

Candy: By Robert Smith

“Got any candy?” The plaintive request came many times each day. Burl would sit in one of two spots, the sunroom that also worked as the foyer that everyone had to pass through to get inside the building, or in the winter, right inside the front door. Any new face he saw, as well as many return visitors, received the same greeting, “Got any candy.”

When I looked at Burl, I would have guessed that he was 75 years old; therefore I was surprised when I found that he was 88. Every day he wore striped overalls, weathered but clean lace up work-boots, and he nearly always wore a pale blue short sleeved shirt in the summer or a pale blue long sleeved shirt in the winter. The cap he wore every day was from the Sky County Savings and Loan and it covered light brown hair that was thinning and turning gray. He had shining blue eyes that didn't need corrective lenses, and he had the huge, hard looking hands of a farmer.

Every day Burl passed his time asking nursing home visitors for candy. Most people would smile and politely say no, they didn't have any candy. Those who had relatives in the nursing home and knew Burl might stop and speak to him for a minute. I don't recall anyone ever offering him candy.

Burl was good humored, not only regarding his constant request (and denial) for candy, but he seemed to be generally pleasant about the state of his life and his world. Not every resident in the nursing home had such a good attitude. I learned that he was a widower with two step-daughters. Both daughters lived across the state line in Iowa, about 30 miles away. Burl might see one of the girls or one of his step-grandchildren who were adults or nearly adults, once a month. Despite what would have seemed like unbearable loneliness to me, Burl kept his spirits up and visited with people, and of course, kept up his constant plea for candy. Although Burl seemed to be in good shape physically, the medical staff said he had lived in the care facility a few years since his wife had passed away. Burl had diabetes and he believed that if he ever became ill while he was alone, he would probably die.

I had worked in the nursing home for about two months when I was assigned to work the wing that Burl lived on. The nursing home was set up like a wheel, with six “spokes” that jutted out from the centrally located nurse's station. Someone, years before, had named each of the six spokes. They were hall one, hall two, and so forth. These were perhaps not the most exciting names for hallways, but they were pragmatic. Burl was on hall four. I still hadn't spoken to Burl, not even to say, “No, I don't have any candy.” I was so shy that even shaking my head no to someone I didn't know might make me blush; to speak to Burl would have given me humiliating flop sweats.

Despite my shyness, I had become a rock star in the two months since I began to work at the nursing home. I was still reticent to speak, but I liked my job. The old women loved to flirt with me and the old men loved to tell me a racy story or a dirty joke. I liked it when people were pleased to see me and when they wanted to visit with me. I felt important. There were 25 nurse's assistants who worked at the nursing home, and I was the only male.

Because I was the only male, I was also popular with most of the other staff because I could help them maneuver the larger and more awkward residents easier than most of the older ladies were the other nursing assistants. One resident was in his mid-seventies and had one leg amputated at the hip, but he still weighed 200 pounds. He didn't have a great deal of mobility left, so nearly every time he got

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out of bed, or if he was moved in a wheel chair, or even if he just needed a “scootch” across the mattress, he had to have a great deal of help from staff. That’s where someone like me who was younger and stronger than most employees was valuable. I could safely move the elderly residents without hurting them, and without getting hurt myself, and mostly without help from other employees.

Beginning with my first evening of work on hall four, Burl, like most residents, began to tell me about his life. Burl had been married for nearly 50 years. He was 35 years old when he got married, and by that point in his life most of his family and friends had assumed that he would be alone for the rest of his life even though, according to him, they thought he was a great guy. Then one day a woman moved into a rental home that his parents owned. She had recently been widowed and she had two little girls who were not yet old enough to go to school. One day Burl had to go to her house to fix the furnace and she caught his eye. Burl said that his wife knew right away that he was going to marry her, but it took her a few months to get *his* mind wrapped around the notion. He was too nervous around women to ask Mildred out for a date, and even though she was a widow not divorce’, he was worried that his mother might not approve. Finally, a month after meeting her, and after a month of making excuses to go fix things on the little house, Burl asked Mildred out on a date. Two months later they were engaged, and they were married a year after they met and no one was more pleased than his mother.

They lived a happy life together. Burl and Mildred moved to his family’s farm and his parents moved into the rental house. Mildred had a miscarriage which was a sad time, but they loved each other and recovered, emotionally and physically. After that they were happy to raise the girls together and embrace each day for what it did have instead of worrying about what it didn’t have. Not everything was easy, farming and marriage never is, but they loved each other and they loved the girls, and eventually they loved their grandchildren. Turn the calendar forward many years and Mildred got sick.

Sometimes farm folk delay going to the doctor. They believe they are hardy people who can take care of their own problems. Drink some coffee with little whisky and see if you feel better. Take some castor oil and see if that helps. Go to bed with a hot water bottle on your belly and hope that does the trick. Nothing helps? Maybe now you can go to the doctor. By the time Mildred got to the doctor, the odds were against her. Burl had never liked her smoking, but he hadn’t been one to nag, but now it was one of the great regrets of his life. It seemed that once she got the diagnosis, the pernicious disease chewed through her with a startling rapidity. Burl had just undergone a shoulder surgery that he had put off as long as he could. He had joked that he wouldn’t last much longer anyway, so why spend the money for a brand new shoulder when the rest of him could give way at any time. He said it would be like putting a new tire on rusted out chassis. Mildred demanded that he get the surgery anyway, and he did, two days before her diagnosis. Now the bum shoulder kept him from taking care of her at home. The original plan had been for her to take care of him for a couple of months until his shoulder healed. That couldn’t happen now while she recovered from cancer treatments. Something else had to be done.

Burl and the girls spent a Saturday driving around and visiting several nursing homes and care facilities in the area looking for the place where Mildred would get the best care, and where they would

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allow Burl to live too. The Sky Area Care Center was the cleanest, and it could take both of Mildred and Burl right away. The biggest problem was that it was 30 miles from the girls, but at least it didn't smell like feces and medicine which some of the facilities they visited did.

Mildred died three months after they moved into the care facility. Now, four years later, shoulder healed and seemingly in great shape, Burl was still in the care center because it was easier and safer. Before Mildred had passed, Burl had a spell caused by his diabetes, and that scared him so much he thought he'd better stay where someone could keep an eye on him every day. Besides, he had lived at home with his parents until he got married and he didn't know how to cook or clean, and he didn't want to learn now.

It didn't take long after I started to work on Burl's hall that he became one of my favorites. He was such a gentleman that he took his time to get me to warm up to him. He didn't try to embarrass me, which some people did because it's fun to watch the 20 year old kid turn so red it looks like he's having a heart attack. But not Burl. After just a couple of days, I realized I was spending a few extra minutes every shift talking to Burl when he was in his room before he went to bed. It was my shifts responsibility to make certain everyone made it to supper, and I went to each room help those who needed assistance getting into bed at night, then, before we left, we helped get residents into bed.

Burl had lived an impressive life. He had served over seas during World War II, although he said he didn't want to talk about that. He loved Mildred so much that sometimes it hurt to think about her, but he also had a faith that told him he would be with her in a few years. He had become well-off as a farmer in part because his farm had been paid off before he was born, and he had done his job as a farmer well. His step-daughters would both be wealthy when he died, and he didn't care if they sold off his land, as long as they got a fair price. He wished that he was visited by them or his grandchildren more often, but he used to run around taking them to basketball games and softball games, so he knew how busy families got.

After I had worked in the nursing home for six months, it was time to leave. I was going to do my student teaching that spring, and although I hated to leave my elderly friends at the nursing home, I was also excited to start the next part of my life. I was really going to miss a few people, and Burl was at the top of that list.

On my final evening of work all of the immobile residents had already been taken down to the dining room. Most of those who could walk or use a wheelchair to roll themselves to the dining room had done so and the others had been rolled into place by nurses assistants like me. Residents had tables they were assigned to sit at for each meal, though not assigned seats. Table assignments allowed the staff to tell if someone who should be at a meal was missing. Burl was not at the table. It was not unknown for him to fall asleep in a chair, in the hallway, or sometimes in his bedroom. "Seen Burl?" I asked the RN, Cheryl, who was making her way around to the tables with a cart full of meds she had to pass out at the meal.

"No. You'd better go find him."

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I left the dining room, walked around the foyer where Burl normally sat, but he wasn't there. I went to look in his room. Burl's room was the second room down hallway four which made it prime real estate for the care facility. That room wasn't too close to the nurse's station where phones and buzzers were located and bright lights were on 24 hours a day, but the room was close to the action when he wanted to get up and walk somewhere else.

"Burl, you ready to go to supper?" I asked as I entered his room.

"I ain't goin'," he answered with his deep voice, a little more hoarse than normal.

"What's wrong?"

"Don't feel so good."

"Do you need me to get something for you?" I asked. I had been at the nursing home for six months and had never known Burl to miss a meal. He was always in great shape, I thought, for a man of any age, let alone someone pushing 90 years.

"My pajamas," he said.

Some residents, you ignored when they said they wanted something, or when they wanted to break their routine. Some residents you listened to. Burl had me concerned. I got his pajamas from the dresser drawer on the opposite side of his room and assisted him in changing his clothes.

"You sure you don't want to go eat something, it might make you feel better. It might help your blood sugar," I tried again.

"Yep. I'm sure."

"You want the nurse?" I asked.

"Yep." He answered again.

I went toward the nurse's station feeling worried about Burl. I was making plans in my mind to come back and visit him the next day. Just because I was no longer going to work there didn't mean it would be easy to desert the people I had learned to care about in the six months I had worked there.

Cheryl was now charting the meds she had passed out during supper. "Cheryl, Burl doesn't feel good. Can you go check on him please," I asked the nurse.

"He's fine. The doctor came by today and checked him out and said he was in good shape," Cheryl said. Once every two weeks or so a physician would come to the care facility and check out the residents.

"He doesn't feel well *now* though. He doesn't look good either," I said. This kind of thing was a real balancing act for a nursing assistant. The RN's were our bosses so bossing them around would not work too well. I had once been written up by a nurse when she accused me of insubordination when I

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jokingly said I didn't feel like completing an order she had given me. I thought it was obvious that I was joking, if for no other reason than I immediately completed the job she had given me. She viewed it as disrespect, and I suppose it was, though not purposeful. One had to be careful with a nurse's ego, especially in a case in which the medical treatment of an old man determined on not making the nurse angry. Tonight, Cheryl wouldn't even look at me to acknowledge that I was worried about Burl.

"I'll go check on him again. Maybe he'll come eat now," I said. To me, this was all part of a dance that I was performing with the RN, one that I had performed before. Try to placate her and jump through some unnecessary hoops so that I could still get my way.

"Check his blood pressure and temperature," she said to me as I went toward Burl's room.

My job was to be a nurse's assistant. I was not hired to be a certified nurse's assistant. When I started this job six months previous, a nurse's assistant was allowed to take temperature, pulse, and blood pressure. Then the state changed their rules and a person had to be certified to do those things. I knew I would leave the job soon to student teach, and I had enough on my plate that I didn't take the certification test. Now, I was told to take Burl's temperature and blood pressure. It irritated me because I thought Cheryl was being lazy. On the other hand, at least if I found something wrong with his blood pressure, temperature or heart rate, Cheryl would surely have to do something to help Burl. On my way to Burl's room, I grabbed a tray of food.

I walked into the room and asked, "Burl, are you sure that you don't want to eat something? I brought you a tray."

"No," was all he said. Now he was flushed and splotchy.

"I'll leave the tray here," I said. "I'm going to take your vitals, and then I'll leave you alone." I took his temperature and it was 100.5. I took his blood pressure and it was 85/60. His pulse was 92 beats per minute. I wrote it all down on a piece of scrap paper. None of the numbers were great, but for an 88 year old man, perfect numbers rarely occurred, especially if he had the some flu or other minor discomfort.

I wrote down the results from his vitals and took my piece of paper and went back to talk to Cheryl. "He doesn't want to get out of bed. He doesn't want to eat." I handed her the slip of paper.

"I'll be down to check on him in a minute. Meanwhile, help get everyone else back to their rooms." She never did look up at me as she filled out charts on a clipboard at the nurse's station.

There were only a half dozen residents still in the dining room. These were people who could not move themselves, and most couldn't communicate. They had been fed pureed food that was pushed through a bottle into their mouths and their muscles would take over and they would chew a little and swallow the food. Although gross, it was life sustaining. I took the two remaining residents who lived on hall four back to their room, replaced their gowns with clean ones, and put them in bed on clean and fresh pads. Finally, I went back to check on Burl.

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“Are you all right?” I asked him.

Burl turned his head and looked at me, but I could tell he couldn't actually see me. Then, as though he had been waiting for me to appear, he began to shake. It was similar to shivering, but it was every part of his body and rather than small shakes, he was nearly convulsing from his head to his toes. I punched the button on the wall by Burl's bed for the nurse's station.

“Yes,” was the terse reply.

“I need you right now. Something bad is happening to Burl.”

“Shit,” was all I heard.

I grabbed Burl's hand. He clutched me tightly with that one hand, but and his eyes met mine and for a brief moment they regained their focus. I stared into Burl's eyes and saw the warmth of a man who just wanted to make his time in an assisted care facility more bearable, so he asked every person who walked by if they had candy even though he knew candy was bad for him. I saw understanding in his eyes, I hoped he knew that I had done all that I could for him. I could tell that Burl knew what was happening, and as he held my hand and kept his eyes locked onto mine he slowly lost focus again. We continued to hold hands, and then he slowly lost his grip. Cheryl came into Burl's room, and assessed the situation and began to yell his name. She grabbed his shoulders and tried to roust him, but Burl had lost consciousness.

I walked out of Burl's room and looked at my watch. Eight o'clock. I still had two more hours on my shift, but I wasn't going to stay. This was supposed to be my last night of work anyway. I thought about staying until the end of my shift so that I could be fair to my co-workers, but I couldn't do it. In the six months I worked at the care center I had seen other people die. I had even held another person's hand as they died. But Burl was a friend and this was different. I walked straight out the door of the nursing home and I never looked back.

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