

A Year Like Any Other

CHARLES DERRY



SARAH BLODGETT

HOW LONG WILL IT BE, AFTER YOU DIE, BEFORE the last living person who knew you also dies? And when there is no one left living who remembers you, what will your life mean then, after all of the noise?

UNTIL RECENTLY, I HAD ALWAYS IMAGINED I would die in a plane crash. Perhaps it would happen on a va-

cation flight to Palm Springs, because upon boarding I failed to touch with both hands each side of the plane's entryway to appease the gods. I'd imagine the plane starting to shake ferociously — bad airline food tumbling in all directions, passengers who aren't buckled in thrown into the ceiling and then back down, backs breaking, and worst of all, that moment of realization — "We are going to die" — as I exchange a glance

with my husband, Tom, and see my own terror mirrored in his eyes; and within a moment, one wing has broken off, then the other, and now swords of plane are hurtling through the cabin, and I am struck again and again, and still I don't lose consciousness as the frigid air swoops up and around and through, its deafening roar underscored by the dissonance of thuds and cracks and shrieks, until that which remains of me, inside my head, perceives blackly in that final moment the unstoppable.

It's a melodramatic vision, I know, but that's how I always thought it would happen, my death.

But not anymore.

And all because catastrophe knocked on my door while I was visiting my longtime friend Carol Lee. Carol and I had met when I had first come to Dayton, Ohio, and I'd been lucky enough to direct her in a production of Arthur Kopit's *Wings*, a play about language and death. Never once leaving the gloomy, shrouded stage, Carol had given a tour-de-force performance as Emily, an aged daredevil who'd performed stunts on the wings of biplanes in flight. When Emily has a stroke and descends into poetic gibberish, her words fly off into oblivion as her body spectacularly fails. And as a person with Tourette's syndrome, which showed itself in some very mild physical tics, I was interested in all failures of the body. Through our collaboration on the production, Carol and I had bonded forever: perhaps because my father had died of a stroke and I was directing Carol similarly to die night after night, or perhaps simply because Carol — who never mentioned my Tourette's — was the most loyal friend you could imagine, always supporting you with her generosity and her authentic smile.

There is the family you're born with, and then there's the family you choose. And so my choice of Carol was especially important as I was making my way as a young college professor of film, and coming out as a gay man. The deaths of my parents in my early twenties had freed me to remove the mask of the good son and reveal my true face, but my working-class Italian relatives back in Cleveland had largely recoiled in horror from the apparently monstrous homosexual me. And so, for many years — at least until Oprah indoctrinated many in my family with her progressive vision — I was banished: no more Thanksgiving dinners, no more coming home for Christmas, no more watching my young cousins grow up. Unlike the members of the family I'd been born into, Carol was accepting and matter-of-fact about my sexuality. And when I was fortunate enough to find Tom and he and I moved in together, Carol loved him, too, without question or reservation, because I did. With Carol, people were accepted as is. And for more than twenty years, Tom and I loved Carol for everything that she was: a General Motors secretary and a fabulous actress and person, the Auntie Mame of the suburbs.

Yet now Carol was also someone who was dying: from a melanoma she had purposely chosen not to treat, because she had also been diagnosed with Alzheimer's. Faced with the decision of which to lose first, her body or her mind, Carol had chosen her body. It was a heroic decision — because her Alzheimer's was still in an early stage, and her cancer would choke

her painfully until she could neither speak nor breathe.

And so Tom and I were visiting her, potentially for the last time. After showing us the tumors protruding from her chest, Carol ushered us into the living room and began giving us her possessions. At the bookcase, with her weakened arms, she swept her entire collection of scripts into a huge box: a lifetime of performances, instantly liquidated. "Take them all," she said, and so we took them. Then she led us back into the kitchen, where the air was now acrid with the smell of the bacon grease her daughter was frying into their lunchtime spaghetti sauce. "Tomorrow we're driving to Florida," said Carol, "for the end. And I don't expect to be back, so *here*." And she flung open her freezer. "Take these frozen Tyson chickens. Here are some wings. You like wings? And here are some breasts." She threw them in a bag. "You like liver? Here, take it. Take them. You want my ice cream?" The house was emptying out: walls bare, bookcases bare, refrigerator bare, Carol, too, disappearing, cell by cell, memories shedding, body and mind disintegrating. And then Tom and I each kissed her, and she walked us to the door with our bounty. As we pulled out of the driveway, she waved to us from her stoop, standing exactly two feet downstage center from her doorway, her fingers curved at the most expressive angle, just so.

And it was at that precise moment, as I left carrying frozen chicken parts and the detritus of Carol's life, that I first felt some pain while breathing.

It was just a bit of pressure, really, not much more, hardly worth noticing, embarrassing even to mention to my doctor. And at first he, too, thought it was nothing, maybe a muscle spasm, and he gave me something for it. But then, darkly, when the pain continued, each development brought some new fear.

"Perhaps we should take a chest x-ray, yes?"

"Yes."

Later, the x-ray in hand: "*Oh . . .*"

"That doesn't necessarily mean something bad, does it?"

Silence.

Well?

"It's very large. But a CT scan would . . ."

"OK."

And then, scan in hand: "Well, take your Palm Springs vacation if you want, but I'd talk to the surgeon first. Absolutely. So shall I set it up? Yes?"

"Yes." *God. No.*

And then, while looking with the surgeon at a gray shape that was not supposed to be there on the scan, a ghost that looked bigger than my heart: "Of course it's most likely something benign, like a cyst, but still, I can schedule you for the day after tomorrow, *shall we do that?*"

And yes, I know it is really too much (though sometimes life *is* too much), but when I awoke from my open-heart surgery to discover that my tumor was huge and cancerous and that half of my heart lining had been ripped from my heart along with the tumor, the war to remove Saddam Hussein had just begun, and someone had tuned the television in my intensive-care room to shock and awe, and as thousands of

tons of bombs were bursting over Baghdad, lighting the Iraqi skies a putrid, surveillance green, I was shrieking in pain because the morphine was failing to work, and I was feeling that *I* had been blown apart like a casualty of war; that scientific instruments of torture had been used with clinical precision to demolish *me*; and that doubtless I would not live — but maybe I did not want to live in such a world as this, in such a time as this.

CAN I SAY HERE (WITHOUT SOUNDING TOO PRE-tentious) that destiny has a wicked sense of humor, and that life, so filled with irony, is not a series of *ors* but a series of *ands*? Such as “Carol Lee was disappearing into Alzheimer’s, and Carol Lee was dying of melanoma.” Such as “I was visiting my friend who was growing a cancer, and I was unknowingly growing a cancer of my own.” And does it sound crazy to admit that, though my cancer was a shock, it was not entirely a surprise? The superstitious nature of my peasant ancestors was hiding inside me as surely as this tumor, and my previous year at the university had been *too* successful, culminating in my winning a teaching award and giving a commencement address to fourteen thousand people. Even as I was giving that speech, I was thinking: *How long before I discover some horrible cancer that will balance out my good fortune?* Of course I had dismissed those fears as irrational, but perhaps they were prescient instead. Could it be that I had subconsciously felt my tumor?

In the hospital, I wondered: what did it mean that my mother — whom I resemble — had also died of cancer? I stopped short: *Also?* Had I meant *in addition to me*? Or in addition to my Aunt Frannie, who had died of cancer, too, just within the past year, and before her my Uncle Carlo of cancer, and my Uncle Vinnie and Uncle Paulie of cancer? And of course, there was Carol. . . . Recognize the preposterous: my mother’s cancer, Carol Lee’s cancer, *this cancer*.

WHAT I HAD GROWN INSIDE MY BODY WAS AN aggressive cancer of the thymus gland — a thymoma. It’s darkly notable that *thymoma* is such a beautiful word, really, coming from the Greek *thymus*, that mysterious fountainhead in the body where, according to the ancients, our deepest passions and feelings are born. My thymus, far from atrophying as it does in most adults, had instead grown crazily, bursting its casing, enlarging, ludicrously, to the size and shape of a sandwich. (A sandwich eating *me*?) It was invading my heart and one phrenic nerve and seemed poised to march into my lungs and lymph like a colonizing force of inexorable power. “Chuck and his enthusiasms!” my friend Susan used to say long ago with a certain awe and derision. Now it was as if my enthusiasms were growing beyond my control, killing me. I found myself repeating the word *thymus* in an attempt to drain it of its power: *thymus, thymus, thymusthymusthymus*.

After the surgery, I fell into a profound depression, the likes of which I had never known. Was my passion for life

now gone, ripped out with the tumor? (I have since learned that depression is not uncommon after open-heart surgery.) Unbelievably, my cancer was so rare that even my oncologist did not immediately know what to make of it. The first time he stopped by my room, my bed was surrounded by visitors who showed not the slightest inclination to leave, despite his long, weary look at them. I was too depressed and lethargic to insist, even after my oncologist started asking me personal questions about my medical history. After a few minutes, he gave my visitors another pointed look, then said to me quietly, visibly stunned by their obliviousness, “Who *are* all these people?” I didn’t know how to answer, and in my weak voice I started to provide résumés and life stories. I was thankful when he interrupted me and ordered everybody out before continuing with his questions.

“Have you ever been radiated in the neck?”

“No.”

“Have you ever gone anyplace where you might have been inadvertently exposed to radiation?”

“No.”

“Were you exposed to radiation as a child as part of a tonsillitis treatment?”

“No, I don’t think so. . . . But I did have my tonsils out.”

And then he breathed out slowly. “This is a very rare cancer. I need to wait for the path report before I say more.”

“Path? What’s a path?”

He smiled almost tenderly. “Pathology. To see what those cells are.”

The next time my oncologist stopped by, my room was again filled with visitors, including some I really wished hadn’t come. Not taking any chances, he immediately asked them to leave. Tom — who had barely left my bedside in days — had just gone to the cafeteria. The pathology report had confirmed and clarified the diagnosis, but my oncologist was hesitant to offer me any odds of survival, because the information in the one article he had consulted so far was not at all definitive. “You have to understand,” he said, “that the data is old, and technology today is more advanced.” When I insisted on a prediction, he offered me a shockingly small five-year survival rate, and then, when he saw my face, immediately doubled it. “But I would go with the higher number myself.”

After he’d left, my visitors returned. One professional colleague and friend shushed the others and said, “Chuck just found out his prognosis, and we’re about to hear the news.”

That this woman genuinely cared about me did not make the moment any less horrible. Standing around the bed, my visitors looked down at me expectantly, an audience of empathetic ghouls, and I felt as if I were preparing to recite lines onstage. (Could I be like Carol Lee’s Emily in *Wings* and face death with dignity before flying off to the great beyond?) At that moment, still in considerable pain, as psychologically naked as I’ve ever been in my life, I had no ego left to protect my privacy, to ask my visitors to leave, to not share the news, to say simply: *No*. All I wanted was for Tom to make his way back from the cafeteria so I could hold him and find some way to go back in time to *before*.

(end of excerpt)