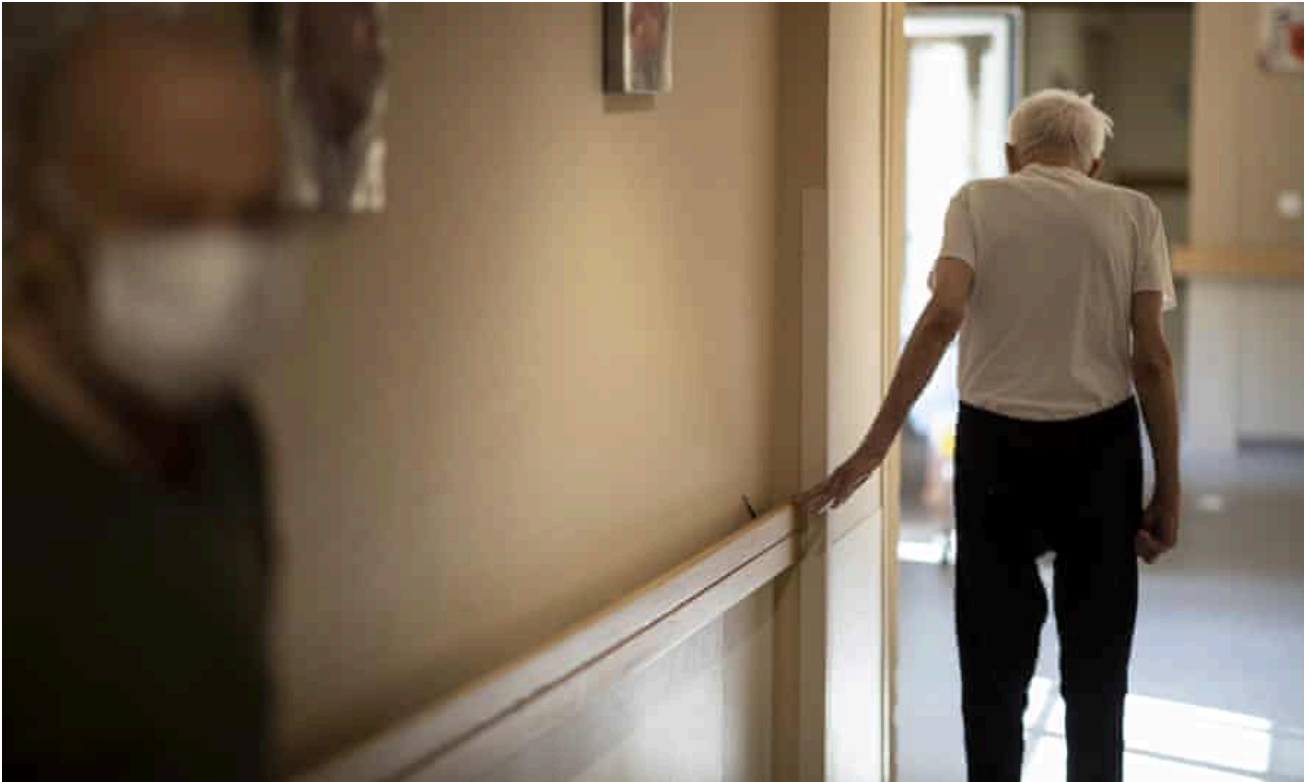


Trapped Inside the Cuckoo's Nest: A Registered Nursing Home

by Reg Green



A few miles from my home, in an upscale area just north of Los Angeles, is a registered nursing home. Its rating in that loose industry is respectable; it seems to conform to all the regulations.

It is operating, however, as a madhouse. I've just been released from it after a frightening week. I have Medicare, supplementary insurance with Blue Shield of California, long-term care with Genworth and doctors affiliated with top hospitals in Southern California. I did everything by the book. What happened to me could happen to you.

I was taken there from the gleaming hi-tech of Huntington Hospital, Pasadena, following a successful operation to fix a

broken hip after I had fallen while hiking in the Angeles National Forest on Friday morning, October 22. As it happens my fall was seen by another hiker who immediately called the medics and I'd guess I was in Huntington within an hour or so.

I spent the entire weekend – the rest of Friday, all Saturday, all interminable Sunday and all Monday until 5:00 pm – lying on my back, either numbed by painkiller or unable to make more than the most tentative movements because of excruciating pain.

All that time passed because, as for millions of other old people – I'm 91– the daily dose of blood thinners I take that guard against blood clots had to be stopped to allow a return close to normal clotting to minimize the risk of uncontrollable bleeding on the operating table.

Because this was a rational balancing of risks, it was bearable, but it was when I agreed to be moved to a nursing home to recuperate that I went from a sensible if joyless environment to one teetering on the edge of chaos. This nursing home, like others all over the country, is chaotic because it is filled with patients in the deepest throes of dementia.

As I was wheeled in, the corridors were echoing from a voice begging for help, loudly and insistently. It was just one word – it sounded like “darfair” -and it was repeated over and over and over – in language no one on the staff knew. “Darfair, darfair, darfair, darfair, darfair.” It was the kind of unending call that you hear from beggars in the world's most wretched places, the wheedling, pleading, threatening cry of those who have given up hope of getting what they want but don't know of anything else to do. “What does he want?” I asked one of the staff. “We don't know,” she said “He's Armenian. He shouts like that all night.” “Can't someone help him?” “No, papa,” she said. “He's very sick.”

Suddenly, on top of the cries of the Armenian, from a nearby room there came a roar of rage, like a wild beast. I lay there helpless on my back, holding my breath waiting for some violent crash. Then another roar, and another. I waited and waited but still nothing happened. I slowly relaxed. It was turning into a pattern I recognized: the impotent bully. In time most people learn to ignore his threats, but he keeps it up because he too doesn't have anything else to do to relieve his own misery.

Because of restrictions due to the coronavirus, no visitors were allowed who might have curbed excesses like these. Without those checks, they had flourished and the roars were loud enough that over the phone my wife could hear this fake king of the jungle making life miserable for the smaller animals. "I'm not staying here another night," I told myself. It was bravado but it gave me a goal.

My bare room included two beds, one of them, mercifully, unoccupied. The door was either open to all the comings and goings in the corridor or a solid barrier that isolated you from everything. If the door was shut, you were completely dependent for help on a call button to reach a harassed staff member who had no way of knowing if it was being pressed in an emergency or, much more likely, just one more obsession. For the patient, it was another taxing balancing act: lie there at the risk of being forgotten or call again and risk being categorized as a difficult patient, a condition much to be avoided.

The Venetian blinds were never opened in all the time I was there. Without a special effort I couldn't tell if it was morning or night.

During one long night of the shouting, I'd had enough. "Shut up!" I yelled at the top of my voice. Immediately there was a silence so profound that for the first time I heard from one of the other rooms, a mouselike sigh that had obviously been

going on for hours. "Ai, ai, ai," repeated – as usual – over and over.

I permitted myself a sick joke: "This certainly is a place of a few words," I said out loud, but the relief was short-lived. "She's 104," the nurse who'd come hurrying in told me. "What a long way you've traveled only to be abandoned in a bleak nowhere like this," I said to her in my mind.

Time wore on, hours and days of boredom, lying on my back, reading books held face down to avoid any movement of my lower body.

Pushed out into a home

All these patients were alone because their families couldn't or wouldn't help, the coronavirus restrictions only reinforcing what was already a bitter fact. For many it didn't matter: they wouldn't have recognized their own children. And anyway, in some cases it was those children themselves who had put them there and pushed them out of their lives.

The staff worked hard and with admirable sympathy, but they were completely out of their depth. They were called nursing assistants, but the training of the ones who looked after me had lasted all of a month. I don't suppose any of them had had more than a primary school education. Their strength was the resourcefulness, stoicism and rough give-and-take learned in coping with the harshness of everyday life in the third world countries they came from.

But nothing had prepared them to understand the world of delusion, terror and isolation where their patients lived, let alone how best to guide them through it with the minimum of fear. As soon as they could find another job, they left.

All the patients were presumed to be harmless and most were too pathetically weak to hurt anyone, except themselves. But how can anyone be sure? There were certainly hidden depths.

"Hey there. Stop that. Don't you go there. That's not for you," I heard an uncharacteristically sharp voice say and saw a grave respectable old man in a wheelchair with a homemade knitted rug round his legs being firmly turned back from trying to escape through a back door and out on to the streets.

One night my breaking point came. The door of the room was thrown open and two paramedics bustled in with an old man strapped to a gurney. He was in the furthest stages of dementia.

His skin, deathly pale, was stretched so tight that his skull seemed to shine through it; his open mouth, breathing hard, was toothless, his lips were so thin they were virtually non-existent. As I leaned over to look at him, his face a few inches from mine, his eyes were glittering wildly. It was the bony face of a terrified bird. It turned out he was previously a patient who had been taken to hospital for a temporary ailment and now, cured of that but uncured of his main affliction, was being returned.

The awful truth dawned: he wasn't in my room; I was in his. As the paramedics loosened his leather straps and slipped him into bed, he immediately began to flail around punching the air. "Get me outta here," he shouted, writhing uncontrollably. Those were the only words I ever heard him say but in the next few hours he bellowed them dozens and dozens (and dozens) of times.

"I'm not staying in the same room with him. I'd sooner be out in the corridor," I said to one of the overwhelmed night staff. "There's nothing we can do, papa. All the other rooms are filled," she told me. It was no use arguing; she couldn't do anything. I called my wife who contacted the front desk who promised to do what they could.

I've learned in life, however, that front desks are at the

mercy of the latest big mouth. Although I'd been solemnly warned never to get out of bed, I heaved myself up and, shuffling and gripping whatever I could, pushed my way to a wheelchair a few feet away, sat down in it and instantly felt a rush of empowerment. I wasn't helpless on my back anymore.

I wheeled my way down the corridor lined with old people with expressionless faces. I reached the front desk and became the latest big mouth.

"I'm not staying in that room tonight with him," I said with more conviction than I felt. "Yes sir, your wife called. We've found another room for him." I felt the elation bigmouths feel when they have won a battle – and, in this little world, this was a big win – but also a sense of shame at being so overbearing.

In fact, throughout this whole ordeal I was acutely conscious that the more I could get for myself, the less was available for everyone else. It's a humiliating feeling especially as everyone else was much worse off than I was: sicker, much less education, virtually no experience in dealing with bureaucracy, no support from outside.

As I wheeled my way back to the room, they were bringing him out and, although they were giving him what he'd been crying out for, he was still shouting "Get me outta here." But then, of course, the 'here' he was so desperate to get out of wasn't the room or even the nursing home but the prison in his head peopled by devils who never stopped tormenting him.

With him out, a stillness settled on the corridors so unbroken that I could hear the staff talking to each other as they tidied up the rooms down the corridor. Then in the silence I heard the first educated voice that I had heard since I'd been taken in. It was saying plaintively and, in a whisper, "Is anybody there? Hello. Is anybody there?" No one answered. "I can hear someone," he said. (Yes, the same people I could

hear.) "Won't you help me? I know someone's there. Please help me. My back's hurting. I can't get out of bed." His voice was so mild and gentle that I broke protocol again. At the top of my voice I roared "Nurse! Nurse!"

I heard hurrying footsteps and one of the tiny nursing assistants put in her head. "Can't you help that man? He just needs a few words of assurance" I said, basking in the thought of how responsibly I was behaving. I soon learned otherwise. "I go in his room a hundred times a day, papa," she replied "and as soon as I come out, he says the same thing."

At last my intransigence worked. "The bloodwork is ok. You can go home this afternoon," the doctor told me. I felt as if it the last day of school had arrived. The hours flew by and my wife arrived. I was heaved into the wheelchair and rolled past people I'd seen before, smiling a goodbye. None of them gave the slightest sign of recognition.

The room with the little mouse was what you'd expect, dark and silent, with a small silhouette barely visible sitting upright on a chair. In another room a bundle of sticks lay on top of the bedclothes, with the television full on and sunshine pouring through the window, jerking convulsively and crying "I'm freezing, I'm freezing."

Within fifteen minutes I was home. My wife had rented a hospital bed and a wheelchair; the insurance company had arranged for physiotherapy at home; the nursing home had handed me a supply of medications and written down clear instructions of dosages and times. At last the system was working as it should. There was something to live for again.

Then I remembered that at that very moment ill-trained, confused, overworked, middle-aged women whom life had already knocked about were heaving obstinate bodies into and out of bed, that the sun was losing its heat on the bed of a man who had fallen into despair because even in the hottest part of

the day no one would warm him up, and a tiny creature was painting pretty pictures in her mind of the life she dreamed of a hundred years ago.

I'd come out of it. So, probably, will you unless you're unlucky. But who's going to help them? And who is going to help people like them in every city across the nation?

Reg Green (www.nicholasgreen.org)

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