

# Wicker

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# Part One

# Anna Kat at Rest

This wasn't grief Davis felt, staring at her so-still feet pointing at impossible angles to the tight synthetic weave of charcoal carpet. Grief is born. Grief matures. Grief passes. Despair, on the other hand, which arrives in an instant, ferments into depression. And although depression was months away, at least, already he felt himself not caring. About his life, his wife, his practice, his patients, his new home, near the golf course, and his second home, by the lake. He imagined everything—people, property, possessions—in flames while he stood before it all, impassive, not caring.

The fluorescent lights exposed the room from the ceiling straight down, a glow so bright and perpendicular that Davis couldn't find a shadow in the entire place. From the inside, the broad windows to the street looked covered in black paint, and from the outside, beyond the police cars and oily snowdrifts and yellow tape, the store was as white and naked as a nighttime portrait of a home by Mies.

There were cops on the sales floor and they were talking, but Davis's mind registered only the broken echoes of their whispers: "*What's he doing here . . . he'll tramp all over the crime scene, for Chrissakes . . .*" The cop standing next to Davis was named Ortega and had been his patient once. Tonight, Ortega had let him in the back door of the Gap—led him through the stockroom and out onto the floor and inside the rectangular checkout island where he now stood—and Ortega was getting his ass reamed by a detective for it. Anna Kat's feet went in and out of focus, but Davis's eyes never left them. From the ankles down they looked like tan plastic, rigid enough to have been severed from one of the mannequin torsos dressed in ribbed sweaters against the wall, and he began thinking about Ortega's lifeless semen and the day he, Dr. Davis Moore, had delivered the bad news to the cop and his pretty wife. Catholics, he remembered; they decided against in vitro. They clucked their tongues at the anonymous DNA and all those extra embryos, the routine runoff of his work. He

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wondered if they had ever adopted, if the cop, now a parent, might understand that the sorrow Davis now felt was incurable.

Back the way he came, jacketless in the dark and snow. A different cop would drive him home to the big Prairie-style house on Stone Avenue, where Anna Kat's mother, Jackie, would be sobbing into the consoling collars of their neighbors. He would prescribe something for her and pour the Macallan all around and hope they could manage a numbing, dreamless sleep. The first morning after would be the worst of all, when he would wake having forgotten, and then, in the daylight, remember that his only child was dead.

# Anna Kat at Sixteen

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These women were older than his wife. More desperate maybe, Terry thought. They were around his age, late thirties, and that embarrassed him. In front of men, he was never uncomfortable talking about Martha's age. In fact, he liked to show her off with hand-holding and impromptu snuggling and by sharing the same side of the table at restaurants. He was certain he could give up drinking or smoking pot, and he planned to when the child was born. Pot, anyway (if there ever was a child). But there was no high like the ability to inspire jealousy, and his marriage to young, smart, sexy Martha could turn other men a sickly pale green. That high he could never quit cold turkey.

The other women were stealing curious looks at Martha, her face tilted at a month-old issue of *Newsweek*. Of course, they were wondering what a woman so young was doing here. There was both envy and pity in the creased corners of their eyes when they glimpsed her and then looked away. Their husbands noticed her, too, Terry figured. The first look gauged the size of her breasts. The second, the shape. The third lingered long enough to measure her youth, her weight, her curves, her face against the standard of other men's wives.

Whatever sexual electricity her husband imagined throughout the room, Martha Finn was oblivious. She was nervous, though, for reasons that had nothing to do with jealousy or fantasy or lust. Unlike many of these women, her eggs and ovaries functioned as designed. And unlike many of these men, Terry's sperm were frisky and numerous, which accounted for the self-satisfied grin on his face now, she figured with a wince.

A nurse led them from the white leather chairs, past several examining rooms and unmarked doors, and into Dr. Moore's office. From the clean lines of the windows to the custom couch and desk, Davis Moore could have been

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any successful professional. There was a disconnect, a deliberate one, between the spare, monochromatic environs of the waiting room and the warm mahogany of Dr. Moore's office.

"It still seems so strange," Terry Finn said, his fear concealed beneath an anxious snicker. Martha touched his knee.

At work Terry was used to being the alpha male in the room, but Dr. Moore—tall and thin with a long torso and a tight weave of brown hair (a politician's head of hair, Terry thought)—was an impressive figure. He wore a white clinician's jacket over an expensive cotton shirt and a red silk tie. His voice was a gentle but commanding baritone, as steady as his hands, which amplified relevant words with confident gestures. His desk was free of clutter, suggesting a man who solved problems as he encountered them and immediately disposed of the paperwork. He was also modestly famous: *Chicago* magazine had named him one of the city's "Top Docs," stating in a caption under his picture (which Martha had carried in her purse since they had made the appointment) that Davis Moore was one of the nation's leading experts in cloning and cloning ethics.

"Some couples have doubts about the procedure," Davis said. "Some have moral questions science can't answer. And there's quite a bit of opposition from some of the organized religions, of course. Do you go to church?"

"On Christmas." Martha reddened.

"If it makes a difference to you, I believe in God myself, and I'm at peace with the science at work here," Davis said. "We can't clone a soul, you know. Actually, I've found that some religious people find cloning a less troubling option than conventional in vitro, with sperm and egg." He had been through countless of these preliminary meetings and could predict the questions, and even the order in which they would be asked. He barely listened to them before answering anymore.

"You don't need to create as many embryos, is that right?" Martha said.

"That's right. In many cases now, we need only one."

"I know there are some legal issues," she said. "I've been doing some searching on the Internet. A little reading here and there. Only enough to make me realize how little I understand." She giggled, and when she smiled Davis realized how it changed her, as if her unsmiling face were a masquerade disguise, and her grin like an unveiling. "I know some doctors out east got in trouble last year."

"We are bound by strict guidelines—rules and laws both—and there are severe penalties for violating any of them. They range from loss of a doctor's medical license to jail time. For instance, the donor must be dead. That's to make sure your child doesn't run into his double in line at Jewel." Terry and Martha and Davis laughed.

Martha said, "It seems incredible to me—well, the whole process is still incredible to me—but amazing that you can clone someone after they're dead."

"DNA isn't as fragile as we once thought, and although we have sophisticated methods for storage and preservation, they really aren't even necessary," Davis said. "With current technology we can recover viable DNA even from long-dead tissue. Once an individual is cloned, however, his remaining DNA is destroyed. We never make multiple clones from the same individual. Your child would be the only person alive with his genetic markers. Unless the procedure results in twins, of course."

"Exactly who are the donors?" Martha asked, her voice becoming more assured.

"Sperm and egg donors, mostly. When they go through the donation process they indicate whether or not they want to make their DNA available for cloning after they pass on. If the answer is yes, they also contribute blood—it's ironic, but we can't clone from reproductive cells alone—and are paid about three times as much. If they're egg donors, the fee could be a multiple of ten."

"Women donate their DNA less frequently," Martha said, recalling a fact from her research. "That's why most cloned children are boys."

"Correct. Sperm donation is much more common than egg donation, and there are still very few people who donate cells specifically for the purpose of having them cloned. For most donors, it's an afterthought, a way to make a few extra bucks just for rolling up your sleeve and signing your name on one more line. Some people do it for ego: the thrill of knowing their DNA will live on, something like a quest for immortality, although that's a lot of nonsense, of course. A lot of people, particularly women, still find the idea of their genetic duplicate to be a little unsettling. An old classmate of mine wrote an article in the *New England Journal of Medicine* last year claiming some relationship between this phenomenon and female self-image. I don't know if I believe that, but who knows? There are control issues, too. Regulations. We don't want people being cloned without their permission. Laws and ethics say we can't just take nail clippings out of a wastepaper basket and clone a person without his knowledge. And as you're aware, there have been multiple privacy laws enacted by Congress over the last five years. It's illegal even to keep a record of someone's DNA unless they've been charged with a serious crime."

"How does implantation work?" Martha asked. "Husbands are never worried about implantation, Davis thought, only extraction."

"When we're ready to move ahead, we will take one of your eggs and remove the nucleus, leaving us with just a shell. Then we add a cell nucleus from the donor—usually DNA from a white blood cell—and stimulate it to

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behave as if it were an egg fertilized naturally. After that, the implantation is identical to in vitro."

"I understand there are more applicants than donors." For some reason, Martha tried to hide the tiny piece of fringed notebook paper on which she'd written her questions. "If we decide to put our name on the waiting list, how long should we expect before DNA becomes available?"

"Some people will wait three or four years, but it's not just first come, first served. Martha, you said in your pre-interview that Huntington's disease runs in your family?"

An impolite question from anyone but a physician. "Yes," she said. "I had myself tested. I'm a carrier."

"That makes you a priority candidate. You'd go to the top of the list. Any child you would have through natural conception or through a conventional insemination or in vitro process—that is, a technique that uses your own genetic material—would be at high risk for Huntington's. The cloned embryo you would receive will be screened for any known hereditary disease, so you could still carry the child without passing on any propensity for illness. In essence, with cloning, you're adopting a child in the embryonic stage. And while he is not, technically, your natural child, neither is he somebody else's. From that perspective, I think in vitro cloning is superior to other techniques. There are few gray areas in cloning law. You never have to worry about the natural mother or father showing up one day, demanding their rights to your child."

"What about the parents of the donor?" Terry asked.

A good question, but a telling one, Davis thought. He's more interested in potential liability than in the procedure itself. "Well, if they're still alive, the clone is not their offspring, legally or ethically. He'll be a different person, with different likes and dislikes. He will have a personality all his own. A soul of his own, if you believe in that sort of thing, which, as I've said, I do."

"You said 'he.'" Martha squinted, like she was preparing for a gust of bad news. "So there's no chance it might be a girl?"

Davis sucked in a chestful of air. Three times in the last year his answer to this question had been countered with indignant and uninformed lectures on eugenics from angry would-be parents. He was pretty sure at least one of those was a setup, though. The couple showed up on the local news that very same night to register their "shock" about what they learned during their visit to a "clone clinic."

He said, "As much as we'd like the odds to be roughly the same as they are in nature, about fifty-one percent in favor of girls, the present reality of our donor profiles means you're more likely to have a boy. Within that framework,



Congress says gender selection must be random. We do have some choices, however. While I am limited in what I can tell you about the donor, we do try to match some superficial physical characteristics with the parents. You're both fair, so we'll try to find a rough match for hair color. Many people who go through this process don't want to raise a lot of eyebrows among their friends and neighbors over the provenance of their child."

The Finns appeared neither surprised nor upset. Terry said, "That's another question I had. How much of this information is public?"

"Yes. Good. That's important," Davis said. "As the parents of a cloned child, you'll be required to have him checked every six months by a pediatrician, at least until his sixteenth birthday. We have a doctor on staff here, Dr. Burton, and she is excellent, but you won't be required to use her if you're more comfortable with someone else. Whomever you choose, however, you will need to notify your child's pediatrician that he is treating a clone, and that doctor will file regular reports to this office. It's all for the sake of ongoing research, as well as to safeguard the integrity of the procedure, and it's all protected by the doctor-patient privilege. By the way, we perform many different kinds of procedures here, and Dr. Burton sees other patients, not just cloned children, so no one will be suspicious if they spot you in her waiting room."

"What about the child?" Martha asked. "Would we tell him?" She added hopefully, "Him or her."

"That's up to you, of course. I think most therapists agree you should wait until they're in their teens, at least. It's a lot for a kid to handle, existentially speaking. Of course, in fifteen years, it's not going to seem as strange or new as it does now." After a silent moment Davis looked at the clock, but patiently, the way they'd taught him seventeen years ago at the University of Minnesota. "I have another appointment waiting, but do you have any other questions? We can stay here until they're answered."

They didn't. Not at this point. Cloning was still so new. Just to be talking about it in a comfortable, old-fashioned room like this, surrounded by wood paneling and books and maps on the wall—it was weird, like something out of H. G. Wells. Davis intended it that way. Get them accustomed to the idea over time, and over time weed out the ones who aren't ready. The initial meeting, he always said, was the first of many trials.

He walked them to his office door and then returned to his desk and made notes in a newly created file on his computer. *Martha and Terry Finn. High-priority candidates. Wife wants child more than husband does. Will probably return for another consultation, or seek second opinion. Don't expect to schedule this quarter.*

In their Acura, suffering the stop-and-go traffic along the circumferences of look-alike suburban malls, Martha read aloud random half sentences from

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the New Tech Fertility Clinic brochure as Terry tried to keep both her and sotto voce sports radio playing on separate channels inside his head.

Terry wanted a child, he supposed. He knew Martha wanted a child, and they had discussed the many options and consequences before deciding to go this route. Before deciding to enter a DNA lottery. Reproduction the historical way, the God-conceived and Darwin-endorsed way that begins with prodigious or precisely timed coupling, results in children of a certain kind. Before birth you didn't know anything about them, of course, except maybe the gender, but the things you learned as they grew up were not so much surprises as they were the winnowing of potentialities. He thought of the Sunday after he and Martha returned from their honeymoon. They had opened their wedding presents in front of a small gathering of family. Each wrapped parcel was a mystery of sorts, but contained a gift checked off from their registry. Unwrapped, the appliances and silver and china were pleasing and familiar. Your own child must be a little like that. A gift to you from yourself.

But a clone. A clone is not the same. A clone is a gift from a stranger. A clone could be loved as much as your own flesh and blood, he was sure, but the light and darkness inside a clone child is not the light and darkness inside your own soul. Unlike a natural child, evolution has not sorted through the genes of two people and made something new and better. In a clone, the mistakes of the last generation's DNA are repeated. Their child would be an old model, and who knows what kind of glitches he'd suffer?

But Terry could tell by Martha's tone that the prospect excited her. According to the literature and the videos they'd explored, it would be a long year or more of testing and counseling and schooling, harder on her than it would be on him. Over the last ten months, as they'd seesawed back and forth over the idea of being parents, he found himself just as happy when she was leaning toward yes as when she was leaning toward no. A little boy, a stranger, would start his life by profoundly changing theirs. He knew it was the right thing.

He reached over to touch her left knee, but the seat belt and windshield glare had positioned her body so that he couldn't reach it with his hand, and so he rubbed his knuckles against the blue cotton covering her hip and with his thumb made cuneiform shapes on the top of her thigh that he hoped would translate as affection.

Martha smiled and closed her eyes, leaning back against the headrest. She set the brochure on her lap and with her own thumb tickled her flat belly and imagined herself as host to a new life for a man now dead. She knew it wasn't like that exactly, but she believed in people, loved all people, loved even their mistakes, and believed that every person, even saintly ones, wanted and deserved a second chance.