

The First Two Pages: “The Hospital Boomerang” by Kevin Tipple
From *Larceny and Last Chances*, dited by Judy Penz Sheluk
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An Essay by Kevin Tipple

Having talked to many fellow writers over the decades, I think my writing process is a bit weird and quite different from most folks. Of course, that is to be expected as I am a bit weird. Some would say, and have said out loud and in performance reviews, that I am *very* weird. I blame genetics and environment for the way I am.

Most writer type folks seem to fall in to two camps. They see a submission call and have an idea. That idea could have concrete depth to it, or it could be nebulous. But they have an idea and get to work. They start writing

The other camp is made up of folks who see the call and immediately have some sort of character sketch in mind. The character is somewhat fleshed out from the start. That person then starts relating the story as the writer writes.

Either way would be nice, but that is not me. I don't fit in either group. Characters almost never talk to me. I often don't have an idea other than *You should write something for that. Sounds cool.*

As I told both Judy Penz Sheluk, editor of *Larceny & Last Chances*, and Art when both separately asked me to write this essay, my process is weird and hard to explain. So, here goes...

If anything is going to happen with a call, I usually get an image. Usually, it is just a picture. Occasionally, like what happened here, I have a deal where it is sort of like a few seconds of a video stream.

It happens most often when I have just come back to bed after a middle of the night bathroom trip. (*Look, I'm 62, things happen during the dark of night, enough said.*) Once back in bed and trying to go back to sleep and thus avoid the stalking insomnia demon, my mind will drift, and I will start thinking about the market call. This also assumes that my mind does not start thinking about bills, upcoming doctor appointments, where my birth certificate is, etc., or I don't hear a weird noise and am forced to get back up and investigate. So, assuming I am still in bed and my mind is drifting, I poke at the call, and think about what I could create for it.

Sometimes, everything is just a wisp of smoke, it all drifts away, and I never do come up with anything. Other times, the same image comes back for several nights in a row. It sort of sticks in my head. Sometimes, the same deal starts popping through in broad daylight when I am not busy doing something. The image just won't go away. All of that is what happened here.

I had a recurring deal that was sometimes just a still image and, at other times, a few seconds of a sort of fuzzy video stream. It was from the point of the view of a patient, waking up in a hospital room with the machines beeping. The

left wrist was cuffed to the bed rail. Tremendous pain from the stomach area. I knew it was not me, nor was it real, but it felt incredibly real.

It was so intense the first time, it woke me up with my heart pounding and my face sweaty, and it was more than an hour before I actually got back to sleep. It happened again and again over the next few nights, and I knew I might have something and needed to play with it to see where it led.

That sequence, with a slight change, became my first sentence of the short story and the opening paragraphs.

It was the damn beeping that woke me up. I opened my eyes, only to see the same crappy tile overhead that I had seen once before. A heart monitor and an IV drip machine beeped. I looked down my bed. Neither wrist was handcuffed to the rail of the bed. An improvement over my last visit.

The pain in my stomach was not an improvement. Neither was the pain that ripped through me when I moved my legs.

“Damn.”

Back in the early '90s, I had to have emergency gallbladder surgery. To make a long story short, I have been a cardiac patient since the early '80s. Bad things happened during the surgery. What was supposed to be a ten-to-twenty-minute easy peasy procedure that should have seen me go home the same day, turned into a two-hour-plus surgery, an anesthesia reaction, and a laundry list of other problems that kept me hospitalized for three days. The initial wakeup in an unfamiliar room as machines beeped and then each one started screaming in alarm,

beyond the fact that I also woke up during the surgery, made the whole experience horribly unpleasant. Then there was the pain.

I had unreal stomach pain. It hurt to move, especially my legs. My late wife, Sandi, who had gone through two cesareans by that time, just smiled and said something about how I now knew a little of what she had gone through to be a mom.

A male nurse referred to my situation as basically being the same as gut shot, and that made an impression on me. As did his bedside manner at the time. Both of which found their way in the next part shown below.

The door swung open and a man in nursing scrubs bustled in and checked the IVs. That done, he swung his attention to me.

“How are we feeling?”

“Like total crap.”

“Yep. Gunshot wounds will do that to you. The real world ain’t TV where somebody is just fine and can do whatever for hours on end.”

I tried to shift in the bed as my back was not helping anything. A new wave of pain made me grunt.

“You have a pain pump for the next day or two.”

He fiddled underneath the sheet with something and pressed the plunger into my hand. I could hardly think, I hurt so bad.

“Go ahead and give it a squeeze if you need some medication. It’s all set up and won’t give you too much.”

I squeezed it. Hard.

He smiled. “You can hold that thing down all you want, but it won’t give you anymore.”

“Damn.”

“I hear you. Just relax and it will kick in pretty soon. I’ll have Tina come around and get your vitals in a few minutes. Hang tight.”

As if I could do anything else.

I glanced around for a minute. Pretty sure it was the same room as the last time, but the male nurse was new. So, with an image in mind and a reminder of my real-world situation

decades ago, I had something to build off of in the short story.

Knowing the editor and the market, I knew that whatever I came up with had to be tightly focused and not one of my weird tales that cross genre boundaries. I don't mean to write stuff that crosses genre boundaries. It just happens. So, I knew I needed to make sure not to do that here as I thought it would make my long odds way worse.

I also needed a crime. It had to be a larceny of some type. I spent some time on the internet looking at how a larceny is defined under Texas law and determining the common ones that get folks arrested. I wanted to use a less common crime so that my submission had a better chance of standing out from the rest.

It was about that time that I saw a local news story about how various places were having their donation jars stolen. Often right in front of folks as somebody grabbed it and ran for the door. That included a local Girl Scout Troop one Saturday afternoon raising funds to attend some event across the county and, in another case, a cancer patient that needed a transplant.

That got me thinking about how common it is here to see donation jars to fund various projects. Especially in convenience stores. Such small stores are often

the very lifeblood of the neighborhood or small town. It is not uncommon to walk into one and see multiple donation jars on the front checkout counter at the same time.

So, I had my image. I knew the person was going to wake up in the hospital and not be cuffed. He was going to hurt like the dickens. Donation jars would be involved and there would be a small-town convenience store. The larceny was going to be somebody swiping that donation jar. Our man in the hospital bed would redeem himself in some way.

I knew I needed a project for the donation jar. Something different than a lot of such donation jars. I certainly was not going to have the crime involve stealing from a cancer patient. Those who know me, know why. But, for those who don't know, my late wife passed in late 2017 after a multiyear battle against two forms of Non-Hodgkins Lymphoma. Folks who steal from cancer patients deserve a special place in hell.

So, that was absolutely out. So too were anything involving kids, sports teams, etc. I needed something that did not exist and could not cause any issue with a reader that might think it was all real.

Hey, I am the guy who once convinced two nurses attending to Sandi that they had missed the training for "Blood Smoothies" and needed to talk to HR as there were going to be new protocols for blood transfusions starting next month.

Instead of a four-hour deal to get one unit of blood into the patent, it would be a frozen ice drinkable thing that took about 45 minutes and could taste like strawberry, cherry, or blueberry. Sandi was a big fan of the *Twilight* movies so, when I did this, she laughed so hard after they left the room.

They both, independently, called HR on a Monday morning to ask about it. One of Sandi's docs said later that if I went into politics or business consulting, I could be dangerous.

It was about that time I saw a story that down in Florida the annual cold snap was hitting and there were warnings that iguanas could get too cold and fall out of trees. I knew we did not have iguanas here. I did some internet checking and confirmed that they were not present in Texas outside of zoos and such. Certainly not roaming wild and free. That meant that the project, Saving The Texas Iguana, could work.

The idea of such a donation jar also just made me laugh. After all, if you can't entertain yourself with twisted humor as you write, what is the point?

This meant I had the mental image, the real-world experience in a way, and the crime—the larceny. The basic building blocks of my story. That crime would be the earlier event. The hero would have a bit of a redemption and that would lead to his last chance. Mix in details and depth. Add a sprinkling of humor, as I knew

that I had to keep that limited to have a shot, and thus cooked up “The Hospital Boomerang.”

Having submitted to previous projects a couple of times before, I was sure that my short story would soon be rejected. Since my wife passed, writing anything, especially my own fiction, has been very hard. My only thought was that I had managed to actually write something, a rare event, and I should expect the inevitable rejection and plan on sending it elsewhere.

To say I was stunned when it made the final cut is an understatement of epic proportions. I still can't believe it made it in the book. I am very grateful to Judy for including it and I hope you will read it. There is no doubt that her editorial guidance made it better while still allowing the story to be mine.

Big time thanks to Art Taylor as well for having me here today so that I could give you a little taste of my story, “The Hospital Boomerang.”

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Kevin R. Tipple reviews books, watches way too much television, and offers unsolicited opinions on anything. Over the decades, his short fiction has appeared in numerous places online and in magazines such as *Lynx Eye*, *Starblade*, *Show and Tell*, *The Writer's Post Journal*, *Mystery Magazine*, and others. In recent years, his short stories have appeared in the anthologies *The Carpathian Shadows: Vol. 2*, *Back Road Bobby and His Friends*, *Crimeucopia-Strictly Off The Record*, *Crimeucopia-Say It Again* and, most recently, *Notorious in North Texas: Metroplex Mysteries Volume III*. He is a member of the Mystery Writers of America as well as the current President of the Short Mystery Fiction Society. His blog is at: <https://kevintipplescorner.blogspot.com/>