## 17 % Oxygen

We – Olimpia, Luo Sang, Gary, Anne, Lei and I – prepare to leave the Yading park. A man approaches Gary's car. Gary rolls down the window. They talk. I see Gary shaking his head. I wonder what the man wants. Does he want to collect a parking fee? He comes over to my car. I roll down my window. When he sees me he says "But you're not the driver..." I reply, "Yes, I am. What's up?" He says he's to tell me that "you have a severe case of altitude sickness". In less than a heart-beat, my body floods with adrenaline and I know who he's talking about: Angie is mortally ill. My eyes fill with mist. I jump out of the car and run as fast as my legs will carry me over to Gary's car. I yell, "Angie is suffering severely from altitude sickness, I must go ahead first. Don't try to follow. Please drive safely. The drops are steep." I dash back to my car, apologise to Olimpia and Luo Sang that this will be a rough ride, but that they needn't worry. My lungs heave, I breathe in fear and breath out urgency. I talk to myself, "I must get to Angie, I must get there now." And then "Don't drive too fast, you have other lives in your hands."

The tyres kick gravel onto the under carriage of the car where each rock explodes. The car slithers and slides on the dirty road. In the approach to and through each turn, I lean on the horn to make all who might come my way disappear from the earth. I need a clear path to get to my beloved Angie. My eyes fill with mist again. And the road keeps going down, down, down and down through countless serpentines. The breaks begin to fade; I also recognise the familiar smell of disks and pads glowing white red and fuming with exhaustion. I need to shift lower before each turn to help slow the car down. I keep apologising to Olimpia who sits stoically in the back, I am sure praying for Angie's and her own life.

After an hour of racing toward where I might, I hoped, to see Angie alive, we finally do arrive at the hospital. I vaguely notice many cars parked in haphazard fashion and friends with deeply worried expressions – some, like Margaret, with red eyes – waiting for me. They look helpless and shocked. Mist intensifies into tears. I needn't ask where I find Angie. The path to her bed is clear and guided by the eyes and gestures of friends and medical helpers. I enter the hospital room and see Angie lying in bed, lifeless, connected to tubes. There are people around her, all of whom I know or get to know in the next 24 hours. All of them, except for two young women who sit quietly by Angie's bedside. Their dark-brown hands stroke Angie's pale skin. I want to hold her, too, but there is so much to do. Medical staff to talk to about Angie's situation, overseas doctors to call for advice, friends to ask about what really happened, English advice to be translated into Chinese instructions – she needs dexamethasone, she needs it now, do you have it, what on heaven's earth is the name of dexamethasone in Chinese? With mosquitoes in the air, dirty floors, rusty hooks for the infusion, smudged doctors coats, and the smell of the latrine near-by, how could anyone expect to find dexamethasone in this place, even if one knew what it is called in Chinese? And all the while the soothing faces of the two women sit by Angie's side, not saying a word, except for gently stroking her hands; dark, weatherbeaten, brown, warm hands on pale, near-lifeless, weak flesh.

There are plans to be made for evacuation, timings to be discussed in light of how long it will take Angie to stabilise, arrangements to be made for the night, more doctors to be called, oxygen flow to be adjusted to a higher level, friends' advice to be listened to...and then Angie wakes up. I rush back into her room. At last she is awake, all will be well. She does not know what has happened. In as calm a voice as I can muster, I tell her briefly how much I myself know. Before long, she fades away

again into sleep, to the careful and loving patting of the hands of two young women whom I don't know. I try to recall now what the looked like, but nothing remains except for a faint memory of infinite compassion and the image of their hands on Angie's. I learn later that they are two women from the hotel in which we stayed and in which Angie lost consciousness. That is all I know about them. And, even though they know very little more about Angie – a guest from a foreign country who succumbed to altitude sickness – they keep smiling at her and stroking her hands, while I keep running around hoping to ensure that Angie is being given the best possible treatment.

Once we learn that dexamethasone is a steroid, Shang finds out what 'steriod' is called in Chinese. From there it is a short step to the doctors realising what we've been asking them about. They take from a shelf a box of medicine in which in small print is written 'dexamethasone' below a long string of large Chinese characters. "Is this what you're concerned about? That's the first thing we've given her. Along with this, this, this and that." When we relay all that back to our overseas doctor-friends, they confirm that Angie's been given the best possible treatment one could wish for. It is no surprise once we eventually learn that altitude sickness is what the doctors of this emergency centre treat the most. Over 15 cases a day in the peak season. Angie has been in good hands. And I still do not know who were the two kind Samaritans – the two strangers whose names I don't know and whose appearances remain ghostlike in my fact-polluted recollection – who were they and why sat they for hours by Angie's side, holding and kneading her hands, giving her and me strength? I am forever indebted. The world has more good people than we ever know.