REFLECTIONS ON AGE AND SICKNESS

Gabriel Moran

This essay is an extension of the essay “In Praise of a Graceful Woman,” a memoir about the sickness and death of my wife, Maria Harris. That essay was in part my reflection on mortality and my experience of Maria’s gentle and courageous approach to dying during four years of a terrible disease. This current essay, as an extension of the previous one, does not have the finality of its predecessor. It does touch on some of the same themes, particularly the kindness of friends and the dedication of professionals.

The title of this essay indicates that it is some thoughts on the experience of serious illness. It is not mainly concerned with medical details, though some of them are unavoidable, but instead on the thoughts a person has during a potentially fatal illness. Thus the reflections now are about the reflections then. The dead cannot do that so it is left to those of us who are still walking about. There is nothing very profound here but perhaps the ordinariness of the thoughts is in some ways comforting. When one is ultimately confronted with one’s mortality, the reaction is not necessarily denial or desperate protests about the injustice of it all. When the great sports writer, Red Smith, was told at age 76 that he was dying, he calmly said: If this is the end, it was a good run.

I usually shy away from memoirs of someone’s sickness. The underlying assumption seems to be that “woe is me, no one knows the suffering I have been through,” while in fact everyone knows or will know comparable problems. This essay is primarily therapeutic, to get it out of my system. It is also a thank you note to many people even if all their names are not here. Should anyone else find this interesting, that would be a bonus.
I wrote the memoir about Maria in part because a few similar memoirs by people caring for dementia patients had been helpful to me. Mainly I wrote it for the few hundred readers of this Newsletter who knew her. Subsequently, at the invitation of an editor the essay became part of a book. I knew the book would be of interest only to a small circle of readers, all of whom would have known her. I did not foresee how small that circle would be; the publisher did nothing with the book and it sold only a few hundred copies.

I was not terribly disappointed; I was not trying to reach a big public audience. The details of her illness were nobody’s business except the people who really cared about her. I was surprised then to find that the essay was used in a course at a New York medical school. The professor, whom I don’t know, said to the students concerning the contents of the essay: We have to do better. I presume he was referring to the systematic problems of communication which I tell of encountering. Certainly I had only praise for the nurses, physicians, technicians and therapists that Maria and I dealt with.

In 2010 I was reinforced in those sentiments by the hundreds of people whose hands – quite literally – I passed through. One can perhaps best appreciate the skills and care of medical people in an emergency room. I was checked into an ER five times during the year. There is not much else to do in an emergency room for 6 or 8 hours except to watch the staff cope with unpredictable problems in a very confined space and with limited help. I do not understand how they sustain it day after day. On one occasion I was in NYU Medical Center for a blood transfusion that lasted for 4 hours and then I waited 8 hours for a bed to become available in the hospital. One nurse – I would guess
from the Caribbean – while overburdened with duties, stayed with me for the entire 12 hours. I don’t know what she is paid for her skill and care but I am sure it is not enough.

Before

For a reason that I could not identify then and still cannot, I started reviewing my whole life in January, 2010. I had not been given to such searching in the past. My attitude has always been that whatever happened in the past I did what I could in the circumstances that were present. Disappointment, regret or guilt about the past seem to me to serve no purpose. So it was a surprise to find myself totaling up the score for life as a whole. For better and for worse it was now a life. I was approaching the seventy-five year marker; if I had not made a life out of it by now it was not likely to happen with a few years more.

Throughout the years I seldom thought of age. When I was asked how old I was I usually had to go back and calculate from the year of my birth. I barely noticed what are often dreaded milestones, such as the fortieth or sixty-fifth birthdays. Then suddenly I realized I was an old man, the previous decade having disappeared in a flash. I started noticing the obituaries in the Times. I regularly am taken aback at the death of famous people; it is not a surprise that they died but that they had been still alive. When I check the age of these newly dead I usually find they are only a little older than I am; occasionally they are even younger. I figure when my obituary appears, someone who remembers me from a brief notoriety in the sixties will say: I can’t believe he was still alive. The experience of our own age does not correlate with a simple objective number. For nearly everyone, “old age” is your age plus twenty. Cicero said that no one is so old that he does not plant crops in the Spring.
About a year before the onset of Maria’s sickness she started putting together albums of photos. The half dozen albums provided a sequence of her life story. I have seen a few other people engage in the same kind of project, aware or not of their coming death. All my photos were inside my head but there seemed to be a similar impulse. I do not put stock in premonitions but perhaps there are sometimes warnings in one’s body or the environment.

Possibly what inspired thoughts of mortality was my first trip to the ER two weeks into the year. I took a bad fall in Trader Joe’s and quickly found myself in an ambulance to Beth Israel Hospital. I could have sued Trader Joe’s; in fact they expected that I would and supplied the name of the person to contact in their legal department. However, it was my fault as well as theirs and I was just glad that I suffered no serious and permanent damage from hitting the floor and the edge of a delivery case about as hard as one can. The young people at Trader Joe’s could not have been more solicitous. The manager who said it was his first day on the job could not have been happy when confronted with this old guy bleeding from the ear. When I was wheeled into the ER I thought it was total chaos with bodies everywhere and with manned computers that looked like the deck of a spaceship. However, I got great care, far better than I would have expected in an ER. It did take time as they brought in at least three kinds of specialists before a surgeon did a little stitching in my ear and I walked home before midnight.

In April I went to see my primary care physician, something I had not regularly done. I had what turned out to be a minor problem. In a routine blood test, however, the physician found I was anemic, a problem I had never had before. He did not raise any great concern but said that the most likely cause of such anemia is internal bleeding. I had
no pain and never saw blood; I had, however, lost a few pounds which was unusual. I saw a gastroenterologist who scheduled a colonoscopy for June but before I could get to that procedure the anemia brought me down – hard.

On June 5, I passed through the thin membrane that separates the Kingdom of the Well from the Kingdom of the Sick. Ordinary life in the Kingdom of the Sick contains practices that in the Kingdom of the Well would be embarrassing or frightening; the living environment in the Kingdom of the Sick involves screams of unbearable pain alternated with endless waiting in which nothing seems to happen. The one thing sure to the people in the Kingdom of the Well is that the Kingdom of the Sick is in a universe far, far away. In fact, of course, it is never more distant than a few moments journey. A sharp pain in the chest, a moment of distraction at the wheel, a patch of ice underfoot and – surprise – one has switched citizenships.

My instantaneous journey happened at 7:30 AM on a Saturday morning in Penn Station. I was on my way to Montauk where I was to host our annual family reunion; I had the shortest distance to travel of any of the family members. A few minutes before I would have been walking down the steps to the train platform, I went completely unconscious from a standing position. I must have hit the floor hard, landing on my lower spine first and then the back of my head. Bad luck for the back but lucky for the head. If one is going to faint in Penn Station, I had the right day, the right time and the right place. If it had been 4PM on Friday I might not have been found for hours. But given my spot between the police desk and the railroad office, I had within ten seconds two policemen and a woman from the Long Island Railroad taking care of me. They contacted the Fire Department and within ten minutes there were three EMS workers on
the scene. In another ten minutes I was in the ER of Beth Israel Hospital. The only words I remember spoken to me were by the woman medic who said as we entered the hospital: Thank you for flying today with the NYFD.

I had suggested Beth Israel to them because I had so recently spent time in their ER. I thought it might speed up things. It was two blocks from my apartment and I was just intent on getting home. I should have gone to NYU Medical where my physician is and the circle of specialists to whom he has access. At Beth Israel I met at least a dozen physicians (every one of them a woman), each of whom were very nice and no doubt skilled in their specialty. However, no one was in charge of me and there did not seem much communication among them. After numerous tests, especially for blood clots, I was released after three days.

What they did not treat was the excruciating pain in my back; I could not seem to get anyone’s attention for that. The night physician scheduled an MRI which was rescinded by the morning physician. I later learned from an MRI and a bone scan that I had fractured the twelfth thoracic vertebra which the rheumatologist explained can radiate pain up to 12 inches. For the next month the pain in my back was perhaps a helpful distraction from the cancer but that was not the way it felt. Painkillers had little effect.

I did eventually get to Montauk for the last part of the family reunion. I do not remember navigating the railroad journey. I must have looked awful which I was not aware of but there is a group photo in a restaurant that supplies the proof. My sister Dotty volunteered to come back to New York with me and stay for an unspecified length of time. Thus began a tag team of my sisters, Dotty and Mary, to take care of me for the
next two months. They were my indispensable help, each of them coming down from New Hampshire with unconditional generosity of their time. I guess if it were not for them I would have been sent for rehab to a nursing home.

The colonoscopy revealed what I was expecting though the phrase “large tumor” was not encouraging. I got a quick appointment with the surgeon. After waiting 3 hours beyond my appointment time, I spoke with him for about 15 minutes. Like many (most?) surgeons he brimmed with self-confidence that he could fix me. He seemed blasé about the details, not putting much trust in the colonoscopy picture or the CAT scan.

My surgeon’s confidence perhaps rubbed off on me. I did not doubt that he could get the cancer. I trusted in his skill despite his offhand attitude. It is not always easy to distinguish between confidence based on talent and arrogance based on an inflated ego. An advantage to having access to one of the nation’s great medical centers is that the surgeon’s skills are constantly tested.

Some years ago when I had a torn rotator cuff I could not get a clear diagnosis for months until I met the right person, an orthopedist specializing in shoulders. His office was in the World Financial Center, part of the World Trade Center complex. The size of the crowd in the waiting room looked to me like Port Authority Bus Terminal except nearly everybody was a guy my age. After hours of waiting I was tempted to quit but I finally got to see him. I walked in and raised my arm and he said: I know what’s wrong with you; I can fix it; your shoulder will be better than it ever was. His confidence would have seemed misplaced except that he did this surgery several times a day. True to his word, I had a completely healthy shoulder several months before the typical recovery time for rotator cuff surgery. When I saw him several months after the surgery he took a
quick look at my rapid recovery and then asked me to talk to a man in the next cubicle who was fearful of having the surgery. The only time after that I saw him was on television on Sept. 11, 2001. He was one of the few physicians immediately on the scene tending to the wounded where he stayed throughout the day and night.

My cancer surgeon does this procedure several times a week. This was all new to me but I knew that he knew what he was doing. The technology has improved considerably over the last few decades so that what was once a death warrant can now be treated. I was astounded to learn that the surgery could be done laparoscopically; I cannot begin to imagine how that is possible. The surgeon admitted that they do not really know what they will find until they open you up. I asked if the laprosy is as good in showing whether the cancer is confined. He said it provided a better picture than they could get before.

I went that day to the NYU Cancer Institute accompanied by a professor from NYU. When I had first realized that I would need someone to accompany me for some medical visits. I was at a loss. The close friends I have do not live in Manhattan. I did not want to ask someone to take at least a half day off from work to be my companion for a medical appointment. It happened, however, that because I had to cancel two speaking engagements at NYU word of my illness got back to the chair of my former department. He immediately contacted me and said he or someone else in the department was ready to help in any way they could, including accompanying me to appointments.

I was relieved to have a solution to that problem. Even more so, I was surprised and touched by the outpouring of support that was backed by action. I had been retired for two years from full time work. University departments are not known for being well-
springs of human kindness, and certainly not for retired members. Even before retirement I was not a prominent member of the department. During Maria’s illness I thought that perhaps I should retire because I was not pulling my weight. The professor who was then chairman very kindly said: Don’t worry about it; teach your classes and we’ll take care of the rest.

The department is now filled with bright young people who have recently graduated from top universities. I had come to NYU for the religious education program that died at the time this department was formed. At seminars when we identify ourselves to an outside speaker, my self-description is utility infielder in the department. I taught courses in three or four programs without being located in any one of them. The current department chair, besides being the top person in his field nationally, is one of the kindest and most caring people I have ever met. The department response to my sickness was no doubt rallied by him but many people, including the department secretary, surprised me with their generosity and genuine concern.

My NYU colleagues were one surprise but not the biggest. I was constantly taken aback by the letters and calls that I received. A dear friend, Anthony Fasanso, asked me if it would be okay to inform the organization of former Christian Brothers. I said I was neither trying to hide my illness nor publicize it. I was aware that this network was efficiently run but I was unaware of its extent. I heard from people I had not had contact with in thirty, forty or fifty years. Some sent cards; more used email which is an easier and quicker way to express sympathy. Most of the letters were thoughtful and generous in feeling. I found it nice to have people say the things that are usually reserved for funerals when it is a little late. I suppose many people thought my funeral was imminent.
The genuine concern that so many people showed was the central element in my experience of serious illness. I am still somewhat bewildered by it, in part because it made me wonder about my own concern for sick people whom I know. If only just a handful of people had shown concern for me I would have readily understood. Especially since Maria’s death and my retirement, I have not been an integral part of anyone’s life. Why should anyone be concerned, then, whether I live or die when they have much more pressing concerns?

The question is not asked in self-pity; my aloneness is just a fact of life, in large part my own choosing. I live what for many people would be a lonely life although I can never remember feeling lonely (perhaps that is itself pathological). My chief interlocutor these days is probably the building super, a friendly and hard working Puerto Rican. José, known to all as Daniel, keeps the building spotless and as far as I can tell is friendly with everyone in all ninety-three apartments. He was very helpful and concerned during my illness. When each of my sisters stayed in the apartment, he said to me: “If they need anything at all, tell them to just ask me for help.” Not the stereotype of a super in a Manhattan apartment building.

I knew that my four siblings would be concerned about my health. We have been together a long time and keep in touch. I certainly would be missed at our family gatherings, just as Maria still is. But that nieces and nephews were concerned surprised me. I tried to remember when I was young having any interest in the health of some old uncle. Perhaps to the extent my mother was concerned with the sickness or death of a sibling, I took some notice but not much. Weren’t people in their 70’s supposed to die?
The simplest description of love that I know of is St. Augustine’s words: *Volo ut sis*. That translates as “I want you to be.” It is a simple but profound feeling that gives ultimate affirmation to another being. Nothing is sought; no possession is claimed; no particular actions are demanded. One human being simply says to another: I want you to be. The other person is not necessarily a close friend or even a regular acquaintance. I have often quoted a line of Gorky’s referring to Tolstoy: “So long as this man is alive I am not alone in the world.” I have wondered, however, about the twenty years Gorky lived after Tolstoy died. At my mother’s funeral, I quoted a line of Gabriel Marcel’s: “To say I love you is to say you will never die.” The promise of love is thus rudely contradicted by death; I want you to be but death says that will not be. Yet at some level human beings in the face of all evidence to the contrary affirm that love is everlasting.

During

The surgery (“re-section”) was scheduled for July 7. The surgeon said I should expect to stay in the hospital for about 5 days or as long as it took for my digestive system to be functioning. After that, he said, I would need a month to recover my energy. I thought a month seemed more than enough time. In fact, however, he was exaggerating in the other direction. Whether or not his prediction was part of his conveying confidence, a more realistic guess for recovery would have been three or four months. Certainly the 25 pounds I had lost to the anemia and cancer could not be gained back in a month.

The surgery was scheduled for 3PM which had its drawbacks. We were in the middle of an extreme heat wave. I was very weak and with my system cleaned out and no food or liquid that day my body reacted. While being prepared for the surgery my
heartbeat suddenly doubled. I had had no anxieties up to that point and my only fear then was that the surgery would be postponed. Quick action brought the heart back to normal. Everything went smoothly after that.

I admit to a bias about anesthesiologists based on a small sample. They struck me as grumpy old guys who had no desire to be part of the medical team. They know their specialty and no one should interfere. One would like to think that the person holding you in suspended animation is concerned with more than his fee. The anesthesiologist at NYU shattered my stereotype. He was very friendly, careful to explain every step, and precise in everything he did. He seemed laid back but when action was needed with my heart beat he did not waste a second. When he found I was a professor emeritus at NYU, while he is an assistant professor, he kidded about that all the way into the operating theatre. Wheeling me down the corridor he shouted for everyone to get out of the way because a professor emeritus was coming through. His voice calmly guided me to sleep.

The next thing I knew I was waking up and speaking with both the surgeon and my sister. I don’t remember anything said; he apparently assured me that everything went as planned. The whole first day and night was a haze although there was surprisingly little pain. In fact, the severe pain in the back that I had had for the previous month finally got some relief from the morphine after the surgery. The morphine was set for 1mg an hour but I had a button that enabled me to get another 1mg up to every 20 minutes. After I had pushed the button numerous times I figured it must be morning but I found that the clock said 1AM.

The days after surgery were not very pleasant but it was all part of the game. I appreciated the many visitors who came to cheer me up. A Buddhist minister, who is a
former student, regularly visited. She was insistent on my learning Buddhist techniques of healing. It took me all of the five days to get my digestive system stable. I also learned to walk in the corridor with the help of a cane. When it came time to leave the hospital, the crowds of people in the elevator and on First Avenue were intimidating. Tony Fasano provided invaluable help to getting a cab and getting us into the apartment. From then on it was a question of getting solid food into the system and through the system.

The big day was a week later when I went to see the surgeon and the oncologist for the pathology report. The lymph nodes would show if the cancer had spread. I understood that there were three possibilities: no cancer remaining, chemotherapy, or the cancer had spread beyond the colon.

I don’t think I was naïve but I approached the moment without anxiety. I was prepared for whatever was coming. If he had said, “sorry, it has spread to the liver or pancreas,” I would not have been surprised and not terribly dismayed. If I had six months or a year, I would not change my life much. It is true I had been thinking throughout the whole experience that maybe I would be a better person, more generous with my time and money. I did not imagine having a new personality but a slightly better version of the person I am. Perhaps if the news had been that I had only a few months remaining I might have changed for the better – or maybe for the worse.

The news turned out to be the best I could have expected. The tumor was large but it had not broken through the wall of the colon. The surgeon had examined fifty lymph nodes before declaring me cancer free (the oncologist told me they typically do a dozen). I did not need chemotherapy or radiation. Cancer free means that current machines cannot detect the cancer cells. I was told my chances were about three to one of a non-
recurrence of the cancer. Those are pretty good odds although when betting one’s life one would like a little better ratio. The surgeon, true to his style, quickly exited and left me to talk to the oncologist.

I was told that my chances might increase another four or five percentage points if I took part in a major research study of stage-two colon cancer patients. The key word was “might”; there was no guarantee of any personal benefit. In the study, a patient is randomly assigned to one of three groups: the first gets no chemo, the second gets six months of it, the third group a year of chemo.

I talked at length with the oncologist about the study. She assured me that the effects of chemo are not as bad as they used to be. I could do the 36 hours on Monday and Tuesday, while being ready to teach on Thursday. I don’t doubt her honesty but I have never met anyone for whom chemotherapy was anything but a horrible and debilitating experience. If the choice had been chemo or die, I would have taken the chemo (I think). Otherwise, I could not agree to the 67 percent chance of taking it with no promise that it would improve my chances of survival. I really would have liked to contribute to the important research. But if I have only a short time to live I don’t wish to spend six months or a year of it drugged.

After

The letters and calls resumed when I was at home. I cannot believe the number of people who offered me a place where I could rehab. Some of them I barely know or can’t quite remember from the past. The generosity of people just amazed me. While thankful to all of them, I had no inclination to go anywhere beyond my apartment which I had come to like very much after a year’s residence there. Each morning during the recovery I
would try to add a block to my early morning walk (Manhattan is especially lovely before 7AM), sometimes picking up a bagel and a good cup of coffee for my sister.

The night before I had had surgery I received back from the publisher a manuscript of mine with a request for major revisions. I told the editor I would get back to her in a week or ten days. Working on the revision during July and August provided something useful to do when I could not travel very far from home. That proved to be good therapy although I did not do a good job of revising. My mind was not as clear as I thought it was. I had to do another major revision two months later. I did manage to keep moving on it and the book, *Living Nonviolently*, is due to be published in March, 2011.

After being home from the hospital about a week I said to my sister that I suddenly had the feeling that I was now inhabiting my body. I realized that for the previous six weeks I had been a sort of spectator to what was done to me. I later was struck by a passage in Simone De Beauvoir’s *Coming of Age*. She says that when she had her first serious illness in old age, she suddenly realized that the woman being carried on a stretcher was herself. I know exactly what she describes. It is perhaps a reduced version of the near death experience in which people say they looked down from the ceiling at those who were trying to revive them. When one is clearly alive, not dead, there is perhaps a defensive move by one’s body to tamp down emotions of fear, flight and pain.

I felt bad about canceling a number of obligations which I had for the summer. Some of them I did not feel terribly bad about, such as being a reader of a dissertation for the University of Queensland. I have regularly quoted Woody Allen that 85% of life consists in showing up. Whatever else I did I in my career I was there and on time. I had never had to cancel an agreement to produce an article or to show up as a speaker. People
were very understanding of my problem even if it caused them the inconvenience of
finding a last minute replacement.

I unrealistically had hoped to attend the International Seminar on Religious
Education that was meeting in late July in Ottawa. I had to send my regrets at the last
moment. I received many expressions of sympathy from colleagues in that organization;
some of those friendships go back thirty years. One commitment I was determined to
meet was my Fall graduate course in international education. It was a little presumptuous
to assume that in the first week of September I would be ready for the bell but I was.

Throughout the Fall I had a number of medical problems that required attention. I
was often not clear whether they were related to the cancer. Several of my physicians
used the same metaphor, that my body had experienced an insult. Every cell of the body
has to be informed and heard from before good government can be restored. I could not
complain.

For some years, I team taught a course on death with a woman whose full time
work was with children who are dying and children whose parents have died. Not much
bothered her; the rest of life looks pretty good when you work constantly with the tragic.
I think perhaps my experience of the past year has increased my equanimity during life’s
minor crises. I noticed that in October when I was mugged on the subway. When the
same MO had been used on me in London some years back I was discombobulated. This
time I was surprised at my own reaction which was mainly one of disappointment. The
subway is one of my favorite places where I have peacefully traveled for forty-five years.
I was disappointed at someone abusing the subway.
As a good citizen I thought I should report the crime to the police. I have always felt intimidated by the police although my encounters with New York City cops have always been cordial. This time was no different. A detective carefully gathered all my information although I was not a very observant witness. He followed up and tried to track the perps through their use of my bank card. The robbers used my card to get food at what is probably the worst fast food chain in the country. The woman at Chase Bank agreed with me that they should have found themselves a better restaurant. I have to admit that the experience was mostly entertaining; the police squad room was more Barney Miller than CSI.

In the memoir I wrote about Maria I described a conductor on the Long Island Railroad who sat with me for an hour the weekend she was dying. Artie and I have remained friendly though I see him less frequently. In the summer, he was concerned about my health when I traveled on the train with my sister. On a subsequent trip when I was alone, he insisted on taking my phone number so that he could check that evening that I was okay. He did in fact call that evening, and when he did not see me over the holidays, he called again to check on my health. That is service one does expect from railroad conductors but it does confirm for me that despite all the terrible things that happen there is much kindness in the world.

As I did when Maria was in the nursing home I continue to marvel at the work that people do with the sick, the aged and the dying. I know they are doing it to “make a living” but so many of them obviously have more in their work than the need for a paycheck. The nurses are the most extraordinary as well as the physical therapists. Success is measured in such tiny steps or in resisting something that would be worse. I do
not know how anyone works a twelve hour shift with people who are not in a condition to
be friendly and appreciative of what is done for them.

Life is now rather simple. I have started on a new writing project. The topic will
not get many readers but these days I write what is of interest to me regardless of the
number of potential readers. I am fond of a statement by Arthur Koestler that any serious
writer would trade a hundred readers today for ten readers ten years from now, and one
reader a hundred years from now. My neighborhood provides me with a surplus of both
life’s necessities and entertainments, especially theatres and restaurants. A recent Times
article on our most high class restaurant said that within a two block radius of it there are
165 food establishments. No need to go hungry.

However, my chief entertainment in life is walking the streets of Manhattan. Even
after forty-five years of such walking there is always something surprising to see; the
diversity of life is never boring. But mostly I am just happy to be walking at all. Every
day is a bonus.

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OLDER THAN DAD: AN INTERIM REPORT ON LIVING AND DYING

Gabriel Moran

I am now at the exact age at which my father died. I would guess that for a man it is
often a significant milestone when he becomes older than his fathers ever was. That may
also be true for women and their mothers but I am not inclined to speculate on that. For most boys dad is the one who represents the world of grown ups and the one who sets a standard. Nearly all boys have to struggle to get out from the shadow of their fathers whether the father is loved, admired, feared, hated, or even absent. Even when the boy is grown up and has established himself far from his father’s direct control, the father’s image is still out there ahead of him. The father’s death does not entirely remove the sense of an overarching figure. But it is a sobering moment to enter a time zone where the father never was. Finally, the man is truly orphaned; the moment can be confusing, liberating or frightening.

I remember being surprised at the preliminary findings of a longitudinal study of men that was published when the men were in their late forties. As longitudinal studies begun in the 1920s would tend to be, the subjects were upper middle class white men who were successful at business, politics or the arts. What struck me was that nearly all of them were still very concerned about their fathers’ opinions of their success in life. In some cases, the son was still trying very hard to prove himself at least adequate if not superior to his father. Sometimes the young man had followed the same path as his father had; sometimes he had tried to find a completely different path. In neither case did he avoid having to carve out a position different from his father’s.

At present, Mitt Romney is the latest politician who is trying to outperform his father, George Romney. Mitt has protested, a little too strongly, that he has had to work for everything in life that he has; he is not the beneficiary of his father’s wealth. Everyone, of course, can see that there are benefits that a boy has from a father who has been a governor of a large state and a successful, rich car manufacturer. George Romney
for a short time was also the favorite to become president of the United States. One
understandable but clumsy metaphor did him in when he said he had been brainwashed
about the war in Vietnam. Mitt is determined not to follow in his father’s footsteps even
though he has a strange tendency to make embarrassing off-the-cuff remarks and to use
clumsy metaphors.

What may turn out to be the worst case of a boy’s attachment to and at the same
time rebellion against his father is George W. Bush who by some bizarre path became the
president of the United States just like his father. The younger Bush professed affection
for his father and there is no reason to doubt him. But from numerous comments that are
well documented, the younger Bush was out to better his father’s one-term presidency.
The tragedy of the United States war in Iraq lies in how much of its origin revolved
around Saddam Hussein’s relation to the older Bush. One reason that W. gave for going
to war with Hussein was that “he tried to kill my daddy.”

More important, however, was that the younger Bush wished to complete the job at
which in his view his father had failed. Concerning his father’s decision not to march
troops into Baghdad, W. told his biographer: “My father had all this political capital built
up when he drove the Iraqis out of Kuwait and he wasted it….If I have a chance to
invade…if I had that much capital, I’m not going to waste it.” He did in fact have the
opportunity and he did what he said he would do. The result showed that the older Bush
had been wiser than the younger.

When W. was getting ready for war he was asked whether he consulted with his
father; his answer was that he consulted a greater father in heaven. Actually, in his
memoir, Decision Points, W. does recount a conversation with his father about going to
war. The father says: “You know how tough war is, son, and you’ve got to try everything you can to avoid war….But if the man won’t comply, you don’t have any other choice.” I cannot imagine worse advice from father to son. Everyone else in the world knew there were other choices. If only it were true that the son knew “how tough war is” he would not have recklessly started a war; infrequent participation in the Texas Air National Guard did not convey the horrors of war. As for the line “if the man won’t comply,” it sounds like a cliché from a B-list movie.

Fortunately, most of the rebellions of sons against fathers are played out in harmless ways; the whole world is not dragged into their petty conflicts. I am not aware that I rebelled against my father although I realize that it is difficult for any man to recognize that fact in his own life. My father was a quiet man whose outward demeanor must have hid emotions that I seldom saw. As a child I admired him and I still do for his care of my mother and his hard work to support the five of us children. I was the fourth child born in the middle of the depression. It must have been an economic struggle but I never heard my father voice concerns about money. I seem to have imitated my father in trying to be in control of every situation and not letting any emotion be evident.

I do know that I tried very hard to imitate my brother who seemed to be able to do all kinds of things, especially build things and fix things. I was utterly inept at all things mechanical. In this respect I was like my father who could not fix anything. I would sympathize with my father when my mother, who in all other respects was a loving mate, would berate him for his lack of skill at doing home repairs. Eventually, I stopped trying to imitate my brother and decided I could make it through life without any of the skills that men are supposed to have.
I joined a religious order of brothers not really knowing what I was doing. Perhaps I was just running away from home and from having to compete with my father and my brother. It was a means to a good education and to the only kind of work I thought I would be good at, that of school teaching. I concentrated in school on receiving good grades which were easy to get even though I did not learn much. As a high school teacher I was not very effective at controlling a room full of forty or fifty teenage boys. Skill at teaching was mostly beside the point. The system was repressive but I was not good as an enforcer. I would not have survived at all without help from my confreres. Luckily for me I was lifted out of the high school and had the opportunity to get a PhD so as to teach in college.

Once I got some space to operate on my own I published some books and essays which got me notoriety in my small world. There followed my rebellion against church authorities that in five or six years undermined whatever reputation I had as a reputable scholar. I think I went through my teenage adolescence about fifteen years late. I imagine that could be interpreted as rebelling against my father although I was far removed from the family setting. There was some strain in the relation with my parents to the extent that they became aware that I was considered a radical in my religious views; but any outward tension was with my mother rather than my father.

After a half dozen years of shooting off my mouth and drinking too much (the latter not a help to the former), I finally hit bottom. I had lost an appointment to the job I wanted at Boston College because I ran off at the mouth and convinced the college’s president that I was reckless and irresponsible. He was not far wrong. He did me a favor
because I was forced to start rebuilding my life. It took me five years to get a job but New York University was a far better fit for me.

Having returned to New York after a few years in Boston, I never again considered leaving. The one woman I ever loved somehow put up with me for twenty years before we finally married and were quite happy until her sickness and death. Some people at the time thought I had waited until my parents had died before marrying; that might have been a subconscious factor although that was not what I was thinking about.

My father worked very hard until his late 60s. He worked his way up to ownership of the local bus company. But private bus companies were a dying business. When he had the chance to sell what was left he took the opportunity and retired. I thought he would find the change very difficult. Men who have been devoted to work all their lives often find retirement bewildering and tend to die quickly. It was a pleasant surprise for me to find that he seemed to adjust very well to retirement. He and my mother seemed to enjoy each other’s company and be content with their lives. They regularly traveled to visit the children and the grandchildren. Since I and my four siblings lived all over the country my parents were often on the road. My father liked to drive, a characteristic I certainly did not inherit.

Although I was glad that my father seemed content in retirement he was also a puzzle to me. When I would visit the family home, I would look at my father as he was reading the newspaper or watching a baseball game. I would think to myself: How can he be so content when all he has to look forward to is dying? Shouldn’t there be some anxiety that his life is running out? Doesn’t he give any thought to the future and to the fact that it does not include him?
Now that I am at the age that my father reached I have a better understanding of his attitude. Old age, if you have fairly good health and adequate financial resources, can be liberating. One doesn’t have to worry about the future; one can let go of a lot of what bothers younger people. Each day is here to accept and live. The experience is heightened if one has had a close brush with death, a quite common experience in old age. When I wake up in the morning, my first thought is surprise that I have one more day to live. I have no pressure to get results at a job. I can concentrate on enjoying the day and trying to be kind to the people I meet. I walk the streets and ride the subways and meet with friends; I love to study the thousands of faces I see each day in Manhattan. I continue to write every day even if publishers know that what I write does not sell.

Since I had cancer surgery two years ago there has not been an hour of any day that I have not been aware of the cancer. That may sound gruesome but I am not anxious or fearful. Cancer is simply a lifelong companion. At any moment one of the cells can go rogue and the game is over. Of course, at any age death is a possibility. Old age is different in that death is now conceivable and imaginable in a way that is almost impossible earlier in life. In old age, one either tries desperately to flee from the shadow of death or else one relaxes and accepts each day as a gift while also accepting the fact that this day realistically could be the last.

I periodically visit the NYU Cancer Center to see the oncologist. My first two trips to that building were scary: the first to arrange for the surgery, the second to receive the pathology report after the surgery. Since then I have come to almost enjoy the experience. The waiting room always has a lot of people; each one of them is either dealing with cancer or is a care giver to a cancer sufferer. I sense in the room a gentleness, peace and
calmness that I do not find elsewhere. People don’t shout or complain or bicker. The smaller irritations in life seem to be placed in their proper context. The oncologist and her assistant are careful and kind. Whenever I look at the oncologist, I think: You must regularly have to deliver very bad news to people; I would not know how to do that or perhaps I just don’t have the courage.

After the surgery I had several small afflictions that hung on. A bad leg brought me to the emergency room three months afterward. I then went to a rheumatologist who did a set of tests that found nothing. After that I went to a physical therapist for a number of sessions. She was helpful in giving me exercises for all my aging joints but I did not get relief from the numbness in my leg. Since the discomfort did not seem to be symptomatic of something worse, I decided I could put up with it even though it restricted my daily walks.

Recently, however, the leg gave out from under me and I hit the pavement hard at Fourth Avenue and Eighth Street. My first thought after landing was surprise that nothing seemed broken. I felt a twinge on my left side that a few hours later I recognized as a broken rib. That was not worrisome because I knew the routine with broken ribs from three previous experiences (“take an aspirin and wait two weeks”). I considered myself lucky to have only a bruised knee and a broken rib; my previous two falls had sent me by ambulance to Beth Israel’s emergency room.

One rather nice thing about this fall on the street was that at least ten people rushed to my aid. That was contrary to the stereotype of the Manhattanite who would step over his or her grandmother lying in the street. From more than forty years of walking these streets I know that to be not true. Undeniably these streets can be mean and there are a
scandalous number of people who are forced to beg for help. Like most people I don’t give money on the subway and I am selective as to which beggars on the street I give help to. The individual develops a hard shell in the face of overwhelming problems. However, I have found that many people in this city have a store of compassion just under the shell. If they are sure of what is going on they are anxious to help and they will lend a hand. A Japanese woman spoke reassuringly to me while I lay on the ground; a white man helped me to my feet.

A fall to the pavement did get my attention. I had been thinking of seeing my primary care physician whom I have not seen for a long time. I once went seven years between visits to him which was not a wise policy. But during the recent past I figured the oncologist would discover if there were any grave problems. I saw the primary care physician who has referred to me to the neurologist who will send me to the physical therapist

In a lifelong struggle with skin cancer I go to a dermatologist at least every six months. Laser surgery is a lot better than the old time scalpel. However, when the problem is on the face as it often is, fixing the problem still requires the skill of someone wielding needle and thread. I admire my skin cancer surgeon’s skill at sewing. My dermatologist fancies himself a therapist to his patients. I am considering giving him up after all these years. I don’t know how to get him to stop prying into my life below the skin. On my last visit he asked me if I was depressed. I was surprised at the question. I did not think so.
I was reminded of a scene in the fine movie of last year, *Fifty-Fifty*. The main character is told he has cancer and has a fifty-fifty chance of survival. The physician sends his patient to a psychotherapist to deal with the psychological repercussions of that diagnosis. It turns out that he is her first client. She tells him he is depressed; she knows that to be so from her studies. He insists he feels fine. She says that his feeling fine is a false feeling to cover up the depression. He wonders whether she could be right but nonetheless he still feels fine.

Forty years ago I did have bouts of depression so I think I know how depression feels and how I feel. After long reflection on the dermatologist’s question I concluded, perhaps paradoxically, that at present I am less inclined to be depressed than at any previous time in my life.

My dermatologist wants me to get out more, travel, meet women, fall in love. Wouldn’t it be great to have a woman as an intimate companion? Actually living alone is a more attractive arrangement. Fifty percent of households in Manhattan are of single occupancy. Nationally, one third of households are, and sixty-two percent of the elderly widowed live alone. Some people view these statistics as sad and tragic. A recent book, *Going Solo*, finds the situation mixed. Many people living alone are lonely and would prefer another arrangement. But there are also many people who prefer the advantages of living alone. This is a different world from the seventeenth-century colony that fined people for “the selfish pleasure of solitary living.” The *Times* report on apartment occupancy found that people living alone had more friends and were more socially active than the rest of the population.
I realize that living alone can become impossible as one becomes very very old. That does not seem like a good enough reason to seek a living companion. I did not say it to my dermatologist but if I were unsatisfied living alone I would be more inclined to seek a community of men rather than a woman. Some people might immediately deduce homosexual leanings. I have never been inclined that way. (I doubt that gay men today would be attracted to a communal arrangement). I did live for several decades in communities of men and I think I could do it again. I would want more privacy than in the past but I have maintained and cherished many male friendships over the years. I could be comfortable living in either an all male community or a community of men and women.

I was scheduled to teach a course this semester in International Education. I was not surprised but I was disappointed that the course did not have a sufficient number of students enrolled. I offered to teach those students who were interested in an arrangement off the books. They would get credit; the one drawback was that I would not get paid. I assured the department head that I did not care whether or not I was paid. He agonized over finding some arrangement in which I would receive payment for teaching. I finally told him that I would have been willing to pay him to let me teach the course. I have more money than I will ever spend; I need work not money. He relented and reluctantly allowed me to proceed.

It took me forty years to learn how to teach but I think I finally got the hang of it. Unless I am completely deluded I do a better job now than at any time in the past. I retired from full-time teaching when I was most enjoying it but I felt obliged to step aside and let a younger person have a chance. I hoped that I would be able to get part time
work on a steady basis but that has proved difficult. Erik Erikson wrote that the old person needs to be needed. Teaching is one of the few things in life I can do well. But one cannot be a teacher unless there are students.

Fortunately, a teacher to be successful does not need thousands of people who chant his name. In *A Man for all Seasons*, Thomas More says to Richard Rich: “Why not be a teacher? You’d be a fine teacher, perhaps a great one.” Rich responds: “If I was, who would know it?” Thomas More answers: “You, your pupils, your friends, God. Not a bad public, that.” I know there will come a time when I am incapable of doing the job. If I do not recognize that condition, I hope a friend will tell me. For now I am content with sharing what I know with any number of students so long as they wish to learn. I have never had a moment of regret for running away from home to become a teacher.

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**A WINDOW ON EMERGENCY ROOMS**

Gabriel Moran

I recently spent eight hours in the emergency room of St. Vincent’s Hospital in Manhattan. The interval was from 4PM on a Tuesday afternoon until I got a hospital bed at one minute past midnight. Although eight hours is a very small slice of one’s life, that length of time can feel like a lifetime under some circumstances. Like most people I have had occasional experiences of emergency rooms; in my case several times previously in Manhattan. But I had never been in a position to experience the total pattern of the operation. Despite being half delirious with pain, I was acutely aware of everything
around me. In fact, I think it was because of the delirium that I was forced into being a curious observer of my surroundings.

I will focus on the time in the emergency room; the hospital room was largely a continuation of the experience. When I got a hospital bed, it was the third bed in a room for two beds. I never really saw the other two people during my stay. I picked up that one had AIDS and was always desperate for methadone. The other person had been shot in the stomach. A team of physicians had been working for two weeks to save him, apparently with success but without any seeming gratitude on his part.

The description that follows is not a story about how insane our health care system is. Rather, it is a tale of the extraordinary dedication and care that takes place in an overburdened system. The people working in the system every day are no doubt keenly aware of the limits of what they are doing. I must have passed through the hands of fifty people, some of them several times. Unfailingly, the people were kind, friendly, caring, and as efficient as the system allowed.

In some ways this is a terrible story, a nightmare come true. However, it is the kind of interesting experience that teaches you things you would not otherwise have chosen to learn. There is no sarcasm in what follows nor an implication that I know the right way to do things. I am just interested in being a reporter of events that are reported from a particular angle.

I started my day, accompanied by my wife Maria, with an 8 AM treatment called lithotripsy. The word means stone smashing. In the past five years it has become the most common way to remove kidney stones. It involved 1200 precisely aimed sound blasts. The cost, like so many other medical treatments today, is staggering. When one is sick –
and also rich – there is no better place to be than Manhattan. I wasn’t rich but I had an insurance company backing me. You can fill in the blank for what is also one of the worst places to be sick if you are poor and lack insurance.

The medical resources on Manhattan Island are beyond imagination. In my case, there is a whole institution on the East Side devoted to nothing but lithotripsy. Eighty physicians perform this one procedure. Every person in the place is dedicated to lithotripsy. That fact generates confidence that you are in the hands of people who know what they are doing.

On the whole, I have no complaint about what was done. But through miscalculation that was in part my fault, the shock in my internal system was not clear to me when I left the recovery room at noon. By 2 PM I was at home in severe pain. Not being able to keep water down, I could not get relief from the prescribed pain killer. Maria reached my physician by 3 PM and told him of my problem: excruciating pain and a fast rising temperature. He told me that I had to keep trying to get water into my system. If I could not succeed at that, I should go to the emergency room at 4 PM where he would meet me.

By 3:45 it was obvious to me that I had to get to the hospital. The problem then was how to get there. I doubted a cabbie would take me. But the first cab that Maria stopped was a very solicitous Korean driver. He was so anxious to get me there quickly that I was relieved to get to the hospital in one piece.

At the hospital, the waiting room for the emergency room is only a half dozen steps from the street. The first person one encounters about half way into the room is a compassionate but unyielding guard. No matter what tale is recounted, the guard’s
message is to see the triage nurse. Triage? I thought my mind was playing tricks and that I had misunderstood the word. But that is indeed what she is called. She takes a first look and listens. You say: “Unbearable pain in the kidney.” She replies: “Have a seat and I will get you for registration as soon as possible.”

Triage is a nineteenth-century military word for treating casualties on the battlefield. When the medical supplies are inadequate, one has to decide who can be treated. The metaphor of war is overused in our society but it perhaps did apply here. At least, the wounded kept coming through the door. They arrived in cabs, from buses, on foot, or by stretcher. A few steps from a busy corner on Seventh Avenue, the drama gets played out twenty-four hours a day.

At about 5PM the triage nurse indicated that Maria and I could go to the registration desk, receive an identification bracelet and produce an insurance card. After that, we were allowed into the emergency room proper. I finally found someone to take the papers and she said to have a seat. There were a couple of empty chairs at the back of the room where it connected to the waiting area.

During the next hour I kept waiting for my physician to appear and to snatch me from this whole scene. I never got a sense of how big the room was, but every bit of space was in use. Only the staff moved on foot and they seemed in perpetual motion. It was not frenzied rushing about; in fact, the atmosphere was eerily calm. One almost had the sense of a slow motion film. The patience of everyone in the room was unbelievable; that included the patients. There were screams of pain, of course, but one’s own pain existed in this sea of calm. The patience of the staff was the most remarkable thing to me.
Unlike the rest of us, they could presumably have been somewhere else, perhaps in a
different line of work.

I was reminded of a movie, Dog Day Afternoon, a film about a hostage taking in
Brooklyn. It was an exciting movie except that its portrayal of the police negotiator was
totally false. In the movie, the negotiator ran about wild, furiously screaming at everyone.
In actual fact, however, the negotiator’s method is to keep talking in the calmest possible
tone. The police officer who had the job for over a decade was involved in over three
hundred negotiations and he never lost a hostage. His actual pattern of hostage
negotiation would not make a very exciting movie. Neither would the emergency room I
was in.

At about 6 PM, I was called and given a cot. The woman who led me there began
asking me questions about where I hurt. I said: “First, you have to know that I had
lithotripsy this morning. I am suffering from complications that are the result of it.” She
said: What is lithotripsy?” That response was not encouraging. I heard her asking outside
the curtain how to spell lithotripsy. Actually, it was not so surprising that she was
unfamiliar with the term. She was on the lower end of the hierarchy, a fact that I did not
know when I assumed that the first person to tend to me was to be my major medical
assistance.

As it turned out, they came by the dozens, most of them with a particular test to
perform. There was a vast and apparently precise hierarchy operating in the room. Some
people were easy to spot: heavily armed police or weighted down paramedics. Others
looked like college-age or even high school students. Most of the room was decidedly
youthful. After a while one could guess at hierarchical places according to such signs as
gender, race, nationality and age. But the rules were not universal. Most black men were near the bottom but occasionally one would be near the top. White women were above the black and Hispanic women, but an Indian or Filipino woman was hard to locate.

After I had been asked the same questions repeatedly, I finally said to an authoritative looking black man: “Look I am only here to meet my physician. He was supposed to meet me at here at 4 PM.” The technician answered kindly but firmly: “No, everyone is cared for and evaluated by the staff in this room. Then your physician is informed and he will intervene. I have been in this room for twenty years. Believe me, I know how the system works.” In some respects this information was disappointing. But it was the first confident assurance I had received. There was a logic at work and I was not caught up in some hopeless comedy of errors.

My physician was not on the scene but he did send precise instructions through another physician. Within the hour I got the shots I needed to relieve the pain. I also got hooked up to the IV that would sustain me and become my inseparable companion in subsequent days.

People kept testing my vital signs. After a while I realized that they were not really interested in the particular numbers, but only in making sure that the numbers were not off the chart. All the tests and questions had to do with what I would call the routinization of pain. The patient has a sense that there is a world still under control and that help is arriving. Perhaps more important, the young staff are learning how to provide calm and steady treatment within an environment that could overwhelm them.

At about 7 PM I was rolled out of the room for an x-ray upstairs. At this point I was conscious but a bit hazy. I do remember being in a sea of stretchers parked in a corridor.
Eventually, I got through the x-ray room and seemed to be alone in a corridor. At that point, a friendly man appeared and said: “I am the admitting physician. I just have to ask you a few more questions.” At the end of a friendly chat, he offered to take me back to the emergency room. That was not his job but he thought it might speed up things. When I asked how long it would take before I could get into the hospital, he smiled and said he did not know. I believed him. One thing for sure was that no one lied to me and made promises on which they could not deliver.

When I got back to the emergency room I had lost my place. Visiting hours in the emergency room are the first ten minutes of each hour, twenty-four hours a day. Maria had lost me on the 8 PM turn because I had gone upstairs. When she came back at 9 PM, someone knew exactly where I was in the room. I was impressed. They did have a tracking system in all that movement.

The next few hours were a waiting game for admission to the hospital. As noted above, even the head of admissions would not speculate when that might be. Everyone we asked was hesitant to guess. I had, however, passed some line so that now the questions and tests were stages of the admission process. As night wore on, the room became quiet. One could hear conversations more clearly. On one side a voice was saying she could not go home because there was no one in the apartment and she did not have money for a cab. On the other side, a woman was pleading to go home to the two children and a cat that were waiting for her. Some people actually did stand up and walk out, a feat that seemed miraculous in the setting.

At midnight I finally got the call to roll. Two very pleasant black men turned me over to the nurses on the fourth floor. During my stay in the emergency room I had
witnessed only one shift. Actually for some of the staff, eight hours is only part of a shift. I was impressed by their concern and compassion. What truly amazed me was the thought that they do this every day, 365 days a year. They deserve a better system: more space, bigger budget, better equipment. But the machines will always need the dedicated people.

Emergency rooms throughout the United States, especially in the cities, are bearing the burden of a health care system that is priced out of sight for many people. Millions of people have no access to health care. The one place you can go with some hope is the emergency room, a place never constructed for the purpose it is now serving. As I watched this scene in a relatively affluent part of Manhattan, I kept wondering what it looks like in parts of Brooklyn and the Bronx.

One of the few good features, as I have indicated, is a certain egalitarianism under which the proceedings take place. When you go to the triage nurse, the only discrimination is how sick you are. Overwhelming pain is a quick leveler, even for those people who are rich and – up to that point – powerful.

I suspect it is a tendency of human beings to think: no one knows the suffering I have; surely it is greater than anyone else’s. If we have enough sense to look around the world, the city, or sometimes the room, one is humbled by the view and saved from self pity. Usually, we just have to penetrate a veil that separates us from those who are suffering far beyond what pains we have. On the good days, however, it is easy not to see that veil at all. Dostoevsky wrote that we ought to treat everyone we meet as we would a sick child in a hospital. That approach might make some of our institutions come to a quick stop and reconsider what they are doing, but that might not be such a bad thing.