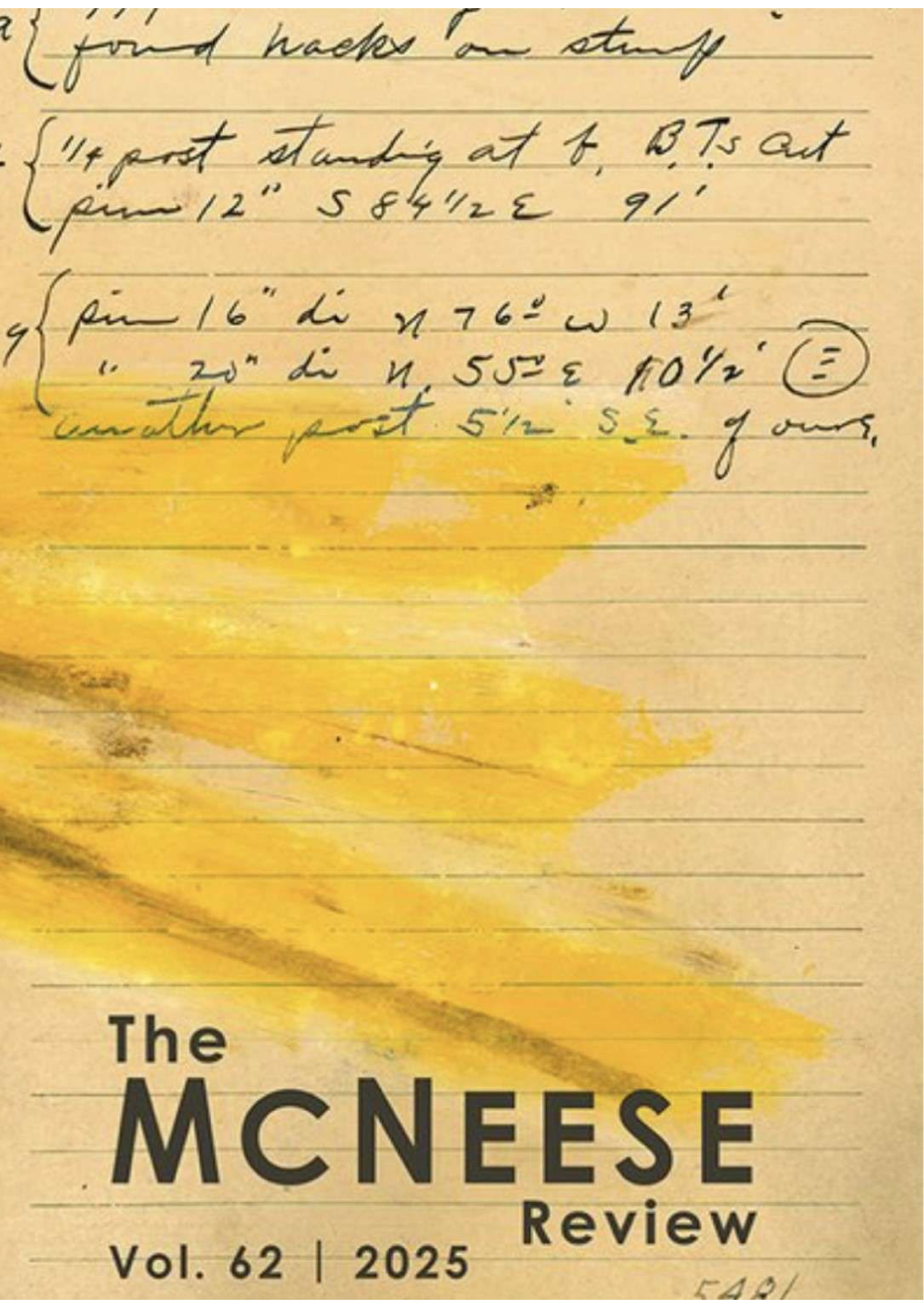

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Ground-up Glass

Allison Strong

I am ripped from a heavenly dream—in which my herniated discs have healed and I'm running on Hollywood Beach—by an unholy pain that grips me with a panic so stunning it takes away my breath, leaving me forlorn of all hope. The room is smothering; the sheets are damp. My back feels like I'm lying on a coil of hot razor wire that punctures the dimple marking my sacroiliac joint and the start of my lumbar spine. And the pain doesn't end there. My sciatic nerve rages down my right leg, alerting me to more damage than I can bear to think about.

I have no clue what time it is. I know one thing—it's dark under the black satin eye mask I wear to stave off the flashing lights of the football games my husband leaves on all night—with the sound muted, thankfully. Mike's one of those people who needs the TV to fall asleep, which I've never understood. Even before my back injury, I've always required cool, dark, tomb-like conditions to fall and stay asleep.

I peel off the mask and glance at the clock. 4 a.m. *Damn.* An early morning means a longer, infinitely more grueling day. I'd so wanted to wake up to a different life.

But wait, life *is* different: I ran out of pain meds last week, one week too early for a refill. This borders on catastrophic, so why don't I just call and ask for more? In a sane world, I could. In a sane world, I would. But in this world, I can't tell my doctor I ran out early because he'd red flag it as a sure sign of abuse, addiction, or both. I might even end up discharged from his care. It's one of the conditions I agreed to when I signed my pain management contract. One month's supply is supposed to last a month. But this month, my regular dose didn't do the job it's supposed to, so I took more… and ran out early.

I want to shriek, sob, or blast a hole through the bedroom wall. That way, I could focus on my mangled fist instead of my mangled back. I saw this once on *House, M.D.* What Dr. House did was pound his hand with a pestle he grabbed from the hospital's apothecary to mask the disabling ache in his thigh. Then the old misanthrope explained to his residents that the body's "gating system" zeroes in on the most acute pain to the exclusion of all others. Brilliant. And they say you don't learn anything from TV.

My shrink calls me "an exotic," because I live with bipolar disorder, physical injuries and tardive dyskinesia—a Parkinson's-like movement disorder that compounds my chronic pain.

Which brings me to my next point. Sometimes I wonder if everyone would be better off if I jumped from our eighth-floor balcony. Mike says no, that'd be selfish, but I'm not so sure. From time to time, I've crept through the sliding glass door and looked down at the asphalt. Scary.

Alarm tightens my chest and shoulders. Just like every day since I fell on the tennis court ten years ago, my back reminds me how angry it is that I leaped up for a ball and got tripped up by the chain-link fence on my way down. Because I was in my forties, I only played on clay, thinking the slower, softer courts would prevent the wreckage associated with high-impact sports. What I hadn't counted on was the combined force of the fall and my entire body weight crushing my vertebrae, making this evil the hot throbbing center of my existence.

Without opiates this past week I've become reacquainted with my back pain, as mine blasts on multiple frequencies at varying pitches, ranging from growling rumbles to teakettle-shrill whistles. These vibrations are all that I feel, all that I think, all that I *am*. It's that same focused agony that drives coyotes to gnaw their legs out of traps, leaving behind bloody stumps.

But at last, after seven days of hell, today is my appointment with The Pain Man. I could say I gave my doctor that name because seeing him is a royal pain in the ass, but more aptly, he's the one who prescribes my pain pills. Although nothing's for sure these days, with the opiate epidemic and the added fear of fentanyl *still* ruining the lives of patients like me, who reallyreallyreally need their meds.

Here's what kills me: The CDC keeps discouraging the use of opiates for chronic non-cancer pain. What's more upsetting are their "recommended" dosage limits for doctors who prescribe them. When Mike went to the ER for chest pain, there were CDC "safe opiate prescribing" posters on every fourth wall in the place. Talk about overreach. Here we are, in 2016, and it's still like that crazy time in the early-2000s, when on local TV news, you'd see law enforcement types in dark windbreakers, agency initials stenciled in harsh bright yellow, guns drawn, stealthily closing in on South Florida pain clinics. The jackets and guns are gone, but the reign of terror is the same as it was way back then.

I take *twice* as much MS Contin than the CDC thinks I should. Of course I do. It's not my fault: I've been on painkillers for over a decade and developed quite a tolerance. But the whole thing is outrageous and has been for quite some time. My medical care should be between me and my doctor, not a bunch of bureaucrats who don't know my history.

I also hate that The Pain Man is so important to me. I see him once every thirty days, no more, no less, although technically, you could say I never leave his office. That's because the rest of the month I go nuts wondering whether I'll get my meds the next time I see him. My husband says I shouldn't worry so much, but since getting on disability last year, worrying is my full-time job.

Throwing off my weighted comforter, I hang my legs over the side of the bed before gingerly setting my left foot down, then my right. I take two deep breaths before propping myself up to a standing position. My lower back clicks—not a good sign. The vertical load is killing me, so I bend over from the waist to elongate my spine the way they taught me back when I could still do Pilates. The stretch offers little to no relief, so I pull myself back upright and tighten my core. I'll have to stand up straight and stride smoothly when I'm with the doctor. That way, he won't see me suffering and suspect that I'm out of meds. In the most literal sense, I cannot let him see me sweat.

The Pain Man's practice is called Hollywood Spine and Wellness. As if it's somehow glamorous to go there. The name smacks of hope and renewal, which is a total crock. Places like this fall far short of the system we used to have here in South Florida. True, the pill mills of the late '90s and early 2000s were all-cash rackets, but they were worth it. There was no bullshit—they were upfront about what they sold. They even livened things up a bit.

I *loved* my old pill mill. First off, the waiting room was palatial. They had these cream and gold-trimmed Louis Quatorze chairs with velvety throne-like seat backs. A cappuccino machine and a continually replenished box of Krispy Kremes. It doesn't get much better than that.

Going to my pill mill was a real cultural event. I mean, there were all these out-of-state license plates in the parking lot. I'd pick up on regional accents and ask other patients where they were from. Most of them were quite friendly, so I, as a newly arrived and somewhat clueless Southern Californian, learned a shit-ton about states I'd never even thought of, like Ohio. New Hampshire. West Virginia. Maine. What an education that was.

Back then, South Florida had more pill mills than McDonald's franchises. The big draw was the on-site dispensing. No need to stop at the drugstore. For ten cents more per pill, they'd fill your prescription right then and there. If you paid with cash, there was no record of your purchase, ever, anywhere, so if you wanted, you could hit multiple clinics and make off with thousands of pills per month to sell or use or trade or whatever.

Let me be clear: that wasn't *my* game, not at all. I was just grateful to have doctors who listened and gave me the meds I needed—and still need—to go about my daily activities. Little things, like walking, sleeping and breathing.

But the DEA shut the pill mills down, leaving us these lofty-ass interventional pain management places like the one I'm headed to now. Both pill mill and injection factory, these offices are owned and operated by board certified anesthesiologists who, besides prescribing opiates, push interventional pain management procedures. In the decade since I hurt my back, I've endured several facet blocks, a micro-endoscopic discectomy, a cortisone something-or-other, and one time even something called a thermocoagulation. Ugh. Don't ask.

I always go along with these treatments. Of course I do. Pain doctors are an endangered species today. The few who remain are intent on offering modalities besides opiates. That's why I see pain management procedures—pricey as they are—as the kind of thing you go along with to get along. Because as miserable and constipated as painkillers make me, I can't afford to get cut off. No way. Not until the day I don't need them anymore. And I hope to Christ that day comes soon.

In the meantime, when I'm at The Pain Man's, I don't complain. Not about my escalating pain level. Not about the ever-encroaching CDC guidelines, not even about my constipation, though my stomach is swollen and tender from not having um, relieved myself, in over a week. They could pull my hair and stomp on my feet, and I wouldn't make a sound. The only thing I do is smile.

This takes some doing because the first point of contact in the waiting area is a sign-in sheet in front of a sliding glass partition with a piece of paper taped to it that reads DO NOT TAP GLASS. The shower door mottling gives the office staff behind it that witness protection look. Shadowy movements and muffled voices answer phones and squeeze hefty copays from patients before granting them those all-important follow-ups.

The waiting room is supposed to be a soothing cream, pink, and gray, but every stiff, square-backed chair holds an island of human misery. People in wheelchairs with canes. Bent-backed seniors with poorly concealed fear. Fear of everlasting agony. Fear that life's gone so far downhill there's no coming back. You never see kids running around. At fifty-four, I'm the youngest one here. No one's speaking, either, because a second sign on the glass prohibits us from discussing our treatment with other patients. But really, why not? What the hell else would we talk about?

Our guarded expressions protect our most valued asset, our injuries. The proof of their existence on our MRIs and X-rays guarantees doctors will pretend to care and give us our meds. Band-Aids, to be sure, but far better than being thrown aside and left for dead. Our suffering is the one thing we've got left. It is who we are.

These thoughts make me anxious, so I hike up the volume on my old-school cassette tape player. I'm humming along to "Hey Nineteen," a Steely Dan song about an old guy trying to relate to his nineteen-year-old girlfriend. The lyrics are so full of self-loathing that every time I hear them, I laugh a little. When the other patients look at me, I reach for the newspaper in my backpack and pretend to be absorbed in a front-page headline.

What's so funny is this: I came to Hollywood, Florida to escape the self-loathing that I, as a person with physical *and* mental challenges, felt in the health-conscious culture of Southern California. Where everyone was always brimming with youth and vitality or blogging about it.

Little did I know Florida is the perfect place to be sick! There are tons of doctors, and even more patients, should you wish to commiserate. You just can't do that here in *this* waiting room.

You can't talk about being sick at the doctor's office. Ha ha. Good one.

A medical assistant opens the door into the waiting room. "Ms. Strong?"

I raise my head, but my strangled laughs sound like I'm choking.

"Are you all right?

"Yes, I'm fine."

Her mouth folds into a frown. "Do you need a cup of water before I take you back?"

"No thanks. I really am okay." Rising to my feet, I'm careful to suppress the *ohhhhs* and *owwws* bubbling to the surface.

Never complain. Never.

I follow the woman through the inner sanctum, passing posters of spines curled like freeway knots. When her chilly hands wrap scratchy black Velcro around my bicep, and the little gizmo cuts off my circulation and goes *ffft-ffft-ffft*, it hits me: my life is ending, one blood pressure cuff at a time.

Twenty minutes later, The Pain Man breezes in. Young and handsome, he sports a pink Polo shirt under his white lab coat. A pair of Ray Bans hanging around his neck. The Pain Man's life looks fun. Cut to me: I've gone from giggling in the waiting room to naked terror trying to hide my desperation.

He perches on the edge of the low rolling stool and moves a hand through his short, shiny brown hair. "You wouldn't believe how busy we've been. We just opened an office in South Beach, and I'm running both locations."

Poor you. "That's great," I say, as if everything in my life is equally hopping. I'm tired. Tired of so many things. Like needing painkillers as badly as I need to get off them. The constipation alone could kill me. But I can't tell The Pain Man about my symptoms or side effects for fear of causing even more alarm.

He tilts his head to the side and softens his eyes. It's a good look on him, but it worries me.

"On a scale of one to ten, what is your pain level?"

Ohhhh, I wish I could tell you. I force a laugh, which comes out like a brittle bark. "Sometimes it's worse than other times."

The Pain Man places my chart on the counter. He presses his palms together in front of his face as if to collect his thoughts. "As you've probably heard, the CDC is still setting milligram limits on painkillers."

My heart leaps to my throat. "Will this affect *me*?"

He winces before saying, "At 180 mg of MS Contin, eh, well, at some point we may have to wean you down, if not off it completely."

My first reaction is rage. Then my arms and legs go numb with fear.

Never complain. Never. Trying to sound as calm as possible, I ask, "Well, are there any new pain management procedures?"

My doctor beams, likely because most of us just want our dope.

"Now that you mention it, there's been a wonderful new breakthrough. A new technology called 'water-cooled radiofrequency ablation."

I nod, because I have a secret weapon. Having worked in doctor's offices, big medical terms don't faze me. To ablate something is to incinerate it—and its function, out of existence.

"I'm happy to say our office offers it," my doctor says.

I'll bet you are.

Still smiling, he says, "The results are promising."

"Why would this work when everything else we've tried has failed?"

The Pain Man says, "Because water is used, we can target a much larger area."

Despite myself, despite all that I know, and all that I've been through, I feel the familiar rise of excitement. The part of me that wants off opiates blurts out, "What does it cost?"

The Pain Man glances down for a moment, then looks back up. "Boy. Good question. We don't know. The procedure is so new that Medicare doesn't prior-authorize it."

This doesn't sound right. "Well, if Medicare doesn't cover it, it must be expensive. Are we talking five thousand out of pocket? Ten?"

"It's not that Medicare won't *cover* the procedure," this normally nice guy snaps, maybe irate to be talking money instead of medicine. "What I'm saying is, they don't *prior-authorize* it."

"What does that mean?"

"It means Medicare won't guarantee coverage beforehand, so there's no way to know how much it costs until we bill them, which of course is *after* you've had it done."

I swear, Medicare gets blamed for everything. And public health officials wonder why this epidemic goes on forever. How many of us can afford to leap from these kinds of fiscal cliffs?

"So, am I supposed to just have this thing done without knowing what it costs?"

"Pretty much," he says. His tone is sheepish, like he knows he's getting away with something. "That's what my other patients are doing."

"Let me talk to my husband about it." *Not.*

As if reading from a script, The Pain Man asks, "So, you're doing fine on all current medications?"

"*Great!*" I answer.

I get my scripts, make my way to the elevator, and jab the call button. When I get to my Jeep in the garage, I collapse into the front seat and pause to consider. In less than an hour, I've lied three times. Eight or nine if you count all those questions in the depression inventory, plus the lie of omission about my constipation. I'm telling so many lies these days, I barely recognize myself.

On Writing "Ground-up Glass"

Allison Strong

"Ground-up Glass" is an excerpt from my opiate recovery memoir, a work-in-progress tentatively titled *The Radioactive Patient: Suboxone, Pain and Rock 'N Roll.* My intent is to draw the reader deep into my opiate-soaked existence—to show a person not only dependent on prescription opiates, but also on the doctors who prescribe them.

The piece takes place in 2016, when the U.S. government's reaction to the opiate epidemic was to crack down on the doctors prescribing them, a consequence of which was that legitimate pain patients were abruptly cut off their meds and left to suffer. I remember the fear and outrage as I thought, *I'm not going to be one of those people, something's got to change.* This is the origin story of "Ground-up Glass."

First, I converted the chapter into a stand-alone piece. That meant combing through the manuscript for bits of content to provide context and heighten the narrative arc. Beyond that, I want to make the opening immersive in the most you-are-there way possible. I recount being ripped from the dream—which is also how the original chapter begins—to clarify the juxtaposition between the ideal of comfort and the all-too-real agony of pain. Sad to say, I didn't have to look too far for the term "hot razor wire." All I had to do was remember.

The text needed an instant inevitability, in that every choice I made before the start of the story led to that awful moment in the pain clinic when I wanted two mutually exclusive things: a) a minimally invasive and maximally expensive pain management procedure to free me from opiates, and b) the continuation of the status quo. I needed the reader to be locked into that *Catch-22*.

When I workshopped the piece, several readers found it a bit glib, and I know why that was. I instinctively wrote that way because in my past life as a 90s alt-rock radio personality, I often made attention-getting quips in between songs. But I understood that voice and dark humor weren't enough to carry the story. I began to pay more attention to causality and emotional impact, so that I wasn't just writing a shopping list of disconnected things that happened that day without infusing them with meaning.

One element of my process was easy. Writing in the present tense wasn't so much a choice as a necessity. Due to bipolar disorder, when I drafted this in the past tense, my mania took me off on too many tangents that seemed relevant, but weren't. To further tighten my focus and slow myself down, I rewrote later drafts by hand before typing them back into the computer. While revising later versions, however, I discovered I was still holding back emotionally and set to work on correcting that. Maybe I was fearful of presenting myself as a character who was privileged and ignorant?

But that's who I was back then. And if I can't be honest, what's the point of memoir?