Suv Vs. Bike, Suv Wins

Steve McNutt
In the dim light of a hospital room, I wake to the buzzing of flies.

Emerging from the morphine haze that has kept me prone and dreamless through the night, I count three—maybe four—flies tracing loops above my forehead. One breaks loose from the others, whirs over the sheets, circles the IV in my left foot, then draws a fast line, low and arrogant, up my torso. Passing within inches of my face, it disappears into my hair. Silence follows. A neck brace makes wiggling my head impossible, so I clumsily wave one of my two plaster-covered arms over my head. This flushes out the fly in my hair and the others scatter, but I forget to feel pain, waiting for a sign of a ruptured suture.

Nothing. The headache subsides, and the flies return.

As I debate another full swing of the cast, a nurse brushes the curtain aside and glides toward my IV bag. He's broad-shouldered and shaped like a beer keg. The flies scatter with his arrival, then float back. He stares at them and, moving with the solemn boredom of an old gunslinger, picks up a towel, winds it into a rope, and snaps it viciously into the air above my head. One of the flies crashes into my chest. Wings askance, exoskeleton compromised. Emergency medical attention needed.

"Got 'em," says the nurse.

"All of them?" My voice a bit more shrill than I would prefer.

"Yup," he says as he folds the towel, and places it atop my small pile of clothes.

"That," I say, as he moves toward the curtain, "is the single greatest thing I’ve ever seen in my life."

And it is. This guy is the Lone Ranger. He is John Wayne and Batman and Han Solo. I want to high-five him, but it would hurt too much. Doctors, nurses, orderlies, technicians, assistants, administrators—rock music should be waiting for these people when they arrive.
at work. Fire up the smoke machines. Light the fireworks. A deep-throated announcer should rumble out their names as all of us patients shout and holler and clap our remaining moving parts together.

“Seriously,” I say to the nurse. “I appreciate it.”

He nods and tells me to get some sleep, adjusting the blinds to cut down on the morning glare and as darkness creeps in, I close my eyes and attempt to take his advice. Relax. Stay positive. Remember life has its little joys. Aside from being alive, which is nice, during my short hospital stay, I have already set an emergency room record for projectile vomiting. This is not an exaggeration. Official records aren’t kept, but the nurse cleaning up my mess told me she’d never seen anyone puke twenty feet from a reclined position. (The cause, she said, stress and vertigo. I didn’t tell her about the unwise decision to eat an old chicken sandwich retrieved from my backpack, but I’m sure she noticed.)

This was a day earlier, and before a friend found me on a gurney in the hospital emergency room. Trying to emphasize the positive, he mentioned that this particular hospital, located in the heart of the heartland, was one of the top teaching hospitals in the United States, then read aloud the admittance sheet’s summary of what had happened: “SUV vs. Bike. SUV Wins.”

Both of us appreciated the blunt assessment of the situation, the macabre humor, the refusal to elaborate. Two opposing forces have met. There was a winner. There was a loser. Having exhausted all other conversation topics, he asked me what I remember.

9:43 a.m. The Weather Channel says Iowa City can expect sixty-eight degrees with clear skies. Wind gusts expected. The forecast is on target as I ride a dented, used mountain bike along a sidewalk littered with evidence of student life in a college town. Cigarette butts wilt in the grass, and flattened Keystone Light cans crinkle under my tires. On my left, a sorority house resembling an Antebellum plantation looms behind well-manicured shrubbery. On my right, traffic rushes along a busy four-lane road heading west into campus.

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I’m in a good mood and feeling fine for two reasons. Tomorrow, I am scheduled to board an airplane for Washington DC. My girlfriend is moving here, and I’ve offered to help her drive from DC to Iowa, as she did for me when I was accepted into graduate school. But before leaving, I am to introduce twenty-three first-year college students to Stoned, an ABC after-school special circa 1980 starring Scott Baio. As a graduate student, I teach an ambiguously defined, but required, analytical thinking course. My stated rationale for sharing Stoned with my students is that it provides fertile material for discussing issues of audience and cultural context, but the real reason we’re watching Stoned is that it’s early in the semester and I want them to laugh and trust me when I say the class might be fun. Time permitting, we will note that using fear of death as an argument is an overused cliché, then also explore whether or not Fonzie’s younger cousin is, in fact, the pawn of Nancy Reagan and Bill Bennett in their efforts to train up another generation of binary-thinkers. But we probably won’t get that far.

So. Yes. My girlfriend, Scott Baio and death—this is what I’m thinking about as I roll off the sidewalk and into a side street. From my right, and across the intersection, comes the glint of sunlight on chrome. The brakes squeal on what I will later learn was a red Chevy Blazer. I manage one rotation of the pedals and have one thought: This is going to hurt.

The SUV slams into my rear wheel flipping me sideways into a flash of light. For a moment, I star in an episode of Touched by an Angel and marvel at the pretty light scorching my brain, then I’m lying in the grass with the singular mission of standing up and finding my bike. I have to go. I have to watch Scott Baio smoke a joint.

(About the flash of light business—angels, heaven, telepathic energy and the rising of the collective unconscious—all of these reasons and more are offered explanations for visions of darkness, tunnels, flashes of light, and floating or flying sensations associated with bodily

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trauma. One explanation: in cases of rapid blood loss, oxygen starvation within tissue causes equally rapid pupil dilation allowing massive amounts of light to flood the eye. The effect is magnified if you are staring up into the sun. Depth perception is altered, forms appear hazy, unfocused and overexposed. Nerve sensors within muscle tissue relax and send the brain confusing signals, signals potentially misinterpreted as flying or floating.)

I make it to one knee and fall down.

Someone says my name. A face floats overhead. The face is young and female. Long tendrils of dark hair turn silver in the light. She repeats my name. I take it back. I am not okay. Floating specters who know your name are never welcome, less so when coinciding with the arrival of shock and excessive blood flow. The same people who say there are no atheists in foxholes also probably say there are no atheists lying by the side of the road with gaping head wounds. But if this person is an angel, I demand further evidence. Is God really so clichéd as to assign the delivery of my soul to a young woman bathed in light? Why not give her the wings, a harp, a tin halo, and a white robe? Where’s the Grim Reaper with his skull, black robe, and sickle? I want the whole cast. But listen here, Angel of Death, don’t expect me to be nice or even acknowledge your presence. If I could move my arms without screaming I’d put my fingers in my ears.

The Angel of Death says my name again, then adds, “Oh my God. Holy shit. Wow,” which sounds a bit off-script, so I say, “What?” in a tone that conveys more annoyance than is probably necessary.

“Oh my God,” says the Maybe/Maybe-Not Angel of Death. “Are you okay?” And I think, why is she asking this question? Shouldn’t she know more about the situation than I?

She says a name, her name, and it’s a name I know in a voice I know. I focus on her face. Oh. She’s not the Angel of Death, she’s one of my former students. This is way more embarrassing than dying.

“Oh. Hey,” I say. “How are you?”

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"Your head looks really bad. Don't move. The ambulance is coming."
She's right, I hear the sirens. The driver has called them and appears as a whirl of motion shouting he hadn't seen me. He says he is sorry. I say I'm sorry. We're both sorry. The situation is sorry. I would forget then regret the statement when reminded of it in a court hearing months later where I appealed a ticket served for "unsafe bike riding." The appeal was denied, a minor indignity, but why I apologized would confuse me for a long time. When the novelist Stephen King was in a far worse accident—hit by a van while out for a walk—he too apologized to the driver. Accepting misplaced responsibility a way of reasserting control.

I close my eyes. They tell me to open them, which seems annoying and bossy and rude as I'm sleepy and tired of staring into a bright light. Either fifteen seconds or an hour passes and foreign hands are logrolling me onto a stretcher and wrapping a brace around my neck. I feel like I should do something, maybe give the world a thumb's up like that Detroit Lions football player did when he was carted off the field, paralyzed from the waist down. I need an iconic gesture but can't think of one, and am lifted into the ambulance without fanfare.

As the EMT closes the door, I tell him about my girlfriend, and that I'm supposed to get on a plane tomorrow. I need to pack a small bag, make sure the toilet is clean and stock the fridge with her favorites—soy burgers and Diet Coke. Then I ask him about my neck.

He's quiet, cautious, and says I need to hang tight and let the doctors evaluate me, but since I'm not in the mood for wishy-washy non-answers, I wiggle my toes. Because of the neck brace, I can't see them.

"The toes," I ask. "Are they moving?"

"Yep. This little piggy went to market."

In the emergency room, I lie on my back upon the gurney and stare into a fluorescent light as hands peel my scalp open so cool water may gush into the wound which is, I'm informed, filled with grass and dirt. I'm shaking a little, and a nurse holds one of my hands. The water stops, and the doctor leans over my face. His name tag dangles within view,
and I catch his first name—Bob. Upside down, Dr. Bob appears as a blunt bullet of a head hovering over me asking, “How’s your pain?”

“Oh, pretty good. Definitely present.”

“We’ll see what we can do about that.” At the edges of my peripheral vision—tubes and bags of clear liquid. Latex gloves. A needle. Later that fall, while listening to a football game on the radio, I would smile when an announcer commented of an injured player that “nothing hurts worse than shin splints” and remember the calm gift of the morphine drip.

Dr. Bob requests I count backwards from ten. I recite the alphabet.

“We need you to take this seriously,” says Dr. Bob.

“Ten. Nine…”

I can’t take this seriously. We’ve already got fractures and lacerations. We don’t need an existential crisis as well, and that’s where we’ll end up if I get serious. Dr. Bob says something about having trouble getting the bleeding to stop, and that does it. I’m taking the situation seriously.

“Eight,” I add. “Seven … Dr. Bob, I’m worried. I’m certain there will be an expectation that this will be a transformative experience.”

“For good reason,” says Dr. Bob. “You know it’s only a matter of time before someone tells you this happened because The Man Upstairs is testing you.”

“Testing me to be what? A crash-test dummy?”

“Maybe. You’re good at it. But that’s not for me to answer. Maybe the vast workings of the cosmos required this event as part of a plan that goes beyond your comprehension.”

“I think that is a stupid theory. That’s the choice? Crash-test dummy or puppet? How dissatisfying. None of that sounds appealing. Transformation is dangerous business, if this isn’t going to make me wiser or nicer or able to better appreciate the tender fabric that is life, might we offer it to someone else who might put it to better use?”

“Too late for that. By the way, you are awfully coherent and thoughtful for someone who was just hit by an SUV. Do you think

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anyone will believe this conversation is an accurate representation of what happened while your head was being irrigated?"

"Just roll with it, Dr. Bob," I say as he pushes the button on the morphine drip.

"Okay. You need a meaning that works for you, so let's come up with one. Here's an idea. Think of the accident in political terms. You weren't in a vehicular accident; you were run over by a metaphor. A red SUV hits a true-blue lefty on a bike during a spike in gas prices—and does so from the right. That's the American moment. Red state vs. Blue state. Wal-Mart vs. your local organic co-op. Don't feel too bad, though. You tallied three hundred dollars in damage to an SUV, and that's not bad given the weight disparity. Had you dropped your shoulder, you might have rung up four-fifty. As soon as you can walk, maybe you should try head-butting a Hummer. Look at your admit-tance sheet. 'SUV vs. Bike.' Is that not the physical manifestation and distillation of hopped-up political discourse?"

"Dr. Bob, are you really attempting a legitimate connection between having one's head split open and living in a bipolar, binary media culture saturated with virtue and fear?"

"In this analogy, the SUV is dominant media and..."

"Yeah, yeah. I get it. The bike rider is the psyche of those encountering it without a helmet, and the helmet is a metaphor for information, skepticism, and an otherwise coolly analytic demeanor able to deflect the blunt and the stupid. Damn."

"Don't get upset. Transformation is dangerous business, it's really up to you as to where we go here. Maybe your stars were misaligned. Or maybe it just happened. Maybe this is about being impacted by technology. Maybe, as J.G. Ballard wrote in Crash, you are to discover the 'true significance of the automobile crash, the meaning of whiplash injuries and roll-over, the ecstasies of the head-on collision.' Metal on flesh. The Faustian bargain of technological dependence."

"Could it be a message from God?"


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All of them indisputable. The application of retroactive meaning a basic human right.”

“So if everything happens for purposes of transformation or illumination, then I should mention at the time of the accident I was also thinking about Scott Baio.”

“Really?”

“Yes.”

“Well, that complicates matters, but it means you were nearly murdered by mass entertainment. Even in the abstract, it was so entertaining, so distracting, it overwhelmed your consciousness, robbing you of the ability to maintain contact with your surroundings and nearly killed you. You were nearly murdered by the cult of celebrity. Does that make sense?”

I refused to answer, instead asking if he was being unfair to Scott Baio.

“Probably. But did you ever see him in Charles in Charge? Awful.”

More cool water follows. More swabbing. More fingers fiddling around inside my scalp. None of which deters Dr. Bob.

“Look, like I said at the beginning, it’s up to you, but I’m going to give you some advice. Forget everything I’ve said. Sew this on a pillow. Life is hard. Revel in your ability to survive it as long as you can.”

A monitor with an unclear task beeps. Then beeps again.

I have a problem. The fly. His corpse lies in my chest hair as if suspended in mid-flight within a tangled mat of dark red curls. I pride myself in owning a somewhat charitable attitude regarding life’s little challenges and recognize a dead fly as preferable to a live fly, but everyone’s tolerance has its limits. One of mine: refusing to leave a dead fly in my chest hair, addressing the issue more difficult than it should be as I can’t bend my arms to flick him away and wiggling doesn’t work. Buzzing for a nurse to remove it is one option, but the only thing more pathetic than lying in bed with a dead fly in your chest hair

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is admitting you need someone else to remove it, so I poke out my top lip to maximize down draft and, with a series of wheezing puffs, try to blow him loose. He skitters sideways onto my right nipple, which does not qualify as an improvement. The situation is taking on the feel of a rite of passage meant to gauge my mental fortitude. A test. If I can blow a dead fly off my chest, I'll be okay. If I cannot, I’m in trouble. Puffing and wheezing until light-headed, I manage to nudge him onto the outer rim of the bed sheet. Technically, off my chest. Good enough. Never dismiss a small victory.

Two days later, I sit in a wheelchair in a room filled with balance beams, foam mats, exercise balls, and mirrors. A compact, wiry woman whom I take to be the physical therapist leaves another patient propped up by a walker and struts over to my wheelchair to inform me she is running behind but, in a minute, is going to help me stand up. Before I can respond, she returns to her patient and leaves me to consider the intimidating concept that is standing. Movement turns the room into a merry-go-round. The awkward act of being pulled into the wheelchair made the room swim.

The loss of equilibrium is only one of my concerns. My injury tally is comprehensive. There is the head wound, a broken left wrist, and a fractured right wrist, but these are manageable. The most serious injury is a fracture in the C7 vertebrae at the base of my neck. The neck brace is an eyesore but I was fortunate and there was no spinal cord compression so, again, this is not a hindrance to mobility. The problem injuries are also the silliest: I broke both of my big toes. One of the toes required the insertion of two antennae-like metal pins making it look like a fat, fleshy beetle capable of AM/FM reception. To protect the toes, I am supposed to walk on my heels. This is like asking a drunk person to tightrope and strikes me as unrealistic and unfair. Good thing the floor is covered with soft mats.

While I await humiliation, my mind drifts to the video I’d planned to show my students. One of the more appealing aspects of after-school specials like Stoned were their portrayals of an unambiguous

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moral universe where bad things happened for a reason. Blame was easy to locate. Justice was swift. Redemption and psychic healing came almost as fast. Inspiration was plentiful. I wondered, if Scott Baio had made an after-school special in which he was hit by an SUV, what would happen? What would Scott Baio do? He would walk, damnit. He would walk.

The physical therapist returns and asks how the accident happened while shuffling through a stack of paper. I tell her, and she surprises me by not asking for more details, by not asking whose fault it was, or why I wasn’t wearing an air bag and impact panels.

She bends into a half-crouch, hooks her arm around my torso and tells me to lean forward. In a slow, steady motion, she pulls me upright. When she asks if I feel stable, I lie and say yes. She insists I hold onto a walker, but I don’t protest this indignity because I am standing. As far as lousy days go, this is a pretty good one so, when she asks me to take a few more steps, I do. Then I take in a long breath and feel my lungs expand with the cloying smells of perspiration and disinfected rubber. These are the smells of healing, and of a slow return to normalcy. She explains my limitations but her voice is a whisper; I am standing and can’t be distracted. I feel tall. Huge, even. I am a monument to all that is possible with willpower and health insurance. She repeats something in an insistent tone, but I’m not listening. “Life is hard? Revel in your ability to survive it as long as you can?” Oh Dr. Bob, come now. I can do better than that. We’re a team, people. Team Human. One Love, baby.

These thoughts are interrupted by the fluttering of my untied hospital gown. As cool air creeps where cool air should not creep, the physical therapist speaks. “For your next appointment,” she says, smiling, “wear underwear.”

January. The hard, frozen curtain of a Midwestern winter brings record-breaking snowfalls. In the intervening months, I have discarded my braces and casts and paid a $60.28 fine for unsafe bike riding. The

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early evening sky has turned to indigo, and the Weather Channel says Iowa City can expect an overnight low of five degrees below zero, with snow accumulations of two to four inches. I'm walking home in the dark, and approaching the accident site. The first time I visited the corner, I jammed my hands into my jacket pockets and glowered at my impact point in the grass. I waited for insight or clarity and found only self-indulgence.

During another visit to the corner, I overtook a man in a wheelchair who was negotiating an icy sidewalk and driveway blocked by snow. Both wheels were mired in slush and he nodded with what might have been reluctance when I offered help. I grabbed the handlebars and dragged him backwards until his wheels caught on dry concrete. He may have nodded, but neither of us spoke.

Tonight there is no epiphanic moment, only the rigidity in my muscles, and the permanent thumb-sized dent in my head. Doctors have explained the dent can be fixed by inserting a rubber balloon under the skin that, when filled with saline, stretches the skin allowing them to yank more tissue over the dent. Given the size of the dent, this would be a six-month project. Literature on the subject makes frequent use of the term “injection port.” I am opting for a mini-combover. I have been marked with physical proof of an event beyond my control, by a crude manifestation of the daily impress of time, of the slow march forward. Strangely, I like this thought. As I age and my hairline recedes, the scar will reveal itself again as an indelible memory tattooed above the brain; evidence of a moment survived. Besides, the dent has been integrated into a new nervous tic. When I'm stressed, or can't think of a word, I rub the dent. I like the word “vicarious,” but I never remember it when I need it, instead thinking of words like vivisection, vitality, victory, and vindictive. When this happens, I generate the right word by rubbing the dent. It works about half the time.

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