

Poliatrics

I decided to go to Lab 2 to watch as the tech staff established the alternate realities for the latest case. I always got a kick watching them, even though I didn't understand the physics involved.

Alyssa nodded to me as I came in, and I stood in the back of the lab as the team made final adjustments. Jehan grinned and gave me a thumbs-up. The wall display showed the patient in the hospital bed. "Final check," Alyssa called, and got green lights from all sections. "Green board," she called, and activated the fracture engine. The picture on the display momentarily went to static, then showed five identical patients in five identical beds. (I once made the remark that the patients in the alternate realities were Schrödinger's patients, a comment that caused laughter among the techs but blank stares from the doctors.) I always was amused to see the patients reacting identically - each would cough, then smooth their hair, then settle back, and so forth. A stranger might think that the display was showing copies of the same room, but I could see that the data display under each included the alt number. Jehan joined me.

"Still impressive, huh?" he said. "No matter how often you see it."

"It is," I agreed. "It always looks funny to me that the actions of the patient, or patients, are identical."

"Yeah, well, after all, the patients *are* identical. After a few days as they experience different things, their actions and reactions will begin to deviate as their pasts become different..." He noticed my expression. "Oh, right," he said. "Sorry. Forgot."

I shrugged. "No problem. I've gotta go. See you later," I told him, and went back to work.

I had left retirement to work at Poliatrics.

My wife and I had retired early, intending to travel and see the world. However, Beth's illness had caused us to shelve our plans. After a few months of treatment with no improvement, Beth had been told, because of her age, condition, and Medical Class, that the Federal Medical recommended treatment protocols would only sanction palliative care.

This was unacceptable to us.

Fortunately, an acquaintance recommended Poliatrics. It was expensive since FedMed would not pay for it, but it was worth it. They treated Beth using four alternate protocols,

and one of them resulted in a remission that lasted over two years, allowing us time to travel, time to spend with each other, time we would otherwise not have had.

After Beth passed I approached Poliatrics. I wanted to help in their goal of treating those without any other options. The doctors were good at medicine but they were not good at modeling or statistics. I rigorously modeled the seat-of-the pants guesswork that the doctors had previously used and this enabled them to be much more effective in their choices of alternative treatments.

For each potential client we modeled the potential treatment options and potential levels of those treatments, using the age, sex, state of health, physical characteristics, and allergies of the patient, the length and cost of the various alternatives, the equipment required, the invasiveness and side effects of the options, and so forth, run over literally millions of scenarios. One big expense, I was surprised to learn, was that each treatment area in each lab had to have its own supplies, test labs, x-rays, even MRIs; the patients and their treatment areas were constructs of the fracture engine, and couldn't leave the alternaties or they would vanish.

The modeling team was composed primarily of doctors, nurses, and medical students who did the bulk of the lengthy collaborative process of setting the multitude of patient and treatment parameters. Once the modeling identified and quantified viable potential treatment options, the patient and the medical team would make the final decisions. The physicians were able to override the choices the model recommended and occasionally did so, adding another treatment that was new or about which we had no reliable data, or discarding a recommended option. Often they added a control alternative, one that would only receive palliative care. At the end of the treatment period, the alternaty in which the patient responded the best was chosen and the other alternaties were collapsed into that one.

I also documented the results of the treatments, which showed a marked increase in the success rate over the four years I had been at Poliatrics. I substituted facts for appearances and demonstrations for impressions - especially whenthey made me look good!

Treatment at Poliatrics was expensive, but we gave good value for the money. And those who came to us had few other options if they were dissatisfied with FedMed, as we had been. They could go to one of the other private clinics in NA or Europe. None, however, offered the multiple treatment options that we offered. Of course, there were the third world clinics, but only the desperate or the destitute chose those.

"OK, Helen, show me the status of current projects," I said, and my PA displayed them on my display. "Remind the team leaders of our conference at 9 tomorrow morning. Tell Dr. Harrell that..."

“Still talking to yourself?” Peggy asked as she dropped my physical mail on my desk. “You and your PA. With it playing over your hearing aids so we can’t hear it you sound weird.”

I smiled. “Keeps people guessing.” Then I took a closer look at her. “How are you, Peg? You look tired.”

She perched on the edge of my desk. “I’m OK. Just haven’t been sleeping well.”

“Do you need some time off?”

She shook her head. “Nah, I’ll be fine. Oh, and Sandra said to tell you the expense study is complete and ready for you to look at.”

“Thanks, I’ll do that. Hope you feel better.” She left, and I looked over the expenses. General overhead was up quite a bit, so I had Helen send a note to Sandra to examine it more closely.

I looked over the models of the current cases. Most were still in process, but the Sanford case model was complete. As her physicians had anticipated, the model indicated that the length of the only viable treatments exceeded our time horizon. We couldn’t treat patients for more than five weeks because the alternate realities became increasingly unstable after forty days and were liable to decay spontaneously. “Helen, forward the Sanford summary to Doctor Wallis.” *Will do*, she replied. I hated giving bad news.

“How’s it going?” Jehan asked as he came in.

“Great,” I replied. “Why are you slumming with the actuaries? Alyssa kick you out again?”

He made a face. “I should be so lucky. No, just taking a break.”

“I’m glad you dropped by. I’ve always meant to ask, why do the alternate realities decay after forty days?”

He sat down. “It’s complicated. You know that alternaty instability increases with the order of the alternate reality. Alt0 is the most stable, and if we didn’t tweak it, all the higher order alternaties would eventually collapse into alt0. Forty days is conservative, since we rarely generate more than six alternaties. We could probably go forty-five days but we err on the side of safety - anyone in an alternaty that collapses just disappears with the alternaty. Years ago - before you came here - an alternaty collapsed spontaneously and we lost a doctor and two nurses. So we limit the time horizon in order to minimize the risk to the medical staff. An alt greater than, say, twenty would probably decay within a day or so. And don’t ask me to explain why that happens, you wouldn’t understand.”

“So that’s why the most likely treatment is assigned to alt0.”

“Yeah. We can force the alternaties to collapse to any alt, but it’s just easier that way.”

“Interesting.”

He stood and stretched. “Back to work. Lab 1 will start a new patient tomorrow morning if you want to come watch.”

“Sure. I’ll drop in. See you.”

I entered the lab the next morning and watched as the final adjustments were made. Finally Alyssa got a green board and activated the fracture engine. I watched as the picture on the display went to static, but instead of resolving into the four scheduled alternaties it stayed static. Alyssa swore and the techs looked shocked, and red lights blinked on most of the computer stations.

“What happened?” I asked Jehan.

“A null result,” he said bleakly. “Look, we’ll be busy for a while. I’ll stop by later.”

I could take a hint. I left.

Jehan slumped into a chair. “Well, that sucks,” he said.

“I remember we were warned about the possibility of a null result when Beth was treated, but I understood it was extremely remote.”

“It is. This is the first one we’ve ever had here, and we’ve altd well over a thousand times. We were taught that the odds were about one in 5,000. But it bit us this time.”

“What causes it?”

He shrugged. “No one knows. It seems to be totally random. It is *not* due to any lack of preparation or bad equipment. It just happens. And it sucks when it does.”

“So the patient...”

“Gone,” he said.

“And nothing can be done?”

“Nope. Now you know why we only allow the patient in the treatment area when we alt. I’m glad I’m not the one who has to explain it to the patient’s family. Patient gone, treatment area 1A gone.”

“The whole thing?” I asked, shocked.

He nodded and rubbed his face. “The room, the interlock, the labs, the equipment, all of it. Gone. But we can replace those.”

“But not the patient.”

“No,” he agreed. “Not the patient.”

I shuddered. “That does suck. Thank God this didn’t happen when Beth was treated.”

“Amen and amen,” he said, then looked at his watch. “Gotta run. The company shrink is talking to us in a few minutes, and then they’ll schedule individual counseling appointments for us. They don’t want us to develop PTSD.” He rose, then cocked an eye at me. “You were there too. You want part of this?”

“No thanks. I think I’ll be OK. Good luck.”

Two weeks later I dropped by Sandra’s office to ask about the increase in overhead expenses. “Most of the increase in the General Overhead is due to increased energy costs,” Sandra told me.

I frowned. “But energy costs haven’t risen much.”

“Not on a per unit basis,” Sandra agreed. “It’s the number of KW hours that have increased so much.”

“Why?”

“Well,” Sandra said, “I asked Accounting. There have been a number of tests of the equipment in Lab 3 over the past year. You know that’s the original lab, and it’s only used now if we have more patients than Labs 1 and 2 can accommodate. Supposedly it’s to make sure the fracture engine is tuned up, or whatever. That’s what the accounting guys said anyway. Do you want me to ask Alyssa?”

“No,” I answered. “Let me think about it. She’s pretty touchy about her turf, you know.”

I returned to my office and pondered. Why was Alyssa testing the equipment? Lab 3 had not been used often since Labs 1 and 2 had been built six years ago. It couldn’t be anything to do with preventing null results, since according to Jehan these were random events. Wouldn’t more frequent use tend to make the fracture engine wear out sooner? I didn’t know, but I might be able to find out.

“Helen, please get Peter Vassily at MultiTec on the phone.” *I’ll get Peter on the phone*, Helen’s voice sounded in my hearing aids. I thought about what to ask, and then Helen said *Peter is on the line*.

“Russ? How are you? It has been a while since I have spoken to you,” Peter said.

“Hi Peter,” I told him. “I’m fine. And you?”

“Great. I heard your company had a null result last month. That is bad.”

“Yes it was. Look, I have a question - hypothetical. Do you have a few minutes I can run something by you? Confidentially?”

“Yes. What can I do for you?”

I explained my concern about the increased use of Lab 3. “Of course, I don’t really understand the technical side of alternative realities, so I may be off base. But why would the fracture engine need testing? It seems to me that increased use would tend to wear the equipment out.”

Peter thought a minute or two, then told me, “Well, hypothetically, I would say you were correct. In the alt shops with which I am familiar, checking of the equipment is done by instruments and inspection, and not by running the fracture engine. Each time the fracture engine is used it stresses the machinery, as you thought. Also it would be very energy expensive, since most of the energy is expended in establishing the alternaties and not in maintaining them.”

“Thanks, Peter. And please don’t say anything to anyone about this, please.”

“Of course.” We chatted a few more minutes, and then he hung up.

“Now why,” I asked slowly, “is Alyssa using Lab 3?” I had meant it rhetorically, but Peggy was passing by and heard me.

“She told me it was to test and calibrate the equipment, since it wasn’t often used,” Peggy said.

“She told you? When?”

“She told me when she asked me to help her.”

“What do you mean, help?”

“She asked me to be an on-site observer a few times when she did her tests.” Peggy considered. “I guess it was probably eight or nine times.”

“What did you do as an observer?” I was getting mad, but I tried to speak calmly.

Peggy shrugged. “Nothing, really. It was mostly a chance to earn some overtime while doing nothing. I just read a book, and after a while Alyssa told me to go home. I hope I haven’t done anything wrong. Alyssa said the OT pay would come out of her budget, not ours.”

“You haven’t done anything wrong, Peggy,” I told her. “But I don’t think you should do any more observing.”

“Oh, I haven’t done it in a couple of months. It kinda gave me the creeps, thinking there were several of me all reading the same book. It creeped me out so much I started having nightmares about it, about being trapped in one of the rooms and, and ... attacked,” she said, and blushed.

“Attacked?”

“You know,” she said, and lowered her voice, “assaulted sexually. Please don’t tell anyone.” I could see she was uncomfortable talking about it. “Look, it’s just nightmares, and I haven’t helped her for months.”

“OK, Peggy. I won’t say anything,” I promised, and she left.

What in the world was Alyssa doing? By using our employees as guinea pigs, she exposed them to the chance that a null result would kill them - and that made me very upset. I wondered...were any other employees “helping” Alyssa?

“Helen,” I said, “see if any employees not in the Technical Department have worked overtime in the past year that has been billed to the Technical department. *Got it*, Helen said, and displayed a list on my monitor. There were four names on it - Peggy and three others - as well as the dates of the overtime. The records showed that Peggy had worked the overtime nine times, and the other employees had worked overtime on sixteen occasions. So Alyssa had done twenty-five tests of the equipment in Lab 3 within a year. That seemed excessive. I began to get a very uncomfortable feeling about this.

I checked the dates that the overtime was earned. On those dates, there were no patients being treated in Lab 3. The meant that the only people in Lab 3 on those occasions would have been Alyssa and the employees working overtime. Or would there have been any others? It was company policy keep visual records of any use of alternaties, so I should be able to see.

“Helen, bring up the visuals of Lab 3 for the dates on the list of employees you gave me.” *Checking*, Helen said. There was a brief pause, then she said *There are no visual records for Lab 3 on those dates*. That was definitely a no-no. Alyssa was covering something up, I concluded. But what?

I thought about this some more, and finally decided to talk to Alyssa. If what was going on was above-board, then she deserved a chance to explain. If that explanation didn’t satisfy me, I would talk to the company CEO.

When I got Alyssa on the phone, she agreed to talk to me about what was going on in Lab 3. “As a matter of fact, come on down to Lab 3 after work and I’ll show you. I’m setting up for another research trial. I think you’ll be interested.” I agreed to come by around 6 o’clock. I was still angry.

“Hi, Russ,” Alyssa greeted me. “Have a seat and let’s talk.”

I sat down. “Hello, Alyssa.” I had planned to discuss this reasonably, but my anger boiled over. “Look, I don’t know what research you’re doing here, but I can’t countenance using our employees as observers because of the risk of a null result. You of all people should be aware of that risk.”

“Lighten up, Russ. Nobody has been harmed.”

“But that is just luck. What could we say if one of these research alts ended up as null, and we lost an employee? You know it could happen - you were there when that occurred last month.”

Alyssa sighed. “Look, give me a chance to explain.”

“Ok, so explain. What research would justify this risk?”

Alyssa paused and looked at me. Finally she said, “No research. It’s just a cover.”

“A cover? For what?”

“Look, Russ, there is a great opportunity to make a lot of money - a *lot* of money. I can cut you in on it if you play along.”

I was nonplussed. “What are you talking about? Money for what?”

“What do you think? Sex, of course.”

“I don’t ...” Suddenly I realized what she meant. “So that is why Peggy has nightmares about being raped. You’re pimping our employees!”

That got Alyssa’s attention - not my outrage over her actions, but the comment about Peggy’s nightmares. “Nightmares about rape?” Alyssa asked. “But she was never touched!”

“But you just said ...”

She held up her hand. “Give me a chance to explain, OK? And hold your puritanical judgments until I’ve finished. Suppose you establish five alternaties with a girl - or guy, depending. You can sell the opportunity for someone to rape or even kill the person in all the alts except alt0. And then, you collapse the higher alts into alt0, and the guy or girl emerges untouched, with no traumas, no loss of virginity even, assuming that they were virgins when they started. But you have made a ton of money, all tax-free. And nobody is harmed.” She said again, with emphasis, “*Nobody is harmed*. Just a little fun, and the employee makes some overtime for doing nothing. It’s victimless.” I was speechless. She continued, “A ton of money, Russ. And I can cut you in on this if you cooperate. You can even take part. Wouldn’t that be fun? Money and sex. And you wouldn’t have to do anything except go along with it.”

I stood up. “I can’t believe this. Nobody is harmed? They’ve been raped or killed!”

She shook her head. “No they haven’t. They are untouched. Look, suppose we treat a patient in five alternaties, and at the end of the time horizon all of them are alive. They are no longer all the same. They have new experiences, new thoughts, new feelings. But we collapse the other alts into the chosen treatment alt. That is why we sedate all surviving patients not in the chosen alt before we collapse them. So what about the patients in the other alts? Have you killed them? What is so different between what we do as a respected business and what I have done? Not a damned thing!”

"Yes there is!" I raged. "Someone has committed rape or murder! You haven't discovered a victimless crime, you've only found a clever way to hide what you've done. And there is an effect on your 'untouched' employee - else why would Peggy have those nightmares?"

"That *is* interesting. I wonder why that is? Is it possible there is some sort of psychic carryover? After all, the patients are even closer than identical twins. I'll have to talk to Peggy and find..."

"No you won't!" I cut her off. "You'll leave Peggy alone. You won't have a job when I tell what I've learned. And I might go to the police too!"

Alyssa sighed. "So, I can't talk you into joining me, huh? I didn't think you'd agree." Suddenly she leaned forward and sprayed something in my face. The world went woozy, and I lost all strength and fell.

When I came to, I was duct-taped to an office chair. Alyssa smiled down at me. "Welcome back." She tested my bonds. "Wonderful stuff, duct tape. You can use it for anything."

"Wh...what are you going to do?" I asked.

"I thought I'd give you a sample of what happens at my little fun nights. Only, of course, you won't survive, untouched or not."

"You won't get away with this. If I can find out, someone else will too."

Her smile broadened. "No they won't. It's a little sooner than I had planned, but I'm ready to buy my own alt lab and go into business on my own - I told you there's a lot of money in it. So tonight will be my last night at Poliatrics, and it will be your last night period."

"What are you going to do?"

"I told you - give you a sample. I'm going to establish four alternaties as soon as I wheel you into the treatment area. And then I'm going to enjoy myself. You see," she leered at me as she wheeled me along, "I've found that I enjoy killing. So I'll kill you in each alt and move Russ0 in with Russ1, then collapse the alternaties into alt0. No, I think I won't kill Russ0. I'll just move you to alt1 with dead Russ1 and let you see what it's like to just disappear." She laughed. "And I've taken your phone and watch, so you can't contact anyone for help." She deposited me in the treatment room and patted my head. "I'll be back in a few minutes. Don't start without me!"

I pulled futilely at the duct tape and my thoughts raced. I should have kept my mouth shut, I realized. I could chastise myself later - first I had to get out of this. I did have an ace in the hole. Evidently Alyssa didn't know about my hearing aids, and they were connected to the company wifi. OK, I told myself, breath and relax. When the alts are

established, I will look at the monitor and see what room I'm in. Only Russ0 will talk to Helen. The other Russes will have to delay Alyssa as best they can while Russ0 tries to get us out.

The lights flickered as the alternaties were established.

I could see I was in alt3, which meant I was probably first. My mind raced and I struggled with my bonds, but I couldn't see what I could do to delay Alyssa or get free. I thought ... Suddenly the interlock opened and Alyssa walked in. "Why, hello Russ," she told me. "How are you feeling?" She stoked my face, then slapped me twice, then stoked my face again. I felt a sudden sharp prick in the side of my neck and a warmth flooded down my side. My eyes dimmed as I saw Alyssa watching me, and then everything went black.

I could see I was in alt2, which meant I was probably second. My mind raced and I struggled with my bonds, but I couldn't see what I could do to delay Alyssa or get free. I thought furiously, and then suddenly I had an idea. Given what I now knew about her sexual and violent proclivities ... Maybe - just maybe I could ...

Suddenly the interlock opened and Alyssa walked in. "Hello, Russ," she told me. "I just killed you in alt3. It was fun. Do you know how you died? Begging for your life! Just like you will be doing in a minute or two."

I licked my lips. "Look, you plan to kill me, right?"

"Of course, poor baby, and begging won't help."

I forced myself to smile at her. "I don't intend to beg," I said, and I felt sure that Russ3 had not begged either. "Since I'm going to die, why not give me a last request?"

She looked at me warily. "What last request?"

"I've always thought you were a sexy woman. How about showing me your beautiful body? It won't take long, and at least I'll die with a smile on my face."

She looked at me in surprise. "Why, Russ, you're kinkier than I thought. Why not? It might be exciting at that." She slowly slipped out of her clothes, swaying, smiling maliciously at me. "This *is* titillating," she laughed. She pirouetted, arms outstretched, then sat in my lap and pressed my face between her breasts. "Too bad you had to be such a prig. We could have made a killing - get it? A killing?" She laughed again. "So long, Russ," she whispered, and I felt a sudden sharp prick in the side of my neck and a warmth flooded down my side. My eyes dimmed as I saw Alyssa watching me, and then everything went black.

I could see I was in alt1, which meant I was probably last to be killed. My mind raced and I struggled with my bonds, but I couldn't see what I could do to delay Alyssa or get free. I thought furiously, and then suddenly I had an idea. Given what I now knew about her sexual and violent proclivities ... Maybe - just maybe I could ... Of course, this idea had certainly occurred to Russ2 and Russ 3 as well, if they had had the time. If so, what else could I do to delay her further? Think, think! I considered and rejected different ideas. I hoped Russ0 was able to get us out. I decided what I would try, and looked at the clock. Several minutes had passed, so maybe...

Suddenly the interlock opened and Alyssa walked in. She was naked and streaked with blood, so evidently Russ2 or Russ3 had been able to implement our first idea. "Hello, Russ," she told me. "I just killed you in alt3 and alt 2. It was fun and exciting. Do you know how you died? Begging for your life! Just like you will be doing in a minute or two."

I forced myself to smile at her. "I don't intend to beg," I said, and I felt sure that Russ3 and Russ2 had not begged either. "You look very nice, Alyssa. I've always thought you were a sexy woman. Turn around and let me look at you." She pirouetted, arms outstretched, then sat in my lap and pressed my face between her breasts. "How about a kiss?" I asked.

She grabbed my head with both hands and kissed me fiercely. Suddenly she stiffened and stood up. She had felt my hearing aids when she had grabbed my head! She pulled my left hearing aid off, held it in her hand, and stared at it for a charged moment. "I didn't know you wore hearing aids!" she said. "And you're such a geek, I bet these are connected..." She stood stock still for a second or two, then slapped me savagely and jumped for the interlock.

I could see I was in alt0, and I could only hope she was saving me for last. "Helen," I spoke softly, "Helen, can you hear me? Helen?"

There was a short delay, and I almost lost hope, and then Helen said, *Yes, Russ, I can hear you, but your signal is faint.*

"Can you cut the power to Lab 3?"

No, I don't have the authority to do that.

"Can you terminate the alternaties in Lab 3?"

No, I don't have the authority to do that.

"Can you lock the interlock doors in Lab 3?"

No. I don't have the authority to do that.

Damn. Was there anything else I could try? I thought, but couldn't come up with anything Helen could do directly to extricate me. All right - if Helen couldn't stop the alternaties, I would try to get someone to help. I could notify the police, but they wouldn't

get here in time. Company security would think it was a joke if I asked them for help. Who else was there at the company who would believe me and react fast? “Helen, is Jehan at work?”

There was a pause, and then Helen said *No, Jehan Bey clocked out at four o'clock.*

Four o'clock? Why did he have to leave early today? “Helen, is anyone in our department?”

Yes, Peggy Noonan is in the department.

Peggy! There was something apt about that. “Helen, text her the following: ‘Peggy, this is Russ. I need your help immediately. Please trust me and do exactly as I say. Come to Lab 3. The access code for the lab is 06765. When you get inside, you’ll see a red button labeled “Emergency Stop” on the wall to the left, covered with a glass panel. Break the panel and push that button. And hurry please. This is a matter of life and death.’

OK, I have texted her your message.

“Tell me when she reads the text.”

A short pause, then *She has read the text, and texted back ‘OK. I am on the way.’*

Come on, Peggy! I exhorted, and waited tensely. Please God, I prayed, let her be in time! “Come on, come on,” I whispered. I knew that my alternate selves were dying or were already dead. Maybe I should have Helen notify the police. That way even if ... Suddenly I heard someone at the interlock. I braced myself, but sagged in relief when the door opened and Peggy stood there. “Russ? What’s going on? Why are you taped to that chair? And where is Alyssa? I thought you had a meeting with her. Am I going to be in trouble with her for pushing that button?”

“It’s a long story,” I told her. “But I can guarantee that you will not be in trouble with Alyssa. Get some scissors and cut me loose, and I’ll explain.”

She turned to leave, and I called after her, “And Peggy?” She turned back. “Thank you.”

“You’re welcome,” she said, and left to get the scissors.

The next morning, I spoke with the company CEO and told her what had happened. She listened in shocked silence as I spoke. I had had Helen print out copies of our conversation while I was in the alternaties, and I had asked Peggy to stand by at her desk in case the CEO want corroboration of my story. She called Peggy and questioned her. Afterwards she sat considering for several minutes, then sighed. “Poor Alyssa. The temptation of great wealth proved too much for her.”

“I don’t feel very sorry for her,” I told him.

She smiled faintly and said, "No, I guess you don't. I would probably feel the same if I were in your shoes. But the question now is, what do we do?"

"About Alyssa?" I asked.

"There is nothing we can do about Alyssa now. We can only manage the aftermath. Does Ms. Noonan know what really happened?"

I nodded. "I felt like I owed it to her to tell her the truth. She was upset, but she was also extremely angry with Alyssa. She thinks Alyssa deserves what happened. However, I take full responsibility for Peggy's actions. She only did what I asked her to do, without knowing the consequences of her actions - not that she feels guilty. On the contrary, she would do it again."

"Yes, I got that impression. There were no records kept on what happened in Lab 3?"

"None. It appears that Alyssa turned off all data recording, for obvious reasons."

She said, "Then I will tell the Board - and the police - that as far as we can tell, Alyssa tragically disappeared while conducting research when an alternaty she was in spontaneously decayed. That research was not conducted at the direction of, nor with the sanction of, the company. I'll keep you and Ms. Noonan out of it. I think that will satisfy both the Board and the police. After all, this has actually happened before, here and elsewhere. Besides, in a way it is the truth." She smiled grimly. "As fine an example of being 'hoist with one's own petard' as I can recall. I'll take of everything. Assure Ms. Noonan that there will be no repercussions."

"What about the nightmares Peggy has been having?" I asked. "I always thought that the collapse of alternaties had no effect on the patient, but it must, on some level. Are we literally killing people as Alyssa claimed?"

"Of course not," she answered. "You know - both on a personal and business basis - that without our treatments using alternaties, our patients would lead shorter lives and poorer quality lives. Your wife never mentioned anything remotely like this, did she?"

I shook my head. "No, she didn't. She was always grateful for the opportunity to come to Poliatrics, as was I."

"Exactly," she said. "None of our patients have ever regretted coming to Poliatrics. We don't kill people, Russ, we give hope, and to many people, we give life."

"But what about Peggy's nightmares?"

"Many scientists have postulated that there could a psychic connection of some sort among the alternative subjects - after all, they are literally the same person, much more alike than even identical twins. Tests of the psychic connection using Zener cards gave inconclusive results at best."

"Rape and murder are much more traumatic than guessing what symbol will turn up."

“Granted. Her alternative selves were subjected to more traumatic results than any results our patients ever experience. Look - my point is that any psychic link - if one even exists - is very tenuous. Ms. Noonan is a healthy young woman. If her nightmares don't recede over the next month or so, why not suggest that she talk to our company psychiatrist? But I think she'll be fine.” She grinned. “Trust me, I'm a doctor. Now go back to work and stop worrying. There are patients who need us.”