

When This Is Over

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When this is over, I'm going back to the West Coast. I'm going to find a cheap, humble house near the beach, get an old dog — maybe a retriever of some sort from the pound — and take long, thoughtful walks every morning at sunrise. I will have gray hair, never braided but messy from the wind and the moist ocean air. I will, on occasion, pick up a smooth stone from the sand and lick it just to taste Mother Ocean's sexy saltiness, without caring what else I might inadvertently taste. And after those walks I'll go back to my house, which will be small and untidy, full of books, seashells, pine cones, and pictures of people I love. I'll drink strong coffee and eat marionberry jelly on rye toast with my lover — or I'll eat alone, depending on how this all turns out.

So far it's not turning out as I expected. I thought it would be more scientific, with all sorts of cutting-edge technology. And I thought it would be infinitely more compassionate, just like on television: a merging of high-tech solutions with empathetic care. Because even though I know that real life is not like television, I expect it to have at least as much go-for-broke, do-the-best-you-can effort.

When Kai first told me, in his evasive way, amid the cheerfulness of springtime daffodils, that he had cancer, "or something like that," the announcement slipped down over my head like a cardboard box with the words NON-HODGKIN'S LARGE B-CELL LYMPHOMA written in day-glo letters inside. It's the only thing I can see, the only thing I can think about.

Lymphoma: a word so common that spell-checker will fix it; a word with such deceptively soft syllables it sounds more like a cushy place to rest: "Honey, I'm going to lie down on the lymphoma and take a nap."

With the box of Kai's diagnosis impeding my senses, I reach out like a scared toddler and take my lover's hand and trust the doctors to lead the way, to take us where we need to go, to take care of this man and, in turn, take care of me, because our lives are tangled up together like twisted sheets pushed to the bottom of the bed. When the doctors say Kai has "pretty good chances," he and I leap over the imaginary fence into the lush pastures of remission, so hopefully verdant, dotted with daisies. Welcome to the land of pretty good chances, but listen for rattlesnakes.

Three weeks after Kai's diagnosis, his mother (speaking through Kai's older brother, who translates from Lao) asks me if I know of any herbs that might help her, because it hurts when she pees. I buy her some cranberry extract but advise her to make an appointment with a doctor, just to be sure. A week later she sees a doctor. Two weeks later, she's skipped right over "pretty good chances" and gone straight to the final prognosis: a large, cancerous tumor will dictate how much time she has

left among us.

The decision is made to move Kai's mother from the home she has shared with her bachelor sons to the household of Kai's sister. This is a good thing — they are better equipped to care for her at Kai's sister's — but the bachelor brothers now list through their days, having lost their rudder. They have to cook and clean for themselves, and there is no one prodding them to drink less, gamble less. They ask me when I think their mother will be back, when she will be better, even though we all know that she won't be coming back. I am not willing to be the person who tells them this, so I just say I'm not sure. I say this also because I believe in the power of words to create reality, and I don't want to hex any potential forthcoming miracles.

Now that the familial resources are spread thin by two cancer battles, I know that I will run the gauntlet with this man who has given me so much happiness and joy, and so much frustration and confusion, because love goes the distance. Besides, I have no other option. Communications will break down. Medical-speak is hard enough to comprehend if English is your native tongue, but for Kai and many of his family members and friends, English is their third or fourth language. I know how Kai will lie and say he understands, just to get the doctors to shut up so he can go back to whatever he's doing. And I know how doctors will misunderstand him and just do whatever it is they want to do. The result: things will go awry.

So I will go the distance; I will do my best. I am thinking that we can have this cancer bagged and tagged in just a few months — hey, we live in the land of pretty good chances. My sister asks if my daughter can help her with child care during the summer, and my former husband offers to have my son stay with him, allowing me to focus fully on Kai's cancer treatment and helping my mother get situated in a new house. I put everything in storage, quit my job, clear the bank account, and for all practical purposes my address becomes my 1989 Toyota 4Runner.

For four months, I commute between my filial obligations in one state and my commitment to my lover and his cancer treatment in the next. The all-day drive becomes onerous, and my ass spreads ever wider on the driver's seat. I begin asking people in small towns along the way for suggestions on good places to camp where I can be alone. They give me directions to their favorite secret spots, and I make the turn up some dusty washboard track to spend the night alone in the mountains, to nod my head to elk and coyotes, hawks and owls, to beg and plead for some mercy and direction.

I make it to every doctor appointment. I sit beside Kai at the medical offices where he receives chemotherapy and hold his hand while the nurse misses his vein for the third (fucking) time, and he squeezes my hand so tight and hard that I can feel that needle ferreting around in my own arm. Then begins the slow drip from bags with unpronounceable labels. We cozy down for the duration with blind faith in those clear plastic bags and the medical personnel who prescribe and deliver them. As we sit there, we make plans for all the adven-

tures we are going to have once we've swept this cancer thing off the front porch.

While Kai dozes, I imagine meeting his distant relatives in faraway places, sitting back and eating papayas and mangoes that grow right in the backyard, and swimming in warm Southeast Asian waters. My eyes wander the room, checking out the other people here for chemotherapy. I'll say one thing for cancer: it is nondiscriminatory. This standing-room-only crowd is a picture of ethnic and socioeconomic diversity. The only group missing is the upper class. I suppose wealthy cancer patients go to private clinics with potted plants, soothing music, leather furniture, and a better selection of magazines.

One fiftyish man is always on his cellphone. He talks a little too loud, as though he wants people to hear his directives: trade this, buy that, dump those. Maybe he thinks that all this outside cellular activity will counteract the cellular activity going on inside him; that all this impressive jabber will make the cancer realize he is just too damn busy and important. There is also a youngish African American woman who is beyond beautiful. She sits in her chemo chair as if it were a throne. I am rooting for her because it would be a shame for the world to be deprived of all that regal attitude.

There are plenty of seniors here — not exactly the “golden years” they must have envisioned — but the real gut-wrencher is the young Latino, who can't be more than eighteen or nineteen. He is athletic-looking, the picture of youthful health; you just know everyone was cheering for him last week at the big game. Looking at him reminds me of my own children. I think that's the only thing that would be worse: if I were here with one of them instead of with the man I adore. My eyes fill with tears, but I get the better of them. I will not cry in front of all these people, who are being anything but crybabies. Nor will I cry at the ludicrous idea of fighting disease with poison. I will not cry over the fact that life has just gotten a little too real for me. And I will not cry at the thought of losing Kai, even though I am (selfishly, selfishly, selfishly) afraid of being alone.

Always, through every session, I am on the lookout for that flash of lightning, listening for that clap of thunder that will let us know that the cancer is on the run, that we've won the battle. I'm waiting for the moment when the nurse will sidle over with a big, mushy grin on her face and tell us, “Oh, no, you don't need any more chemotherapy. Didn't we tell you? Your cancer is in remission.”

It's after the chemotherapy race has been run and the blood has been drawn and the results are in that reality, sly crapshoot that it is, not only does not offer the hoped-for remission, but stretches out a foot and trips me. And this is OK — actually, good — because reality knocks some sense into me. When I hit the ground, the diagnosis box comes flying off. Lying there blinking, feeling stung by the too-bright light, I fully realize the slim chances of finding a doctor who went into oncology not because it's the highest-paid branch of the medical profession, but because he or she really wanted to help people.

Oh, to be one of those quick-thinking people, instead of the slow-thinking person I am: so many questions left unasked or never properly answered; so much time wasted being polite,

following directions, showing up for appointments. All that poison, all that vomit and sweat, no more body hair (not even eyelashes). And the cancer remains.

I feel as stupid as when I was a trusting ten-year-old and that carny with the lazy eye conned me out of all my pocket money, assuring me that I would win the fabulously huge stuffed tiger by landing a basketball in the basket. (“Just trust me. Do it again. I'm sure you'll get it this time.”) Not since then have I felt so completely inept, so tricked, so duped as I do now. No one ever broached the possibility that the poison might not kill what it was meant to kill. I blindly trusted them to serve up everything straight and neat as a shot of whiskey. In this appointment, I realize the full circle of possibilities has never been discussed, not all the cards have been revealed. Did I trick myself? Did I dupe myself, tying my own blindfold because I cannot accept the reality that maybe the death card, the big change, is what we've pulled? What I'm wishing is that one of these physicians could have taken the time and very candidly explained all the possibilities to us . . . and yeah, I do think it's a responsibility that comes with the position.

Kai's oncologist informs us that the plan now is to watch the cancer and then decide on the next procedure. This feels like watching the intruder in your house to see whether he's going to make a move on your daughter's room. I want to dial 911 *now*. I want law enforcement to show up, guns drawn, at the door. I want to leap across the room and grab this physician by his white medical lapels and shake him.

I look at this man and realize I have never really looked at him before — maybe because, as everyone knows, doctors are akin to gods, and looking at them fully might burn one's eyeballs to a crisp. (But maybe that's too angry a thing to say.) Of course, I don't think he's ever really looked at us, either. Maybe we make him uncomfortable: we do that to people sometimes; we're a visually odd couple, like mismatched socks, the slight man and the too-tall, busty brunette with too many earrings, too much cleavage, and hairy legs. But all of a sudden, I want to know all about this oncologist. He's tall, and younger than we are; like Kai, he is Asian — which made Kai somehow sure that he would be a much better doctor. *Whatever it takes*, I thought; whatever you think gives you the edge often does, merely by the thinking.

(end of excerpt)