

WEDNESDAY
TRASH
DAY

PROOF

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Winner of the 2025 Jeanne Leiby Award

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by

Mary Kate
Coleman

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publications

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JEANNE LEIBY AWARD

In Memory of Jeanne Leiby, 1964–2011

As editor of *The Florida Review* from 2004 to 2007, Jeanne breathed new life into the University of Central Florida's literary journal. She brought graphic narratives to TFR, initiated the journal's first website, published the special 30th anniversary issue, and brought together a smart team of graduate students and taught them to be editors.

Established after Jeanne's death in 2011, this award commemorates her commitment to writing and publishing by offering the winner both a monetary award and publication in the form of a chapbook.

Special thanks to this year's judge, Micah Dean Hicks.

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PROOF

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For my sisters and all the siblings of people like Anna.

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My little sister is on a ventilator. She's thirty years old.

When I found out she had COVID, I wasn't as scared as I should have been. At this point, we were almost a year into the pandemic. I'd known people who contracted COVID and got better—even my Uncle Don, a multiple myeloma patient on dialysis and chemo. My sister was feeling “sicky.” She had a fever. She had a high fever. She had an episode in the bathroom where she froze, unable to speak or move. Where she turned gray.

“It’s okay, poodle pumpkin,” I told her on the phone. “Being sicky sucks. Bummer, dude. Major bummer. Hey, can I get you something to make you feel better?”

“What?” she said.

“Mary Katie will send you a package in the mail with some presents to help you feel better. What do you think? Maybe a workbook?”

“Yeah.”

“Okay, what kind of workbook do you want: regular or math?”

“What?”

“What kind of workbook do you want, regular or math?”

She paused. “Wha’ Danny doing?”

This was one of her usual diversionary tactics. Ask a question that’s a little too hard, and you get a rote response. “Hey, I asked you a question. Think about it, taco bout it, think about it, K?”

“K.”

Wednesday Trash Day

“Which kind you workbook you want? Regular kind or math kind?”

So she did think about it. “Big.”

Big indeed. An excellent modifier and clarification of what’s really important in a workbook. Any workbook would have colorful pictures and dot-to-dots and three-lined ledgers for practicing letters, but the good ones are 200+ pages long.

As I clicked through checkout, she posed a series of questions, trying to figure out what was going on here. “Box?” she said. Yes, it’ll come in a box. “Check the mail?” Yep, it’ll be in your mailbox on Monday. By the end of the phone call, she had gotten the hang of this care package thing, asking “Two workbooks?” and “Candies, maybe?”

Six hours later, she was in the hospital.

They put her on oxygen. It helped for a little bit, maybe an hour, before her O₂ sats dipped again. Each time this happened, they upped the flow through her nasal cannula, until it was so loud that no one could hear each other over FaceTime. I said, “Mom, how can she stand it?” And, the truth is, she couldn’t. She stood there, mouth gaping, blinking. I told her the doctors were going to help her. I tried to normalize the situation with some of our inside jokes, that Leo the cat is a “rotten guy,” that Betsy—the sister between us in age—is a punk. She would try to speak, but the sound was muffled by her face shield and iPhone static and the rabid torrent of air being forced up her nose. When she choked out a word, it was like a vibration from underwater. The only thing I could make out: “two...workbooks?”

#

Annalisa is now a fixture in a nine-bed ICU. They let my mom stay, despite the isolation rules. Anna is about two or three years old mentally, so it was absolutely necessary that my mother be present during her precipitous and terrifying decline. But once she was intubated, the hospital could have been like, okay, she's out, there's nothing more you can do here. But they—and I don't know who the "they" are in this equation—assessed the situation and made a quiet exception. Mom was permitted to stay, but she couldn't step foot outside the room or she would not be allowed back in the ward. This arrangement was not to be broadcast, as there were all kinds of family members in the community, past, present, and future, who would have killed to sit next to their comatose loved one, to hold their hand and kiss their hairline and check their finger probe and play their favorite songs on YouTube.

We hear scuttlebutt from Mom: When the nurses were changing Anna's catheter, they were talking about so-and-so down in 237. His wife wants a FaceTime today. Eyebrows raise. "Well," they say, then they list an inventory of the afternoon's more pressing chores.

Meanwhile, my sisters and I have nearly twenty-four-hour access to Anna. We do group calls and individual calls. We sing her songs. We talk to her in a soothing voice. We tell her she's doing a great job. We say: *Hey, Sissy Sue. I know this is hard. You've got a big old ugly tube going down your throat, and that's not fun at all. But the doctors are helpin' you and the nurses are helpin' you and Mommy's helpin' you. And your sissies are praying for you and talking to you and thinking about you every second. Your body knows what to do. You just rest and relax,*

Wednesday Trash Day

and every day you're going to get a little bit better, just a little bit tiny bit better. And then one day soon you're gonna wake up and get out of this hospital. Before you know it, we'll be goin' to sushi, you and me. You and me, sissies. And Betsy, yeah, I guess she's a sissy too. But she's got problems. She's a punk, you know? And a little bit stinky. Greasy grimy gopher guts. That kind of thing.

The ICU is a strange place to live. The lights are on all day and night. There's an eerie harmony of medical sounds: from the constant beeping to the blood pressure cuff inflating to the mechanical swell and collapse of the ventilator. Whenever an IV is done, the machine increases its volume about fifty-fold, a jangling alarm to page the nurse, who might be all the way down the hall. With six to eight IVs going at any given time and health care workers who are overrun caring for other patients, that strident beeping is just a part of the daily routine. I asked Mom, Really? This is the system still? Shouldn't these machines be connected to the internet? Shouldn't it text the nurse or flash a light at the nursing station? Mom, who's a veteran nurse herself, chuckled at these questions.

Health care workers come and go all day, donning and doffing a cumbrous amount of PPE with each visit. We've gotten to know them—from Katie, the bubbly chick in her mid-twenties who used to work at Coffee Junkies, to April, the night nurse with an abrasive manner who's really quite warm if you give her a minute, to Ronda, who got COVID back in March and was admitted to her own ICU. She thought

they brought her there to die among friends. She refused the vent, and slowly, painfully, she started to get better. She had to take a long leave of absence before returning to work, and even now, in December, she occasionally has coughing fits that send her reeling to the break room.

The nurses bring Mom water. And the hospital has allowed her to order food, whatever she wants, however many times a day, at no extra charge, as if she were the inpatient. It's a generous proposition, even if the food is, well, pretty much exactly what you'd imagine. At first, we were trying to supplement the hospital rations by dropping provisions at reception. It worked a couple of times, but the third time we tried it, Mom's junior cheeseburger and Starbucks mocha were delivered to her six hours after we'd handed them off to the front desk. The problem, we learned, is the COVID protocols. Front desk workers aren't allowed to take anything to restricted areas, so the ICU nurses have to stop what they're doing and walk down a floor to pick up the package. So we started brainstorming solutions. We couldn't do anything about the nurses' workload, but we could adjust the incentive. From that point on, whenever we brought food, we brought boatloads of it. Enough pizza or sandwiches to feed nursing, respiratory therapy, and the doctors—with a brown paper bag on top: for Mom (circled in a heart), Room 208.

The nursing staff has, by and large, been wonderful. My mom is friendly and emotional and talkative. She tells people stories about Anna. She wants them to know that Annalisa is not some sickly handicapped person, that she was active and healthy just two weeks ago. Although I've not been there to witness these exchanges, I can imagine Mom: crying, reach-

Wednesday Trash Day

ing out to touch a stranger's forearm, listening to a story about their husband's angina, and then they figure out that they both worked at the Frozen Custard and they're laughing and crying and machines are beeping. My mom has created a little following for herself in the ICU. Women come in and talk to her who aren't even assigned to Anna that day.

Still, there have been other moments. Nurses have gotten frustrated with Mom for asking too many questions, for being too involved. They're not used to working with an audience—and an audience with medical credentials. There's one in particular who's been cold with Mom. She doesn't want her helping with the little tasks like sponge baths and washing Anna's hair. She asks strange questions about what it's like to have a disabled daughter, things like: *Does she get offended when you treat her like a baby? Or Sounds like a situation that creates a lot of codependence.*

When I told my husband about this comment, he said, "Well, I don't know. Maybe she meant it in a positive way."

Oh, like, *What an amazing codependence you two have?*

But, you know what, it's okay. That's what I keep telling Mom. It's okay. These people are under a lot of stress. And they're keeping Anna alive. They've saved her life multiple times, most recently during a crash caused by a mucus plug, during which the staff diagnosed the problem and replaced her endotracheal tube in nothing short of a heroic coup.

And I can imagine that Mom is getting harder to be around. Weepier. More afraid. She's been eight days in that room, with the lights and the incessant noise. Did I mention that she doesn't have a bed? Just a chair that reclines partway; only it doesn't stay in that setting. It slowly retracts

while you sleep, so that you have to keep waking up to push yourself back a few inches. And there's no bathroom—just a toilet with a one-way curtain. And a window looking out on an asphalt roof: an enormous eyesore, spanning pretty much the length of the hospital, so that we can't even stand outside. Hold signs for them.

It's been hard to judge Anna's progress. She started off around 50% FiO₂—fraction of inspired oxygen. It's one of dozens of acronyms we've learned since her intubation, all relating to the Byzantine operations of the ventilator. The ventilator's screen is a grid of metrics, none of which you've heard of, with names like PEEP, tidal volume, Vmax, and so on. FiO₂ is the main one we've latched onto, because it indicates the amount of work the machine is doing to help Anna breathe. Fifty percent means the ventilator is making 50% of the effort to push air into her lungs. Lower is better. The lowest setting is around 40%. The highest, is, of course, 100%. And the closer we get to 100%, the less we sleep at night. One hundred percent means there's no more help to give her. If anything happens to put stress on her body—like that episode where she threw a mucus plug—there's no more support the machine can provide.

The first week was stressful, both because of the trauma of her steep decline—not only the illness, but the

Wednesday Trash Day

confusion; how she kept crying to go home, to “snug Mom the couch”—and because of the ventilator-associated complications that followed her intubation. First, her blood thickened. Two days in, it was ten times as thick as blood should be. The next day, it was one hundred. The day after that, she had a deep vein thrombosis, a blood clot in her leg that threatened to detach and get lodged in the arteries that feed the heart and lungs. Because of these issues, she was put on an aggressive regimen of blood thinners. Two days after that, her hemoglobin tanked. The blood thinners had caused a gastrointestinal bleed. And that was just the beginning. She would go on to develop ventilator-associated pneumonia and septicemia.

This is how it goes with patients on ventilators, we were told. The body isn’t meant to lie immobile for days on end. Once you knock a patient out and put them on life support, the inactivity breeds a host of other problems: a series of small but life-threatening fires that have to be put out—or put off—in the hope that you’ll buy the patient enough time to douse the inferno. This is why they’re trying to keep people off the ventilator during the second wave: because the ventilator is itself a problem factory.

Meanwhile, her FiO₂ was climbing. From forty-five-ish to sixty, and then down to fifty, up to seventy-five, down to sixty, then fifty-five, which she couldn’t tolerate, so we’re back up to seventy-five, and then, alarmingly, eighty. She was living at ninety percent on Thursday. The nurse later told us that she was “terrified for Anna all night.”

They started pronating her the next day.

Pronation is a fancy word for “flipping.” They secure her IVs and get eight nurses in the room, who cover her with a sheet and then roll the sides of the top and bottom sheets together—tighter, tighter, until they’ve got the leverage to heave her over onto her stomach. This procedure opens up new parts of the lungs. It helps people like Anna breathe better.

And it did help, that first night. She went from hovering around 90% FiO₂ to something like 55%. We all cried. We talked about how maybe this was the darkest part of the night. Maybe we were battening down the hatches for the eye of the storm, and this procedure would be the thing to save her. Yes, we said. Please, god, we said.

Then the next day, an X-ray. They put it tactfully: She was “no better.”

*H*ey, Weasie Woman. I would like you to know that I am wearing your clothes today. That's right. I put on Anna's socks and I'm wearing Anna's jammie pants, and guess what? I even put on your kitty Christmas sweater. Yep. I wear Anna's clothes now. Every day. Is that goo' idea? Tell her, heck no, Mary Katie. Those are my clothes. And while we're at it, let's just talk about this Daniel guy over here. You know what he did? He had pizza for breakfast. Can you a-lieve it? Tell him, No pizza for breakfast Daniel! Not healthy choice. Crazy guy.

Hey, I want to tell you something, and this is serious now, super serious, so you gotta listen, K? Think about it, taco bout it, think about it:

Wednesday Trash Day

*Betsy is a punk. And she's got problems.
And she misses you. And Mary Katie misses you.
And we believe in you.
You're having a really hard time right now, but you're doing
a great job.*

We're proud of you, I say, looking at a 3x6 image of her bloated face. She's gained twenty-six pounds on the ventilator.

Mom got paroled.

One of the administrators came down to the room: 'This is not a sustainable situation,' she said to my mother, who was practically shaking with stress and exhaustion. They were going to let her leave and come back, if she promised to comply with a list of rules and restrictions.

Betsy and I made breakfast: scrambled eggs and canned orange rolls. We heard Mom's SUV pull into the garage. We'd been living at her house. The day Anna was intubated, we rented a car, kissed our husbands goodbye, and drove home from Chicago.

We had decided not to hug her. We weren't sure about the COVID safety of this whole proposition. Here Mom was coming from the ICU, from a room where someone with severe COVID had been breathing on her all day, every day. And Mom herself had had COVID. It was not confirmed—she never had time to take the test—but all the doctors and nurses agreed: Given her and Anna's relationship, she absolutely had it.

So we opened all the windows, despite the 30° weather. We set chairs six feet apart. When she came inside, we asked her if she'd go shower, then put all her clothes directly into the washer.

My mom's sister came over, despite having recently been through knee replacement surgery. When Aunt Sher arrived, she went directly to Mom and hugged her. A long, sobbing, clutching embrace—from this woman who was terrified of COVID in her own right: just post-op, walking with a cane, over sixty.

Meanwhile, we young, healthy people sat masked on the periphery.

We have a new routine. Every day, Betsy and I put up at least one holiday decoration. When she first suggested it, I was like, ‘Are you serious? There’s a fucking warehouse of Christmas shit out there.’ It’s an undertaking that would daunt even the most dedicated holiday fanatics. My mom is the kind of person who has six Christmas trees in her two-bedroom home. There’s the real tree and the snow-dusted bedroom tree and the blush faux fir where we hang the dessert ornaments. There are Christmas villages and mantle garlands. And so on. And so on. And two dozen bins beyond that.

When Danny and Jeff came from Chicago for the weekend, we spent hours outside, stringing the landscaping with new LED lights. We bought a bunch of single colors. We did the boxwoods in aquamarine, the blue spruce bushes in red,

Wednesday Trash Day

the fountain grasses in green, the dogwood bushes in purple, the serviceberry tree in blue, and we did the big tree out front—a corkscrew willow—in pink, Anna’s favorite color. We were trying to create a runway for her. It was like a living vision board: This is what the house will look like when she comes home.

The nurses have been creeping in, lead-faced, to talk to Mom. One confessed that the hospital had just run out of ventilators. Another was more discreet: “This is the worst day of my professional life.”

They’re out at Howard too, the hospital across town. And word has it there’s not a single bed available in all of Indy.

Mom took this news in stride, assuming that Anna’s situation was secure. She said things like, “Thank god she got sick a few weeks ago,” and then the topic migrated to food or who sent what card or Anna’s ever-increasing weight.

But I had a bad feeling. I started Googling things like “hospital rationing COVID” and “critical care shortage.” I found out that the state of Indiana has a ventilator rationing policy for times of emergency. The guidelines are complex, but basically they say that in a crisis situation, people on ventilators are only guaranteed that level of life support for up to five days. After that, patients in the ICU will be triaged against people in need of care and, critically, people perceived as having a greater chance of long-term survival. Annalisa was at risk, given her disability. And she was on day fifteen, without any clear signs of improvement.

I called the ICU to ask if St. Vincent had a guidance document for rationing care during the pandemic. The nurse I spoke with, Heather, said that she had been wondering the same thing.

Then, because I didn't know what else to do, I sat there for the rest of the day with my guts in a knot. I decided not to tell Mom or my sisters. Everyone had enough to worry about without the addition of a postapocalyptic movie-style confiscation of her ventilator.

During one of our video calls the next day, Mom said that something had changed. The nurses were acting weird around her. Kind of darty-eyed and quiet. I told her not to worry. *Maybe they're just tired. Don't go imagining drama.* But secretly, I knew that things had changed because of me, because of that phone call I'd made. I had accidentally shined a light on an area of confusion not only for patients' families, but also among the nursing staff. They didn't know what was going on. They had no plans or training for triage. They had used up their last ventilator and gone home, terrified about what work would look like the next day.

News of my phone call traveled up the chain of command. That evening, Mom got a visitor: one of the hospital higher-ups, there to communicate that there was no shortage of ventilators. In fact, Ascension, the health care conglomeration to which this hospital belongs, had "a stockpile of ventilators."

A stockpile of ventilators.

Sort of like Trump's stockpile, whose maintenance contract had elapsed, so that thousands were sitting in a warehouse, broken, when the pandemic hit?

Wednesday Trash Day

But this administrator was right.

By the end of the week, this nine-bed ICU had become a thirteen-bed ICU, with every patient on a ventilator.

At night, after Mom got home, we'd sit and talk a while. We would eat in the living room, with a Lifetime Christmas movie playing on low. She'd tell us about what the nurses said that day. How the pulmonologist stood looking at the ventilator output for a full two minutes before saying "a little better" or "about the same." She cried, and we cried. Sometimes we laughed. And we stayed up too late, to the point of exhaustion, because it was impossible to sleep otherwise.

Fifteen days became twenty.

I had been in Kokomo for a long time, so I decided to go home to Chicago for the weekend. It was a new apartment—we had just moved in two weeks before Anna got sick—so there were boxes everywhere, clothes to be put away. And I had a special mission: I wanted to paint a couple of rooms.

Anna was not doing well. Her FiO₂ was up there. The proning was helping less and less as the days went by. My cousin Gracia and her husband came over to help paint. We ordered Chinese food. I remember telling them, over Singapore noodles, that Anna could die at any time.

The next day, I was covered in Pinky Beige—I painted the kitchen pink, for Anna—when Mom called and said that if I wanted to see her one last time, I should get in the car now and drive.

Before

On October 30, 2020, two weeks before Anna got sick, Danny and I pulled up to Mom's house with a packed car. We'd come from Canada, from a shoebox cottage on Gull Lake, a property that has belonged to his family for generations.

Danny's grandpa had recently died, leaving the house in a state of decay. There was mouse poop on every surface, moldy ceiling tiles, little piles of broken shells where critters had been storing their nuts. We got married on the beach on May 2nd, with two witnesses. In lieu of a honeymoon, we spent the entire summer tearing down walls and rebuilding them. We rented a dumpster and filled it with greasy tchotchkies and soiled mattresses and 200 bent hangers and a nonfunctioning organ and clothing caked with cat vomit and the crumbling remains of rotten drywall. It was a fun, if daunting, project, made worthwhile by the sunset views of the lake and the long kayak rides into town.

There was so much to do, I was almost able to forget my loneliness.

It wasn't a general kind of loneliness, the kind that most people talk about with the pandemic, where you miss water cooler conversations and yoga classes and being part of the

Wednesday Trash Day

world. I'm an introvert and, what's more, a freelancer, so I was used to being alone. But I was not used to going this long without seeing my family.

I have around fifty first cousins. When we were kids, we all lived in the same neighborhood. My mom's siblings bought houses within a three-block radius, and we, the second generation, operated as a teeming unit. We went to school together, we came home together, we ate cheese slices and peanut butter sugar bread, we watched *South Pacific*, we made little video adventure stories in the backyard, we built pillow forts and played a game where the floor is lava, we held hands, we sang songs together, we crossed the forbidden boundary to explore the railroad tracks, we fought—especially Betsy and Gracia, who were the same age and loved frilly dresses and had a daily ritual of crying on the porch swing, claiming that somebody took somebody's plaything—and we consoled, and everybody was calm for a moment, except for Tom, who delighted in provoking Tony, and then there was laughing and fiery silence and balled fists, and Tony stormed away, tearful, leaving me holding an aimless microphone.

Around dinnertime, we retreated to our respective houses. Ours was a home of two parents, five girls, and an incontinent Bichon Frise. We had one bathroom. Shera and Ellie shared a room, and Betsy and I shared a room. Actually, a bed. Actually, a twin bed. There was a trundle underneath *my* bed, but Betsy would only pretend to fall asleep there. Invariably, I'd wake up when her toenails scratched the top of my feet. To this day, she's a foot snuggler.

That's something she and Anna have in common.

In a family like mine, someone is constantly getting married, or having a baby shower, or graduating high school, or starting chemo, or going through a rough time, or going camping, or celebrating a golden anniversary, or dying, or having an art show, or competing in the Special Olympics. I was never able to live far away because I spent all my vacation time and money buying tickets to the Indianapolis International Airport. At some point in my twenties, I gave up the idea of living somewhere glamorous. I felt this pull, this homing. These people were all that really mattered to me, and chief among them—the reason I not only wanted to go home but needed to—was Anna.

The thing about having a handicapped sister is that there exists, from day one, an element of precariousness, of jeopardy. It's not a given, as with your other sisters, that she will continue to live and grow and be annoying. She's at risk. She's vulnerable not only to the world but to the precarious innerworkings of her genetic makeup. From the time she was born to the present day, I've had a recurring dream of her drowning. In every iteration, I'm just too far away. I'm just a weak enough swimmer. And there've been real-life incidents: a fall down a flight of stairs, the time she cracked her head against the edge of a footstool. Once, when she was five or six—she was still nonverbal then, just starting to sign—the school called my mom to ask where Anna was. Mom said, *What do you mean? I put her on the bus this morning.* They searched the school grounds, and Anna was found in a warehouse, still sitting on the bus. The driver had forgotten to check the seats.

Wednesday Trash Day

Yesterday, I asked Mom about this event so I could get the details right. It turns out Anna was only waiting on that bus for an hour and a half. But for me, the story has always been that she was abandoned there all day, thirsty, strapped into the bench, without the motor skills to unbuckle herself. Slowly overheating. This version of the narrative has always occupied a dark and desperate space in my mind. And, yes, it's overwrought. It's an exaggeration of the suffering she experienced. But that's exactly the point. To be a sibling of a special person, especially a sibling who's close in age, is to experience all the trauma and fear and despair of loving this helpless little girl, but with the magnification and distortion of the childhood imagination.

Thankfully, Annalisa never developed a self-conscious understanding of her own limitations. That's something we've seen over and over in her friends: teenagers and adults with disabilities who are aware of their own condition, who understand social growth well enough to want a husband, a car, a baby—and to know they'll never have these things. Anna is younger than that, and less self-aware. She's not very concerned with her own appearance, though she does shine when her brothers-in-law compliment her outfits. She has Coke bottle glasses, and she loves to put a clippie in her hair. She has decided, for whatever reason, that her favorite store is Aeropostale, so her closet is a rainbow of hoodies with the Aeropostale logo emblazoned across the chest. Her everyday outfit is something like this: a Special Olympics shirt under a pink zip-up sweatshirt, a pair of knee-length jean shorts, wide-sized tennies, and socks with little cats or Santas or lollipops.

Anna lives with Mom. They spend all day, every day, together. Anna aged out of school, and there aren't any high-quality social services for someone like her in our town. Mom had to figure out how to make her Monday-through-Friday life meaningful, and in an Irish Catholic household, there's no more constructive and rewarding activity than chores. Annalisa has chores, and she loves them. She has to empty the dishwasher and clean the kitty litter and fold the washcloths and take the trash cans to the curb. She latched onto this last one in particular as a sort of identity-defining responsibility. Just like regular people might ask what you do, Anna asks people, wherever she goes, "Wha' you trash day?" And then she remembers. She's a little trash day savant. She knows the trash days of hundreds, if not thousands, of neighbors, friends, and acquaintances. She'll see a checkout gal at the grocery: "Trash day Thursday?" A second cousin we haven't seen in five years: "Trash day Monday?" She texts you about it:

Trash tomorrow
Danny do it
Danny
Danny handsome
Trash
Trash day Wednesday
Hello
Texting
Text me
Texting
Sissy
Waiting

Wednesday Trash Day

Texting

Betsy punk

Trash

Text me please

Waiting

I waiting you

Anna's texts light up my phone all day. She's always waiting. Begging. "Text me please sissy." It's the best I can do to respond to every tenth text, to pick up every third phone call. I feel like an absent dad with a toddler two states over. A toddler with a smartphone and a constant, insatiable need for me.

I don't mean to make it sound like she has an unfulfilling life—that was part of the mindfuck of researching ventilator rationing policies: the idea that she would be de-prioritized based on quality of life, when she's the happiest person I know—I just mean, there's a low-level guilt that comes with disabled sibling relationships. At least there is for me, with this person who's kind of your peer and kind of your baby, who doesn't understand why you live far away or when you'll be coming home, who never grows out of the phase of needing you to be there, long past the developmental stage when you need to be gone.

So this is it. This is all the stuff I was feeling, all the baggage of the pandemic I was carrying, when we drove home that day in late October: I had missed Anna's thirtieth birthday, missed Gracia's wedding. I'd eloped—if you can call it "eloping" when it's less an act of romantic liberation and more a deed of cloistered necessity—with not a single one of my people there and, especially, without Anna, who loves

to dance, who loves Danny so much, who would have been ecstatic on the big day. Actually, we originally planned our wedding to take place on Anna's thirtieth birthday. She was so excited. She kept telling everyone that "Mary Katie Danny get married my birthday party."

I took her on errands: a "quick" trip to the worst Starbucks in the world, where it takes half an hour to get a drink. Then we popped into the Books-A-Million for a workbook—a "big" workbook—and a last-minute addition, some colorful gel pens. I remember hesitating at the cash register, looking at the price, \$8.95, thinking, *maybe she could just use one of the crappy pens in the car*. But in the end, I threw them on the counter. I'm so glad I bought her those pens.

The next stop was a long one. We had to empty two storage units into a U-Haul. Danny was already there, pulling dusty chairs and lamps and boxes onto the pavement. I parked with the nose of the car next to the open mouth of the unit, just twenty feet or so from the back of the truck. I left the car on, windows down, so Anna could sit in the heat and work on her workbook and still be able to talk to us. We joked with her about helping us carry the couch. *It's too heavy*, I hollered. *Can you get this couch for me?* She smiled. "Mary Katie's a punk," she said. "Danny, Mary Katie's a punk?" *That's right*, he said. And then he put a finger to his lips. He went over to my Starbucks cup—the plastic kind—sitting on a wooden crate. He picked it up and took a drink. She laughed out loud. So I did the same, a couple trips later: I made big miming motions: *Don't tell Danny!* Then I grabbed his paper cup and took a theatrical slurp. She cackled. "Danny," she yelled, "Danny, Mary Katie is a punk!" *You got that*

Wednesday Trash Day

right, he said, and then took revenge by drinking more of my coffee.

“French fries, Danny?” she yelled. *No French fries for Mary Katie*, he said, and then I appeared from nowhere, my face thrust into her window, uncomfortably close: *Excuse me? Pardon me? May I help you?*

She threw her head back and laughed. She blinked heavily twice, rolling her eyes to the side, then up, and let her forehead fall against my chin.

Thirty-six Days Later

When I saw her hands, I cried. They were swollen almost beyond recognition, all veiny and taut, so that her little knuckles were like buttons in a tufted cushion. She had gained over fifty pounds of water weight on the ventilator. Over fifty pounds, at 4'9".

We couldn't see it via FaceTime. What she had become. It was a combination of the low picture quality and the tubes—the complex system of tubes, all yoked into one big tube: a PVC pipe rammed down her throat, forcing her jaw wide. Seeing your loved one's face distorted like that, into a position that I can't hold for more than ten seconds without discomfort, hijacks pretty much all of your visual attention on video calls. You don't have the bandwidth to see the less violent changes, like the marbling of her palms or the little black scabs on her lips and tongue. Her neck had disappeared. Her skin hadn't had time to accommodate the incredible weight gain, so it was stretched with the tension of an overfilled balloon. She had dime-sized bruises. She had abrasions where they'd removed tape on her cheeks. Her

Wednesday Trash Day

ears were raw from the positioning and repositioning of the O₂ probe.

She was on her back. That's why they called us in, because they'd flipped her to her back, as per the usual procedure for proning, and when they got her supine, her breathing hadn't recovered. She was at 100% FiO₂ and satting in the low seventies. Normal is ninety-five to one hundred.

The atmosphere in the room, and on the ward, was surprisingly calm. Danny was out of town, so I'd driven myself from Chicago to Kokomo, sobbing every minute of the way, at first blinded by a barrage of elongated headlights and streetlights and then, in the country, sucked into the vacuum of my own hazy headlights—careening down country roads at seventy miles an hour, with no vision beyond the dingy little orb in front of me. I put my iPhone on my thigh. I listened to the priest perform last rites on FaceTime. I remember thinking, knowing, that I was living through the worst moment of my life.

And then I got there, and it was horrible, yes—she was this distended, enormous version of herself, and that was traumatizing, yes—but also, she was still alive.

Betsy and I held her hands and we kissed her on the head and we touched her feet and we scratched her arms. Betsy joked about how Anna hadn't had a shave in a while. We FaceTimed our older sisters, Ellie and Shera. We sang her that song from *White Christmas*: "Sisters, sisters, there were never such devoted sisters..." We sang it again. And again. We told her she was doing a great job. We said, *If it's time to go to Daddy, that's okay, Daddy will help you. Daddy will protect you and hang out with you and snug you the couch.*

During a moment when Mom and Betsy were on their phones, I squeezed in behind the bed, trying to get a little bit of privacy. I put my head on her head, and I cried into her hairline, and I told her, *We're sissies, you and me. Sissies forever. And it doesn't matter if you're in heaven and I'm here, or if we're both here. Either way, we'll be together in our hearts, because that's what it means when you're sissies. And best friends too.*

At 11 pm, the nurses flipped Anna to her stomach, and her O₂ climbed. From seventy-two to seventy-five to seventy-eight. After a couple minutes, the monitor showed her flirting with eighty. We texted each number, studded with exclamation points and weeping emojis, as she ascended into the mid-eighties and, finally, hit ninety.

All of a sudden, she was on an upswing. Her numbers stabilized. When they flipped her to her back the following afternoon, her O₂ sats didn't crash. It wasn't a resounding improvement—the signs were subtle and tenuous—but there was reason to hope.

Or, at least, there was reason to hope according to some people. We were getting mixed signals from the staff. A hospitalist came by and gave mom a grim speech, saying, "We've done everything we can do. She's in God's hands now." And then the pulmonologist dropped in the very same day, studied the ventilator output, and said, "Wow. She's doing much better."

Anna's pulmonologist is an interesting man. He's laconic and stiff. One day, the nurses were talking about Dr. Baylor,

Wednesday Trash Day

something about his family. One of them said, “What do you think his grandkids call him?” Another smiled wryly: “Dr. Baylor.” His reputation for taciturnity was so great that one of the other doctors cautioned us against talking to him at all: “Dr. Baylor is not known for his bedside manner,” we were told. Yet, there was something about his stalwart presence. Dr. Baylor is the only pulmonologist on staff at St. Vincent, so he was there all the time, despite having a regular practice. He would come on his lunch hour and after work, and then stay deep into the night. Often, he wouldn’t round on Anna until 1 or 2 in the morning. Annalisa was in the ICU for thirty days, and we saw Dr. Baylor every single one of those. There was something comforting, too, about his unadorned assessments of her condition: “a little better,” “about the same,” “a little worse today.” They were not encouraging, but they weren’t catastrophizing either. His evaluations were so minimalist that an exclamation like “Wow” felt positively climactic. He qualified the statement: Her condition was very serious, she was about as sick with COVID as anyone can be, she couldn’t stay like this, she would either turn a corner or get worse. “Maybe I’m an optimist,” he said—and these four words had a visceral impact on me. I almost didn’t care what came next. “Maybe I’m an optimist,” he said, “but I think she’s got a 10% chance.” That number, 10%, was variously hopeful or discouraging, depending on what you thought about her chances before. But I let the arbitrary percentage go. Instead, I held onto that phrase like a buoy: *Maybe I’m an optimist*, I thought. *Maybe I’m an optimist*.

I can't remember if it was that morning or the next: The night shift did something incredible.

Anna was stable for enough days that we were able to coax Mom home to sleep in her own bed. When she arrived the following morning, the sliding door was covered in well wishes. The nurses had decorated the glass with many-colored hearts, notes, and signatures. Each woman signed with her trash day:

Annalisa

You got this!

Michelle

Trash day Monday

Sending good thoughts and

prayers

-Bree 

Trash day-

WEDNESDAY

Prayers for you

-April 

Trash day Monday

Praying 

-Savannah &

baby F

Trash day-Friday!

Prayers for you! 

Trash day is Thurs-day!

 Mindy

Praying

-Brooke

Trash day-Tuesday

Your in our thoughts

Trash day

<unreadable>

Keep Fighting

I have 5 kids

They are 18

16

10

7

1

<unreadable>

April, whom I previously mentioned as the prickly one, came up with the idea. We know because she was texting the day nurses: *Did Janny cry? Did Janny cry?*

During COVID, there have been numerous large-scale tributes to health care workers: the ovation in London, flyovers by US air squadrons, illumination of statues, organized honk parades, murals and posters and sand art, people playing the trumpet; in rural Ontario, where Danny and I spend our summers, there are cardboard signs hung in windows and paint-scrawled plywood propped up by wheelbarrows. Just the other day, I came across a little rock garden at the base of a tree, inviting people to contribute a painted rock in honor of our health care heroes. It's an admirable sentiment, and I know better than most just how much these people deserve it—but it's also a blanket position, one that doesn't leave a lot of room for the terror and anxiety experienced by families of COVID patients, who are shut out of their loved one's care.

I wanted to write this piece, in part, because of our unique access to the ICU. There are millions of people who suffered what we suffered, who didn't have a nurse-mom inside the unit. I wanted to tell you what we saw and heard, in the hope that it might help.

It doesn't matter how much you trust your health care system or how many nurses you know: When your person is in the ICU, alone, unconscious, unable to advocate for themselves, you can't help but be afraid that they're not getting the care they need. For us, the fear was partly this small-town hospital. Were the doctors abreast of the research? Were the nurses as "good" as nurses at, say, a big-city teaching hospital? Personally, I was more worried about alternative treatments. At larger health care facilities, they have treatment options like ECMO, a machine that pumps your blood

outside your body, through an artificial oxygenation process, so that your lungs can rest. They also do more bronching, according to a friend who works at Rush in Chicago. There have been documented cases of COVID patients getting lung transplants. I was like, yes, okay, we're there. We're right in the neighborhood of terminal options. How do we get her on the list? Any list?

We had to push Mom to ask these questions, probably because she knew what the answers would be. Anna was too sick to transport. Too sick to be trached. Too sick to undergo the surgery to put in a port for dialysis, which she needed, now that her kidneys were failing. It wasn't anything about the surgical procedure itself that she couldn't withstand. It was lying supine. Even with the ventilator breathing for her, she wouldn't survive lying flat on her back for an hour.

Whether ECMO would have helped her, I'll never know. But I do know that she received the most proactive, attentive treatment she could have at this small hospital, in this small town, where the night shift, when asked what they'd like for dinner, requested dollar tacos from The Filling Station. They suctioned her. They washed her hair. They monitored her stats meticulously. They turned her at regular intervals to avoid bed sores. They cleaned her bottom when she soiled the bed. Some of them even talked to her. Katie, our favorite, would come in with crinkled eyes and address both my mother and Annalisa, saying, "You remember when you used to come to Coffee Junkies? I used to make your half sweet half unsweet, yes ma'am."

Like I said, Anna's care was largely excellent. The only exception, which I'll share in the interest of full disclosure,

Wednesday Trash Day

was a bit of sediment in the catheter line. The clog went unnoticed, and by the time my mom brought it up, Anna's bladder held 500 cc's of urine. You need to go to the bathroom at 300; 500 is bursting. This happened again a few days later, and Mom, aware that she was getting on the nerves of this particular nurse, waited until she *had* to say something. That time, 700 cc's of liquid drained into the catheter bag.

The third and final time this happened, Anna's kidney function had started to falter. That was one of the things we held onto, one of the lies we told ourselves during Anna's coma. The doctor had said, multiple times, that most COVID patients actually die of kidney failure. And her kidneys were fine! Her GFR was perfect! Her BUN and ACR: perfect. Her heart was fine. Her brain was fine. All her other organs were okay. It was just her lungs that needed to heal. So long as her kidney numbers remained in the green, there was hope. For twenty-eight days of her thirty-day tenure in the ICU, her kidneys plugged along, performing normally by all measures. And then, finally, the labs showed her numbers slipping.

Mom asked the day shift to change out the catheter. No urine had passed through in hours. This could be like those other times, with the sediment. The catheter could be clogged, she said. The nurse, covered in blue from head to toe, begloved, wearing both an N95 mask and a shield, nodded in way that meant *I'm sorry*. She said she'd check with the nurse manager, who said no: It was a busy day on the floor, and they didn't have nurses to spare for unnecessary procedures. So my mom waited, wringing her hands, counting the hours and staring at the bag and kissing Anna's head over and over. Finally, when the shifts changed at 7 pm, she

asked the night nurse, pleading. They scrubbed and donned and replaced the catheter, and when it was all done, nothing came out.

The way I've been telling the story, the trajectory must seem clear. But in the moment, it was not. I cannot express to you how much it was not. I was still hopeful of a recovery, right up until the end, so much so that my husband and I were out furniture shopping two days before she died.

The pulmonologist had said that Anna was doing better, so we went to Indy. The idea was to go distract ourselves for a few hours sitting on chaise sectionals. We were putting around Castleton, waiting in line at Starbucks, when Mom FaceTimed to say I should come home.

This is where my memory gets blurry. There's a car ride, twenty over. And then we couldn't come. They said we could come and then changed their minds, I think. So Danny and I went through the Jimmy Johns drive-through. We ordered a catering tray for the nurses, then sat in the car, waiting for it in silence. I remember writing "From Annalisa's sisters, with love" on the side of a flimsy white box.

Was it that night, or the next, that Betsy and I were allowed back into the hospital?

That first time, when I had rushed home from Chicago, I was weeping as I walked up the stairs to the ICU. Mom escorted me down the ward with her arm hooked around my back, fingers clamped under my armpit, like I might faint or

Wednesday Trash Day

seize, like my body might buckle from the simple, unbelievable horror of what was happening.

Was I even crying, the second time? It's amazing how quickly terrible things feel normal.

I have no memory of getting myself into the ward. I'm just there. And I'm holding her hand, which, impossibly, looks worse: more bloated, tighter, veinier. And I'm talking to her in a soothing voice. I have become good at this. When she first went to the ER, when they put her on the high-flow nasal canula, I could hardly contain my hysteria. I would sputter 'everything's going to be okay,' and the second we hung up I would absolutely erupt into desperate sobs.

But now, I'm an old hand at this.

I sing to her. We both do. We start with the "Sisters" song, then somehow we backtrack to the beginning of the movie, to wartime shenanigans and "The Old Man" and a half-garbled rendition of the "Blue Skies" medley. We sing the entire score of *White Christmas*.

I'm sure I cried, though I don't specifically remember doing so. I know I kissed her a lot, because I remember the way her skin smelled strange. Like baking soda. She was aci-dotic, I would later learn: Her body was producing too much carbon dioxide. Or not enough? I don't know. Anyway, there was too much acid in her blood.

In retrospect, that was a turning point. Or, I guess, it should have been. I can see now how important that change was, when she went from smelling like a human—like herself, that little powdery, sweet scent—to smelling like meat gone off. But at the time, I was clinging to hope at any cost. The nurses said this was the end, but they had said that be-

fore. And miraculously, she'd fought her way back. They'd flipped her, and her O₂ sats climbed. Okay, well, flipping wasn't working anymore. So, the question was, what else could be done?

I should say, I wasn't completely deluded. I knew it was very serious. I told her, again, that it was okay to go to Daddy. But the second we left the hospital, I was Googling alternative dialysis options. I came upon an article about peritoneal dialysis, which can be done at the bedside and uses a catheter rather than a port. I was planning on asking the doctor about this during our conference call the next day—and not just asking, but putting on some pressure. I was going to come into that FaceTime swinging. I had five or six questions about what could be done to jumpstart her care, to help her turn a corner.

I lay in bed that night without a body. I was a head. A pair of eyes. Wide and dry.

I didn't want to get up, because getting up meant feeling all the things my body was feeling.

Even now, sitting here in my summer office in Canada—watching the rain bob the leaves of a maple tree in our backyard—I'm reading over everything I just wrote, and it makes my chest jitter. During that time, when Anna was on the ventilator, my body was racked with fear and desperation and the emotional work of pushing away the unthinkable. There was hope one day and despair the next. Some days, hope and despair traded off every two hours in relentless

Wednesday Trash Day

and unpredictable combinations. It was sort of like that important interview feeling—that top-of-the-roller-coaster feeling—but multiplied by a lot, and unabating. For a month, there lived in me a constant and acute physicality of dread. My insides were violently buzzing. Every bowel movement was diarrhea. I couldn’t eat. Couldn’t work. I took an Incomplete in one of my classes. I fell weeks behind deadlines in my freelance copyediting.

Looking back at the turmoil and general wretchedness I experienced during Anna’s decline, I can see how different it was than when my dad was dying. With Dad, we knew. The tumor had fingered its way through his brain, until he was jabbering about the mud and the blithering fathers. There was no coming back. He was half gone weeks before he died. The feeling then was far more hopeless. I would have these bouts of swelling desolation. I would cry and be depressed and feel quite plainly that I would never be happy again. But with Anna, happiness was just out of my reach. It was a few more days of good stats. It was dropping out of my PhD program to take shifts by her bedside in acute care.

I just couldn’t countenance the idea that she might die. I couldn’t. In some of my darker moments, I had gone there, and the thought filled me with such unspeakable terror that I had flipped that switch. I, more than anyone else in my family, held onto the faith that she would get better. After all, she had survived this long. She had weathered blood clots and GI bleeds. She had shown signs of improvement here and there. Just two days before, the pulmonologist had said, “A few more days like this, and we’ll get her trached and sent off to the LTAC.” My mom was afraid. She thought the doc-

tors would want to discuss the “care plan,” which is HCW speak for something more like “death plan”—essentially, discussing a change in the goals of Anna’s care from treating for recovery to “comfort measures,” another euphemism we heard a lot. But I said no. No. We had these ideas: peritoneal dialysis, for starters. And we needed to ask about ECMO again. We had never gotten a satisfying answer on that front. I had a little Evernote agenda of care options to discuss with the doc. I was not ready to discuss the care plan. I wouldn’t even discuss the idea of discussing it. I told everyone not to give up. We had to be strong, for Anna.

And I sort of convinced them, too, which makes it all the worse.

The doctor didn’t give us time to ask questions. He came on the call with a perfunctory hello and said, “She is not going to survive this.”

I t’s hard to describe the feeling in my head then. Like I was hearing the words through kaleidoscopic water. Like there was a barrier between me and the doctor. That doctor, the middle-aged bro, with his wide, flat face. Between us, the wall of a bubble. A thin, wet obstruction, shimmering, shifting with the effort to keep its shape.

I thanked him, not believing. I said, “Before we get too far into this conversation, I just want to thank you for everything you’ve done for her.” And in reality I had no idea what he had or hadn’t done for her. The only thing he’d done for us, really, was dole out dire bromides like “she’s in

Wednesday Trash Day

god's hands now" and "let's call a spade a spade." He was a hospitalist—a generalist who oversees many departments. A couple of times during Anna's coma, he'd stopped in front of the glass door and, not wanting to don and doff PPE, he'd given my mom a thumbs-up/thumbs-down?—a gesture that seemed absurd to me, or maybe even insulting, given the complexity and obvious horribleness of what we were going through.

I don't remember exactly what was said, a lot of prosaic expressions, I think: *There's nothing more we can do. She's just too far gone at this point.* I held out, even then, waiting for an opening, an opportunity to ask about peritoneal dialysis. Finally, I got the sense that a question of that specificity wasn't in keeping with the tone of this conversation. So I asked, instead, "Is there any hope at all? Isn't there any possibility, however remote, that she might recover?"

He said, "There is no reasonable hope."

I nodded.

I handed the phone to Betsy.

I crawled across the shag rug to where Danny was sitting, stared blankly at the foot of the coffee table, and, without thinking any thoughts really, without a grand realization or understanding of any kind, something small changed. There was an imperceptible pop, and I broke into the kind of open-mouthed sobs that have no sound.

After

It's hard to know where the story goes from here. I could tell you how I spent the rest of the day bawling, hyperventilating. I paced up and down the driveway, scream-crying in the falling snow, then in the darkness. After hours of this, Danny said *you need to breathe* and made me sit with him for a crossword.

I could tell you about my oldest sister, who drove through the night from Raleigh to Kokomo. She arrived at 4 am and found Mom sleeping at Anna's bedside. That morning, in the predawn hours, we five sisters gathered for the last time. We palmed her forehead. We brushed her shins with our fingertips. We kissed her and bent to hug her unfamiliar bulk.

I could tell you about my mom, how she asked the nurse, one last time, about the stability of Anna's numbers from last night to today—the underlying question being, *are you sure we should kill her?*

I could tell you about her last moments, about her ragged, erratic breaths. About the crying and the despair, about all of us saying, *go to Daddy, it's okay, go to Daddy.*

I could tell you about the landmark snowfall that day. About the foot of snow couched on the windowsill, the vast

Wednesday Trash Day

rooftop transformed from stained gypsum to something like the floor of heaven.

I could make it sound pretty, or I could tell you the truth, which is that she died on her stomach, so the blood congealed in her face. When the nurses came, eight of them, to flip her onto her back, they were laughing. They rolled up the sheets on either side of her dead body, and somebody cracked a joke about lunch. They flipped her. They removed the ventilator. And she was left a hulking thing, her mouth agape, lips macerated from the tubes, her forehead and cheek a deep purple. She had two French braids in her hair. My mom and I undid them, both hoping, I think, that loose hair might soften her appearance. But the braids came out in frizzy, Bride-of-Frankenstein crimps, and she was an even more frightening version of herself.

I could tell you about the two-hour wait for the funeral home. How we ordered coffee from the hospital cafeteria. How we sat on the bed, drinking from Styrofoam cups, hands on her cooling body.

I could tell you about the undertaker, Junior, who covered her in a purple quilt, rather than zipping her into a body bag. Or the nurse with brown hair—I can't remember her name—who said she would never forget us.

I could tell you about the procession to the graveyard. How all of our friends and family had to wait in their cars during mass. How, one by one, they touched their windshields as we drove past them, exiting the parking lot.

I could tell you about my cousin Tony, who had driven from Ohio for the funeral. His car was the very last in line. He hugged me with the ferocity of pure anguish, sobbing,

both of us sobbing, laboring for air. My last memory of the burial is of Tony: When everyone else had packed up, when they had done their awkward, five-point turns to backtrack down the narrow path, I saw him from a distance, slim in his dark suit, walking alone across the frosted green, slowing as he approached the little pink coffin.

Or I could go back to the beginning—that's what writers do, when they're trying to end a story; they go back to the beginning and look at the setting, the characterization, and so forth, in order to create a kind of mirror effect between start and finish: the end should look like the beginning, but with changes that reflect the transformation the character has undergone.

You might have noticed, early on, that I skipped neatly forward from my last pre-hospital conversation with Anna to her medically induced coma. I jumped right over the part of the story that is most excruciatingly difficult for me to think about, the part when she couldn't breathe. When she was confused and scared, when she would look at you through the iPhone screen with the mute alarm of someone who feels desperately wrong but can't articulate it. There were something like twelve hours, maybe fewer, between her starting to show signs of serious hypoxia and her intubation. During that half-day, they stuck her upwards of twenty times, in sensitive spots all over her body, trying to get a vein for the IV. She was brave about it. It wasn't until attempts in the double digits that she broke down, bawling. Begging to go home.

Wednesday Trash Day

Or maybe there's another beginning. Maybe this story begins on that warm December day, when I sat down on Anna's bed and wrote "My little sister is on a ventilator." I started writing this piece thinking it would be an op-ed, a blurb of six hundred words about emergency rationing and disabled people. I texted all of my well-connected writer friends that day, mobilizing for a media blitz against the enemy: the anonymous hospital administrator who would sign an order to confiscate Anna's ventilator. When I think about that time, I feel the gut-clamping anxiety. And I feel sad for that version of me, that guideline-reading, phone call-making champion, who thought she could save her sister.

Or maybe we go back to the real beginning, when they put Anna in my five-year-old arms. I understood—maybe by unspoken gestures, the tenseness between my parents, the phone calls with doctors—that this little human was fragile. She was special. See her eyes? The way they're fused together at the edges? Something was "wrong." Something was wrong with her. Something was different. Something was messed up. Something unfixable. My mom was depressed for a year after Anna was born. She won't like me including that detail, but it's a hard and understandable truth. She'd been told that Anna would never walk or talk. She was looking down the barrel of a lifetime of caring for an immobile, nonverbal invalid. I didn't know any of this at the time. I only knew that my mom was always crying, that my dad was quiet, that adults hushed when they talked about her. I saw their worry, and far from making me fear or loathe her, all these emotional reactions cemented in me the sense that this little person was precious. She was powerful. She had the ability to make

grown-ups tremble. She was too small and too purple and too still, yes—but also, she was flush and otherworldly. I felt, at that age, that I could almost see the color of her soul. I knew what she would become, so her care and protection became my life's most sacred responsibility.

And now she's gone. She's dead. And she died a totally preventable death.

If that doesn't seem like the final sentence of a penultimate section—the wrapping-things-up moment, the subtle apportioning of wisdom—it's because I have no wisdom to impart. Grief memoirs are typically written years after the writer's loss, when the writer has had time to mourn and grow and change, to have other life experiences that inform that loss, that contextualize and soften it, that rationalize it, that couch it in a series of soul-revealing anecdotes in order to make the loss seem okay. I don't have that perspective. I don't have anything to offer except rage and regret and the proximity of exquisite and unrelenting pain.

Maybe this story doesn't have a beginning, because I'll tell you, there's no ending. The unthinkable slog of my life without her has only just begun, and it's begun in a world where there's been no public consensus of how to process the personal losses that have resulted from a tragedy of this scale. I didn't receive any acknowledgment of my loss from my workplace, a public university of 40,000 students, faculty, and staff. Recent polls estimate that something like one in four or one in five Americans has lost someone close

Wednesday Trash Day

to COVID. So, conservatively speaking, 8,000 people in our campus community are bereaved right now, yet there's been no organized effort to identify these people, to connect them with each other. How is it possible that there aren't ubiquitous hashtags for people who've lost someone to COVID? That there aren't yard signs studding every other suburban lawn? *We remember. We're in this together. We'll love you forever. We're sorry we let this happen.*

Amidst the isolation and thundering despair, I have been the recipient of a few tokens of transient humanity—like the day I got vaccinated, at the United Center in Chicago. A young black nurse with cat-eye glasses hailed me to her station. In my memory, she's smiling as I walk up, but that can't be right. There's no way her mouth would have been uncovered. She talked to me as she unwrapped the syringe. Nothing substantive, as I recall, just some questions about my day, my prior vaccinations. She asked me if I had a fear of needles in a voice like a warm drink, and I blurted, *My little sister died of COVID. She was thirty years old.* I don't remember exactly what she said then, but she was not weirded out by my spontaneous admission. She wasn't afraid of my suffering. She said she would pray for my family.

Before I left, I thanked her for the work she was doing, but I don't know if she heard. I was crying, and the words got caught, both in my throat and in the balled cotton of my double-ply mask. I was herded into a large and clamorous waiting room for a fifteen-minute observation period, with instruc-

tional stickers on the ground and uniformed servicepeople standing guard at the doors and volunteers in orange vests canvassing to help you navigate the appointment scheduling system. “Do you know how to pull up a QR code?” a woman asked, bending to look me in the face. Whether she saw my tears, I don’t know. She had work to do. “Do you have a smartphone?” I heard her ask the next person, and the next, as I sat in the incredible din, crying steadily and anonymously in a room full of humans.

PROOF

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About the Author

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