

## EVELYN SHARENOV

## COLLATERAL DAMAGE

The cool quiet of my car was blessed solitude before my workday. The drive to Portland began in darkness and silence. I didn't turn on the radio—just listened to the roads and freeways. Although it was still warm, day and night moved toward the balance of September's equinox. By the time I walked onto the ward, bright sunlight filtered through Lexan windows onto worn hospital carpet.

Which is to say that *that* September 11th started pretty much like any other September 11th. Most of my patients were just coming to life.

By the time they ventured from their beds and were marginally awake and dressed, I knew the rudimentary facts. In a series of coordinated suicide attacks, two jets pierced the World Trade Center's twin towers in New York City, a third crashed into the Pentagon and a fourth was down in rural Pennsylvania.

I obeyed the human imperative to call family in New York, but the lines were down or busy or there was no one there to pick up. A flat electronic voice politely suggested I place my call again later. The ward manager wanted to pray with me. I'm not a believer but that morning I needed a binding ritual. I went along.

In the usual scheme of things, a disheveled shuffling line of patients stopped by the clinical desk to pick up their medications on their way to the community room; then breakfast and a morning news program, followed by the first group session of the day. There was an eerie inevitability to what happened next. It would be just a moment before someone turned on the large screen television.

In the course of eight hours, we—two nurses and three therapists—watched together as an endless loop of video crazily replayed itself and the twin towers collapsed and rose and collapsed again and again in a bizarre demonstration of death and rebirth. We were mesmerized by the spectacle,

the upturned faces of New Yorkers, mouths open to receive burnt offerings—the ashes of family and friends.

The most delusional patients incorporated the television images into their illness; they smelled burned flesh and heard screams that we refused to imagine. They watched without the filters we took for granted.

A young man saw something I could not.

"There, watch, that body exploding."

He sat up close to the television, close enough to distort any coherent image. His hair wound into a dozen or so thick blond Rasta plaits. Dark stubble sprouted like new mown lawn on his drawn cheeks and his arms and legs were dotted with old or healing needle marks.

He'd been studying literature and philosophy at a small private college in Portland, the domain of the scions of educated well-to-do parents or talent large enough to earn a free pass. His heroin use masked the terrifying paranoia and auditory hallucinations of his psychosis. He was here in the middle of his first relapse—after he decided to stop his medications: he'd felt fine, he wanted to lose the weight he'd gained from his pills, he had a new girlfriend, he wanted to fuck, fuck, fuck. All perfectly normal desires, except the medicines interfered with all that, disrupted everything, not just his delusions. He'd been a junior when he stopped taking them and embarked on what would probably be a lifelong struggle with paranoid schizophrenia.

Another man, this one middle-aged, put his arm around his college-aged peer. His face fell into friendly creases and jowls and he was protective, coming through a vegetative depression—the kind of smothering mood disorder that holds you to your bed. With the help of ECT—electroconvulsive therapy—and medication, he was fully awake. His hairline retreated, the remainder grayed, ambivalent on how to grow old, but he was clear-eyed and animated. His relentless depression, now lifted, provided new insight. The two men shared a room and were fast friends. They sat together at meals and in groups. The older man attempted to impart wisdom that had eluded him in his own life: you have to take your meds.

Both men—in fact most of the male patients—wore athletic shoes without shoelaces, ward policy. During groups, a row of shoe tongues lolled to the side like panting dogs. This morning no one left the community room to wash or dress; pajamas and bad breath were the order of the day. Schizophrenia and major depression were untidy illnesses, and more so on September 11th.