A sign for our time

I have not hated anything as much as I hated that sign. It kept me from sleeping at night. I kept wondering if they were treating my lover differently because of that patch of yellow on his door. It felt like a marking, a tattoo, a pink triangle.

BY MICHAELS. REED

It is morning when I receive the telephone call. It is one of Portland's hospitals, calling to tell me that my lover, John, has been in a motorcycle accident. They say he has a broken leg but can give no further information. I tell them I'll be right there. I am not incorrect



in assuming that he is a little freaked.

At the emergency room entrance, I ask to see him. I am met with quizzical expressions and I secretly wonder if my well-suppressed hysteria is peeping out. One woman shuffles paper and tells me that it will be a while before I can see him. She asks if I can give her some more information.

No, he has no relatives nearby. My relationship? Friend. (Why did I say that? Who am I protecting?) No, he has no insurance. (Will they still take care of him? What are the rules on this?)

When, finally, they do let me see him, I walk through the corridors with feelings of dread and urgency. He's alive, pale and drugged. His leg is covered and encased in a metal splint. I hold his hand. A doctor comes in and I move discreetly away. The cloth curtain is drawn, giving them a pretense of privacy. I listen carefully to the doctor and ask questions about his medical history, present condition, etc. The doctor mumbles something about preparing for surgery (surgery?) and then opens the curtains to scurry off to another emergency patient.

Apparently he is going to be here for a few days, so I go about making a list of things he'll need from home: his glasses, his book, the afghan he is making. We talk some more. Then I must leave. I have to do something. If I stand here one more minute, I'll explode. So I kiss him and tell him I'll hurry right back with his things.

When I return to the hospital he is in traction. His doctor explains what is going on. The doctor tells us that they have to find the correct "nail" to hold the bone until it grows back together. No, there will be no cast. Yes, there is another option: he can stay in traction for six weeks. (For some reason, this is not met with a cheering response.)

The next morning two nurses unlock his trapeze act of a bed to wheel him to surgery. I go downstairs to wait. After a while, I realize that I have left my book in his room. I go back upstairs to get it, but now his door is closed. There is a peculiar yellow sign on the door. It says that all visitors must report to the nurses' station. It says that all materials that come into contact with infectious areas are to be treated as though they are contaminated.

So, being a good little trooper, I march down to the nurses' station. I ask if I can go in to get my book. They look at me as though I have just asked them the stupidest question possible. I tell them that the sign says to report to the nurses' station. One portly little woman escorts me

back to the room. We go in together while I get my book and she tells me that she doesn't know why the sign is up.

I go back to waiting. I wait for hours. Finally the surgeon arrives to tell me that all went well and that it will be several hours before he'll be out of recovery.

Later, John is back in his room and some friends have stopped by to see him. We talk in lowered tones about the yellow sign. They say that they almost didn't come in and that they had got the same response from the nurses that I had received. No one knows why the sign is there. I take the sign down and put it away.

Shortly after, a male R.N. comes in. He wears gloves and a gown. I watch him putter about, drawing blood and checking the bandages. I begin to see the reason for the sign, so I take it from the drawer I had hidden it in. I hand it to him and, with my best fuck-you-I'm-innocent smile, I tell him the sign 'mysteriously' fell down. I ask him why it was on the door. He tells me that it is to remind staff that they need to wear gloves and take some extra precautions. He tapes the sign back on the door.

The sign will remain there throughout the entire week that my lover is in the hospital.

I have not hated anything as much as I hated that sign. It kept me from sleeping at night. I kept wondering if they were treating my lover differently because of that patch of yellow on his door. It felt like a marking, a tattoo, a pink triangle.

John asked his surgeon about the sign. The surgeon replied that it was standard procedure for surgery patients. Ah, yes, standard procedure. A yellow sign warning of infectious material and contamination, however "standard" it may be, makes a difference in the attitudes of staff members toward a patient.

I believe one of the most telling moments was when two nurses were needed to assist John back into bed. One came into the room, donning rubber gloves, and wore them until my lover was safely in bed. The other very carefully and meticulously washed her hands after holding my lover's arm while he moved to the bed. I imagine that she supposed every inch of him to be contaminated material.

Perhaps I am paranoid. Perhaps my active imagination has run amok again. Perhaps it is normal — since this is an orthopedic ward — for there to be only one door with a yellow sign. Perhaps it is coincidence that the sign just happens to be on the door of a young man who, upon admittance, informed the hospital that he is gay.

To spend time in a hospital is an unpleasant experience for anyone. To spend time in a hospital for a broken leg and to be treated like a contamination seems unconscionable. I do not deny that hospital staff are at risk while treating patients. Of course they are at risk. That is the nature of their profession. So why aren't they being trained to practice "standard precautions" each time they might come into contact with bodily fluids? In this day and age that precaution should be standard procedure.

If hospital staff members lack the common sense needed to protect themselves and require little yellow signs on the door, then the signs could be less intimidating and frightening. A plain white sign that states simply "Surgery Patient — Use Standard Precautions" would alert staff to the need for gloves and gown. It wouldn't frighten visitors away. Most important, it wouldn't prevent the more ignorant staff members from performing their duties well because they might be afraid of "contamination."

We will be coming into contact with hospitals more than ever before, so we must watch out for our sick friends and lovers. Hospitals are entitled to put whatever signs wherever they want. But it means that we who are well must make sure that the care is adequate and that bigotry is not affecting the treatment of our people.

We must make sure that someone is there to see that patients get fed on time, that their trays are taken away, that their bedding is changed often enough, that their rooms are kept clean, and that they get bathed on a regular basis.

We cannot change people's ideas overnight, but we can and must ensure that adequate care is provided for those not fortunate enough to be walking, even if we must do it all ourselves, for ourselves.

ust out

Oregon's complete lesbian and gay connection.

Announcing the Opening of the Professional Offices of

Lloyd C. Williams, M.S., M.Div., D.Min.

- Gay & Lesbian Therapy
- Codependency
- Family Therapy
- Support Groups
- · Adults Molested as Children
- Relationship Therapy
- · Cross-Cultural Therapy
- Training

Seventeen Years of Therapeutic Experience

2535 S.E. Harrison Avenue Milwaukie, Oregon 97222 (503) 654-2310



