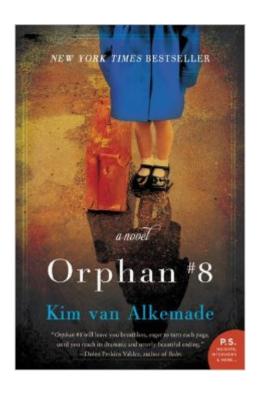
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Orphan #8: A Novel





Synopsis

In this stunning new historical novel inspired by true events, Kim van Alkemade tells the fascinating story of a woman who must choose between revenge and mercy when she encounters the doctor who subjected her to dangerous medical experiments in a New York City Jewish orphanage years before. In 1919, Rachel Rabinowitz is a vivacious four-year-old living with her family in a crowded tenement on New York Cityâ ™s Lower Eastside. When tragedy strikes, Rachel is separated from her brother Sam and sent to a Jewish orphanage where Dr. Mildred Solomon is conducting medical research. Subjected to X-ray treatments that leave her disfigured, Rachel suffers years of cruel harassment from the other orphans. But when she turns fifteen, she runs away to Colorado hoping to find the brother she lost and discovers a family she never knew she had. Though Rachel believes sheâ TMs shut out her painful childhood memories, years later she is confronted with her dark past when she becomes a nurse at Manhattanâ ™s Old Hebrews Home and her patient is none other than the elderly, cancer-stricken Dr. Solomon. Rachel becomes obsessed with making Dr. Solomon acknowledge, and pay for, her wrongdoing. But each passing hour Rachel spends with the old doctor reveal to Rachel the complexities of her own nature. She realizes that a personâ ™s fateâ "to be one who inflicts harm or one who healsâ "is not always set in stone.Lush in historical detail, rich in atmosphere and based on true events, Orphan #8 is a powerful, affecting novel of the unexpected choices we are compelled to make that can shape our destinies.

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Customer Reviews

Author John Searles talks with Kim van Alkemade John Searles (JS): Could you View larger talk about how this book startedâ Â"what gave you the idea for it? Kim van Alkemade (KA): My grandpa grew up in the Hebrew Orphan Asylum in Manhattan and I was interested in learning more about his childhood, so I went to the Center for Jewish History in New York to look at the orphanage's archives. That's where I read about a group of children who'd had X-ray treatments at another orphanage from a female doctor. I was really intrigued by this and I began to imagine a situation in which one of the children who'd had these treatments could confront the doctor who had experimented on her. JS: What sort of research did you do for the book? How much of your family's history did you put in? KA: In addition to the archival research I did, I met and interviewed people who had grown up in Jewish orphanages, and I traveled to Colorado and went to Coney Island. My family history informs a lot of the book. Harry Rabinowitz is based on my great-grandfather, who was in the garment industry on the Lower East Side and who ran off to Leadville when he abandoned his family. Fannie Berger is based on my great-grandmother, who worked as a counselor in the Reception House of the Hebrew Orphan Asylum. She's the one who told me the story about a girl who came into the orphanage with such beautiful hair that she refused to cut it off. JS: What was the most surprising thing that came out of the researchâ Â"what was it that you hadnâ Â™t expected? KA: The fact that so many women were involved in medical research on children. Dr. Alfred Hess worked with two different women in his research on scurvy and pertussis at the Hebrew Infant Asylum, and the doctor who actually gave the X-ray treatments I read about was named Elsie Fox, a 1911 graduate of Cornell Medical College. Dr. Fox went on to run a school for training X-ray technicians in the Bronx and she was a member of the New York Academy of Medicine. JS: The role of a carer is one that you explore throughout the course of the story. Can you talk about the different types of carers (from Dr. Solomon, to Mrs. Berger at the orphanage, to Rachel herself as a nanny and a nurse) you have in the book and what parts they play in the overall story? KA: Everyone involved with the orphanages takes their role seriously in caring for the children, but they have very different ideas about what that means. For the doctors, they believe they are learning important lessons that will help all children, but that goal makes them lose sight of what is best for the individual children under their care. Mrs. Berger gives the children a mother \$\pi\$ #039;s love while they are with her, but she leaves them unprepared for the strict rules of the main orphanage. When Rachel meets the Cohen family, she is used to helping children in the infirmary so being a nanny comes easily to her, but when she starts working in the tuberculosis hospital she finds she has a competence for health care that gives her a sense of identity as well as a profession. I'm not sure Rachel ever quite understands how

caring she actually is. JS: Medicine, with its healing and also its damaging properties, plays a big role in the book. What was it about the duality of medicine that drew you to it? KA: I don't know much about medicine or science, so I was actually intimidated by this aspect of the story. I did a lot of research and I asked a very accomplished woman who has a doctorate in nursing to read the manuscript for me. It turned out to be a fascinating situation to explore. Doctors have power as well as knowledge, and how they use these can so easily shift from help to harm. In the novel, Dr. Hess is someone whose research agenda blinds him to the suffering of the children, while Dr. Abrams shows Rachel tremendous kindness. For Dr. Solomon, proving herself as a woman in man's profession complicates her relationship to the children even more. JS: After starting out as one of many interchangeable orphans, how does "Orphan #8" learn to embrace her differences? KA: I think for Rachel there's a gradual acceptance of her physical differences, but I'm not sure she's ever completely reconciled to the effects of the X-rays. The moment she decides to leave the orphanage and go to Colorado is when I see her claiming her individuality and beginning to make her own decisions. In her romantic life, she often feels isolated as well as marginalized because her sexuality is considered 'unnatural', but there's never any question about where her heart is. JS: Do you have a favorite scene? KA: The scene between Dr. Solomon and young Rachel in the dark X-ray room is one of the last scenes I wrote for the novel, even though it happens early on in the story. When I learned from my research that radiologists used to sit in complete darkness for fifteen minutes before reading X-rays, I wanted to put my two characters together in that situation. It's my favorite because it brings the child and the doctor together in such an intimate way, yet each of them has a completely different idea of what that encounter means.

A book inspired by true events is always intriguing to me because as I'm reading it I can't help but wonder about the specifics . Who of the characters is based on real people and how much of the plot is real or imagined ?There are big ethical issues at the center of this story . Rachel , a nurse at the Old Hebrews Home in mid 1950's discovers that her new patient is someone from her past . Flashbacks to four year old Rachel in The Hebrew Infant Home show her suffering at the hands of cruel doctors who perform medical experiments . She realizes that the patient was one of her doctors. Will Rachel take revenge now that she has the opportunity?Chapters alternate between her present as an adult and as a four year old in the orphanage. The flashback chapters were very difficult to read , sickening actually. Imprisoned in a crib behind glass she becomes a victim of cruel experimentation that leaves her without hair , which won't grow as s result of exposure to X-rays as

a child. There are further physical implications when Rachel discovers she may have breast cancer. The descriptions of what is done to Rachel is chilling, and so very sad to think that was done to innocent children, already enduring tragedies of losing parents. Administering chloroform, strapping them down, force feeding barium - it was heartbreaking to read what Rachel and other children endured .This is reminiscent of what we know about medical experiments done to the Jews in the concentration camps. How shameful that this was allowed here in this country. I know there are other examples of this and this is equally horrific. While all of this has happened to Rachel, she is also struggling with her brother Sam moving in and out of her life when she always thought he would be there to protect her. In addition we see her coming to terms with and understanding her sexuality as a young girl and as an adult having to hide her love for another woman from those around her . This is a terrific effort for a debut novel and Kim van Alkemade has told a heart wrenching story that grabbed me from the first chapter. The author does tell us in a note that the story was inspired by her grandfather and his mother who are indeed characters in the book. Whether or not Rachel was a real person doesn't matter since Rachel represents one of the many orphan children who suffered in the name of medical research. Thanks to HarperCollins and Edelweiss.

** Trigger warning for rape and violence, including illicit human experimentation. Also, this review contains a plot summary with minor spoilers. **The question sounded strange in the present tense. I used to think that orphaned was something $I\tilde{A}\phi\hat{A}$ $\hat{A}^{TM}d$ been as a child and since outgrown. It occurred to me, though, that was exactly how Iâ Â™d been feeling all summer.â Âœl guess anyone alone in the world $\tilde{A}\phi\hat{A}$ \hat{A}^{TM} s an orphan, $\tilde{A}\phi\hat{A}$ \hat{A} • I said.###The year is 1918, and four-year-old Rachel Rabinowitz has just landed in the Infant Home, an orphanage for Jewish kids under the age of six in New York City. After her lying, cheating, rapist father accidentally kills her mother* and then runs from the police, Rachel and her brother Sam are effectively orphaned, taken in by the Jewish Childrenâ Â™s Agency. Two years her senior, Sam is sent to the Orphaned Hebrews Home. The children are considered lucky, in a sense: funded by wealthy patrons, the Infant Home and Orphaned Hebrews Home are well-regarded. Whereas gentile kids in their position $\tilde{A}\phi\hat{A}$ \hat{A} " and there are many, left penniless, homeless, and/or without a family to call their own by the twin terrors of the so-called Spanish Influenza and World War I â Â" would be left to fend for themselves, Rachel and Sam get a roof over their heads, beds to call their own, three square meals a day \tilde{A} ¢ \hat{A} \hat{A} " even an education.Of course, none of this can make up for the pain of separation. By the time a sympathetic receptionist locates a foster home that will take both siblings, Rachel has

contracted measles and is in guarantine. And, just like that, their moment has passed: it will be two years before Rachel sees her brother again. By storyâ Â™s end, it still remains to be seen whether the two will ever be able to bridge the chasm created their relationship. The doctors at the Infant Home â Â" Dr. Hess and Dr. Solomon â Â" donâ ÂTMt see their charges as patients so much as study material. In the orphanage, environmental factors like exercise, diet, and exposure to sunlight are easily controlled; and there $\tilde{A} \notin \hat{A} \hat{A}^{TM}$ s no need to bother with pesky niceties like consent where orphans are concerned. Besides, these children are parasites, surviving â Â" no, thriving! â Â" on the largess of donors. They owe society a debt, and at the Infant Home they will repay it with their very bodies. Or at least thatâ Â™s the reasoning Dr. Solomon will lay on Rachel many decades after the fact. But Iâ Â[™]m getting ahead of myself.While recovering from a host of illnesses, Rachel comes to the attention of Dr. Mildred Solomon, a female doctor in the time when such things were still a rarity â Â" back in the â Âœgood ole days,â Â• before women could even vote. Eager, ambitious, and with everything to prove, Dr. Solomon recruits Rachel as patient #8 in her inaugural study, where she \tilde{A} ¢ \hat{A} \hat{A}^{TM} s subjected to high doses of radiation to destroy her (healthy) tonsils in lieu of a surgical tonsillectomy. Like many of the other subjects. Rachel develops alopecia: she loses all her hair. Permanently. By the time she ages out of the Infant Home and rejoins Sam in the Orphaned Hebrews Home, Rachelâ Â™s memories of the â Âœx-ray treatmentsâ Â• â Â" as sheâ Â™s come to know them â Â" have mostly faded. Once she settles in, her life assumes a sort of guiet, comforting monotony, governed by bells, bullies, and older student monitors (not all of them mutually exclusive). The years tick by. Sam pays a girl from his year to protect Rachel; she and Naomi eventually develop a friendship, and then something more. When Rachelâ Â™s arch-rival and resident Mean Girl Amelia orchestrates her sexual assault, Sam seeks revenge on her behalf â Â" and is beaten in front of the school by Superintendent Grossman, whose own son Marc is to blame. Tired of the Homeâ Â™s rigid structure and unfair rules, Sam runs away, west to Colorado â Â" and Rachel follows, unwilling to let go of what little family she has left. Fast-foward several decades. Itâ Â™s the 1950s, and Rachel is nearing 40. Now a nurse, Rachel works at the Old Hebrews Home, caring for dying patients on the dreaded fifth floor. Sapped by the sweltering summer weather and further deflated by her loverâ ÂTMs absence, Rachelâ ÂTMs already in a precarious state of mind when a Mildred Solomon is assigned to the room of the recently-departed Mr. Mendelshon. Something in the womanâ Â™s face jogs Rachelâ Â™s memory, and before you can say â Âœcount backwards from ten.â Â• Rachelâ ÂTMs in a free-fall down the proverbial rabbit hole.Reading about Dr. Solomonâ Â™s radiation experiments, filed away for posterity in ancient medical

journals, suddenly it all makes sense: Her alopecia, and the lifelong self-esteem issues it caused. Her rift with Sam. The inappropriate attentions visited upon her by lecherous, predatory men â Â" Marc Grossman only being the first of many. But most of all, the tender, acorn-sized lump in her breast. Dr. Solomon is to blame. Dr. Solomon was always to blame. The source of all of Rachel \tilde{A} ¢ \hat{A} \hat{A}^{TM} s suffering is lying \tilde{A} ¢ \hat{A} \hat{A} " helpless, addicted to morphine, and dying a painful death of bone cancer A¢Â Â" right there in her bed. For the first time in her life, it is Rachel who has all the power.ORPHAN NUMBER EIGHT is an odd creature: equal parts historical fiction, coming out/coming of age story, and psychological thriller. The chapters flit between two periods in Rachel \tilde{A} ¢ \hat{A} \hat{A}^{TM} s life: her childhood and middle adulthood; the former is told in third-person past tense, the other in first-person past tense. This has an interesting effect, distancing us somewhat from young Rachel and drawing us closer to 1950s Rachel. However, as the story progresses and we learn how Rachel advanced from Point A to Point B, the two Rachels coalesce, become one. Suddenly itâ Â™s not so hard to see how such a traumatic childhood formed this very broken, very damaged â Â" but still fundamentally good â Â" adult sitting in front of us, laying her soul bare. To be honest, the first chapter had me thinking that this might be a DNF. Itâ Â™s surprisingly boring, which feels weird to say considering it ends in a violent murder. But thereâ Â™s a tedious amount of talk about buttons leading up to it, okay? Needless to say, $I\tilde{A}\phi\hat{A}\hat{A}^{TM}$ m glad I stuck with it (not that $I\tilde{A}\phi\hat{A}\hat{A}^{TM}$ d ever give up on a book that quickly, mind you), because ORPHAN NUMBER EIGHT is an engrossing read: at turns horrifying, tragic, and heartwarming. Here are just a few of the things I loved about it. (I know this review is already long enough, but humor me while I gush!)â Â¢ The unexpected LGBTQ spin. As if Rachelâ Â™s adolescence isnâ ÂTMt fraught with enough minefields, she has to navigate her budding sexuality with little or no guidance. Rachelâ Â™s a lesbian, back in the days before such things were discussed openly; â Âœpassionate female friendshipsâ Â• were whispered about as \tilde{A} ¢ \hat{A} \hat{A} œunnatural \tilde{A} ¢ \hat{A} \hat{A} • or \tilde{A} ¢ \hat{A} \hat{A} œunhealthy. \tilde{A} ¢ \hat{A} \hat{A} • Her relationship with Naomi is lovely, and you kind of want to smack Rachel upside the head when it looks as though sheâ Â™s messed it up forever. Nor are Rachel and Noami the only two gay youths in the book. While working at a tuberculosis clinic in Colorado, Rachel befriends a dying girl named Mary. She was in love with a girl named Sheila, who was forbidden to see Mary when her mother discovered their letters. After Mary passes away, Rachel inherits her steamer trunk $\tilde{A}\phi\hat{A}$ \hat{A} " love letters and all $\tilde{A}\phi\hat{A}$ \hat{A} " and it $\tilde{A}\phi\hat{A}$ \hat{A}^{TM} s only by reading Sheilaâ Â™s correspondence that Rachel begins to envision something more, something lasting, with Naomi. As an adult, her partnership with her unnamed lover is a great source of stress to Rachel. Or rather, the need to hide it, to keep it secret and not to assign it the

importance it deserves, is. Rachel recounts the sympathetic looks she gets from the other nurses as they discuss their husbands and boyfriends, unable as she is to join in. And as the dread of surgery looms large, the unfairness of having to say that her lover is her sister so that she may be admitted to the recovery room further eats away at her. At best, homosexuals are a source of pity, as is the case with the gay man in her neighbor Molly Lippmanâ ÂTMs Coney Island Amateur Psychoanalytic Society (â Âœpoor boyâ Â•). With its alternating between different time periods, ORPHAN NUMBER EIGHT opens a window onto the different challenges faced by gay and lesbian folks throughout the first half of the 1900s. â Â¢ Dr. Mildred Solomon, feminist pioneer? Make no mistake: Dr. Solomon is an odious person. She dehumanizes and objectifies her pint-sized subjects, violates the trust of children placed in her care, and lets her ambition outrank her patientsâ ÂTM well-being. Even when confronted by one of her ex-subjects, now suffering from cancer possibly caused by her fruitless experiments, Dr. Solomon is unrepentant. Itâ Â™s likely that Dr. Solomonâ Â™s bone cancer is also thanks to excessive radiation â Â" caused by administering all those x-rays $\tilde{A}\phi\hat{A}$ \hat{A} " a point she harps on time and again. Yet she fails to see the fundamental difference: Dr. Solomon consented to performing the experiments, while her participants had no choice. Even so, much like Rachelâ Â™s coming out story, the early scenes (and recollections of) of a very female Dr. Solomon practicing medicine in a decidedly masculine world are as revealing as they are infuriating. The nurses mistake her for one of them; question her orders more frequently than those given by the equally sadistic Dr. Hess; and Dr. Solomon is constantly forced to toe an invisible line: act too severe, and sheâ Â™II be punished for being too feminine; perform femininity too well, and the men will dismiss her as silly and frivolous. Nearly a century later, some of these things have changed; but itâ ÂTMs defeating to observe that which hasnâ ÂTMt.Perhaps most egregious of all, in her dying days, Dr. Solomon has been stripped of the title she worked so hard to achieve: her chart reads simply â ÂœMildred Solomon.â Â• The nurses donâ ÂTMt believe that sheâ ÂTMs actually a doctor until Rachel confirms it.Of course, none of this excuses Dr. Solomonâ ÂTMs transgressions as she would have Rachel believe: belonging to an oppressed class doesnâ ÂTMt give you license to oppress others.â Â¢ The parallels between Dr. Solomon and later Nazi scientists. Though Dr. Solomon balks at the comparison, adult Rachel notes the (very ironic) similarities between the way Drs. Solomon and Hess treated the kids at the Infant Home, and Nazi experiments on Jewish captives. Rachelâ ÂTMs physical similarity to a death camp survivor â Â" noted by Sam, who fought in WWII and helped to liberate one such camp â Â" is only the most superficial of them. The doctors routinely dehumanize and objectify their patients, referring to them as $\tilde{A}\phi\hat{A}$ $\hat{A}\phi$ material, $\tilde{A}\phi\hat{A}$ $\hat{A}\bullet$ not

people; things with numbers, not children with names. They are neglected save for experimentation; their emotional and intellectual development deemed unimportant. Even as an adult, Dr. Solomon refers to Rachel simply as â ÂœEight.â Â•â Â¢ The delicious ironies. Thereâ Â™s a wonderful little passage wherein patient Mildred Solomon complains about a doctorâ Â™s threat to force-feed her, should she refuse to eat on her own â Â" which gives Rachel flashbacks to when Dr. Solomon forcibly fed an uncooperative Rachel a barium â Âœmilkshakeâ Â• prior to a â Âœtreatment.â Â• See also: Nazi scientists above.â Â¢ The doublespeak. Like a page out of the Bush-Cheney playbook. â Â¢ Rape culture 101. From the very first chapter, with the rape that doesnâ Â™t yet have a name, rape culture lurks in the shadows of ORPHAN NUMBER EIGHT. Itâ Â™s well-known around the Home that Marc Grossman is a serial predator, for example; but rather than acknowledge that his son has a problem â Â" and sacrifice him for the good of his one thousand other charges â Â" Superintendent Grossman goes after Sam instead. Indeed, given the structure of the Home $\tilde{A}\phi\hat{A}$ \hat{A} older students are promoted to monitors and given the power to boss, bully, intimidate, and even physically punish younger kids for the slightest transgression $\tilde{A} \not c \hat{A} \hat{A}^{\text{"}}$ it $\tilde{A} \not c \hat{A} \hat{A}^{\text{TM}}$ s surprising that we don $\tilde{A} \not c \hat{A} \hat{A}^{\text{TM}}$ t see more instances of sexual abuse: like many rigid institutions, it seems almost designed to facilitate such abuses!And then thereâ ÂTMs Rachelâ ÂTMs Uncle Max, whoâ ÂTMll only let the fifteen-year-old stay with him if she agrees to marry him. With his rabbiâ Â™s blessing! Again, make no mistake: blackmailing someone into marrying you = rape. Over time, Rachel seems to recognize that sheâ Â™s a magnet for the unwanted advances of men, especially older men and predators. This mirrors statistics on rape; a 1999 study, for example, found that women who had been raped were seven times more likely to be raped again. Predators know to target the vulnerable and marginalized: for Rachel, these vulnerabilities include being poor, being an orphan, being a runaway, potentially becoming homeless, and all-around low self-esteem due to her alopecia and â Âœdeviantâ Â• sexuality. Even as they take her assault seriously, some of the adultsâ Â™ reactions to the Marc Grossman incident are an exercise in rape culture: â Âœis that all?â Â• (There was no penis-vagina contact, â Âœjustâ Â• unwanted touching.) At one point, Rachel questions whether sheâ Â™s even pretty enough to be raped. Sadly, this is still used as an insult, some 100 years later. (â ÂœYouâ Â™re so ugly you wish someone would rape youâ Â• is a common refrain of trolls.)â Â¢ New York City through the ages. Though the kids rarely leave the two city blocks that encompass the Orphaned Hebrews Home and their middle school, adult Rachel takes us on a tour through NYC, from the Lower Eastside and the famed Goldman Shirtwaist Factory, to the beaches of Coney Island. â Â¢ The ending. Though I had my fingers

double-crossed for revenge, what ultimately transpires in that hospice room proved much more nuanced and potentially satisfying. Still, it hurt to see Rachelâ ÂTMs potential catharsis thwarted at every turn.â Â¢ Thereâ ÂTMs even a reference section â Â" perfect for the history buffs in the audience. The story was inspired in part by the authorâ ÂTMs grandfather, who grew up in the Hebrew Orphan Asylum of New York; his mother worked there as a Reception House counselor.Read it if: Youâ ÂTMre a sucker for historical fiction; youâ ÂTMre yearning for an edge-of-your-seat read; you have a sick fascination with the seedy side of science; you want another volume to add to your #WeNeedDiverseBooks TBR pile.* In his defense, the murder was accidental/in self-defense. However, make no mistake: the sexual encounter we see between Harry and Visha the morning of the murder is indeed rape: Visha says no, but he penetrates her anyway. While she eventually acquiesces, thereâ ÂTMs no such thing as retroactive consent. Additionally, he physically restrains her at two different points during the encounter. That this transpired 70+ years before marital rape was recognized as a crime doesnâ ÂTMt make it any less wrong.** Full disclosure: I received a free electronic ARC for review through Edelweiss.**

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