, no. I was stunned. I couldn't think of anything else he might be saying when his lips, around the tube, so clearly seemed to be saying, "Help me!"

"Is the first word 'Help'?" No. "Is the second word 'me'?" No. And then he mouthed the word or words even more distinctly, with even more frantic urgency. Still it looked exactly like, 'Help me!'

Just then a whole group of doctors came in to look at him, headed by a young man with a heavy East Indian accent. I told him that Richard kept trying to say something but I couldn't understand what it was. The doctor leaned directly over Richard's face and asked, "What is it you are trying to say, Mr. Locke?"

"Help me!" his lips moved around the tube.

I said, "I asked him if he's saying 'Help me' but he says no." Richard shook his head as if to verify and moved his lips again. "Help me!"

"What is the first letter, Mr. Locke? Is it 'p'?" Richard was surprised and eager and nodded his head. "What is the second letter, Mr. Locke?" Richard seemed confused.

I said, "Nod your head, Richard, when I get to the correct letter," and I started through the alphabet, lingering over the vowels particularly and the other consonants that could likely follow 'p', but Richard seemed too dazed by that, and did not nod until I got to 'z'. I said, "I'll start over, Richard, and this time I'll go slower. When I'm coming up to the letter, you start nodding, all right?" I went again from 'a' to 'z' with no nod.

"Do you think you can write it, Mr. Locke?" the doctor asked.

Richard nodded. We got a clipboard from the nurses' station and I held it before him as the doctor put a pencil in his hand. This was when I first realized how terribly weak he was because he could not hold onto the pencil properly but held it loosely between his thumb and fingers. Since he couldn't raise his hand or his head, I put the clipboard up to the tip of the pencil and said, "Okay, Richard, the pencil is on the paper now. Go ahead and make the second letter." We waited quite a while. His hand moved only slightly. It was only a very faint, jagged, short line. After a long effort I finally brought the clipboard away and said, "I don't think you can do it, Richard." He shook his head furiously, tiny, impotent jerks, and so I put the clipboard back and said, "Okay, Richard, try it again." After an eternity he struggled to make another short, meaningless, faint line. "Richard, you're too tired now," I said. "You can try it again later."

"Help me!" he mouthed even more desperately.

"Okay, Richard," I said, going back to the alphabet idea again. "The first letter is a 'p'." He raised his eyebrows and nodded his head furiously.

"Do you have to pee, Mr. Locke?" the doctor asked.

Richard appeared ecstatic, making little jerks of assent. What he must have been saying all along was "Have to pee!" which, with his lips around the tube, looked exactly like "Help me!"

The doctor checked on Richard's catheter, which was correctly in place. "Mr. Locke," he said directly and loudly into Richard's face. "You do not really have to pee. You have a catheter in your penis which is emptying your bladder." He turned to me and continued, "You see, when you need to urinate ordinarily, a little urine is released into your urethra, and that little bit of urine expands the sphincter, and when that happens a message is sent to your brain that you need to urinate. With the catheter in place, your sphincter is sending these same messages." He turned back to Richard, "Please not to worry, Mr. Locke, you do not need to pee. You only think you do."

It was a message I repeated to Richard many times in the days that followed, every time he so desperately began mouthing, "Have to pee!" I always had to apologize if I was telling him something he

already knew, if he did in fact remember what the doctor had already told him, and I explained that I couldn't tell if he remembered or not. I felt so helpless for him. How different my tack was from my mother's: she would hold onto his hand and say, "Just go ahead and let go, honey, just pee in the bed, it's okay, honey, I'll clean it up for you." What a tremendous being a mother is.

At an appropriate time on that fourth day, when only Richard and I were in the room, I asked him if he wanted me to keep Janet out of his room. He shook his head no, which in fact surprised me. I had overheard her on the first night, holding his hand, saying to him, "I love you. Even though I don't always show it, I love you." It made me furious that she could treat him so coldly, with such meanness, for years and then come to what might be his deathbed and be so loving to him. But I suppose that after all their differences, from the cradle to this point, Richard did love her too. Perhaps he, too, knew that this might be his deathbed and he wanted to be as generous to her as he could.

And indeed I realized again how important Janet was and is to the fabric of the family. She is deeply loved by both my mother and father, and she does much to make their old age more comfortable. If we were to lose Richard now, we still had to find a way to do it without jeopardizing Janet's life within the family. With her continuing insistence that Richard was telling her during the nights that he wanted us to "pull the cord" and her angry non-acceptance of the fact that he was telling us during the days that he wanted to continue fighting, I felt that I had to do something to set things right with her.

I phoned Janet to tell her, as soon as I figured it out, that Richard was not saying "Help me!" but "Have to pee!" Clearly she didn't trust me. I said, "Do it, Jan, do it with your own lips, and imagine a tube in your mouth. You make those words with your lips exactly the same." Still she wasn't convinced and I yelled into the phone, "Jan, damn it, he's fighting to live, he's not fighting to die! And he told mom and me he wants to keep fighting."

"You don't ask him right!" she yelled back. "You try to make it all nice, and you say things like, 'Do you want to keep fighting?' and he doesn't understand. You ask him straight out, 'Do you want us to pull the

cord?' and don't have Mom in there with him because she tells him to say no. He signed to me *yes*, he wants us to pull the cord."

I said, "Jan, he wasn't signing *yes*, he was rolling his hand trying to reach his penis because he thinks he has to pee and his arms are tied down." This was so frustrating being go-between with a madwoman and a helpless, struggling man. "Please stop trying to make him use sign language. He can't sign *no* because he doesn't have the strength in his fingers. He can nod his head and shake his head. Ask him to nod *yes*. Ask him to shake his head *no*."

"Okay then, you just see if he can or not. Ask him something that we know the answer is yes and see if he nods his head. Ask him if he wants ice cream. He loves ice cream."

This was a stark moment of realization, a bright window opening on the murky depths of my sister's inability to understand. Here is Richard with a tube stuck down his throat for the past five days, sick literally to death, and she wants to prove a yes answer by asking him if he wants ice cream. I don't know how I kept from screaming into the telephone, but I remember clearly explaining very calmly, "I don't think that's a good idea, Jan. He's too sick, and he's got a tube down his throat; ice cream won't sound good to him. What about this, I'll ask him if he can nod his head yes, for him to nod his head. And then if he can shake his head no, for him to shake his head. Okay?"

"And then you ask him straight out if he wants us to pull the cord."

"Okay," I said and hung up and looked around to my mother who was sitting in the ICU lobby with Aunt Bert. She was clearly agitated. I didn't tell her what I was doing because I knew she would protest. I went in alone to Richard's room. As always I wanted foremost to be honest with him. I took his hand, as I always did when I came into the room, and said, "Richard, Janet and I have this disagreement, and I want you to answer some questions for me. If you can understand me, nod your head yes."

He nodded his head.

"If you can shake your head no, shake it no."

He shook his head.

"Good. Now, do you remember Janet's being here last night?"

He shook his head.

"Well, Janet has been here the past couple of nights, and she's been asking you this question and she says that you've been answering it yes, but when I ask you, you tell me no. These are her words, now, because that's the way she wants me to ask it, and I told her I would. She wants to know if you want us to pull the cord—she means pull the plug on your respirator—do you want us to pull the cord?"

His eyebrows shot up in alarm and he shook his head vigorously.

"Okay, Richard, okay. I'm going to go tell her your answer, and I'm going to tell her not to ask you that again, okay? Because I'll ask you and you can tell me, okay?" He squeezed my hand. "Okay, here I go. I'll be back."

When I returned to the phone in the ICU lobby my mother leaned confidentially to my Aunt Bert and I heard her jealous whisper, "Now watch, he'll go to the phone first."

I was furious at that. I don't know how I contained myself. But I called Janet and told her exactly what had happened when I asked Richard the four questions. "Hmmm," she said, "three no's in a row..."

"Don't go reading anything else into it!" I almost shouted at her. "He's just saying no! Period! Now just stop it, Jan! Stop it!"

Janet stopped coming to the hospital. That's her usual tactic when confronted: hole up. Whatever the loss, I was grateful not to have her angry presence in ICU any longer.

The next days are a jumble in my mind of visitors and doctors and nurses and Richard, days and nights. After long hours of Richard's growing gradually stronger, by the tiniest of increments, one morning I found that during the night he had taken a definite turn for the worse. Although the original infection *clostridium septicus* seemed to be almost under control, a second unknown infection was now sweeping through him very rapidly: probably a fungus, the doctors told me. They had already warned me of what I already knew, that hospitals are in fact very dangerous places for people with damaged immune systems. Despite all precautions, fungi, viruses and bacteria of all exotic sorts abound in hospitals and any puncture of the skin is cause for concern. They put him on some dreadful drug called teri-something that the nurses all referred to as "terrible-something". They couldn't say whether it was the

drug or the fungus which most ravaged him, but he grew weak quickly. His temperature soared again, his blood pressure went down again and they had to put him back on the medication that had earlier suppressed his kidney function. Meanwhile his bowel function had stopped.

One of the doctors told me from the beginning—when I had said to them that I promised Richard to let him know if his situation had become "irreversible" and when I implored them to let me know if we approached that time—that if two of his three remaining body functions failed, that would be a signal that the situation was "irreversible". His lung function had failed but was kept functioning by the respirator. Now his bowel function had failed. Heart function was compromised because of his low blood pressure and a very rapid and erratic heartbeat. And now kidney function was compromised again because of the renewed blood pressure medication.

On the eighth morning after Richard went into the hospital, he began to bloat. On the ninth day, the bloating was worse. I asked the doctor on duty if that was because of the loss of bowel function, and he thought perhaps. I asked if that terrible drug might be in part responsible, and he thought perhaps. I had seen this doctor several times already, and he had been very kind throughout, if a little cooler than other doctors, I thought.

The way they rotate doctors in ICU is unconscionable, in my opinion. They are on duty for three days at a time, with a room available to them in which to take an occasional lie-down. By the end of the third day, they are gray shadows of the people who walked in three days earlier. I suppose they are all interning, and this is considered their dues to the profession, but it can't be good for them and it can't be good for the patients and it can't be good for the profession. Nevertheless, every single one of the doctors who made these rounds to visit Richard was as good as gold to Richard and to my family. This particular doctor had been on the last of his three day stint when Richard arrived in ICU, and now he was on again for another three day tour. I was glad to see him because he was one of the first doctors I had dealt with.

He pulled me aside now and told me in a low voice, "I promised you at the beginning I would let you know if we thought it became irreversible, and I told you about the body functions. I need to tell you,

too, that if it turns out this bloating is due to peritonitis, that would make it irreversible, too. We're doing tests tonight. We'll know tomorrow."

I thanked him. To my mother I just said, "They think the bloating may be peritonitis."

"People die of that," she said. Her last job before retirement was as a medical records technologist who kept up the charts at a hospital in the Bay Area. She had typed "peritonitis" into many records before they were closed.

All day that ninth day Richard avoided me. He would not answer any of my questions, which were only idle questions in any case, intended to pass the time and remind him that Mom and I were beside him. We had sung him many songs through the days, "Amazing Grace" and "Precious Memories" and we had said the Lord's Prayer. And he always seemed to welcome them, when we would ask if he wanted to hear them. But today he wouldn't answer.

Nevertheless, he was strangely bright this day. His eyes, which had had that glazed over look since he was intubated—something like frosted glass—were clear this day. His eyes, in fact, had been a great worry to my mother and me throughout these days in the hospital. He had been unable to close his eyes, even to blink. When I had asked one of the nurses about it, she suggested we could tape them closed. I said, "Please do. It must be terrible not being able to close them against the lights." Then the next day a different nurse—one who had encouraged me by telling me that she herself had been intubated for over a week and had remembered it as only a day—told me that the only thing that had really bothered her was when they had taped her eyes shut. I then asked for Richard's eyes to be untaped, and I asked him if he preferred them open. He didn't seem to understand, and I didn't want to distress him, so I left them untaped.

On this ninth day, however, the clarity of Richard's eyes was astonishing. Late in the afternoon one of his favorite doctors—a gay friend from before his hospitalization—came to visit him and I said, "Look who it is, Richard; it's Mike." Richard actually moved his head on his pillow and his eyes followed Mike around the room to the other side of his bed, where Mike took his hand and talked with him for awhile. Mike's visit clearly meant a lot to Richard.

When Mike left, it was late afternoon and it was growing dark outside. I took Richard's hand and told him I was taking Mom home for dinner but we would be back soon, but he pulled his hand out of mine. It was a subtle, weak gesture, but it was certain that he did not want me holding his hand. I moved back until I stood in the line of his vision, and we held each other's eyes a long time. Or I held his. Or perhaps he was gazing at nothing, and I was merely standing in the way of it. But it was a long, long moment, and I shall never forget the expression in his clear eyes. It was the expression he had worn all day, but now it was fixed on me: resentment. And resignation.

I think he knew. I had told him a few nights before that I was going to stop asking him the question. It was too horrible, both for him and for me, I thought, to keep putting us both through it. I had run and rerun that terrible interview that I had had with him, that day I had worked to satisfy Janet. Here he was fighting for his life, and it was awful of me to keep asking him if he wanted to keep fighting. It was awful of me to make him answer, with the assumption hanging over both of us that should he change his mind, I'd be right there to act upon it, perhaps immediately.

I remember that night when I made the decision not to ask him that question again. On that night after I took my mom home, I drove back to the hospital with my eyes so full of tears that I had to pull over to the curb until I could see again. I remember arriving at the hospital and walking fast up the corridors and taking the elevator. Richard was surprised to see me. It was one of the days when he was still growing stronger and he was able actually to turn to me in his bed. The nurses were preparing to take him to another floor for some sort of test, and they were unhooking him from some of the apparatus. They could see—I suppose from my demeanor and probably my wild looks and red, swollen eyes—that I needed to be with Richard alone, and they withdrew. I told him, "Richard, I'm not going to ask you again. I'll know if it comes to that; you can trust me. But I'm not going to ask you that question any more." He squeezed my hand, and I ran out and left him to the nurses.

Now this final afternoon as we held each other's eyes, I had no way of knowing what he remembered, what he might know, what he

suspected. There was a sunset going on outside the window, and it was a tumultuous time inside me, but I simply stood in the line of his vision and looked into his eyes, wondering if this would be goodbye.

Mom wasn't paying any attention. As usual, she kept her eyes on all the monitors, watching the lines and figures, hoping for them to change for the better. Finally I said, "Okay, Richard, see you in a little bit. Come on, Mom, we'll be back soon," and we left. When we returned in darkness a few hours later, Richard's eyes were no longer bright but glazed over once again. There was a difference, however, between his glazed look previously and now. Now he seemed completely withdrawn. And he didn't wake up. I suppose it was a coma, though no one ever called it that.

The next morning he was the same. My mom and I weren't there long when Janet's son Bruce arrived with his wife Kat. I was glad to have them there because I was afraid this was the morning we would get the bad news. And in fact the doctor arrived after only a few minutes and asked us to go into the Quiet Room, as they called it. It was a room off the ICU hallway with two small sofas facing each other, an end table with a lamp at the end of both sofas, a box of tissues on both tables. The doctor from the previous day, another doctor and the charge nurse for the day sat in one sofa and my mother and I sat in the other. Bruce and Kat stood at either end of the room.

The doctor talked quietly and went over all the facts: Richard's sepsis from the massive infections, the cessation several days earlier of his bowel function, the blood pressure that could not be raised, the fever that could not be brought down, the heartbeat that was erratic and twice as fast as it should be, the imbalances of kidney function. And now the tests from the night before had confirmed that Richard did indeed have peritonitis. "You asked me when I would call it irreversible. I believe that time is now. Others here would have said earlier."

He asked no questions, but the silence was full of *the* question.

My mother beside me said nothing. I knew her thoughts. We had spoken about some of the choices. I knew particularly her horror of removing Richard from the respirator. She had been tending him the night that I had brought Richard to the ER and she had seen and heard him fighting for breath. She could not stand that thought.

The silence lengthened. They were all waiting for me to speak. I asked,

"Could we remove just some of the supports? Like that terrible drug? Can we remove that tube?"

It was Dawn who answered; she would be the one to perform the removal. She was plump and tall and very pretty and had a kind manner and a soothing voice. I later found out that, as Charge Nurse for the day, she had her choice of patients. She had chosen Richard, knowing in advance what this day was to be for him. "We can remove some, or we can remove all, or we can leave them just as they are. It's up to you."

"Well," I said, "let's remove the drug. Let's remove all the drugs except the morphine. Richard always wanted to make sure there was no pain. And let's remove everything that beeps, so he can be in quiet..." And that's when I broke down. I don't know how long I sat there on the sofa, sobbing uncontrollably. This time I didn't rise out of myself. I was aware of Kat coming to my side and Bruce going to my mother's; so we were both weeping. Kat had shoved a wad of tissues in my hand, and I cleaned myself up before looking up again at the doctors and nurse sitting opposite us. They sat quietly, all three with tears in their eyes. I remember being impressed by, and grateful for their empathy.

"Does that sound like a plan?" I asked.

The doctor said, "Yes, that's a good plan. Dawn will take care of it. And then she'll come back for you so you can visit Richard again."

I suppose it was no more than half an hour when Dawn came back for us. Richard's room looked radically different. The variety of tubes that had criss-crossed his body and the stanchions which had held the bottles of fluids and drugs which had been dripping into his body, and various other pieces of apparatus were gone. The single computer monitor above his head now had only one or two lines instead of several moving across its face. It was so quiet and peaceful, only the respirator pumping air into him.

Bruce or Kat made telephone calls to the family, and they began arriving in the early afternoon. It was a Wednesday. September 25, 1996. Now they allowed us more than two in the room, and they pulled the curtain to keep the busy ICU out of our deathroom, and to keep our deathroom out of the ongoing business of ICU. Janet brought Dad in the

wheelchair that Richard had procured for him and wheeled him into place so that he could hold one of Richard's hands. Mom held the other. There was not much talk. At one point deep in the afternoon my mother said to me, "Thank you, Bob, for giving us this quiet time."

I thought it was a remarkable thing to say, but I could find no answer to it. I shouldn't be thanked. And the job was still to be done. All we had accomplished in removing these few tubes was to assure that Richard would indeed die. But there was no assurance when. I had asked the doctors, but they could give me no answer. Of course. And so as I watched the blood pressure line on the monitor slowly drop, I realized he might survive days or weeks on the respirator, and yet we had taken away from him all his drugs and all means of his fighting.

But I do think, after all, that it was good that the family did have that afternoon of peace with Richard.

Mid-afternoon Mom suggested Dad go home, and he agreed. He patted Richard's hand and said, "Goodbye, sonny-boy." It was too hard to take. I wheeled Dad out to the elevator. The lobby was full of twenty or more East Indians who had come during the last few days from all over America, and I suppose from India itself, to visit a dying matriarch. We had seen so many families come and go from the ICU waiting room during the past ten days, and had heard so many family squabbles, seen so much family sadness and distress. But this huge family turning out from all over the globe was extraordinary, and they made such a racket of noise, competing with the television in the tiny, reverberating room, that I wheeled Dad back up the hallway to a place just outside the Quiet Room. There we waited for Janet to finish saying her goodbyes, and then she came and took Dad home. Through the afternoon, more people dropped into the deathroom, said goodbye then went to wait at my parents' house.

At the departure of each group I tried to get my mother to go home with them, but she would not. I had begun to develop a plan, and I'm sure she had begun to divine it. I would—as soon as everyone was gone and I was alone with Richard—ask Dawn to remove the respirator and I would stay with him until he died, however long that might take.

Clay and Sherry were the last to leave. Again I asked my mom to go with them, and again she said, "No. I'll go when you go."

I said, "Mom, you're very tired. You need to go home."

"No, you come, too. You come, too." She was desperate. She knew what I was planning.

I told Clay and Sherry to go on and that we would be coming soon. When they were gone, I asked Mom to come with me to the Quiet Room. When we got there, I was glad to see that it was in fact empty. We sat opposite each other on the sofas and I said, "Mom, we've got to take him off the respirator."

"No! No! I can't stand that! I can't stand him gasping for air!"

"And I can't stand him lying there with those bugs eating him up from inside, and him bloating until he explodes or with his blood pressure just going down and down until his heart explodes. I can't stand that! I want to give him peace!"

She started crying, and she stood up and paced around the room, staggered around it, holding onto the walls until she came up against the door, where she leaned for a long time holding onto the knob. Then she pushed the door open and walked out into the hallway. I followed her, not knowing where she was going. She walked with that same dogged trudge that I had watched, heart breaking, when she was working to recover from her bypass heart surgery several years earlier, weak and exhausted, but with such heart and determination behind each step. She turned from the hallway into the ICU and walked up that hallway into Richard's room and to his bed and took his hand. I walked around to the other side of the bed and took his other hand, as we had been for the past ten days.

She brought his hand to her lips, kissing it all over, then she leaned over and kissed him on the forehead, then she moved up and down the length of his body, weeping and patting his arms and legs, up and down, up and down. Then she turned and left the room. I followed her as she walked that walk out of the ICU and out to the lobby through all the Indians, all mourning out loud and all utterly unaware of us in their own sorrow. She pushed the elevator button and we waited for the elevator to arrive.

I said, "Mom, where are you going?"

She wouldn't look at me. "Home."

She had said goodbye to him.

That, finally, I think is the worst of it. That, I can never possibly forget. So much, I think, I have forgotten. Those eternal ten days do not seem like ten days now. But they were. So I must have forgotten them. But that long walk of my mother's, I will never forget.

She does not now seem to take comfort from something that gives me much comfort. I made sure to tell her afterwards, as soon as I could be alone with her, that Richard died so peacefully, so quickly and peacefully, as though he was only waiting to be disconnected from that respirator. He did not gasp for breath, as she feared. And as I feared. He was so peaceful. Recently, when I told her this again, hoping to give her comfort, she said only, "For your sake, son, I'm glad." It's as though it is no comfort to herself, which surprises me.

The elevator ride down, the walk to the car, the drive home were absolutely quiet. Her house was full of family, and she went immediately into her bedroom to change into a robe. I told my father and Clay that I was going back to the hospital and that I was going to tell the doctors to take Richard off the respirator. They both nodded. I knew they would be relieved. The entire family would be relieved. It was time. Or it was past time, as some of the doctors evidently thought.

Clay asked if he should come along. He didn't really want to come, and I didn't want to put him through it. I told him that this was for Richard and me, and Clay seemed to understand. Richard had trusted me with his Durable Power of Attorney and for years he had talked to me often about his death arrangements, his funeral arrangements, the songs he wanted sung, who he wanted invited. I had always said, "Richard, think positive, you're not going to die. But don't worry, if it comes to it, I'll get it done the way you want it." So this moment was for me and for Richard, us two alone.

I rushed to leave before my mother came out of the bedroom. I remember the drive alone back to the hospital, very emotional, but very cold. I had this job to do. I walked back through the Indian family and into the ICU hallway without calling on the intercom. It was a surprise, and a welcome one, that the doctor was actually there in ICU as I walked in. I had been rehearsing what I would say to Dawn, to get her to find the doctor immediately. But the doctor was there. He understood. He gave the orders to Dawn. She was ready.

I signed a paper. I stood at the desk in the busy ICU hallway with my eyes on the countertop and waited while Dawn did her work in the room behind me. Then she came for me and brought me into the now quiet room, the respirator no longer connected to Richard, the tube gone from his swollen lips. And, kind thing, she stayed with me, explaining what was happening and what would be happening. She had given him an extra dose of morphine to make sure he wasn't distressed by the removal of the tube. And it would probably ease the dying, she said. She pulled a chair up beside the bed, my usual side of the bed, and I sat down and took Richard's hand. She told me that Richard's heartbeat, still visible on the monitor above his head, would gradually slow until it stopped and that his breathing would grow slower, with longer moments between each breath until finally, one breath would remain his last. She was so gentle. And indeed Richard's heartbeat did slow gradually from that erratic, frantic pumping. And his breathing did slow, and grow shallower. With his last breaths I wept and wept into his hand which I held against my face as I hunched over him. And within fifteen or twenty minutes, he was dead.

That he lasted no longer than this meant to me that he really did fight right up to the end, until there was no fight left in his body. It was a blessing to him now, this final, exhausted peace.

For Richard's funeral, we asked that kind Hospital Chaplain to give the benediction—good saying—for Richard's life and acts. Many of his friends were there, three of his doctors, all of our close family and much of our extended family, and many strangers from the gay community whose lives had been touched by Richard's influence. I tried to get it right—all the things that Richard had asked me to include and take care of—and I know he would have loved it.

More than three years have passed since then. My parents grow feebler steadily. It's a longer process of dying, but dying it is, for each of them. And for me. I do what I can to make their everyday lives better. I steer the ever-dangerous shoals of Janet's good and ill natures, wanting to keep her involved—all of us benefitting from her involvement—but trying to prevent her from taking control of my parents' lives. Currently she's throwing a tantrum and hasn't spoken to us for a couple of weeks because she wants to take over my mother's doctor appointments, and

my mother is resisting, very naturally. I step in between to try to reason with Janet and she goes into good-child-bad-child mode, hangs up on me or storms out of the room, slams the door and withdraws from our society.

And the family goes on, and so do its tugs of war.

I've said little here of my friends but spoken only of family. Well, this was intended to be Richard's biography as well as my own. And what Richard and I shared most was family.

My family will never read this. They've never been very involved in my writing, although proud of it in an unconnected way. And though they appear in all or most of my stories, bits of them here and bits of them there, they probably wouldn't even be able to identify themselves.

My father's name is Clayton; my mother's name is Bess. And it's to them I owe so much.

December 30, 1999: Somehow it seemed important to me to finish this before the new millennium. And today is my 55th birthday.

Addendum – July 1, 2004

I have not been able to submit this essay for publication in all this time, lacking a certain resolve, I guess; perhaps it's too close to me. But now, with the wonderful Phoenix Honor Book Award being given to *Story for a Black Night*, twenty years after its publication in 1982, I thought it important get off this duff and publish this story.

Meanwhile, my dear father, my good old man, died on May 10, 2000, after eight weeks in the hospital, following a stroke. The difference between his death and Richard's was huge. Dad was 86 and had been ready to pass on for some time, having lost so many of his faculties over so many years. It was a long, slow, easy death, for which we can all be grateful.

Seeing my mother at the very end of her strength—after having taken good, exhausting care of my father and all his many needs throughout his final years—I moved in with both of them not too long before his stroke so that I could do whatever I was able to take some of the burden off her. I stayed with my mom for awhile after my dad's

death and then went back to my own home, which is only a couple of miles away. Then, when she fell and broke her elbow, I moved in with her again, and I've remained until the present. She is much stronger now, but in her 91st year. We have a nice time together, enjoying each other's company, and I provide her with all sorts of help in her final years. She's good to me, and I'm good to her, and we're good for each other.

End