

It's 3 a.m., but I'm wide awake. To make myself drowsy, I'm going back over the vocabulary words I missed in the last Law School Admissions practice test I took before we went to bed, trying to use them in a sentence. *An oligarchy is a government of one.* It isn't working.

I have another method I use when I can't sleep: trying to remember past Academy Award winners. I started memorizing them after I correctly guessed that *Midnight Cowboy* would be named the best picture of 1969 and I won a book about the history of the Academy Awards in a contest sponsored by the local TV station. I had a hunch it would win even though I had heard on the news that an X-rated movie didn't have a chance. Being eleven years old at the time, I couldn't see it and judge for myself whether it really was the best movie of the year.

I studied the book constantly—at the breakfast table, after school, at night before I went to sleep. “Put down that blasted book and eat, Michael,” my father would say, looking at me over his newspaper in the morning. “If only you'd spend as much time

on your math as you do on those stupid awards, think where you'd be."

I did think about that from time to time. Where *were* you supposed to be when you were eleven? But I loved the Academy Awards too much to stop now. I went to work on learning not just the winners but also the nominees. I wrote to the Academy of Motion Picture Arts and Sciences for a list of the nominees in the non-acting categories (editing, music, cinematography, and so forth), but they never wrote back. So I stuck with the book, and when it finally fell apart from so much handling, I taped it back up. From 1968 on, the last year included in the book, I've kept track of the winners by writing them down in a notebook while I watch the awards presentation on television.

For my insomnia, I pick a category, start with a particular year, and go backwards in time to see how far I can go before I either can't remember someone or I fall asleep. Tonight, I whisper the names of best actresses: 1973, Glenda Jackson; 1972, Liza Minnelli; 1971, Jane Fonda; 1970, Glenda Jackson again; 1969, Maggie Smith; 1968, Barbra Streisand and Katharine Hepburn (a tie that year; I remember the loud gasp in the auditorium when Ingrid Bergman, the presenter, announced it on the live telecast). I almost always fall asleep around 1958, the year I was born.

Part of the problem may be that I'm still not used to Kevin's bed, even though we've been living together for three months now and I'd slept in it nearly every night for nine months before that. When I moved out of my apartment and into Kevin's house, I gave my bed away to a friend, and I miss it. I miss the way it sagged in the middle, so I could sink down into it and be surrounded by walls on either side. Kevin's bed seems almost bowed in comparison; sometimes I feel like I have to grip the edge to keep from sliding off.

But I know that isn't likely to happen, at least not tonight, since Kevin is pressed up against me and holding me around the waist. Before Kevin, I'd always slept on my back, until he told me that the constant pressure would flatten out my rear end.

"It'll happen to you if you become a lawyer," he had said the first night we were together. "All that sitting around. You probably never noticed, but most lawyers have very flabby asses."

Now I always sleep on my side, and if I forget, Kevin turns me, the same way I turn the old people I take care of at the hospital where I work.



Kevin and I met at a party at a big brownstone duplex in a run-down area of Minneapolis, a few blocks away from where I lived. Bonnie, one of the other aides I work with at the hospital, invited me.

“We’re calling it a soiree,” she said. “We’re going to have lots going on, something different in each room. We’re sick of parties where people just stand around and get drunk.”

Bonnie and her roommate Jack got their neighbors from across the hall to open up their apartment so there would be room for the various events of the soiree. In the living room of Bonnie and Jack’s apartment, someone was playing the *Goldberg Variations* on a rented grand piano. In Bonnie’s bedroom, the furniture had been pushed up against the wall to make room for poets to read their work. Jack’s room was cleared away for the display of sculpture and pottery. The neighbor’s apartment was reserved for food, the bar, and mingling.

Kevin and I bumped into each other in the neighbor’s kitchen, where we were both trying to get to the crackers and cheese on the kitchen counter. Our feet got tangled up as I was turning away from the food and he was reaching for it.

“It really was like the song,” I told Bonnie later, “where your eyes meet and all that. I knew, as soon as I saw him.”

“Knew what?”

“Knew that—” I was embarrassed to say it, because it sounded like a bad movie, but it seemed true at the time. “He was going to be the one.”

After we introduced ourselves, Kevin asked if we could take a walk around the block to get away from the party for a while. He told me he was twenty-eight (a good sign—I liked older men, but not too much older), had a master’s in anthropology and was

working on his doctorate, taught at a community college, owned a house. *It's all good*, I thought as we started walking faster. He's settled (the house) but not too settled (still in graduate school).

"And I should probably tell you I'm seropositive, just to get that out of the way."

"What?" I was thinking about the house, wondering if he planted anything in the backyard, and what we would plant together once I moved in.

"I'm seropositive."

"You mean like hepatitis or something?"

"I wish."

"You mean like—"

"It's what you think." We stopped walking. Kevin turned and faced me. "I've had it for a couple of years now."

"It's just that I've never heard it called that before. I mean, I work in psych, so I'm really not up on the medical side of things."

"Where have you been? It's not like this just started."

"I've been here." I knew I sounded defensive. "It's just that I always thought you were supposed to call it HIV-positive."

"I guess I picked it up from my doctor," Kevin said. "If you're going to have a disease you may as well call it by the right name."

"Do you know who?"

"Who what?"

"How you got it."

"Does it matter?"

I wasn't sure what I should say. "It's fine," I said. "Thanks for telling me." It didn't matter, did it? We could still take a walk.

"Would you like to see my house?"

Kevin's neighborhood was on the other side of town, in a quiet, upper-middle-class residential area of big houses and big trees that hadn't died yet of Dutch elm disease. "You live here alone?" I asked as he let us in through the back door of his house, a two-story with prairie-school-type architecture.

"Just me."

Kevin got us each a beer and gave me a tour, starting with the basement, and then we worked our way up to the second floor. I kept bumping into the corners of tables and chairs, and when Kevin

handed me one of his crystal pieces to look at, I was worried I'd drop it.

In the dining room, Kevin showed me the antique table he'd just bought. "I'm really into Chippendale," he said as he flicked a piece of lint off the edge.

I nodded but couldn't think of anything to say. The only Chippendales I'd ever heard of were the ones who danced.

"I take it you're not into antiques. So I'll give you your first lesson. When you think about Chippendales, think about the legs. The way they curve, the smooth lines." Kevin pulled out one of the matching chairs and knelt down beside it. "See?" He made a wave-like gesture with his hand. I nodded again, but I was thinking of my apartment, with the 1960s furniture I had inherited from my sister when she got married, who had borrowed it from our parents. I tried to picture it in Kevin's house. But mostly I was thinking about Kevin and how I wanted to kiss him. I crouched down next to him, pretending to be interested in the chair, then leaned over and brushed my lips against his cheek.

"What was that for?" he asked.

"I just felt like it. I hope you enjoyed it. That's about as spontaneous as I get."

But later, as we moved from the Queen Anne couch to Kevin's bedroom, I thought about whether we should be having one of those conversations like some women's magazines I saw in the grocery store said to have ("AIDS: How to Talk About It Before It's Too Late") But I'd never read them, and besides that, it seemed like we already had. There was nothing else he could tell me that would change him, or change what I wanted.

Still, once we got there, I had a hard time not shaking. Kevin asked me if I was cold, even though it was a hot summer night. I said, "No, I'm fine, maybe a little nervous, it's been a while."

When we finally got started, it seemed like we kept knocking into each other, with no one assuming responsibility for what was supposed to happen. My elbows and knees felt too sharp, like they were cutting into him. When we kissed, our teeth seemed to hit in the wrong places. Finally, after some more grappling, I climbed off him and we lay side by side, breathing hard.

“I think I should go,” I said as I sat up and leaned back on my elbows. “This doesn’t seem to be working out very well.”

Kevin put his hand on my stomach, and I flinched. He took it away. “Here’s an idea. Let’s just go to sleep. It’d be nice to just sleep with someone. In a . . . non-sexual way. No pressure. Besides, it’s late. You don’t want to drive all the way home.”

“I suppose not. It’s just that I’ve never been with anyone who’s been seropositive before.”

“No, it’s seropositive,” he corrected. “It’s a hard s.”

“Seropositive.” I hoped I’d said it the right way.

Kevin turned on his side and looked at me. “I’d make sure nothing happens to you, I promise. Do you believe that?”

I nodded. “I suppose so.”

It was the first time I’d gone to bed with someone and did only that. But we didn’t give up on sex. We took more walks, looked at more furniture, kept trying. Each time was easier than the time before. We were always careful in what we did, we always brought ourselves back to earth when we started to get carried away. It was all for me. I’d been testing negative every six months for the last four years and my T-cells weren’t going anywhere.



“I can hear you blinking,” Kevin whispers into my ear. He’s picked up my insomnia, just as he picks up colds, sore throats, and fevers.

“I know. Only two more hours until the hospital. Maybe I should just get up and try to study.”

“Did you try the Academy Awards?” Kevin knows my methods.

“I’m stuck on 1965. Julie Andrews, right?”

“Where’s the book?”

“It’ll come to me. I just need to . . . are you going to leave me?”

“Shh,” Kevin whispers. “Sleep.”



My official job title is “psychiatric counseling associate,” but I do more physical care than any real therapy. With a degree in art history, I don’t feel very qualified to do much counseling anyway. I’m responsible for getting the patients (mostly the males) up in the morning, including bathing, dressing, and feeding them. Sometimes it seems to take all day. It was difficult for me at first, seeing the old people naked and giving them baths, and the smells made me sick to my stomach. But I got used to it, and I like talking with them and listening to their stories. I hear a lot of “when I was a young man like you” stories about hard times, no money, beating the Nazis and Japan. Most of the time it seems like they just need someone to listen, and I’m good at that. I like it when they’re glad to see me in the morning.

Three mornings a week I help in the “treatment room,” where electroshock therapy is given. In my interview with Mrs. Stansfield, the nursing supervisor, she explained that electroconvulsive therapy—“we don’t call it shock therapy anymore, especially around the patients”—was often used for the extremely depressed patients, since it was actually safer than medication in some cases.

“Do you have a problem with that?” she asked.

“I guess not,” I replied. I needed the job. “But what about broken bones?”

She laughed. “You’ve seen too many movies.”

On my first day in the treatment room, one of the nurses explained that my main function was to help turn the patient after the treatment to prevent possible aspiration. And I was also supposed to help “steady” the patient during the actual treatment, she said. *You mean hold them down*, I thought, though I soon saw that, because of the anesthesia, the patient had only a slight seizure lasting just thirty seconds or so. No jerking convulsion, no flapping arms. But later, when I was holding on, it sometimes felt like the electricity was going through me as well.

Today, during morning report, I’m assigned a new patient named Richard. He’s seventy-two years old and, according to his admission report, “acutely depressed”—not eating, sleeping, or talking. No immediate family. A public health nurse took him to Dr. Saunders, one of the unit’s admitting psychiatrists, after a neighbor

who was looking in on him once a week or so found him with the heat turned off and with no food in his apartment. "Patient's physical condition precludes the use of anti-depressant medications," the doctor's notes say. "Course of ECT to start immediately."

"Richard?" I knock softly on his door. "I'm Michael. I'm going to walk you to the treatment room. Are you ready to go?" Richard is sitting on the side of the bed, naked except for a gold chain around his neck, staring at the wall behind me. His lips are dry and cracked and he keeps scratching at a bruise on his thigh. I find a blue-and-white hospital robe in the dresser drawer and try to put it on him, but he pulls away from me. He's staring at a white terry-cloth robe hanging on the back of the door. "Is that it?" I ask. "You want to wear your own robe?" I take it down from the hook and hold it up to him. "Ralph Lauren. Nice. But I wouldn't want you to get anything on it. How about if you wear it when we're finished?" He looks at me, gives me a slight nod. Then he stands and holds his arms out so I can put the hospital robe on him.

I hold him around the waist as we walk down the hall to the treatment room, but for someone who hasn't eaten for a while, he's surprisingly strong and doesn't need much help. "Where are you from, Richard? Is there anyone you want me to call?" Richard turns to me and stares, but says nothing. His eyes are a deep brown and his hair, though white, is still thick and curly. His face, while a little gaunt, has few lines, and his skin is clear.

In the treatment room, Richard climbs up on the table with hardly any help at all, as if he's been here before. Since it's always cold in the room, I cover him with a blanket but leave his arms out so the anesthesiologist can get at his veins for the IV injection of sodium pentothal that will put him to sleep. The nurse running the treatment room today, Florence Martin, frowns at me. "Jewelry," she says, pointing at Richard's neck.

I take off Richard's gold necklace and put it in an envelope. "I'm going to hang onto this for you," I tell Richard as I stuff the envelope in my back pocket.

A couple of minutes later, Richard's psychiatrist, Dr. Saunders, a balding, seventyish man, and the handsome anesthesiologist, Dr. Varden, who I had a crush on when I first started working here,

join us. Dr. Varden, always polite, smiles and says hello, while Dr. Saunders offers only a quick nod.

Dr. Varden speaks to Richard like a child, using a loud voice and a lot of *we's*. "We're going to be putting you to sleep now," he says to him. "Sleep." He makes a child's sleep gesture, pressing his hands together and putting them next to his cheek. But Richard still stares, not flinching, when Dr. Varden starts the IV. In a couple of minutes, Richard is asleep, his mouth drooping open. Then Dr. Varden covers Richard's face with the oxygen mask.

"Which one of you covered this patient?" Dr. Saunders says sharply. He glares at Florence, then at me.

"I did," I say. "He was cold."

"Young man, don't you know by now that we can't see the toe point if he's covered up? We need to see the toe point." Most of the other psychiatrists just lift up the blanket to watch the patient's feet, to see if the seizure has occurred, but Dr. Saunders likes the patient to be completely uncovered, a quirk I've forgotten today. "And this guy's out, he's not going to know if he's cold or not."

"Fine," I say curtly. I take off the blanket, fold it and hand it to Florence, who gives me a sympathetic *let's just get this over with* look. But Dr. Saunders is just getting started.

"Honestly, I hope you're not working here because you're planning on a career in medicine," he says to me as he straps the electrodes to Richard's head.

"Law."

"Just what we need," he mutters. He adjusts the dials on the "shock box," as most of the doctors and staff refer to it. "I suppose you'll get ahold of this guy so he can get us for giving him these."

Dr. Varden, who's still oxygenating Richard, smiles at me. "I'm sure you'll make a very fine lawyer."

"Thank you, I hope so," I say.

"Treating," Dr. Saunders says, the cue for Florence and me to lean down and hold onto Richard's arms and shoulders, and then he flips the switch. In a few seconds, Richard's toes are pointing like a dancer's. "Nice," Dr. Saunders says. "Let's roll him, counselor." I do the turn, then wheel Richard to the recovery area, where he'll sleep for a while.