

please note: this is published as a temporary blog while we work on the larger-scale story we hope this will grow into; we'll move this to Tales when we feel its ready...

length = ~5100 words, ~25 pages averaging ~200 words per page...

The Quicker They Come

by Greg Gourdian

"Cough please."

Gary coughed carefully. Coughing was usually painful for Gary, but now there was no pain.

"Cough again please."

Still no pain.

Gary was not used to living without pain; he had lived with constant pain most of his life.

Gary was starting to think he might enjoy being dead, and then he had died.

"Mr Olsen would you please breathe?"

Gary took a deep breath and slowly let it out.

There was no pain.

Gary hated to breathe, it had always been so uncomfortable to breathe, but now there was no discomfort, even when he stopped breathing.

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Even at its lowest setting the EEG machine was producing traces that ran too high to fit within the monitor's display format.

The technician thought his machine must be broken. He excused himself to fetch another machine.

As the EEG technician was leaving he noticed the second EKG machine in Dr Levy's office. He wondered to himself, "Why would two very different machines both fail so badly that backups were needed?" He supposed it could happen, after all, it had happened, but these machines were so reliable they scarcely ever failed.

Perhaps something in the office was interfering with them?

The technician turned back; he hesitantly knocked on Dr Levy's door.

Dr Dibelah let him in.

"Um, Doc, it's not like this sort of equipment to fail. I'm thinking something in Dr Levy's office may be to blame, maybe stray voltage from the electrical mains. Could I take your patient to an examining room to continue please?"

Dr Dibelah nodded and went into the morgue to ask John and Saul to transport Mr Olsen.

The two orderlies were just wheeling Mrs Craulley out of the morgue when Dr Dibelah went in, so she picked up a phone and requested transport service for Mr Olsen.

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The EKG technician waited for someone to dismiss her. She was badly frightened by the two strange patients with no heartbeats.

As Mrs Craulley was wheeled away she grew slowly weaker. By the time she reached the elevator she was no longer responsive. John and Saul wheeled her into the elevator and pressed 3 for the ICU and post-op recovery floor.

Gary and Aleah waited a short while before new orderlies arrived with a wheelchair to take Gary upstairs to his exam room. Dr Dibelah accompanied them while considering whether she had somehow lost her mind.

"This couldn't really be happening, could it?" she wondered to herself.

In the post-op room a nurse examined Mrs Craulley, then she asked for a doctor to examine Mrs Craulley.

"She's clearly dead", said the doctor, perplexed that a doctor as reliable as Dr Levy could have made such a serious mistake.

However, as the elevator transporting Mr Olsen passed by on the opposite side of the wall from Mrs Olsen's gurney, Mrs Olsen stirred and tried to sit up before falling back to her gurney, once more as clearly dead as her vital signs.

Dr Nielson, the attending physician in post-op was startled by Mrs Olsen's movements; he hurriedly re-examined her, but she still appeared dead, without any further movement or vital signs. He called for Dr Levy to request him to appear in the recovery room for consultation.

Gary, Aleah, and Dr Dibelah returned to the initial examination room where Dr Dibelah had first seen them. The EEG technician appeared there a short while later wheeling in a new EEG machine.

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"Mr Olsen, Until a short while ago, Mrs Craulley appeared to be dead. In fact, her autopsy was already underway when you arrived in my office. I had her moved here, to post-op recovery, because I had to stitch her up in a hurry when she appeared to revive, I did not know if she would require further emergency care, but it seemed likely.

"I spoke with both my orderlies, John and Saul. They said Mrs Craulley seemed to relapse into death as they wheeled her away from my office.

"Now that you are here she seems better again.

"Would you mind going up to the cafeteria and then returning here. please? Just take the elevator to the top floor, pick out anything you like, and bring it back with you; here's ten dollars for your trouble."

Puzzled, Gary did as Dr Levy requested even though he had no appetite. Gary had not eaten any food for nearly a week now. His hunger and appetite had left him when his chronic pain had gone.

Looking over the selection of foods in the cafeteria Gary felt slightly nauseous in response to their odors. He settled on a small plastic snack-pack of Jello; it was the most innocuous food he could find. He accepted a plastic spork from the cashier as he paid for his Jello, and then he returned to the post-op recovery room, wondering if he should try to eat the Jello in spite of having no appetite.

Dr Levy was still examining Mrs Craulley when Gary returned.

Mrs Craulley had fainted away and showed no signs of life shortly after Gary had left to go to the cafeteria, but now, as Gary approached, Mrs Craulley became animated again and appeared to recover her strength.

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Dr Ngomad nodded to himself.

"Mrs Craulley, I don't know what to say except that we will monitor your wound carefully and if it does not begin to heal we will close it up with some surgical glue so that the stitches can be safely removed."

Mrs Craulley nodded.

Gary was feeling fidgety. He got along with Mrs Craulley well enough, considering what very different walks of life had brought them both together.

Gary was a computer nerd on good days, but he hadn't held a job in several years due to his chronic pain.

Mrs Craulley, Debbie, was a wealthy widow concerned with her charity work until her gall bladder illness became so severe that she needed to have it removed.

Dr Ngomad had assisted her surgeon and had been thoroughly dismayed when she had died unexpectedly on the operating table. She had experienced sudden cardiac arrest, most likely due to a complication with her anesthesia.

Gary felt well. He wanted to leave the hospital, but now he seemed inexplicably responsible for Mrs Craulley's welfare; he was tied to her by the unusual coincidence of her revival in his presence.

It seemed cruel to abandon Mrs Craulley and thereby cause her to relapse into death, but it also seemed unreasonable to have to remain by her side all the time as well.

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"Debbie, do you remember feeling anything when you were, um, dead?" Gary asked her.

"No, I just remember waking up several times. It didn't feel good or bad, or like anything at all", Debbie replied.

Aleah was in a quandary. On the one hand, she was happy for Mrs Craulley, but on the other hand, she just wanted to go home with Gary and forget the extraordinary events of the past week or so. But she couldn't just take Gary away and let Debbie die, could she?

She wanted to, but it didn't feel right.

Gary and Debbie had shared their room for two days now.

Gary had ceased sleeping more than a week ago, and now Debbie was sleepless as well.

Mrs Craulley understood what neither Gary nor Aleah would say. She was dependent on Gary. She knew it wasn't right for him to have to spend the rest of his life, or un-life, with her, even though she would resume her death if he left her.

Together they came up with a plan.

Gary could go out and about for a bit and then return. Mrs Craulley would try to determine whether his absences caused her any distress. Perhaps she could hire Gary to work with her part-time. This would let her have some of her un-life back, while allowing Gary some time on his own so that he could have part of his un-life back too.

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During his 'working' hours Gary would stay home so that Debbie and Dorothy could live their un-lives together. Gary would be free to come and go, so long as he followed a schedule or gave them reasonable notice when he wanted to go out.

Gary would have free rent for himself and Aleah, as well as a small stipend for his inconvenience.

Gary and Aleah agreed, although they were both secretly considering running away together.

Dr Levy had wanted Gary to revisit the morgue to see if any of his other 'patients' could be revived, but he could see the strain that Gary's current circumstances were causing him, so he did not insist when Gary turned him down.

Instead, Dr Levy secretly reserved the room next-door to the room shared by Gary and Debbie. Dr Levy planned to bring dead patients upstairs to test whether Gary could revive them. If they did not revive, then Debbie's plans for her friend Dorothy would be pointless. If they did revive, then he would have to think about kidnapping Gary.

Dr Levy's father was dying too.

to be continued...

Enjoy!

Love, Grigori Rho Gharveyn

aka Greg Gourdian, Roger Holler, Falcon, Chameleon, and many more...

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author's notes

Consider: Why is Gary un-alive?

Gary is un-alive because of his mind.

Gary wished to die but he couldn't abandon Aleah.

This compromise worked itself out in his mind unconsciously.

Why did Debbie recover?

Gary's mind creates an electrical field that unconsciously animates Debbie.

How many dead people can Gary keep un-alive?

The area of effect has a small radius, no more than 20 to 30 feet, otherwise the patients in the drawers on the far side of Dr Levy's lab would also have awakened. But Gary is in no way drained by keeping Debbie alive, so the theoretical upper limit would be however many people might comfortably fit into the radius of effect of Gary's mind.

What happens next?

After they move to a twin house, Debbie lives her un-life with her living friend Dorothy who eventually dies and begins her own un-life. However, after a short while the two women seem to be able to retain their un-lives for longer and longer periods of time when Gary is away, until Gary is suddenly kidnapped. They both survive Gary's kidnapping; this proves that so long as they have each other they no longer need Gary.

The evidence that both Debbie and Dorothy can now survive in un-life on their own convinces Dr Levy to ask them to help his father, now deceased, so that he does not need to hold Gary hostage.

This plan is agreed upon by all parties, and eventually Gary and Aleah are able to resume more or less normal lives.

This concludes part two.

In part three the secret of Gary's un-life gets out. Gary's freedom is curtailed by the threat of being kidnapped again because many powerful people all want to use Gary for

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their own dead relatives or immanent deaths. Gary must go into hiding with Aleah, while Debbie, Dorothy, Dr Levy's father, and their doctors become the focus of plans to create an immortality clinic.

The immortality clinics are run something like making sourdough bread. As new un-living patients become stabilized their proximity to one another helps them stay un-alive until they are strong enough to remain un-alive on their own.

Dunno where the stories go from there...

Syndication if we are lucky?

Gary's 'telepathy' with Aleah is tied in with his ability to quicken the dead...

Dr Levy's secret experiments determine that only very recently deceased patients should be re-animated by Gary's presence. Those who have been dead too long seem amnesiac, psychotic, and dangerous.

Should the term 'un-life' evolve into 'second life' as part of the marketing campaign of the immortality clinics?

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author's bio

We have been collectively known by the name Greg Gourdian for the purposes of publishing our articles however some of our stories, poetry, and songs have bylines with our given name, Roger Holler.

We are currently known as Grigori Rho Gharveyn, or simply Gharveyn.

We perceive ourselves as a collective of people spanning many worlds in different universes. We seem to share many bodies; however we have only one body here in this world we share with you now.

We worked with the general public as a psychic reader in several psychic fairs for a little over four years from 1981 to 1986.

Much of our written work has been channeled however we often have no idea whose voices are speaking through us when we are channeling.

We have many strange tales to tell regarding our odd adventures in this world, in other worlds, or on our spiritual journeys.

We try to tell our tales in a humorous, engaging, entertaining manner.

While we were a high-school student we channeled classes in metaphysics and parapsychology, and taught classes in sociology, and psychology.

We are still emerging from the closet in regard to being a collective of many people inhabiting what appears to be a single body in the context of the world we appear to share with you. Our current written works reflect this change in our personal perspective by adopting plural forms of reference to ourselves that may not always appear consistently, particularly in our older work. Using plural forms of self-reference helps us to develop a greater awareness of ourselves as a collective as well as conveying to other people how we perceive ourselves.

We hope you will understand if we may sometimes sound awkward, confusing, or conceited as a consequence of making this adjustment to our self-references.

Our group's primary beliefs share these ideals:

- *Love should always be universal.*
- *Liberty should be unconditional for everyone.*
- *Justice is best served by not judging yourself or any other people.*

For further details please read the section [about Gharveyn](#) on our website or view our profiles on [Linked In](#) or on [Temple Illuminatus](#)...

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