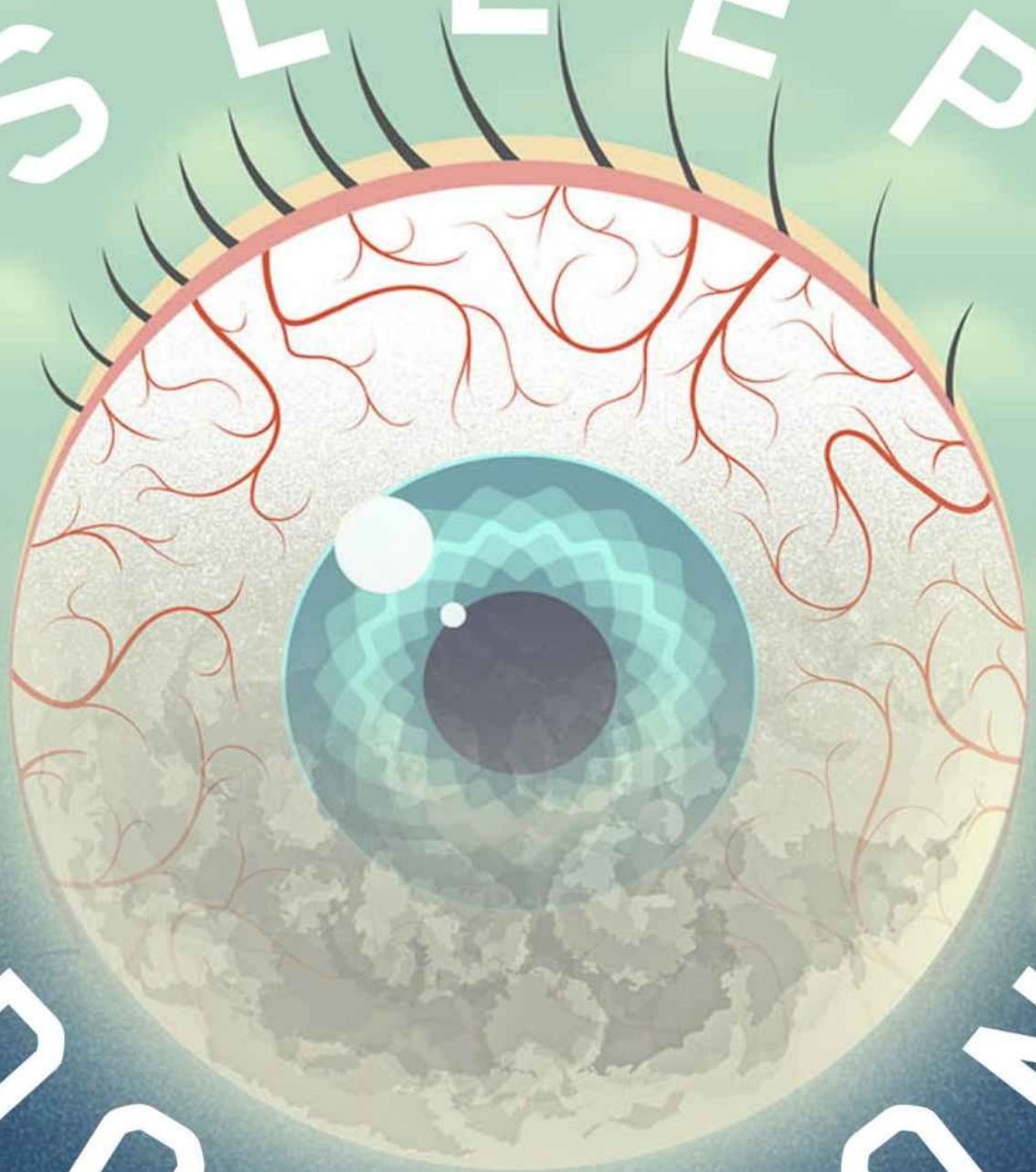


KAREN RUSSELL

BESTSELLING AUTHOR OF SWAMPLANDIA!

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Sleep Donation

TABLE OF CONTENTS

The Sleep Van

Baby A

Our Universal Donor

Donor Y

Dori

Donor Y and The Elective Insomniacs

Baby A

Intermission: Faith Transfusion

Field Trip

Donor Y

Baby A

Jim

Donor Y

Baby A

Night World

The Poppy Fields

Jim

Donor Y

Baby A

Dori

The Whistle-Blower's Hotline

Donor Y

Baby A

The Whistle-Blower's Hotline

About Karen Russell

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The siren goes, and we code for dispatch. Nine times in twenty, lately, it's the same address: 330 Cedar Ridge Parkway.

Then we get a call back, saying the dispatch is cancelled.

Then we get a third call: no, disregard the cancellation; get a Sleep Van to the property, stat.

What's happening, as revealed to us by a visibly distraught Jim: Mr. and Mrs. Harkonnen are having a "dispute."

"Mr. Harkonnen says he wants to drop out."

"So what?" says the intern. "We don't even use his donations."

"No, jackass. He's trying to pull out with Baby A."

Everybody looks over at that.

Rudy slaps his bald spot and leaves his hand there. A grapefruit hue spills underneath his fingers, if the scalp is blushing.

Jim freezes in the center of the trailer, in full view of every staffer, and rubs his fists against his gray eyes. It's a pitiful and futile gesture to witness, like watching an animal cower inside a plastic cage. We can see how scared Jim is of losing both things, Baby A and our good opinion of him.

Six staffers are working the phones tonight, and we are all mentally coaching him: *Don't cry, Jim.*

Our Sleep Station has an unusual, top-heavy hierarchy—we have two supervisors, the Storches brothers. They are former CEOs who left the business world at the height of the Insomnia Crisis and now freely give of all their resources to the not-for-profit Slumber Corps. Money, time, intellectual leadership, creativity, toilet seats. The Storches made their fortune in the ergonomic toilet business. You may have seen their advertisements: "To shit upon a Storch feels better than a visit to your chiropractor." Their extreme altruism is a provocation to everyone else on staff—an inducement to work even harder, a reminder that we could always be giving more.

Rudy and Jim have been my supervisors for seven years; I was the first recruiter assigned to the team. I don't socialize with them outside work. Our contact is limited to this office (unless you count our public performances at Corps fund-raisers, the Charity Balls and Charity Golf-Offs). But I know every shadow of my bosses' faces; all of their Storchy tics; that upsetting thing Rudy does with his pen caps; what Jim's not saying at our meetings. The brothers are middle-aged Irish twins, clean-shaven and built like longshoremen. Externally, they have slate eyes and cranberry-red hair balding in identical horseshoe patterns. Internally, each brother has his own uniquely fucked emotional metabolism. Rudy, for example, is currently managing his despair by bawling out the interns, sweating jewellery all along his dusky face like a July whisky glass.

The Storchs are celebrities in the sleep crisis community. Eight years ago, the brothers served together on the inaugural Slumber Corps Board of Directors at Headquarters in Washington, D.C. Within months, the Corps had established outposts in every major city, pullulating green offshoots from the D.C. base. Soon local branches began operating more or less independently, soliciting donations for money and sleep, whereupon the Storch brothers promptly requested a demotion to this low-prestige placement in their home city. A “Solar Zone” assignment. We serve an urban core where the rate of insomnia is twenty-two percent higher than the national average. Our Pennsylvania city has one of the greatest REM-sleep deficits on the East Coast (although we are certainly not the worst). Tampa, riddlingly, currently leads the nation in new cases of the insomnia; the governor’s budget cuts in that Sunshine State have meant that Floridian sleep scientists remain stalled at the “dang”/“goddamn figure” stage of their research). Hundreds of our old neighbors, friends, coworkers, and teachers are now new insomniacs. They file for dream bankruptcy, appeal for Slumber Corps aid, wait to be approved for a sleep donor. It is a special kind of homelessness, says our mayor, to be evicted from your dream. I believe our mayor is both genuinely concerned for his insomniac constituency, and also pandering to a powerfully desperate new voting block.

Currently the NCEH is investigating possible environmental causes in our city: everything from the water table to disturbed eagles’ nests to the brilliance of the moon on grass, to the antique screams from the historic monorail.

I grew up here, too.

We operate out of a Mobi-Office. Six interlocking trailers, dry-docked on a vacant downtown lot which the Corps leases from the city. “The redneck labyrinth,” Rudy calls it. A former FEMA engineer designed it as a temporary accommodation; a base camp for local teams working at the frontiers of the crisis. We’ve been working out of our tin can for half a decade. Nobody suggests moving into a brick-and-mortar office; nobody wants to peer through glass windows, in a building with a foundation, and we admit that the insomnia emergency is now a permanent condition.

You’d think it would be difficult to hide in a trailer. But I’m chameleoned next to the phone wall near the black window. Some intern has made curtains for the trailer windows, snaggy lace, which look nothing like curtains, in fact, but vestments tiny and obscene: bridal veils for mice, chinchilla negligees. They flutter in the trailer’s manic air-conditioning. Outside, the moon is a colossus. Its radiance makes every white of human manufacture seem dingy, impure.

I turn from the moon, remove the headset; I give myself one more blank moment.

“Where’s Trish?”

“Get Trish.”

“Over here,” I say.

“Edgewater!” screams Rudy. “There you are! We have a major goddamn problem.”

“A hitch,” Jim soothes.

“The mother is solid, she’s one hundred percent. The father, though—”

“The father is afflicted with doubts.”

“The father is a selfish prick.”

“Trish, honey . . .”

“Bastard hung up on me twice.”

“Whose signature is on the consent? Do we have both?”

Now everyone is staring at me.

“We do,” I say smoothly. “I have the file here.”

“Edgewater will handle this,” Rudy prophesies, staring right at me.

“Mr. Harkonnen needs to be reminded of why this is important.”

“Life-or-death.”

“I think he knows, Jim. I already pitched them.”

“ ‘Them’?”

“Her,” I admit. “The mother.”

“Aha!”

“But I’m sure she’s told him about Dori—”

“Not the way *you* tell it, Edgewater.” Rudy beams at me. Rudy is the kind of boss who goes from screaming to beaming in two seconds flat, at a psychopathic velocity.

“He’s got to hear it from you. Face-to-face.”

“Only a stone would refuse to donate after your pitch.”

“Trish, baby.”

“Edgewater.”

Pride heats my eyes. It’s reprehensible, but that’s what happens.

“It might not work,” I say. “If he’s that dead-set against it.”

Jim and Rudy pour it on even thicker, emphasizing that I am indispensable to the organization, that the Corps would be lost without me, et cetera.

“Look at you!” Rudy grins.

“Look at those hands,” Jim says approvingly.

We look at my hands, which are shaking. I feel proud again, which has got to be the wrong response to a set of involuntary tremors. My body knows what I’m about to do, and it’s balking, just like Mr. Harkonnen.

“You are the genuine article, Trish.”

“Okay.”

“You are simply the—”

“I said I’ll go, Rudy.”

Rudy is a bad recruiter. I’ve seen him in action. Potential donors sway on the brink of a yes, prepared to surrender to the gravity of the appeal, but then Rudy gets overzealous, Rudy turns the solicitation into a game of coercion, until at last his lip-smacking anticipation of their gift makes them wary again, and they stiffen into a no.

“That’s how we got Baby A, you know,” Jim whispers to the intern, Sam Yoon, a college junior in a mint-green dress shirt who is earnestly frowning as I exit the trailer; it’s a whisper I know I’m meant to hear.

“Trish pitched Mrs. Harkonnen at a Sleep Drive in a parking lot. Nabbed her right outside the grocery store, schlepping Baby A. Watch her pitch sometime. Shadow her at a Drive. She’s just pure appeal, pure passion for the cause. Her sister was Dori Edgewater.”

“Oh, my,” says the intern, exactly matching Rudy’s tone.

What distinguishes me as a recruiter, I’m told by Rudy and Jim, is that my sister’s death is an evergreen for me, a pure shock, the freshest outrage. I don’t have to dig around with the needle; the vein is open on the surface.

“And Trish can’t fake it.”

“Cries every time.”

“Quakes, like.”

“She gets emotional, and people really respond.”

“Describes the sister like she’s standing right in front of her.”

“Sobs like she’s still at the wake—”

Jim frowns, self-startled.

He’s a mid-sentence self-startler, Jim. “Hiccups of insight,” he calls these moments. Whenever my boss is struck dumb by his own epiphanic inner light, I picture a tiny deer jolted out of its grazing with grass in its mouth, paralyzed by the brilliant approach of a Mack truck.

“Wait a sec, Rudy, why the hell do we call it that? A ‘wake’? For a dead gal? That’s terrible. That’s goddamn macabre.”

“I’ve wondered that myself. Seems a pretty grim joke.”

“Oh, there’s definitely a reason,” says the brown-nosing intern. “Some Catholic logic. Or is it a Jews’ thing?”

“People respond!” bellows Rudy. “Edgewater, she’s a little engine. Even our most resistant demographics will give to her. Males, retirees! Greenwich bankers, West Texas construction workers. The Southeast Asian community, where, as you well know, there is a culturally rooted suspicion of Sleep Donation.”

“Of course.” The intern nods.

“But they have no immunity to Edgewater’s story.”

I am hovering near the trailer door, holding my breath. They keep talking, and I listen. I desperately need what they are offering. A faith-transfusion. The *why* and the *how* of the organization. Our work and its value.

In high school, the Red Cross blood truck would pull up behind the trailers to collect donations from young, hale students, who got to skip homeroom and eat a raisin cookie and relinquish pints of type O. Dori gave, but I never did—I convinced myself that I was scared of needles. If I’d known then that I would wind up here, begging strangers for an hour of their sleep, I think I would have given blood at every opportunity.

As a Corps volunteer, my duties are numerous and varied. Weekends, I mobilize the Sleep Van—moonlit enterprise that dispatches a volunteer team to the homes of good sleepers, who have signed up to donate their rest to insomniacs. A Sleep Van has a spartan interior. The beds we call “catch-cots.” If the Van is equipped for infants and children, it features catch-cribs and trundles. Nurses slip on the oxygen mask, open the IV of special chemicals, relieving a donor of consciousness; next, they clamp on and adjust the silver helmet, which does chafe a bit; one to two minutes after the loss of consciousness, once the donor enters a state of artificially stimulated sleep, the draw commences. The air in the Sleep Van turns balmy as the tubing heats; a donor’s dream-moist breath gets siphoned into the nozzles that connect to our tanks. Healthy sleep is pumped out of the body into long, clear tubes.

Weeknights, I recruit.

We set up for Sleep Drives in neighborhoods all across the county, right at sundown. Nurses swap out helmets in multiple Vans, preparing to take sleep donations for testing. Administrators sit inside the tents on suburban lawns, holding clipboards, prescreening donors with an eligibility questionnaire to filter out those whose sleep is prone to nightmares, disturbance. We babble the questions to volunteers

under the midnight pines.

“When was your last full night of deep, unbroken sleep, ma’am?”

“When did you last dream about barking dogs, outer space, red grass, an ex-wife? Now, please be honest, sir—if your sleep was disturbed by her face, check the box . . .”

For most of the twenty-first century, insomnia was treatable by prescription medicines; I can still remember going with my father to pick up my sister’s sleeping tablets from the owl-faced pharmacist. Capsules of Silenor—half white and half carnation pink. Dori’s sleep trouble began early, at age eleven. Back then, before the disease progressed, medications reliably put her under. I used to study my sister’s face on the pillow, trying to catch the moment when the Silenor took effect.

Once her adolescent insomnia ratcheted up, for unknown reasons, into the full-blown disorder, Dori slept about four hours a night. But for years, this was enough. The body can be a marvel of resilience, like a cactus when it comes to sleep—capable of surviving on mere drops.

By twenty, however, Dori had developed a resistance to all sleep aids. She also became, quite suddenly, impossible to anesthetize. We learned this when she broke her leg in college and surgeons were forced to operate on a fully conscious Dori.

The anesthesiologist is still writing papers about her.

Her leg healed, but soon Dori lost the ability to sleep even three hours a night. She could not stay down long enough to cycle into REM. She had to drop out of college and move into a white hospital room. What didn’t they try on her? Dexmedetomidine, propofol, sevoflurane, xenon. The tranquilizers used to bring down zoo elephants would have stopped her heart, or I’m sure they would have given her that a go. Nobody could shade or muzzle her mind.

For the next year and seven months, Dori barely slept. Then the loss became total. The final day of my sister’s life unwound with zero regard for the moon or the sun. She died awake, after twenty days and eleven hours, and fourteen minutes without sleep. Locked flightlessly inside her skull.

As an adolescent, I used to seethe with jealousy, because whereas I got auburn stubs, Dori had the fringed butterfly eyes, jet lashes that curled so outrageously around her Caribbean-green irises that strangers assumed were drugstore falsies. During her endless Last Day, I remember studying those eyelashes pasted to her skin, at an angle of unrelieved attention. She blinked at me, her thinking slow as syrup, and I wished that she would not smile again, not ever again, not like that, because by that point every smile was an accident, a twitch driven by nothing that I recognized as human. My mouth was gorgeous, stupid-brave sister Dori, Miss “Drive It Like You Stole It” (even when the only “It” available to us was our great-aunt’s haunted house of a wood-panelled Chrysler—who ever heard of a car with termites?), Miss “Three Jobs, Two College Majors, *and* There’s a Flask in my Purse,” was at this point a nobody. A “vegetable,” as they say—the doctors’ potted plant. And I hated the sight of her facial muscles pumpkin-grinning on the pillow, her pale eyes twitching, and I hated watching her go speechless under the conglomerate weight of so much unrelenting looking and thinking and listening and feeling, her mind worn thin by the sound of every cough and the plinking moisture of every raindrop, these noises exploding like grenades through her naked awareness—her mind crushed, in the

end, by an avalanche of waking moments. Once sleep stopped melting time for Dori, she could not do herself out. She was buried under snowflakes, minutes to hours to months.

The official cause of death was organ failure.

I know it doesn't sound like much, on paper.

The same month Dori died, the CDC released the first case definition of the new terminus insomnia. Early estimates suggested that several hundred people in the United States were suffering from a total sleep loss; one year after my sister's funeral, this number had swelled to twenty thousand. "Orexins," the media taught us to call them. So that, almost immediately, the disorder became a metonym for its chosen victims. George Washington University Hospital opened the first dedicated critical-care insomnia ward—it was full within days. Congress allocated two billion for research.

It was not long thereafter that the mechanics of sleep donation were refined by Gould's team at the D.C. sleep clinic, and the Slumber Corps began its good work.

In the months following the CDC release, many people dismissed the disorder as an exaggeration of a universal American condition. Who was sleeping enough? Nobody! The "crisis" seemed like movie TV hyperbole designed to keep us glued to our screens, watching mattress commercials. America, the childhood of our understanding of the insomnia crisis, called the first victims liars, hypochondriacs, wackos, crank-addicts, insurance defrauders, anxious plagiarists of "real," biological disorders.

Now, of course, we know all too well that the insomnia epidemic is real. You need only consult the victims' pink-spoked eyeballs, their gaunt faces engraved behind moonlit windows. Neuroscientists have since concluded that for a significant portion of the country's population, the signalling function of the neuropeptide orexin has become impaired. Orexin deficiency has been linked to human narcolepsy, but this dysfunction causes the opposite effect: an untenable hyperarousal. Sleep becomes impossible. People like Dori remain conscious for months and even years, hostages of their brain chemicals, trapped in the vigilance state that eventually kills them.

What triggers the dysfunction in some brains as opposed to others? Do these people have some inherited anomaly—an underlying genetic predisposition to wakefulness? A higher-wattage consciousness? Or is the trigger environmental? Nobody knows. It's the two-billion-dollar question. To date, every known case of the orexin-disruption has occurred in the Americas; nobody knows why this should be so, either. Some speculate that the sickness is connected to the oceans' tidal magnetism, the poles, the hemispheres, the net of light and shadow on the globe.

Other pundits promise, with weird relish, that we are seeing "the end of sleep as we know it." Time has become a glum Hall of Prophets: Dr. Daveesha Frank from the Boston Sleep Tank, who speaks like a robot programmed to self-destruct; dour professors wearing sunflower-yellow ties that film we see. According to these professional Cassandras, sleep has been chased off the globe by our twenty-four-hour news cycle, our polluted skies and crops and waterways, the bald eyeballs of our glowing devices. We Americans are sitting in an electric chair that we engineered. What becomes of our circadian rhythms, the "old, glad harmonies" that leapt through us like the vascular thrust of water through leaves of grass? Bummer news, Walt: that song's done. And the endogenous clock, the suprachiasmatic nucleus, hereditary prize of every human, that tiny star cluster of neurons in the hypothalamus which regulates our yawning appetites for hard winter light and spacey blackness, the master clock that syncs us to one another, and to the Earth's rotation, the sun and the moon? To all the sister kingdoms on the twenty-four-hour circuit? Bacteria, Gila monsters, great sequoias, blue whale, orange groves, bear cubs, mustangs, toadstools, leopards, golden eagles, hyacinths, hippopotami, those tiny wizards, the butterflies, those glue-artists, the arachnids, and all the sequined life on the seafloor.

the black urchins that improbably still clock time with us? Bummer news, everyone: the clock stops for humanity. Time itself will soon become an anachronism. Time, as our species has lived it on the planet, will cease to exist. No more dark/light binary. No more active red daytime, blue evening dissolving. No longer is sunshine the coagulant of consciousness, causing us to clot into personalities to cohere once more on our pillows each morning. These TV scientists predict “a global desertification of dreams.” Soon, they promise, the disruption will afflict all of us. Sleep will go extinct. And eventually, unless we can find some way to synthesize it, so will we.

Generally, I’m mistrustful of these warblers, who do the dread-crescendo. But I’m embarrassed to report that the Slumber Corps has borrowed a page from their playbook, “eschatological manipulation.” At Sleep Drives in Alabama, Georgia, and Florida, we are test-screening a documentary created by those ratings whores, the worst of the cable news fear lords, “Is Sleep Going Extinct?” I’m afraid to say it’s been very effective. We show it at night, like a popcorn horror flick. Terror, we’ve discovered, is a powerful donation-stimulant.

Meanwhile, sleep clinics in this country are operating at two hundred percent capacity; “Night Worlds” have sprouted all over America. “Night Worlds” have some kinship with the circled wagon trains of the West: the sleepless closing ranks against the night. They form spontaneously, on the margins of cities, but have developed an oddly standard layout: mazes of tents, nocturnally blooming speakeasies. Night World merchants cater to the sleepless ones with black market remedies: “moonlamps” to ease the dreariness of unremitting wakefulness, “cave medicines” derived from ancient myrtles and lichens. Songbirds from Germany and Thailand are sold as “bio-cures”—the binary chirping is said to reprogram dreams into the mind. Some Night Worlds function as quasi-legal campgrounds for homeless and unemployable insomniacs. These places are tolerated by the local authorities because they help the hospitals with overflow. At the ERs, many new insomniacs are being turned away nightly. Sent back to twist in exile on their mattresses, cutting their eyes on the moonblade until a donor can be found for them. They await our call. Until they are eligible for a sleep donation, there is nothing to be done for the majority of these people.

At Sleep Drives, we also screen the now-infamous footage of one of the first cases of the terminal insomnia: a young Guyanese woman from a suburb of Houston. After five weeks of near-total sleep loss, her braids have turned totally white. Her frosty hair looks almost comic, like a fright wig; her face is child-smooth. She presented at the Gould clinic in D.C. after fourteen complete days and nights without cycling into sleep. She is wearing a fluffy pink sweater, lilting gibberish. Her eyes bulge so that you cannot see the lids.

Nothing newsworthy, you might correctly assert, about the public performance of illness. Death dress rehearsal is ongoing at any bus stop in America, where sick people beg us not for minutes of sleep but for metallic dollar-flakes, wealth dandruff. Long before the sleep crisis, our downtown was a maze of sidewalk asylums. Immobilized people form a human shrubbery behind the courthouse, their lips whispering, their pink and brown palms extended, flat fronds shivering with need. Which is all to say: nothing the least bit strange to us, about public psychosis.

What makes this footage harrowing is its juxtaposition with a photograph of this Guyanese woman taken just five months earlier, before the onset of her orexin-disruption: her hazel eyes were shining and calm, tenanted by a sane woman, tethered to her memories; the eyes were seeing, presumably only what was visible to everyone else in a room; her face was happy and plump, irrigated by sleep.

The young Guyanese insomniac never slept another minute. Unbeknownst to her doctors at the time of filming, she had already entered her LD, the ultimate interval of wakefulness that precedes death. “LD” for Last Day was a new acronym then, midwived into the language by the sleep crisis; today, it

universal med-slang. Kids of six use “LD-er” as a playground insult. Schools instruct children to treat orexins as “ordinary” humans (an instruction that contains its own defeat, doesn’t it?). The video now nine years old. We’ll keep looping her forever, for donors. Twelve days after they shot her segment, she died. Her true name was then released to the public, like a genie unbottled: Carolina Belle Duncan, age nineteen. Today she is a CDC celebrity: the first recorded death from the orexin impairment. Dori was the East Coast’s inaugural mortality, the fourteenth recorded death nationally.

A Johns Hopkins neurologist claimed that a mere *two hours* of recovery sleep would have prevented Carolina’s death from cardiac arrest. Nine to thirteen hours, he said, would have ended her hallucinations and readmitted her to the waking world with stable vital signs. The insomnia’s worst effects could be undone that speedily. One night’s sleep would have saved her life. He compared it to getting an emergency tank of oxygen to a stranded diver.

Nine to thirteen hours—that figure haunted me.

It haunted everybody, apparently.

Without sleep, how long can a person live? The record was set last year when a woman in Devil’s Creek, Nebraska, collapsed after twenty-two days. Five hundred and four hours, without a minute replacement sleep. Masked like a raccoon, at half her original weight. Her body had rejected all transfusions. She was a white lady, but her face had turned a blotchy black. Yet this is a deceptive figure: twenty-two days. Months before her death, the Devil’s Creek woman had reported a complete cessation of sleep. Many insomniacs who claim they haven’t slept a wink in years are actually unwittingly, lying to us. Patients swear they are awake. But the EEGs show that regions of the brain are going off-line. Neuronal networks shut down, fire on again, in a sort of cortical round-robin “Micro-sleeps.” Rolling blackouts. Some areas go dark for whole minutes; still the insomniac claims to be fully awake. In effect, the brain doses itself with eyedroppers of unconsciousness. We think “microsleep” must account for certain orexins’ surprising longevity; some LD-ers, like Dori, can hang on for weeks before death from cardiac arrest, stroke, multiple organ failure.

Since joining the Slumber Corps, I’ve become obsessed with statistics. For bedside reading, I sometimes turn to our brochures. I do a dozy arithmetic under the skirted blue lamp, until the numbers add up to a temporary conviction that I deserve a night’s sleep.

18 Insomniacs Will Dream Tonight, Thanks to Your Gift.

Less than 1% of donors experience any kind of adverse reaction.

Since its inception, this branch of the Slumber Corps has helped over 3,000 insomniacs.

There are close to 250,000 people currently on our wait-lists nationwide. Priority always goes to the urgency of need.

And my favorite:

34% of Insomniacs Will Regain Their Natural Ability to Sleep After a SINGLE TRANSFUSION.

Our work really does save lives. Nobody can deny that extraordinary fact. During the early trials of the sleep donation procedure, Gould’s team made an astonishing finding. For roughly a third of patients, full recovery from the orexin-disorder is possible after a single ten-hour transfusion.

Doctors cannot yet account for why some patients continue to suffer from the orexin-disruption and require multiple transfusions, whereas others are “reset,” cured. The mode of action is unknown. Some doctors posit that, like electroconvulsive therapy, ECT, treatment, a sleep transfusion can produce profound changes in a recipient’s brain chemistry. Cases do exist where a single session of ECT results in some *shockingly* happy customers, says Dr. Gary Peebles, the Director of the National Sleep Bank (and where is the humor-transfusion of authentically funny jokes for Dr. Peebles? I wonder). In these cases, the administration of a strong electric current through the suffering patient’s brain

reverses all symptoms of catatonia and depression, breaks cycles of mania and relieves many other plagues and diagnosable sorrows that can be found in the DSM-12. Our researchers, says Dr. Peebles, are working to discover just *why* the delivery of sleep to a dreamless body can and does produce a full recovery for certain patients—and only a temporary reprieve in others.

To date, every former insomniac who regained the ability to sleep, post-transfusion, remains fully rehabilitated. We have no recorded relapses. No longer are these patients dependent on the sleep strangers. Post-transfusion, they can achieve REM in their home bedrooms: colors of their own freakish and individual manufacture flood their minds again, plots spiral up, imaginary faces and animals bubble and flume: they dream. It's heartbreaking, of course, when this does not happen. Some people, we now fear, might require weekly sleep transfusions for the rest of their lives. A blank check to float their nights.

The Slumber Corps pledges to get sleep to every insomniac “for as long as her or his need persists.” That's our mission statement. Where is all that sleep going to come from, you're wondering? Us, too. Fiscally, it's a bankrupting promise. Mathematically, I'm told, it's a future lie. In five years time, the Slumber Corps' monumental commitment to these insomniacs may well be an abandoned ideal, like a temple buried in the jungle. Smart people on the Slumber Corps' own advisory board call our pledge a “pipe dream,” as dangerous as anything we test for at the Elmhurst, New Jersey, sleep-processing plant. Yet we continue to make this promise to our incurables.

On nights when sleep continues to elude me, I consult my “zeros.” My own recruitment stats. And when even this does not work?

On my worst nights, when my eyes are burning and dawn is two hours away, I'll give up on fact and give in to fantasy. I'll shut my eyes and pretend that Dori is receiving one of these transfusions. They were not available, of course, when she needed them—when she lived. Which was not so long ago, not at all. The sun rises, and she's home. Birdsong is twittering in the air, proof of invisible birds. Dori is back in the world. Her eyes open on her pillow, and they are sea green and absolutely clear. Voided of all nightmares. No earthworm nest disturbs her now, no crumb of boneyard dirt. Her waking is an instantaneous rebirth. Her hair spools onto the pillowcase, happy memories are coiling in her head and tomorrow is laid out at her feet, a net of yellow light and blue shadow that stretches from bedframe to door.

And then?

Written out like this, you know, it sounds a little *Frankenstein*.

Pinkly flushed, arisen, my sister startles from the room. Grape bunches of curls spill down the back of her pajamas. She is the age she would be today: twenty-nine.

Last July, the Supreme Court ruled that babies could be donors, with their parents' consent. Babies are deep, rich wells for us. They serenely churn forth a pure, bracing sleep, with zero adult terror corrupting it. Since the new law went into effect, we Corps volunteers have been trying, with renewed zeal, to sign up whole families. We'll tap the parents' sleep, which is often useless to us (a fact we don't advertise, of course), just to get a baby's donation. "Pump me first," the mothers implore, so overwrought that they vitiate their draws with cortisone. We do not discuss this with the women—their polluted sleep, the futility of their generosity. We draw from parents because the experience reassures them. Really, what the nurses are draining is these mothers' fear of the unknown. They wake up, refreshed, with no memory of the draw, awash in goodwill.

Then we enroll their children in our donor program.

Four months ago, I pitched Mrs. Harkonnen at a Drive outside the Piggly Wiggly grocery. I spotted a baby's face pinkening out of her pretty woven papoose, and I introduced myself. Mrs. Harkonnen was an easy convert to the Slumber Corps, crying freely at Dori's death story; the baby witnessed an exchange with that eerie calm babies have, dry-eyed and blank. Was her husband with her? No? Could I arrange to speak with him, get his signature? To dispatch a Sleep Van, we'd need both parents' consent.

One week later, I paid a visit to 3300 Cedar Ridge Parkway to collect the consent forms. Mrs. Harkonnen greeted me on the porch with a shy smile, her hands starfished out in front of her; the nail polish was still wet. She'd remembered my name: "Trish! Come on in." She'd put on red lipstick, was ready with a pot of decaf. Upstairs, the baby was crying; we'd both smiled automatically at the sound. "My husband's with her. He signed your papers." She pushed over the consent form; I saw that Felix Harkonnen's autograph was freshly inked. "He's a little worried about the procedure—she's our first child, you know, he's a very protective father."

The note of apology in her voice unnerved me a little; this was perhaps my first intimation that Mrs. Harkonnen was a very special sort of donor. I'd never met a mother like this, for whom the gift of a daughter's sleep seemed so matter-of-fact. Why did she assume her husband's reluctance needed explanation?

"But I told Felix all about those poor people on the waiting list. Why this sleep donation is so important to them. How did you call it? A 'life serum.'" Then she'd paused, staring intently at me, and I saw that I'd been wrong to think this woman was in any way naive. There was some shrewdness alive inside her kindness, a perspicacity that thrilled and frightened me, that I did not understand. The quality of Mrs. Harkonnen's attentiveness caused my whole body to prickle, as if invisible quills were

lifting under my skin. This was a surprise. For the past eight months, I'd felt brain-dead and nerve-dead when I was not recruiting. I'd stumbled around in a daze during the periods between our Sleep Drives, those jagged white intervals of time, which I had formerly experienced, in unity, as "a day."

"Your sister. I can't stop thinking about her."

"Oh?"

I'd stared up at the unshaded bulb above the Harkonnen kitchen table. Gravity can be exploited in these situations; moisture slid into my pupils. A swimmy seepage of green light contracted back inside the white bulb. I did not cry. Once the kitchen went matte again, I was able to meet her eyes:

"Well, thank you, thank you very much for keeping her in mind. My sister would be here today, if we'd had Gould's technology . . ."

Then my voice broke, and I had to really work to keep my grin from stretching into something crooked and hungry; my eyes felt suddenly dish-sized, much too large for my face. Ordinarily I only resurrect Dori during a pitch. That's where I feel her. But that night I was certain that I sensed my sister's presence in that stranger's kitchen. Or almost certain. I badly wanted to see you, Dori, as you existed for Mrs. Harkonnen. Typically, my recruits receive the story of my sister's death day with a mixture of sympathy and horror; many people give sleep as a kind of frightened oblation, a way to sandbag their healthy lives from her fate; if she "works" on them, they respond with a donation. But all most people ever really know about my sister's life is how she died.

My smile became natural in response to Mrs. Harkonnen's smile as she offered me a reheat on the black coffee, cream and sugar—Mrs. Harkonnen was the kindest and gentlest inquisitor I'd ever met. Somehow she intuited all that I could not say about my sister, and she asked me only questions to which I possessed factual answers; I heard myself telling stories from our Pennsylvania childhood, these shadowy green memories of Dori that I'd never shared with any donor.

All this time, the baby had been wailing. At first I'd been astonished by her volume. Once Mrs. Harkonnen got me talking about Dori, however, I'd stopped noticing, until I was barely aware that she was shouting to be heard. Then that pour of solar sound cut out. The infant's silence was as loud as her screams had been, at least. We turned from the forms together, and there was Mr. Harkonnen. He was standing at the top of the stairwell, holding the baby.

"I've changed my mind," he said.

I stood, and so did Mrs. Harkonnen.

"Sit down," Mrs. Harkonnen commanded me, suddenly steely. "Felix, we made a promise to the people—"

Then I went perfectly still in their kitchen, holding chilly coffee, forgotten completely—recruiting people to a cause, I've found, often isolates you in strange spandrels, caught between a stranger's intersecting planes of aversion and desire; in the case of the Harkonnens, I was a literal trespasser. "Wait here," said the red-eyed Mrs. Harkonnen, smiling sheepishly at me, as if she needed only to check on something burning in the oven. I eavesdropped on Mrs. Harkonnen woodpecker-drilling in the stout oak of Mr. Harkonnen: "We're doing this. We have no choice. How can we live with ourselves otherwise? I won't be able to live with myself." As they argued on the stairwell, I closed my eyes and folded my hands on the kitchen table. I pictured a great fire fanning out through this house, consuming all obstacles. It was more a wish than a picture, to be honest. I'd willed the fire to eat a pathway to a yes.

I left 3300 Cedar Parkway with two signatures.

Four nights later, I dispatched a Sleep Van to the Harkonnens.

Baby A, on the night of that first, successful draw, was six and a quarter months old.

None of us had any clue, at that juncture, what the techs were about to uncover.

We shipped Baby A's sleep to Elmhurst, New Jersey, one of our ten processing centers. Lab technicians were amazed. Multiple tests confirmed that her sleep had zero impurities: there were no nightmare-markers, no native dream-antibodies. No need, whatsoever, for the sleep of Baby A to be sieved and purified and reconstituted.

Baby A, it turns out, is a universal donor. No body rejects a transfusion of her sleep.

Her discovery has been called "a boon for all humanity" by Dr. Gary Peebles. She is our dream gold mine. Banks all across the country are on appeal for her sample. Lab techs work frantically to synthesize it—"artificial sleep" has been a goal of medical researchers since the sleep banks first started operations.

Tonight will mark our sixteenth draw from Baby A. Sixteen draws in four months! That's nearly half of Baby A's life.

December, we drew twelve hours from the baby.

In January, we bumped up to thirty-six.

In February, we started drawing the max catch for her weight.

This March, the Sleep Van has been parked on the Harkonnens' block every week.

When the numbers of insomniacs on our waiting rolls peaked, we were able to blend and redistribute the sleep of Baby A into forty-eight bodies. It was national news: "Baby A Saves the Night."

Currently Baby A is underwriting many hundreds of lives with her sleep donations, with no end to the crisis in sight. Who could have guessed that an eighteen-pound infant would have that kind of power? Who can blame Baby A's father, for abhorring our discovery?

When I pull up at 3300 Cedar Ridge Parkway, it's a little after midnight. A trio of nurses are seated in the back of the Van. Outside the night is scintillating, calm. A basketball hoop in the Harkonnen

driveway keeps its monocular eye fixed on their two-toned jalopy, a brown sedan with faded turquoise doors. Large white flowers blossom all over the property in unlikely, untended spots; one clump of fronds out about a foot from the Chevy's rear tires. I tell the Head Nurse that I want to go in alone, perform better alone. "Are you sure, Trish?" she asks, with undisguised relief.

My regret is nearly instantaneous.

Mr. Harkonnen is standing on the lawn.

His arms are folded over his barrel chest, and the darkness lengthens and funnels around him. For a cold moment, I mistake these creased shadows for a shotgun.

"Mr. Harkonnen!" I wave, throwing my hands up, crossing the uncut grass towards him. "We've never met. It's Trish Edgewater—"

"No way."

"The Corps Recruitment Manager—"

"Not tonight. We're done here."

Moonlight crosses his skin like moisture, light weeping down his craggy cheeks. He stands under the shadows of a giant poplar. Every time the boughs move in the wind, chunks of him go missing.

"Tonight we have a true crisis on our hands, sir—"

"Is that so? Guess what I've got on my hands?"

His fists knot to form an imaginary cradle, which he swings furiously on the air.

"I've got a daughter. She needs her sleep. You show up here every goddamn week. Why can't you find someone else's kid to drain?"

Etiquette is a powerful programming, however, and easily exploitable. I sneeze. He sneezes back at me, reflexive generosity: "Bless you." A space opens up; I inch closer on the grass: "Mr. Harkonnen, can I trouble you for five minutes of your evening? I'm asking on behalf of my dear sister, Dori Edgewater . . ." He frowns, and I score an extra second—a short tarmac—but long enough for me to launch my pitch.

Quick as I've ever managed it, I transition into Dori-mode.

Up I float; somewhere, far below me, I see a blur that is my body, pitching my sister.

"Oh, my God," he whispers when I've finished. "*That's* how she died?"

I glance down at my watch: four minutes have elapsed. A new record.

"And you're saying if she'd had *one extra hour* of sleep—"

"So the coroner tells me."

The stars above the Harkonnens' brick roof are spinning. Chowdery bile rises in the back of my throat, and I stare at Mr. Harkonnen's shoes on the grass until it sinks again. I am truly spent, sweaty.

"Jesus."

Mr. Harkonnen takes a step forward with his arm lifted, as if in greeting; it falls heavily on my shoulder.

"Well, I am very sorry to hear that. Very very sorry indeed," he whistles.

Now things get considerably more complex; at the top of the lawn, the front door to the house swings wide. The darkness spits out Mrs. Harkonnen, who joins us.

"Hel-lo!" I call out, and wince with her at the volume of my voice, which sounds deranged at this late hour with unseasonable cheer; I wonder whether the nurses can hear any of this from the Van.

"I'm sorry, Justine," I blurt out. "But it's bad."

I count off the numbers in the ER.

I reveal how very little sleep we need to stave off tragedy tonight. Really, a minuscule amount from a being this tiny. We will manufacture a poly-sleep blend from it, and it will benefit hundreds

dreamless sufferers.

“The baby is inside. Felix will get her.”

Head down like a linebacker, he shoulders past me on the grass, clipping me with his bicep. I gasp, surprised to enjoy the contact, even the fury behind it. It’s not unlike flirtation, a move that blatant and deliberate.

“Thank you,” I say, addressing the wife.

“You’re welcome,” grunts the husband, parking himself on the lawn again, like he can’t bear to let her have the last word.

For a long moment we stand in this frozen geometry, just beyond the orange headlights of the Sleep Van. As dizzy as the stars, as near and alone. Then Mr. Harkonnen shifts his weight so that we form a true circle, and a strange joy sparks and catches in my chest.

I deliver the good news to the Sleep Van. Everybody grins with relief. Now the Sleep Van is once again an authorized vehicle on Cedar Ridge Parkway, instead of a boxy white shark waiting in the shallow to feast upon a baby. Nurse Carla swings the Van into their driveway. Two nurses begin to swab the helmet with the blue solution; a third calls Jim, beaming. I decide to take a walk around the Harkonnens’ neighborhood; the Van is crowded, I tend to get underfoot, and I find that I do not want to be inside when Mrs. Harkonnen enters with the baby.

The Slumber Corps’ lifesaving operations run on the public’s trust and goodwill. Where money is concerned, we have to be careful. According to my bosses, we are working on establishing a scholarship fund for Baby A. Some kind of trust in her name. Legally, we are “just desperate,” swears Jim Storch, to finagle a way to express our organization’s gratitude to the family for the gift of Baby A’s sleep. But this expression of gratitude must be made with diplomacy, sensitivity.

“It’s delicate,” Rudy tells me.

“And *muy illegal*,” echoes Jim.

Nobody in our Mobi-Van would suggest that the raw market would do a better or a fairer job of matching insomniacs and donors than the Slumber Corps. None of us can imagine the solution proposed by certain factions, “the sale of sleep,” leading to an equitable system. Not that the Slumber Corps is a perfect matchmaker. Our cold-calling can feel scattershot, and our dependence on strangers to refill the dream wells is total; the Sleep Banks are routinely on appeal for more units. You can program omniscience into the hospital computers, and people die on the Corps’ wait-lists every night. But our goal, at least, is articulable, stable, and very clear: to get clean, deep sleep to the insomniacs. I am proud to say that in its seven-year history, the Slumber Corps has never rejected an insomniac for financial reasons, or requested any kind of payment.

When I registered the Harkonnens as donors, I had no idea that their daughter’s sleep was a miracle in progress. Baby A is still the world’s only known universal donor. But there have been several cases of sleep donations that can be accepted by a remarkable percentage of insomniacs. Three years ago, a sleep of a lightning-white purity got drawn from a ninety-two-year-old Lakota man in Laramie. Almost immediately after his discovery, he slipped into a coma, and ever since, against the wishes

some family members, the Wyoming Slumber Corps has been “mining him” for sleep—a phrase favored by the media.

“Which is funny,” Rudy snarls, “when you consider all the mining, drilling, and *earth-rape* they are *actually* doing in Wyoming—and here we have this living saint, sustaining hundreds of people with his sleep . . .”

The old man signed a contract, before losing consciousness, stipulating that he wanted his body to be farmed for sleep until its death. His last bequest. I admire the generosity of our Wyoming donors and I invoke him at Drives. But I’ve also had such vibrant nightmares where I see the orphaned animal of his body, tethered to Gould’s machinery by the ponytail of blue wires. Strapped onto the cot, strapped into the helmet. The feet in socks.

Hundreds of lives have since been saved thanks to Baby A’s donations. Many thousands more, who are wait-listed for a Baby A transfusion, have been given an EEG-recording of Baby A’s brain waves transformed into an audio recording, as part of an experimental study. There is some evidence that even this remote contact with Baby A’s sleep might reset insomniacs’ body clocks. All of this is well documented by our outreach videos.

But Baby A’s life would have been far better off, I’m certain, if I’d never found her.

The Harkonnens live in a “transitional” neighborhood—houses that you might call “fixer-uppers” or derelict, depending on how cheerful you are feeling. Even light seems hesitant to enter them. Last year, many of the rotting facades got repainted in gumball shades of pink and lime, some misguided civic project to brighten this part of our city. It’s a pretty superficial shellacking—the cars and motorcycles outside are still junkers. Lawns are covered with many octaves of weeds, shading from crud brown to yellowy beige, and even the leafy trees seem to me to have too many limbs, mutating away from the rooftops in a silent, wild freedom. Several bikes knock around on their chains, an eerie, genial sound, as if the machines are gossiping. Early spring, and this whole block smells like flowers. The heaving blossoms turn out to be everywhere once you notice them, overflowing the rain gutters and the sills of second-story windows, unencouraged, unsupported, and nevertheless here once more, vivid white in the night air. Beauty staging its coup in every suburb and slum in the galaxy. *You are lucky to be alive to see it, aren’t you, Edgewater?* I have several canned lectures, designed to reduce my nausea after talking about Dori, which I mentally self-administer in Rudy’s stern voice.

Tonight I’m snuffed. Dori’s story, now in its told state, expelled, floats somewhere far outside me, emitting its jellyfish light. Sometimes her absence takes me over and then I’m a sleepwalker. Now, for example, as I double back to the Harkonnens.

Here they come again, the white flowers, bystanders rooted in the bright light flowing from the Sleep Van. Bodies move with their own sly life behind the windows, bending and straightening. For no easily discernible reason, I am terrified to reenter the Sleep Van. At some sore point on my revolution around the Harkonnens’ block, I seem to have removed my name badge, my Corps Recruiter jacket. I’d much prefer to remain a stranger out here underneath these fragrant narcotics, the ruffling white blossoms.

I can hear the baby crying. Up ahead I see the Harkonnens' two-toned Chevy again, brown and turquoise, the basketball hoop with its frayed net. Underneath it, the Sleep Van is parked with its rear doors wide open, spilling yellow light across the lawn. Framed in the window, I see Baby A strapped to the catch-crib, her feet tensing and relaxing like little fists.

“No, no, see the bag inflating? She’s still breathing on her own—”

“Get a seal on that, Carmen. Get a tighter seal on that.”

After the Harkonnen draw, we drive to the other side of town, to get a draw from Roberta Frias. Roberta is six and such a funny kid, chatty until the very second before the anesthetic crests and rolls her under. She’s no Baby A. But her sleep is remarkably limpid, a reliable match for many insomniac EEGs of her first draw dazzled the nurses. Beautiful NREM—slow-wave, “delta” sleep, the state in which a body repairs tissue, builds bone and muscle, strengthens its immune system.

On the catch-cot, under the clear mask, her smile flutters and disappears. Her mother always dresses Roberta up for a donation, and the nurses have given up on telling her that this is unnecessary. Tonight she’s wearing a frilly yellow dress covered in tiny gray mice and a pink hairband. Her parents are watching from the corner of the Sleep Van, nervous and proud. Mr. Frias, a chubby Puerto Rican pastor, taxi driver, and nervous father, a lip-biter, gives me the thumbs-up when our eyes meet.

I don’t know how to describe the unique claustrophobia of a sleep-draw, if you’ve never been present for one, except to compare it to the electric, heavy feeling of air carrying seawater. A frightening, exhilarating charge permeates the entire atmosphere of the Sleep Van; an overpowering sense of ambient destiny, fate crushing in on all sides. This accompanied by a nostril-flaring, neck-prickling vertigo. What provokes this disorientation, says Dr. Peebles, is your body’s awareness of its proximity to an enveloping illusion—a dream, not your own, pumping out of a donor’s prone form. The unhosted ghosts of these dreams in transit, en route to facilities where they will be tested, processed, plated on ice, awaiting transfusion. World-blueprints. Roberta, according to our monitors, is discharging a shocking quantity of dreams. They go soaking out of her mouth and snaking through the breathing tubes, a galaxy per millisecond. The nurses claim not to notice the smell anymore, a clean odor you can almost taste, which reminds me of the white frogs we used to net from midnight ponds, the scooped and dripping lilies.

Minutes four through eight, as the coils begin to heat: the child’s fantasy is in the room with us, unexpressed in any consciousness. Her dreams glug out of her. At the end of the draw, the machine makes a fantastic chortle, a sort of mechanical *blech*, and one nurse, Louisa, who is very

uncomfortable with child donation, giggles hysterically and says, "Pardon me!"

Two days after my last call out to the Harkonnens, Rudy Storch and I are alone in the trailer, coding for dispatch. At 9:04 p.m., the Slumber Corps' alert icon flashes onto our computer screens. Seconds later, Rudy is on the phone with Washington. They want every Corps employee present for a live broadcast, an "orientation" to some new crisis, set to air in an hour's time.

They're calling it the worst scandal in the Sleep Bank's seven-year history.

"Oh, fuck me," says Rudy, glued to the screen. "Get everybody in."

Here is what we learn in the hours that follow:

On March 23, a man the media is calling "Donor Y" walked into a Sleep Bank in San Diego and asked to register. It was his first time donating sleep. According to his file, he is a forty-two-year-old white male, five-seven, 189 pounds, 128/67 blood pressure, no sexual partners sharing the bed with him, no children. He checked no on all the disqualifying boxes. Sleep apnea: no. Sleepwalking: no. He was next handed the CDC alphabetized list of all three hundred known contagious nightmares—

Abomination, horned

Ambulance, frozen yellow siren

Anthill, no queen

Ants, flesh-eating

Aorta, burst

Asteroid, green

Attic, grandmother's ghost

Attic, padlocked toy chest

Avalanche, death of self

Avalanche, death of spouse

Avalanche, live burial

Et cetera

Donor Y checked emphatic black noes all the way down the line.

For the past seven years, the CDC has been working in collaboration with every local branch of the Slumber Corps to keep a Dream Database. The CDC monitors the occurrence of communicable nightmares in order to detect trends and to track and investigate outbreaks of similar dreams in certain regions, “nightmare clusters.” Odds ratios, based on logistic regression models, are used to calculate the risk of infection from exposure to a sick dreamer.

Donor Y self-reported clean. “Baby-like, fetal position,” was what he wrote on his questionnaire response to the question “Describe your sleep posture ____.” His handwriting is neat and evenly spaced; the only unusual thing about it is that Donor Y wrote in tiny all-capitals, like a scream shrunk down into a whisper. Having passed the health prescreen, he donated a twelve-hour unit of sleep—the legal limit for a man his age and weight. Nothing occurred during the draw to put the nurses on alert.

His sleep was transported to the Berkeley testing and processing center; two days later, it was shipped to sleep banks all over the country. The nightmare may have been undetectable by standard testing. It may have been perfectly detectable and somehow missed by the technicians. What is known: Donor Y’s sleep was flagged as “healthy,” centrifugally spun, and packaged into “Sleep Blend G-17,” an amalgam of hundreds of donations designed to neutralize and dilute any residual impurities from single donors. “Sleep blends” are prepared for rapid delivery to the widest spectrum of insomniacs.

Early estimates suggested that anywhere from one thousand to ten thousand patients might have been infected with Donor Y’s nightmare. Within hours of the Corps alert, lawsuits are being threatened—the Slumber Corps is charged with failing to adequately screen volunteer donors and test their sleep.

“Donors are given a questionnaire about their history of sleep disturbance,” says a spokeswoman for the Slumber Corps, Betsy Gamberri. They dressed her in dizzy-tall stilettos and a pink bolero with linebacker shoulder pads, as if seeking to increase her literal stature in the medical community.

“The onus is on donors. You have to self-report your nightmares. The questionnaire, if answered correctly, should have eliminated him.”

“Either the donor did not know he was infected with this nightmare or he lied,” says Dr. Peebles.

Currently, the identity of Donor Y is being kept secret from the public—if it is, in fact, known. The omission stretches to accommodate the wildest theories: rumors of sabotaged files, internal Slumber Corps conspiracies.

“Have you ever *been* to the San Diego bank, Trish?” whispers my colleague Jeremy in the Mobil Van. “If the guy’s file went missing, I’m sure it was just some administrative fuck-up.”

Jeremy does our branch’s data entry, and I guess he knows whereof he speaks. We agree that it’s far scarier, in its way, to think that a teenaged volunteer with bangs in his eyes, some good-hearted college kid named Brad or Boomer, simply forgot to scan a state ID. You can see why the theorists are getting so much airtime. There’s something darkly reassuring about imagining a cabal under the earth or a government plot, or any human scheme, to undergird the spread of his “plague dream.”

What follows is a catastrophe for the Corps beyond our own worst institutional nightmares.

The Donor Y scandal causes a nationwide drought in all the Sleep Banks.

People are scared to donate. Many decide that Gould’s procedure must be hazardous. Their fear adheres to the physical apparatus: the silver helmet, the mask and the catch-cot. Myths run rampant, parallel contagion: *What if you can contract a nightmare in the Sleep Vans? What if donors, to expose themselves to the infection?* Other donors dread *becoming* a Donor Y. Newscasters transmit the germ of fear to millions. The morning news, the evening news, it’s relentless:

“Obviously, the American people have been lied to, the American people have been misled about *the real risks* of this sleep donation procedure . . .”

Never have I heard “the American people” invoked so many times per hour.

The CDC assembles a task force of dream epidemiologists.

In the Mobi-Van, we are calling around the clock, reassuring old donors, begging. The intern jokes that he could use some bootleg sleep himself, until Rudy roars at him to knock it off.

If you’ve ever watched people speedily disqualify themselves from serving on a jury in a courtroom, you can imagine the efficiency with which many of our cold calls recuse themselves. When I announce that I am a Slumber Corps recruiter, people launch into descriptions of their most bewildering dreams, as evidence that they are unfit to give:

“Ma’am, I keep drowning in my own blood at night. I have the shadow of an insect, I dreamed that. Really, I’m a menace. My dreams aren’t right . . .”

“This one I’ve been having since childhood, I call it the bottomless dream? The dead go spelunking into blue holes. Then for some reason I’m in Lithuania, in a jade cave where the tornadoes breed . . .”

“President Nixon strapped to a fire truck! Twice, I dreamed that this month . . .”

A recent widower says: “What lugubrious facts. I regret that I will be unable to change them for you. My wife just died, you see, and she’s saturated my sleep like coffin milk.”

A Russian woman interrupts my scripted pitch to scream at me, quite persuasively: “I should ask *you*, you should give *me*. Every hour I have, I need!”

It’s a crisis of faith. Donors refuse to give sleep; donees who have spent months on our rolls are now refusing the transfusions. Suddenly, impossibly, we must advertise to recruit the sick ones.

We need good sleepers and we need insomniacs. To combat attrition on two fronts, the Slumber Corps launches a new PR campaign. The TV spots show scrupulously groomed young couples, paragons of hygiene, holding up their children under a pristine full moon, yawning, smiling, waiting for their turn to donate at a Suburban Donation Station. Behind the Van is a tract house and snail-shaped driveway. The message: the Sleep Van comes to you. Then the camera cuts to footage of a yellow nursery. There is zoo wallpaper, the zany chandelier of a baby mobile. The camera floats over the crib, pans down to a three-month-old infant’s seamless eyelid. A lavender bib with tiny sheep rises and falls on her perfect chest, with a dreamy evenness.

“SLEEP LIKE A BABY AGAIN: 1-800-IMAWAKE.”

It’s like watching food advertising for hungry mouths.

We run a local hotline. On either side of me, Yoon and Jeremy are pouring reassurances into the telephone headsets. These salving phrases are the antibodies engineered for us by the Corps scientists: sets of facts to counteract the spread of doubt, terror. And as we speak them, we try hard to immunize ourselves, and one another, against the panic of the callers. “The Donor Y contagion is officially contained,” I say on repeat a hundred times a night. When I close my eyes, though, I picture a microscopic worm nuzzling under skin, blood-rocketed through the entire organ system.

“The needy simply do not trust us,” complains Rudy Storch.

“I can’t believe this,” says Jim, shaking his head.

Very slowly, Jim reads off the names of Last Day insomniacs who have requested removal from our transfusion wait-list: “Rita dropped out? Melissa Van Ness? Has everybody lost their mind?”

Reflexively, he keeps thumbing water from his eyes. Rudy has formulated a sort of chitinous sheath of sarcasm to protect him, but I worry about Jim.

“Jesus. I mean, mistrust us, okay, think us diabolical, but let us help you.”

I don’t tell Jim or Rudy that certain people on their staff mistrust *them*; that we all wonder at the

brothers' motivations for pouring their fortune into the Corps.

Chief among the skeptics is Roger Kleier, the Slumber Corps janitor. He is always recruiting or doughy new interns to share his suspicions of the Storches. He is on payroll, he is not a volunteer. His salary comes from the tremendous endowment made to our regional branch by Jim and Rudy Storches. Every month, an influx from the brothers' coffers fills his bank account.

"You gotta be shitting me! The toilet brothers give up a million-dollar business to work out of a trailer—*why?*"

Roger is a naturally suspicious person. There are bodies that reject sleep transfusion after sleep transfusion. Bodies that come preprogrammed with evolved defenses against all foreign dreams, that respond to even infant sleep-transfusions with a violent immune reaction. And goodness knows, I have worked with many people in this waking life who seem congenitally incapable of accepting any human donation of blood, marrow, sleep, criticism, praise, money, love. Some days, I know, I'm one of them. You find that you're not a match with the donor. Or you sense that the gift will take some freedom from you. Your body rebels, maybe you don't even know why. But the donation is rejected.

Roger's janitorial desire to get a clean read on the Storches, his hostile curiosity about their motives, adds its resonance to the chorus that pours through my headset. During Phone Shifts, I read my updated script. I say: "The Donor Y outbreak was an anomaly." I say: "Sleep donation is safer at this moment than it has ever been in history." I say what I can say, and mean: "People are lying awake and dying. They need your help."

On a good night, I feel I've done a good thing. That donors will continue to replenish the Sleep Banks; that the risks to them are minimal; that the benefits to the insomniacs are incalculable, sky-wide, as enormous as any life-in-progress.

On a bad night, this can feel like stitching an imaginary net under a hundred wheeling acrobats. Or promising the stars they'll never burn out, fall. The Corps script doesn't come with stage directions; it could ease up a little on the doomy enthusiasm. Politicians would retire their office before guaranteeing so many splendid tomorrows to their voters. Men don't lie like this to get women in bed.

Underneath my audible solicitations, I make another request, at a frequency far below the chattering of my transmissions to these people, my bullshit reassurances: *Please let what I'm telling them stay true, please let them be safe.*

Donor Y.

Why, why.

I become obsessed with him.

Was it a case of "malice aforethought"?

This term I learned from a high school book, *Moby-Dick*: a white whale ramming with blind haste into the hull of a boat, trying to kill everyone aboard.

"Malice aforethought," the teacher explained, meant the whale could scheme, like a man, and design its revenge.

Perhaps Donor Y wanted to settle some score with the universe. Perhaps Donor Y was tired of being an anonymous sufferer in a crowd, and wanted to propagate his worst night. Gould's machines gave him a way to tattoo his private horror onto the minds of strangers. This possibility—an uncomfortable, arousing possibility—gets mentioned in every news story about the crisis. Villains sell papers. And I find that I prefer him this way: nasty, aware.

Donor Y, when I try to picture him, never develops a face. What I see instead is a husk, a humanoid virus, interested only in the dissemination and replication of its own pain.

You've heard about that sperm donor whose single cup of swimmers went on to sire legions of snub-nosed, blond half brothers and sisters? Our Donor Y has inseminated thousands of dreamers with his personal hell. He's broadcast his nightmare to every demographic.

Donor Y, Baby A. I picture them as opposite poles on an axis. Donor Y, pumping out the nightmare and Baby A, pumping out black sleep.

I find that I badly want Donor Y to be pure as well: purely evil.

And if he betrays me by showing up, becoming real? Just some middle-aged guy in a sweater, with one uncommonly virulent nightmare? This scenario, I hate: Donor Y gave no thought at all to the possibility that he might be such a carrier. He was a sincere do-gooder. He saw a flyer and wandered up to a registrant. An earnest brunette administrator ran down the questionnaire with him in the luncheon lit tent, and both of them believed that his responses were honest.

Last April, Rudy and Jim had me tell "Dori's Story" at the Corps Sweet Dreams Benefit—our largest annual fund-raiser. At the ball, I stuttered, lost my place twice. I torpedo-sneezed into a sea of audience of billionaires.

"No, Edgewater!" Rudy reassured me. "You got half the room with that. That snot was a good touch! I mean I know it wasn't a 'touch'—with you, it's never a performance—"

In the bathroom, I rinsed my eyes. A German woman approached me, a Deutsche Bank widow with shimmering green. She complimented me, in her way, on the purity of my grief: "Still so sad! After all these years and tellings!"

I've shared Dori with thousands of people now: reporters and talk show hosts; reluctant sleep donors; once, a jet-lagged, baffled, yet receptive African king at a strange and endless state luncheon. Every single time I tell it, I go into convulsions. I show her photograph.

"She's like a grief hemophiliac," Rudy told the German widow, who was searching avidly for her checkbook; for an instant, we locked eyes over the sequined shoulder pad of this woman's evening gown. "It doesn't clot. It never runs dry."

Is our appeal to this alpha breed of ego a bad thing? Rudy argues that it's one of our greatest accomplishments—that the Corps reorients the flow of ego, like the old river-damners who got the water to run backwards and irrigate a dry world. We at the Slumber Corps are hydraulic engineers. We redistribute funds, dreams, to eradicate thirst. And I don't disagree; only it's a strange way to help the living, to continually dredge her up, my sister.

I've been giving a lot of thought to the similarities between what I do and what's been done by Donor Y. Thanks to my efforts, millions of people are infected with Dori's last breath. My job, as I understand it, is to compel our donors to feel the horror of her death. To "spread awareness."

"It won't bring her back," a trustee once told me soapily over another endless Slumber Corps charity spaghetti dinner, as if lathering his own hands with this antiseptic wisdom. Which, oh God, caused me to swallow a small withered tomato whole so I could hiss across the table, "I know that!"

At the same time, what am I doing, if not reseeding my dead sister into as many fertile minds and bodies as possible?

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