

The wake-up call

By Stephen Gauer

The man who would later be known as Traveller X arrived in our city shortly after 2 pm on a Tuesday in early May. He took a cab from the airport to the largest hotel, which occupies an entire block on the broad, tree-lined avenue that runs from the train station to the harbour. He checked into a room on the 14th floor, made two local calls to business associates and one long-distance call to his family, requested a wake-up call for 7 am the next morning, ate a room-service meal of roasted chicken and rice, drank a half liter of a modest French chardonnay, and watched an action movie on the pay-TV channel.

The front-desk clerk, a diligent and well-regarded employee of the hotel for more than seven years, later reported that Traveller X did not respond to the call she placed to his room at 6:59 am the following morning. She placed additional calls at 7:03 and 7:08; he did not respond to either of these calls. When she sent a bellhop to the man's room on the 14th floor, the bellhop knocked on the door but did not get a response. He knocked, and then knocked again; he put his ear to the door and listened intently for sounds of the man moving in the room or perhaps taking a shower or being otherwise occupied and therefore unable to come to the door. The bell-hop gave up and returned to the lobby. The front-desk clerk called the front-lobby manager who used a set of master keys to open the door.

The manager and bell-hop entered the man's room. He was still asleep in the bed. The manager noticed that the man was sleeping on his left side, with his mouth open and a look of complete and utter relaxation on his face. He shook the man gently and called his name. The man opened his eyes and asked the manager what time it was.

The manager told him. The man repeated his question and the manager repeated his answer. The man touched his ears and shook his head. He then became very agitated, quickly got out of bed, grabbed the manager by the arm and shouted his question again. The manager answered him, one final time, and told the man to stay calm and sit down. When the man did not respond, the manager pointed to the bed and repeated his command.

The man sat down. "I have gone," he said, "completely deaf."

Two days later, four of the hotel's front-desk staff, including the female clerk who had tried to rouse Traveller X, failed to show up for work at 6 am. Calls to the homes and apartments of the missing employees went unanswered. This situation created considerable difficulties for the front-lobby manager, a man with a reputation throughout the hotel for obsessive punctuality and attention to detail. He was forced to pay time and a half to two junior members of his staff to come in on their day off and cover for the missing employees.

Later that morning, the manager was in the middle of a conversation about the weather with a guest who came to the city twice a year on business when he felt a sudden prickle of ice and fear dance along the back of his neck and then his world went silent. The guest's mouth continued to move but the manager could hear no words coming out of it. The lobby, which seconds earlier had been filled with the chatter of arriving and departing guests, the squeak of unoiled wheels on the luggage carts, the steady hum of traffic from beyond the display windows, the whirr of a distant vacuum cleaner, the throb of a rap CD, was now stripped clean of sound. The manager's body seemed to tilt, as though attracted to the floor; his stomach rose into his throat, and he

felt for a moment as though he would throw up, but these sensations quickly passed. He blinked his eyes, shook his head, took a deep breath and let it out.

“I’m terribly sorry,” he said to the guest. “Would you please excuse me for a moment?”

The guest nodded. The manager turned away, walked across the lobby, down a long hall, and into a bathroom filled with mirrors and dark blue tile. He turned on a cold water faucet, and watched the silent water swirl around the basin and empty into the drain. He cupped his hands, gathered water in them, and splashed his face several times. He stared at himself in the mirror and spoke his own name very slowly. Nothing. He could hear nothing. He shouted once, only once. He fell to his knees and began to sob uncontrollably.

By the end of the day, the hotel was in chaos. Most of the staff, having suffered the same initiation into a world without sound as the front-lobby manager, were sent home with written instructions to contact their doctors immediately and to stay in touch with the hotel through spouses, friends, and relatives. When he heard the news, the general manager of the hotel, who worked out of a large office on the third floor and had only recently been transferred from another hotel in the chain, cursed his bad luck in making the move, and berated his secretary for being unable to get the office of public health on the phone.

The hotel staff who could still hear, mostly workers with little contact with guests, such as maids, cleaners, bookkeepers and back office clerks, were called into service to help and comfort the many guests who had gone deaf. Some of the stricken guests, with the help of hotel staff, were able to contact friends and relatives in the city, who then came downtown and into the lobby of the hotel to rescue them, thereby dooming themselves. Guests who had not lost their hearing fled the hotel as though it were a

building on fire; they rushed past the front desk without paying and hailed taxicabs for the airport. One guest, visiting the city to attend an international convention on human rights, screamed obscenities at the assistant general manager who was trying to process the man's credit card using a manual swipe machine, but being unfamiliar with how the device worked, was unable to record an imprint.

Guests who insisted on medical treatment were sent to a hospital a dozen blocks from the hotel, where a team of interns in the emergency ward checked their vital signs, tested their reflexes, peered into their ears and pronounced them healthy, except for their hearing, which in each case had completely failed. The interns were so shocked and upset by this bizarre rash of deaf cases that they called in staff doctors to confirm their findings. The staff doctors re-examined the hotel guests but came up with nothing. The hospital's senior vice president for disease control placed simultaneous phone calls to the hotel's general manager and the city's officer of public health. When the hotel manager heard the dreaded word quarantine he cursed again, but silently, so as not to offend the hospital administrator.

Officials from the city's public health office arrived at the hotel within minutes of these phone calls to seal off the building and begin the investigation, but of course the quarantine came much too late; guests from the hotel had already carried the virus throughout the city for two days, to restaurants and stores, coffee shops and malls, offices and art galleries, movie theatres and concert halls; the inhabitants of the city, in the process of going about their daily lives, unknowingly inhaled the virus and then spread it further, by the very act of breathing, to every office, home and apartment; and as the two-day incubation period passed, deafness spread throughout the city, in ever expanding waves, creating fear and despair among people whose primary concern had always been the safe and controlled progress of their own lives.

The next day, the news media were saturated with reports, analyses, eyewitness accounts and expert opinions on the strange disease that had struck the city. Newspaper circulation doubled and then doubled again as citizens eager for news about the extent of the disease and the search for a treatment or cure bought copies of the local and national papers as soon as they appeared. Radio stations went off the air, but local television stations continued to operate, having instructed viewers to enable the closed captioning feature on their television sets so that they could read the news, but many viewers, wanting more information than television could provide, switched to newspapers instead. Viewers complained that over time the television news announcers became more and more incoherent as they struggled to adjust their deliveries to a world without sound. Finally the producers of the news programs gave up and simply broadcast scrolling lines of text.

Many inhabitants of our city turned to the Internet for local news and communication during this time of crisis. Journalists, of course, found email enormously useful as an interview tool; because they could no longer ask questions and transcribe the spoken replies, they spent long hours at their keyboards communicating with city and health officials, and collecting and relaying the reactions and impressions of prominent citizens. As they assembled their stories, they began to quote their sources more accurately because they no longer had to edit spoken replies and interpret illegible notebook handwriting; they drew instead on the written text of emails, notes, letters and faxes. Their stories lost the abbreviated concision of journalistic speech, and grew longer, more detailed and more complex.

The widespread panic that city officials feared did not materialize. The tourism industry shut down immediately, of course, as soon as word reached the rest of the world that our city had been struck by a mysterious illness that affected hearing, and tourists

already in the city fled by car, train, bus, plane and boat. But our citizens for the most part remained calm once they realized that their lives would continue, although in a dramatically altered form, and that no one would die, and that with time and good luck a cure might be found. Reserve soldiers and cadets from the armed forces patrolled the streets for the first two weeks, ensuring that no looting or vandalism took place, but as time passed they began to disappear and by six weeks had been completely withdrawn; police patrols were stepped up in the poorer neighbourhoods but in fact crime began to drop almost immediately with the onset of the disease; and the difficult decision about banning cars and driving within the city limits was resolved by the realization that such a ban would be unenforceable. In a remarkable display of harmony and cooperation, drivers not only observed lower speed limits posted on all the major streets but also exercised greater caution and patience. Accident rates fell and city income from speeding and parking tickets fell dramatically.

City merchants who feared bankruptcy because of a deaf populace quickly found out they were wrong; enthusiastic shoppers continued to shop, despite being deaf, secure in the knowledge that money is not only a universal language, but a wordless, soundless one as well. Bookstores noticed an immediate increase in sales and were forced to hire additional staff to handle the queries of customers who marched into their stores holding lists of desired book titles and authors in their hands. Many shoppers found the shopping experience enhanced by deafness, because they were no longer assaulted by loud stereo systems or persistent quizzing by sales staff as to whether they needed help or had any questions. Experienced shoppers, like the other inhabitants in the city, carried small notebooks and used these to write questions about intended purchases.

Work was the biggest challenge faced by our city. Many inhabitants worked in offices, which required them to talk regularly to other employees, answer and talk on the phone, attend and contribute to meetings, discuss their personal lives and weekend activities, and provide some kind of meaningful commentary on important events occurring in the city and around the world. Office managers were amazed to discover that deafness barely affected productivity at all; for every loss, due to communication difficulties, there was an equal gain in productivity because so much less time was spent in idle chatter. The time savings due to the abolition of meetings, for example, more than compensated for the loss of the use of the telephone.

But it would be incorrect to suggest that the inhabitants of the city treated deafness as merely a minor inconvenience; it struck most of us deeply in our hearts and made us at times cry out in anguish. We were cut off from each other: parents from children, husbands from wives, lovers from lovers, sisters from brothers, grandparents from grandchildren. Those who lived alone, by choice or by circumstance, found a world without sound an even lonelier and more desperate place than the world they knew before; without the voices of friends and co-workers to console and distract them, they felt drawn more powerfully into the circular chatter of their own brains and this made them afraid. Young lovers, on the other hand, who needed no words to express their love, used their eyes, their lips and their fingers instead. Marriages built on conversation and debate saw those foundations shift and re-align; husbands, unable to talk to wives, embraced and touched them, wrote notes and letters and began to articulate their love in new ways; wives, unable to talk to husbands, used caresses and kisses to communicate and share and reward; many couples grew closer by touch than by words, and experienced a rebirth of intimacy that surprised and delighted them.

The saddest inhabitants of the city were the musicians, who lost not only their audiences and livelihoods but also their means of self-expression. Tragically, some committed suicide. The classical performers accepted modest unemployment payments and gathered in concert halls and rehearsal studios to practice and play for each other. Even though they were completely deaf themselves, they could still hear music in their imaginations. They consoled themselves with the knowledge that the great Beethoven had composed and performed masterpieces while deaf. The popular musicians, unable to play in rock bands, jazz ensembles and folk trios, put away their instruments and took up other creative pursuits, such as photography and poetry. They could be seen in the city's coffee shops, writing in small notebooks, day and night, in all kinds of weather, the frowns and furrows on their brows reflecting the intensity of their thoughts and emotions during such an unusual time.

In the early days of the deafness, many inhabitants of the city expressed hopes for a quick treatment or even cure. Medical researchers at the university had a lucky break the second week when an elderly tourist at the hotel, a rather obese woman from the east coast, suffered a fatal heart attack minutes after announcing her deafness during a martini-soaked lunch in the hotel's most expensive restaurant. After medical staff confirmed the cause of death, and after permission was sought and received from the family for an autopsy, Traveller Y, as she would later be called, was carefully examined for ear or brain damage that would explain the deafness. A young PhD student, expert in auditory nerve function, concluded that the mysterious virus that had attacked our city had done so by temporarily suspending, not destroying, the nerve function that carries electrical signals from the ear to the brain. The nerve is alive and well, but unable to

transmit, as though it doesn't understand the language of the signal. The PhD student compared the process to a human translator listening attentively to one side of a conversation, but unable to complete the translation so that the other side can understand it.

Research money from the government capitals flowed immediately to the university on news of the young student's discovery, and work began on a possible treatment to counteract the effects of the virus. Medical research teams from a number of countries were allowed to enter the city, wearing protective clothing, to observe and monitor the disease. Inhabitants quickly became accustomed to seeing small groups of these researchers, dressed in bright yellow body suits, with helmets and visors over their heads, walking along streets taking notes and snapping photographs. The hotel was an area of particular interest, since the virus had first made its presence known there, and often the lobby was filled with these teams, who resembled astronauts or emissaries from another planet.

Throughout the crisis, Traveller X, the first person in the city to go deaf, took it upon himself to document, step by step, day by day, the extraordinary details of the city's predicament. He was a lawyer by training who had abandoned the practice of law to focus instead on the management of expertise within organizations. He liked to say that his expertise was expertise itself, and that most organizations were quite inept at organizing, managing and exploiting the knowledge inside their employees' heads. Traveller X began a detailed diary the same day he went deaf. He was forced to remain in the hotel throughout the brief quarantine of that building, but when the quarantine was lifted, and then applied to the city as a whole, he walked exhaustively throughout the city, documenting everything he saw and everything he felt. His photographs, surprisingly accomplished for an amateur, provide a superb visual record of the crisis.

As the months went by, and no cure or treatment for the deafness was announced, the inhabitants of the city slowly began to incorporate the realization that they might, in fact, be deaf for the rest of their lives. Most were brave enough to balance this realization with the passionate belief that life was still worth living. A few despaired, and ended their lives. As the experience of deafness became normal, the word itself slowly began to disappear from news reports and written conversations and even medical bulletins from the university laboratories. The young student who first discovered the nature of the nerve paralysis was asked to come up with a name for it; he suggested SANIS, for Severe Auditory Nerve Impairment Syndrome, and this acronym became the standard and eventually the only way used to refer to the effects of the virus.

There were a few attempts at teaching sign language to interested adults. For the most part, these attempts failed. The adults were too impatient; they wanted immediate results, thinking they could acquire this new language in a fraction of the time it might take to learn French, Spanish or German. Surprisingly, or perhaps not, it was the children in the city who picked up signing most easily. Many of us remember walking into playrooms and basements and seeing groups of children, including our own, happily signing to each other, as easily and fluently as though speaking and hearing their own tongue again. Some parents and teachers, of course, were upset that children were communicating in a language they did not understand. It was as though the children had acquired hearing again and were using it for their own purposes. This was true, of course; the children had adapted to their new circumstances in a way that we could not.

Near the end of the crisis, if you had walked down one of the main streets of the city, you would have observed something unusual that many of the yellow astronauts commented on—a look of calm and relaxation on the faces of some residents, a look quite unique in our part of the world. Traveller X described it well, in his diary, when he

wrote: “My face, instead of reacting to the unpredictable, harsh, mechanical sounds of the world around me, can now reflect some of the inner peace that is building inside me.”

Almost a year to the day after Traveller X went deaf, field trials for a SANIS antidote were completed at the university where the virus was first identified. One hundred adults, volunteers representing all geographic regions and social strata of the city, drank the bright red liquid from tiny paper cups and then waited for the antidote to take effect. Eyewitnesses remarked later that an extraordinary thing happened as the subjects began to regain their hearing. One by one, depending on weight, height and gender, each subject started to talk and smile, and then sing, so that an hour after the first cup of the antidote was administered, a hundred voices, each singing a different song, in a different key, at a different pitch, filled the clinic hall with such a volume of sound that three yellow astronauts monitoring the test were forced to step outside until the subjects regained control of themselves, stopped singing and began talking in normal conversational tones. Some subjects then wept with joy at being able to hear; others talked uncontrollably to anyone who would listen.

Distribution of the antidote began the next day. Within a week, the city’s radio stations were back on the air, newspaper circulation had returned to pre-SANIS levels, and musicians were once again performing to appreciative audiences at theatres, clubs and concert halls throughout the city. Extra concerts had to be scheduled to handle the demand for music; many classical musicians were surprised to find that patrons wanted to hear only the music they already knew and loved, and had therefore become even more conservative in taste.

Not everyone wanted the antidote. Some of the oldest citizens in our city, those who had lost interest in music, film, TV, radio, even human speech itself, chose to remain in a world of silence. Public health officials, by law, could not force them to take the antidote. Traveller X was among the last to regain his hearing. This struck many people as somewhat ironic, since he had the been the first person to go deaf, but anyone who has read his published account of the SANIS year will understand his ambivalence.

Within weeks of distribution of the antidote, the city began to return to normal. Some inhabitants reported a more acute sense of hearing at first, as though the suspension of nerve function had somehow sharpened the act of auditory perception. There were numerous complaints about traffic noise, construction equipment, police sirens, the use of cellphones in public places, slamming doors, yelling, even the proliferation of crows in backyards. Television sets were played at low volume, and outraged patrons at cinemas throughout the city forced cinema managers to turn down the sound of all movies containing special effects and rock music soundtracks.

The return of conversation, of course, filled most of us with joy. Our streets, coffee shops, bars and restaurants reverberated with the sounds of voices from early in the morning until late at night. Friends talked non-stop. Lovers promised never to lie or deceive. Teenagers shared their hopes and fears with parents. Young people sought out the wisdom of old people. Even complete strangers, meeting by chance on the street or in cafes or in elevators, talked to each other. Telephone circuits were so overwhelmed that local phone companies had to institute an odd day/even day system for personal calls.

But as time went by that too changed, and soon only the young people in the city talked obsessively from morning until night. The silences between married couples, observed in cafes and restaurants throughout the city, began to stretch and lengthen,

assuming the same dimensions they possessed in the time before the virus. Idle chatter, sarcastic jokes, gossip and innuendo returned to offices once the novelty of human speech wore off. Children began to taunt and insult each other; those who continued to sign were mocked and in a few cases even attacked and beaten. Adults who for a time had listened so carefully and so closely to each other soon began to drift back to their old ways. Were some of us perhaps ashamed that the currency of speech was so quickly devalued?

Traveller X went back to his hometown, to his wife and children. He gave up his consulting business advising clients on the use of expertise. His book about our SANIS year was a success, and later translated into many languages, but remains highly controversial in our city because its author, although cleared of any wrongdoing or misbehavior by a health board inquiry, is still blamed by some residents for transporting the virus to our city in the first place. (The source of the virus remains a mystery and cities right across the continent are on continuous watch for its possible appearance.) Traveller X sometimes returns to our city. He never stays in the largest hotel; he prefers a smaller, European-style hotel half a dozen blocks west of the downtown core. Occasionally we hear reports that he has been visiting local nursing homes, to interview old people who refused the antidote. Traveller X is a tall man in his late thirties, with black hair, brown eyes, and a small mole on his left cheek. He is known to us, just as we are known to him.