How Not to Say Good-Bye to Your Professor

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CREATIVE NONFICTION CONTEST WINNER!

I have survived a tornado and, as a sociologist, I studied disasters — wildfires, hurricanes, tornados. Now I live in a valley of fire, where wildfires burn hotter, more frequently, and destroy more homes and hectares of forest than ever before. Many days during fire season, usually May through September, smoky skies blanket the valley, plumes of smoke billowing over hills not far away. There is the deep roar of engines, as water bombers drag their bellies across the lake, and fire areas on the map grow each night.

What to do in the event of an Evacuation Alert

Don't panic. You're a disaster expert.

1. Make an emergency plan.

This is key for your safety and survival. A plan also makes you feel like a disaster can be mitigated and managed, perhaps prevented.

2. Pack a go-bag.

Clothing, toiletries, food and water. First aid kit, an extra pair of glasses or contact lenses, a flashlight and whistle are good too.

Medications. Don't worry about this, you're not on any medications. You're in perfect health. Never been better.

Important documents and cherished mementos. Imagine what you'll want if all of your possessions, except the contents of the bag, are reduced to ash.

Mementos

Ph.D. degree. Twelve years of university, six of those three time zones away from family and friends. Framed in ebonized wood, thick paper the colour of cream, university seal stamped in gold, bestowing upon the recipient the degree of Doctor of Philosophy, together with all the rights, privileges and honours pertaining thereto.

Irreplaceable photos

Annual triathlon race. You on your road bike, torso torpedo straight, forearms on the aerobars, race number 817 in black marker on your muscled calf. Tri-suit sleek and shiny as an eel, mouth determined, a group of riders in pursuit.

3. Study documents prepared by emergency officials. Memorize your evacuation route.

4. Be ready to leave on short notice: fill up the car with gas; put the cat kennel by the back door.

5. Keep your phone fully charged and with you at all times. Check the wildfire app every fifteen minutes. When the wildfire map shows the red evacuation order areas growing ever closer to your home, trust the Incident Command Team — they're experts in planning, logistics and safety.

6. Eat something comforting. You don't know when the next good meal will be. Ask your husband to make the gnocchi dish you love. Set the table. Enjoy the pillowy potato clouds bathed in red sauce fragrant with basil.

7. If the whir of forestry helicopter propellers overhead makes you skittish, that's normal. Relax, you're prepared.

Open a nice bottle of wine. Wait.

If the alert turns into an Evacuation Order

You are at risk. Leave IMMEDIATELY.

Stay calm, you have a plan. Load everything into the car. Follow the escape route. It will bring you to safety.

Hope the worst doesn't happen.

I thought I knew a lot about disasters.

Then, early one summer morning, I went for a bike ride and a hit-and-run left me roadside, bloodied and broken.

Suddenly, I knew nothing.

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State of Emergency declared
Incident Command Team deployed: paramedics, emergency room personnel, plastic surgeon, dental surgeon, neurosurgeon, orthopaedic surgeon, opthamologist, intensive care doctors, nurses.

Team members on stand-by: physiatrist, occupational therapist, physiotherapist, social worker, neuropsychologist.

Incident Report

File KG00451279

Trauma Resuscitation Record
Trauma Team called: 0725
Emergency department arrival: 0733
C-Spine: Clam shell, Straps, Hard collar. Trauma bay 3.
Peripheral IV line. Pre-foley rectal exam. Foley catheter inserted.
Glasgow coma scale 8/15.
Vocalization: None, purposeful murmur. Skin color: Pale.
0745: ECG
0750: CT scan — head
0755: CT scan — spine
0800: CT scan — chest
0805: CT scan — pelvis
0815: Fentanyl 50mcg IV
0820: Trauma surgeon in to assess

What to do in the event of a disaster you know nothing about

Don't panic about panicking. Your brain checked out at the accident scene, along with the vehicle driver who entered your orbit. Emotions, if you have any, are currently indecipherable. There is no panic, only blackness.

You don't know anything about traumatic brain injury. Never even heard of it. Later, you will learn that this malady occurs when a sudden, external, physical assault damages the brain.

You don't yet know that it is one of the most common causes of disability and death in adults. Or that brain injury is a catastrophe like no other. This calamity doesn't follow the rules. It's defined by disorder and chaos, and unknown futures.

What you have no way of knowing: Your professor self died on the road that day.

1. Pack a go-bag.

First aid kit. There is no first aid kit that will fix the subarachnoid blood that the CT scan of your brain revealed. The neurosurgeon tells your husband if the swelling worsens you'll need brain surgery.

Clothing, toiletries, food, water. Don't bother with these. They are supplied by the emergency services centre where you will be staying for the next month. Medications too: fentanyl, anti-seizure drugs, blood thinners, pain killers.

Extra pair of glasses and/or contact lenses. No need for this. You won't remember what you can't see and, when you do, your eyes won't be reliable — doubling, blurring and spinning objects with or without your glasses.

In lieu of a whistle, you are to use the call button to alert the nurses to your needs. Your damaged brain can't retain this information, and you try desperately, again and again and again, to get out of bed so you can go to the bathroom, even though you have a catheter.

Important documents and cherished mementos.

Irreplaceable photos

Leave the triathlon photo behind. Your road bike is locked in a police evidence yard, bent and blood-spattered. You'll never ride that bike again.

That framed doctoral degree, with all the rights, privileges and honours pertaining thereto, has no currency in this calamity.

Bring it anyway. You'll need it to remind you that you can do hard things.

2. Keep your phone fully charged and with you at all times. Check emergency apps every few minutes.

You will not remember how to use a phone, never mind apps. Your passwords have disappeared into the ether too. Facial recognition software isn't a thing yet, but if it was, your phone wouldn't recognize its owner — hair matted, face bloated and eggplant purple, eye bulging out a cracked socket.

It doesn't matter anyway, because your brain is in a no signal zone.

3. Don't bother with the cat kennel. Your cat died a few months ago, but you don't remember that, inquiring daily with visitors, "How is Sylvester doing?"

4. Fill up the car with gas. No longer applicable. Find alternate forms of transportation; you won't be driving for almost a year.

Incident Command Team update

Stay away from: caffeine, sports (including cycling), banking, bright lights, and busy places.

Don't: read, watch TV, have too many visitors, work, conference, travel, feel guilty or get depressed.

You don't like don'ts, but there's no energy to push back. You've never been so tired, even in the final kilometre of a marathon. And when you're not sleeping, you feel broken and confused.

5. Make a plan.

This is a disaster without warning, no sirens in the distance, no power outages. There is no time to prepare; no evacuation routes or emergency exit signs. Your house is already on fire and you are trapped inside. Those fire extinguishers and window ladders you have stowed around the house can't be reached from a hospital bed.

6. Hope the worst doesn't happen.

The worst has appeared out of nowhere on a windy, rural road and smashed your skull with the force of a wrecking ball.

Hope will only take you so far.

7. Identify an escape route.

Shuffle your walker to the exit across from the nurse's station on the rehabilitation ward. Assess the doors. They look heavy. But you are a runner. Correction, were a runner. Others have tried to escape. You've heard the code-yellow alerts on the announcement system, notifying officials of an escapee. They never make it far.

8. Eat gnocchi or something similarly comforting.

The emergency services centre provides meals but, strangely, your stomach and brain aren't speaking; hunger's tugging emptiness has ghosted you.

When you do eat, foods you once enjoyed are gag-worthy — potato chips, once a guilty pleasure, taste like rancid frying oil; bananas like photocopy paper.

The inside of your mouth is numb. Swallowing takes effort. Take small bites, chew slowly, swallow with intention you're told. Nothing about eating is automatic anymore.

The next meal you'll remember relishing will be a smoked fish chowder when you are home from the hospital.

9. The Team says insight can suffer with your type of injury. You tell the hospital social worker you don't know if you have disability insurance. Say it's never been on your radar because you are not disabled, you are perfectly healthy. When she persists, pointing out the window at the handicapped bus stop, saying, "See, there are buses that will pick you up and drop you off," eyes pooling, croak, "I ride my bike everywhere."

10. If you feel edgy, agitated, that's normal. Brain injuries can do that.
Do those system-calming exercises that your favourite physiotherapist is teaching you. She works through her lunch hour so she can treat you before the roar of hospital voices, painful blaze of fluorescent lights, piercing squeal of medical cart wheels, and the incessant pulse of bodies in motion send you to your room to burrow under a pilled blue blanket, like a feral cat on a sub-zero night.

11. Wait.

Follow the plan laid out by emergency officials:

Physiotherapy twice a day
Occupational therapy once a day
Neuropsychology weekly

Wait for what seems to be forever — to make a full recovery, to return to your career.

12. Do not have a glass of wine while waiting to get your life back. You're to abstain from alcohol for one year. It seems punitive, but when the year passes and you, eagerly anticipating the familiar caress of pinot noir on your tongue, find it tastes and smells like turpentine, you swallow it anyway, on the off chance something will return to normal.

13. Tell Incident Command you want an amendment to the emergency plan. You want to ride your bike again. Not the road bike, it's unrideable. You want to ride Blueberry, your commuter bike. The one you bought to celebrate your professor job when you moved back to Canada.

Brand: Kona. Model name: Dr. Dew. All lightweight and shiny, sapphire blue. Disc brakes and fenders, lights and reflectors. Studded tires for winter, slicks for summer. Professor-worthy.

The new doctors rolled through waves of blistering summer heat and frigid mornings, face and fingers, feet and frame stiff with winter cold. After sunset we pedalled home, decompressing in the darkness.

If team members resist, push back, be agentic.

Tell them cycling is part of who you are. Explain what cycling meant to you at different times in your life. How, as a six-year-old, learning to ride was a kind of body mastery, a sense of accomplishment and maturity. As a teenager biking meant freedom from parental control; as a young adult, athleticism. Later, as an undergraduate without a paycheque or a car, it represented tenacity and resourcefulness. As a new professor, biking was strength and stress relief.

And, now, it's the sole way of demonstrating to yourself that you will get better, that your life will return to what it was.

You pass their road test, and get the go ahead to ride Blueberry, with restrictions — within city limits.

14. Wait.

Incident Command Team update

"Client/Patient is making gains. . . . She will probably be discharged next week. She continues to have cognitive issues, and has been advised by neuropsychology to stay off work."

Ask your husband to put street clothes in the black duffel bag you use for outdoor adventures, stat. On discharge day he will take a picture of you. There you are, standing on the freedom side of those exit doors, holding the bag. Two hospital bracelets on your right wrist, wearing your Frida Kahlo T-shirt and yoga shorts that are now far too large, eyes shielded by dark glasses, balanced on stick-thin legs, looking like a newly hatched robin that thinks it's ready to fly.

What you know: You recovered from a tornado.

What you think you know: This calamity is no different, so do what you did before — make a plan, work hard, assume everything will turn out fine.

What you don't know:

Traumatic brain injury is its own beast, refusing to be tamed by plans, hard work, and assumptions.

Approach this catastrophe in the way you were trained: gather data; theorize, hypothesize, and analyze; write up results.

You'll feel knowledgeable.

15. Credible disaster research is scientific, methodical, and objective. Formulate The Return to Work Plan:

Meet with university officials, insurance company representatives, and The Team.
Continue occupational therapy.
Schedule regular neuropsychologist appointments.
Revive research program.
Teach classes: Do course readings. Review. If you can't remember what you just read, review again. Grade papers, prepare lectures, and mark exams. Review course readings.
Address committee requests, lecture invitations, administrative changes, visiting scholars, grant deadlines, and conference presentations. Attend webinars and workshops, student meetings, research talks, software training.
Keep human resources, insurance company representatives, and the lawyer apprised of your progress.

While implementing said plan you may receive the following evacuation alerts (some will blare like sirens, others are more like the citrusy odour of fire retardant in the air — perceptible only to those with expertise):

Disembarking at the wrong bus stop, weekly. Walking thirty minutes home.
Forgetting to feed the cat
Going to bed in your work clothes
Results from cognitive functioning test scores. Working memory: two standard deviations below normal
Forgetting to feed yourself
Disturbing information from emergency officials:

"When you go back to work, you'll experience cognitive fatigue. It will lessen over time but will never go away completely."

Tense pause.

"Bottom line, the fatigue is not temporary. Your other lobes have to work harder now to compensate for the damage to the frontal lobe. At forty-seven, age is not in your favour. You will need every ounce of your energy to do your job. You'll have a truncated personal life. You need to ask yourself if that's

what you want, if that balance is okay, or if you want to make a change and do something different."

Locate the tissue box.

This is not part of the plan. You have not prepared for this.

Panic.

In the event of one or more of the above alerts:

Deny all symptoms and their impact.

It's okay, you're not alone. Embarrassment and denial are a common response for those with head trauma. Luckily, for you, your symptoms are invisible to most people. Supportive colleagues and friends smile, put their arm around your shoulder, and say, "You look great, totally normal!"

Your career was on fire, in a good way, before the disaster. Deny.

If you are ordered to evacuate

1. Don't follow any of the escape routes identified by those who know more about brains than you do: training for a new career; long-term disability; community service. Defy the evacuation order and shelter in place. Being surveilled, corralled, pathologized, and micro-managed for the last one-and-a-half years has been corrosive and soul-destroying. Take back your independence and your agency. Push back.

Do not leave the building. Stay in your third-floor office, one of the few with a real window opening to the afternoon breezes that blow down the valley. You worked hard for that office.

2. You know disasters don't only change landscapes, they change people's lives; it's what you study. But when it comes to this disaster, your vision is myopic. You don't want change. What you want more than anything is your old brain back, your old self, your life.

3. Do what you know. Work hard. So, so hard. As hard as you possibly fucking can.

On the fire line you will feel like you might asphyxiate. Get a white-knuckled grip on your shovel and keep digging. This is life or death.

4. There is no way to plan for this one.

You reach the limit of your endurance. Cognitively, physically, and emotionally there's nothing left.

The flames breach your office. The fireguard you were so sure would hold — the university degrees, the books and journals and awards, are no match for this fire.

You sustain third-degree burns. Your entire identity a smouldering pile of charred remains.

5. Return to your home. Back in bed, cancel everything — classes, meetings, exams, presentations.
Don't tell them about the fire. Say you have strep throat.

In the event of a second Evacuation Order
i.e., the neuropsychologist says:

"One-and-a-half years post-accident healing starts to plateau. You will not get back to 100%."

Feel your eyes fill, the pulse of incredulity in your neck.

Tense pause.

Do not make eye contact with this emergency official. He only relays bad news when he can assess your reaction.

Scan his desk for the tissue box. Look at the 3D replica of a brain on his bookshelf. Stare at his framed Ph.D. degree.

"We recommend you leave your job as soon as possible."

Tears, now monsoon rains, pool in the hollow of your collarbone.

Locate the exit door behind him.

"You have to make some hard decisions, because the plan has to change," he says.

Stricken and mute, you lower head to hands.

He is kind. He doesn't relay his written findings:

"Unfortunately, I am of the impression that the patient is not in a position to return to her work as a professor, as the demands and expectations will most reasonably exceed the patient's capabilities."

Wait until the meeting is adjourned. Walk down the long hallway. Try to slow down your breathing. Wait outside the bathroom until a middle-aged man in hospital scrubs, eyes lingering on your face, opens the door.

Standing at the sink you see a woman in the mirror — one who doesn't have all of her capabilities. She has your professor's eyes, but not her brain.

Peel the shredded remnants of tissue from her cheeks.

Between heaving breaths, wonder how the plan went so wrong.

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Shelter in place at home for weeks. When you receive an email from a university administrator inquiring whether the person hired to teach your courses can use your office, ask your husband to drive you to campus.

Take the stairs to office 310.

Start to pack a go-bag.

Remove the picture hanging on the wall opposite your desk, a favourite that you'd persuaded your husband to part with, one he painted before your life fell apart. Lean it by the door.

Rest your head on the desk. Do deep yoga breaths.

Look at the professor's book shelves and filing cabinets. Open the desk drawers, full of pencils and pens, a laser pointer and whiteboard eraser, computer cords and A/V cables.

Carry the painting to the elevator. Leave the building.

Wait seven months.

When the insurance company labels you "disabled," wait eight more months.

Wait for a day when you don't have to go back to bed before noon.

On that day, don your new helmet and old backpack. Retrieve your commuter

bike from the shed. Cycle north, following the route you've taken to campus for nine years. As you pedal through downtown, notice the moisture cooling the back of your neck. When you turn left, watch for the arc of ochre light radiating from the hoodoos above the golf course. At the orchard before the equestrian stable, savour the smell of ripening peaches. On the final leg, before acreages turn to university land, search the reedy stretch of wetland for red-winged blackbirds taking flight.

Don't cry.

Park your bike behind the Arts building, close to the stairs leading to office 310. Summer classes finished, the fall semester three weeks away, the campus is quiet, its heartbeat stilled.

In the hallway outside the professor's office sits a new name plaque.

Swipe her pass key over the sensor, wait for the grind of the lock opening and step inside.

Light from the windows fills the room.

The professor's desk — dark walnut stain, room for three chairs on one side, and a wide arm on the other — has been moved.

Go to the window. Gaze at the sleepy student residence halls, their flags at a standstill; the newly constructed building across from office 310.

You consider moving the desk back to where it was. It's heavy. You're getting stronger, but brain injury has taught you that some things don't yield to effort alone. It's possible to fail at something no matter how hard you try.

Scan the books and files so meticulously organized last fall when there was still hope. The empty cardboard boxes, waiting to be filled.

You don't know where to start, what to take on this one-way trip, destination unknown. You don't know how to grieve death in life. How to bury a professor in a cardboard box.

Start with the books. Three floor-to-ceiling bookshelves stacked full; texts for teaching, books for disasters and research methods, theses and dissertations bound in blue. Place a handful of seminal sociology books in a box. Then two creative writing texts.

Take two stacks to the end of the hallway and set them on the table by the worn burgundy couch where students like to gather. Write 'free' on a piece of paper.

Next, the two file cabinets; one five drawers tall, the other four disasters deep. The tall one is for teaching, years of course folders and lecture notes, readings, exams, student presentations and papers.

Your broken, stitched-together self can't scale the mountain peaks the professor once did; the smooth, granite faces, wide, rushing creeks, summits above the treeline.

Place two folders in the box, and put the rest in bags for shredding.

An academic hood and cap hang from a hook on the back of the door. Feel the weight of velvet in your palms, slide your fingers down the cap's silver tassel.

A memory appears. The professor on graduation day, smiling for a picture in a leafy back yard, cap atop her head, draped in a convocation robe, red and grey, with voluminous sleeves. Carefully place the items in a cardboard box.

Move on to the file cabinet four disasters deep. Other people's catastrophes — benign names, like Slave Lake fires SWF-056, SWF-082, the Joplin tornado, Hurricane Sandy. Years of research, dozens of folders, rows separated by labelled dividers, the ordering of disorder.

The professor is in those files. That research kept her working late, made her fight for funding, and fly into disaster zones.

It's okay to cry.

Locate the waist-high recycling cart. Wheel it up to the file cabinet. Empty the entirety of its contents into the bin.

The neuropsychologist says you shouldn't think of this as defeat. "If you lost your leg in the accident and then couldn't run a marathon you wouldn't think of it as failure" he counselled.

But you would.