

# THE YOUNG PATIENT

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Jennifer was getting ready to go on a hot date on a Friday evening. She was a cheerleader for the football team and one of the players, Rich, had asked her out to the movies. She was in the shower and was applying soap to her body and when she reached her neck, she again noted some lumps; they have been present for about one week and she had not paid much attention to them. She also felt some in the armpit on the right side. She was beginning to worry and thought it odd. She didn't dwell on it because she had more important matters to attend to. That evening, she wanted to make a good impression on her date. She was seventeen, a senior in high school and he was the same age. She was very happy that he asked her out. She always liked him but felt he did not notice her. Some other boys had asked her out, but she always wanted Rich. So, this was a special night. She wanted to please him. At the same time, she did not want to make it so obvious that she liked him, lest he got the wrong impression about the kind of girl she was. She took her time to dress up and look nice. He was supposed to pick her up at seven and she made sure she was ready at least half an hour before. The understanding was that they would go for ice cream after the movies. She had to be back at home at 11PM. Her mother was strict; her father had passed away a few years ago from lung cancer. He was a chain smoker. She didn't mind being back at 11PM. She did intend to have a good time with Rich all the same.

At five minutes to seven, Richard rang the doorbell with a large smile. "Hello Jennifer, you look super," he greeted her and gave her a peck on the cheek. He was fit, and he wore a pair of jeans, sneakers and a sweater. The musk of his cologne wafted in the air. He wanted to make a good impression.

"Hi, Rich. Thanks," she replied, flattered and "let me introduce you to Mom."

"Mom, this is Rich."

"Good evening, Mrs. Edwards."

"Good evening and nice meeting you."

Jennifer put on her coat. "We must get going. See you later mom," as she kissed her mother goodbye.

"Have a good time and remember to be back at 11PM."

"Goodbye Mrs. Edwards. I will bring your lovely daughter back safe and sound. I will be a gentleman."

That he was. A bit shy during the movie, it took him a while before he attempted to kiss her. And when he did, she finally felt the ice melting and the evening got better from then on. After the movie, they went to an ice cream parlor, they hung out for a while, they saw other couples and were seen and as a rule the following Monday at school, everybody will know who went out with whom... Welcome to the world of teens where the superficial is very much in vogue, fashion is fleeting, taste varies from one minute to the next. It is a world where everyone feels youth will last forever, the hormones are surging and exploration of the sexual world is at its beginning and due to the newness of it, there is a new convert's zeal and a naivete never to be found again later in life.

At the ice cream parlor, plenty of petting and kissing went on; one would feel out of place if not engaged in the same behavior. It was exhilarating, exciting and fun. Life was great! Jennifer and Rich had a good time together, as other teens did. It was the beginning of a relationship that both hoped would last as long as possible; at least for the evening that was the understanding. Finally, he reluctantly brought her back home at five to eleven and he kissed her goodbye; it was the longest kiss of the evening because it was hard to part company. As of this evening, they have started going together. She felt good and had a flushing sensation just thinking about it.

“Luv u,” Rich texted to Jennifer.

“Me 2. I had a great time tonight. Can't wait to do it again.” Thus, the two teens went on back and forth texting before falling asleep. An infatuation had started.

When she went to sleep, she expected to have some pleasant dreams about the date because there was so much to reminisce about; this was after all her best date in a long time, if not ever. Therefore, when she climbed into bed, it was with such expectation; instead, she developed a fever and had some difficulty falling asleep. She had plenty of night sweats. The following day, a Saturday, before eating breakfast, she approached her mom. “Mom, I had a terrible night. I had fever and I have been noticing these lumps.”

Alarmed, the mother checked, and her facial expression quickly changed from a jovial to concerned one. “You have enlarged lymph nodes,” exclaimed her mom with an exasperated tone in the voice and “we need to make an appointment with the doctor ASAP.” Her mom had a frown on the face and kept tugging at her ear, the best clue she was worried and nervous.

Jennifer did not have the foggiest idea what the first part meant, but she very much understood the next part of the sentence.

“Hello Dr. Nebley, this is Mrs. Edwards, I want to bring Jennifer today. She has high fever and enlarged lymph nodes in the neck and armpit,” with a voice betraying the alarm bell ringing in her head. And turning toward Jennifer, “the doctor will see you in one hour. Go get ready.”

Getting ready, she did. “I am going to the doctor,” she texted to Rich.

“Why? What is going on,” he responded.

“I had fever last night and I also have some lumps in the body. My mom called them enlarged lymph nodes. I am scared.”

“Hopefully, everything should be OK.”

“I hope so. I will tell you what happened later. Love you.”

No answer. Odd, she thought.

“Darling, everything will turn out OK,” her mom said half convincingly.

Jennifer's dander was up; she knew her mom did not get alarmed for innocuous stuff. For her to insist on a same-day appointment was significant. Jennifer started becoming anxious, sensing that something was not right.

The doctor did a careful exam and asked a lot of questions and had an assistant draw quite a bit of blood. “I should have all the results by Tuesday the latest,” he reassured both.

On her way back home, “I saw the doctor and he ordered a bunch of tests for me. Results should be available by Tuesday,” she texted to Rich again. Still no immediate answer. In fact, no answer came until a few hours later. “I missed your text. I was at a workout. I will call you later.”

A cold text, she thought. She would mention it to him later when he would call, she decided.

“What kind of cold text was that?” she asked him later.

“I was rushing up to catch the school bus after the workout. I am sorry, I will make it up to you when we go out again on Friday.”

She was on pins and needles while waiting for the result of the tests. The fever came back for the next two nights. This was beginning to be a pattern she did not like. She chose not tell her mom.

Around midday the following Tuesday. “Good morning, Mrs. Edwards, this is Dr. Nebley. The results came back and I am happy to announce that quite a few diseases were excluded such as Infectious Mono, aka 'kissing disease,' and other infections, including HIV. However, there is a lot of inflammation going on. A biopsy needs to be done. We must eliminate the possibility of Hodgkin's disease.”

The last few words had the effect of an icy shower. Mrs. Edwards almost freaked out. Three years ago she received a similar call about her husband and the news was not good. He had cancer. Now this.

“Darling, Dr. Nebley wants you to have a biopsy. He made an appointment with a surgeon for you tomorrow,” this time she couldn't contain her apprehension and Jennifer sensed it. She was a smart girl and, furthermore, she had enough sense to know that something could be seriously wrong. As a good student with an inquisitive mind, she set out to research the condition and find out as much about it as possible. She decided to go online and to do a Google search. What she found was not pleasant. Hodgkin's disease is a cancer of lymph nodes; lymph nodes work like traps to encase foreign bodies and swell in case of infection. In Hodgkin's disease, they get enlarged for no apparent reason and cause all sorts of problems. It is seen in young people around her age and in older people in their late fifties. The good part about it is that it is curable when caught on time, but the treatment can cause sterility. Regardless, this was something she would rather not have, a problem she wished would go away and leave her alone so she could enjoy life, go on more dates with Rich.

The next day, Wednesday, she went to see the surgeon. He also carefully examined her and went over the lab results. “This is a fifty-fifty proposition and only a biopsy can help make the final diagnosis.” It was scheduled for the day after next, Friday, the same day she was supposed to go on a date with Rich again.

“Hi Rich, this is awful. I have to have a procedure done in the morning and I am afraid,” Jennifer said on the phone.

“I am sorry to hear this. What exactly is it and why do you have to have it done?”

“It is called a biopsy; the surgeon will remove one of the lumps that I told you about and he will send it to the lab for analysis. I hope it is not cancer. I am really frightened.” Instead of moral support, an eerie silence followed. This was an awkward moment with neither party quite knowing what to say next. Finally, Jennifer broke the silence. “I think it will be all right. Very likely we must call off the date tomorrow but give me a call and we will talk some more. Love you darling.”

“Me too darling,” a reply not so convincing; it didn't have the resonance of sincerity.

Jennifer's chest felt a thump about this, a very unsettling sensation. All sorts of ideas were going through her mind. She couldn't help but think how swift the change in her life had been in a matter of one week. One week ago, her main concern was the date with her beau boo. Fantasy of canoodling occupied her mind. Now her very life consumed her; her very survival at the tender age of seventeen suddenly came to the fore as a very important matter. Somehow, she couldn't understand it. Rich's behavior was on her mind; his cold response to the biopsy was not a good sign. She had observed a subtle change in his enthusiasm from the time she told him the following day that she would go to see a physician because of “enlarged lymph nodes.” That subtle change had abruptly morphed into an uncomfortable distancing. None of that bodes well for the relationship, she kept thinking all the while hoping she was just overreacting.

On Friday in the morning, she went to the hospital, to the “Same Day Unit.” This was her first ever encounter with a health care institution. A clerk asked her and her mom to fill out a form that included a lot of questions about her past health history. The clerk dutifully recorded insurance information. She met and gawked at a long document called a “Consent Form.” It basically gave permission for treatment and mentioned possible complications from the procedure, including infection, bleeding. Under ordinary circumstances, her instinct would pulse her to read every single line and ask as many questions as possible. Now sweating, her hands uncontrollably shaking and

not willing to dwell with a negative outcome, she indulged her mother to sign on the spot without any asking questions.

“Please follow me to this room and this is a gown you need to wear and disrobe.” The room was a bed behind a curtain, next to a few in a row. “Let me attach this bracelet.” In a second, the clerk attached a paper bracelet with her name, date of birth, her doctor's name and the hospital insignia clearly delineated. All of this was so strange to her. A nurse came in later and basically went over the information supplied, asking some additional questions like any history of allergy(ies), any previous illness or biopsy. She then started an IV (intravenous) line. “You will be fine. We will take you to the OR (Operating Room), next,” the nurse stated politely but nonetheless in a matter-of-fact way that reeked a bit of an automatic recitation. Everything seemed to happen so fast; she kept looking at her phone hoping to see a text from Rich; it wasn't to be. She couldn't help but notice a worried look on her mom's face. That made her lips quiver, the thumping sensation accelerate, and the shaking of the hands grow in intensity. “Darling, everything will be all right. I will stand by you.” Such simple words went a long way toward calming her. Nonetheless she wished they had come from Jeff's lips. This was a very strange experience.

Everything seemed to be down to a science by the staff. Every person was polite but one sensed that they were seeing so many sick patients that they have acquired some immunity to the concept of illness. It occurred to her that unless one was sick, it was hard to imagine what it was like. She, for one, never gave it a thought till now. Good health was something that everyone took for granted until illness comes to visit. Illness is a condition that makes others uncomfortable. Her last conversation with Rich was a proof of that. His knee-jerk reaction was an unpleasant surprise bordering on fear; fear of catching something, fear of being next to a sick person, fear of the idea that one's physical body was very fallible and susceptible to maladies. She needed to get accustomed to the notion herself. She didn't know how she would have reacted had the situation been reverse, i.e., had Rich been the sick one. She also began to wonder about what would happen to her if she did have this Hodgkin's stuff. What would happen to her plan of graduating and going on to college? Would she become sterile and not have any kids of her own? Will she go on anymore dates with Rich?

She was deep into all of this introspection when an orderly finally came and informed her and her mom that she was taking her to the OR. She felt a knot in her throat. The surgeon did explain that this was a straightforward procedure and she will leave and go home right after it. The very idea that she needed to have the procedure done was still unsettling. It meant that there was a very real possibility that something could be seriously wrong with her. She was still in her thoughts and didn't hear her mom's words of “Good luck, I love you my dear.” She had her eyes closed and only opened them when wheeled into the OR suite. An anesthesiologist came in and introduced herself. “I am going to give you this medication to put you to sleep,” he said calmly.

She did look and she saw a white liquid in a tubing; it felt slightly warm as it penetrated her vein. “OK, it's all over and you can wake up.” Jennifer was in this betwixt and between world of drowsiness and wakefulness. She felt a bit groggy and noticed a small bandage on her neck; it was the site of the biopsy. A sinking feeling engulfed her. This was real. She did have the procedure done. Now she had to wait for the result and deal with the consequences. The groggy feeling dissipated steadily, and she went back to her room.

“My darling,” said her mom while kissing her on the cheek.

The staff gave Jennifer a sandwich and some apple juice along with a banana. She did not even notice that she had yet to eat for the day. Her normal good appetite was absent. She had a heavy heart.

“How do you feel?” Reassuring though her mom’s voice was, the very need for the question meant an abnormal situation was at play. Instead of calming her nerves, she began thinking about this “disease.”

The best she could come up with was a wry smile. The only thought that kept recurring was the idea of being potentially sick with cancer. It mattered not that the book stated that it could be cured. What mattered was the existence or the potential for the existence of the condition. She couldn't yet come to terms with this notion. No matter what was said to her, she was feeling on pins and needles about her situation. She could have a cancer. This was so dreadful, anyway one looked at it. She was usually ebullient, talkative. Today she has been quiet, in a morose mood. Her mom noticed it and this saddened her. When her child was sick, so was she. When her child was sad, so was she. She tried to reassure her. She passed her hand over her forehead in a gentle fashion. She tried to help her get dressed and kept smiling whenever possible, but she knew that her daughter was not in the best mood today. She did not know what else to do. Her natural tendency was to try and keep trying.

Jennifer finally broke down and started crying. “Why me?” she asked.

Her mom had no answer because she was also asking the same question and wished she knew. Well, both mom and daughter cried together, wallowing in the irksome mud of deception, nary the fulsome uplift of solace.

“Everything went OK,” said the nurse taking care of her and she continued, “it was a routine procedure, and it went without any hitch.”

Somehow these reassuring words didn't have the anticipated effect. The crying spell continued in earnest. Jennifer's grogginess completely dissipated; her alertness came back to normal. Though still sad, she eventually stopped crying. She reached for her cell phone looking for any text or missed call from Rich. She saw nothing and this gnawed at her heart. An orderly took her by wheelchair downstairs and her mom drove her home.

On the way home, both were silent. Both knew that they needed to wait for the result, the worst part. The “what if” kept coming again and again. For the next few days, until the result came in, whatever activity Jennifer was partaking in, there was this lingering fear that she might be harboring a terrible disease called cancer in her body and it could be doing damage. Her mom tried to cheer her up in any number of ways: cooking her favorite meals, bringing her some cookies that she was normally very fond of. To no avail. Her mind was not up to any of this. Rich's silence weighed heavily but with each passing day, his signal kept dimming on her radar.

The all-consuming thinking was the illness, the possible cancer multiplying in her midst. The biopsy was done on Friday and they were promised an answer by Wednesday with the possibility that it might need to be reviewed by a different pathologist, delaying it. Friday till Wednesday seemed like an eternity, but beyond that was unfathomable. Saturday normally was rehearsal day for the cheerleaders, but Jennifer skipped it. She did not want to be seen with a bandage on the neck for she would need to explain to each person the why and what. Too much stress. Besides, she would just as soon avoid seeing Rich who did not or couldn't find the time to inquire about her and her condition. She avoided church on Sunday for the same reason. On Monday, she avoided going to school. In fact, she wanted to wait till she got the result before going back to school. In the meantime, she was getting notes from her cousin, and she was doing schoolwork at home.

Tuesday afternoon, the news finally came in. “Mrs. Edwards, unfortunately the biopsy report clearly shows Hodgkin's disease,” the surgeon announced. The news had the eerie feel of

watching the onslaught of a tsunami. Her worst fear had materialized. Her mother was at home in the kitchen preparing dinner and Jennifer was doing her homework on the table. Her mom remained quiet after the initial greeting on the phone. Using a whisper, “thank you, doctor,” she concluded the phone call. She remained quiet.

Jennifer knew instantly it was bad news. “So, it is abnormal, isn’t?” she asked. Silence of a morgue. “Oh My God this is horrible mom!” This time, mother and daughter broke down. Jennifer’s disease was the tip of the iceberg. They both knew by now that the outcome depended on the so-called stage of the disease, i.e., the less widespread, the better the chance for a cure. Establishing the “stage” of the disease was the next step. A long road under the care of a cancer specialist, an oncologist.

“At least we now know what we have to do,” concluded Jennifer with her eyes puffy. Now she had to treat it and get rid of it. She figured she would learn as much as possible, about the treatment, the complications and so on. This was serious. This was her life. In a nick of time, her life was transformed from that of a carefree teenager to that of a young and careworn adult in the throes of adjusting to a malignant disease.

Yes, the dreadful notion of disease which, when out of sight, was kept out of mind. However, disease as an entity is always lurking around, in a variable pattern: neutral curse, pilfering joy in a color-blind and random path. Yet it can bask in a highly partisan whim, and it directs its tentacles toward specific targets along location, gender, ethnic group criteria. However it meanders, it has the same effect on one's psyche. The immediate reaction to a serious condition goes through several stages: surprise, despair, denial, in no particular order. Jennifer's reaction so far has included the first two. She has accepted the diagnosis and was not in denial. She was at one extreme in her response: she wanted to know everything about the condition unlike others prone to panic attacks about the minutiae of their condition.

Jennifer's new world was all about the disease. She wanted to research the condition, the oncologist, and any existing support groups. That kind of bad news sounded like a recurring theme in the family in the space of three years. At least her father was a chain smoker and was exposed to asbestos. Her case came out from the left field. She was young yet, though the eldest in a family of 3 siblings: one brother and one sister. If there were a thread, no one could see it.

It then dawned on her she still has not heard from Rich. At the very least, he could have called once. A true friend would. Her best friend Arlene was the only person who regularly did. Jennifer thought long and hard. “Hello Rich, I have the result of the biopsy. Call me. Love you,” she was all astir and conflicted as she delivered this message on his cell phone. He neither picked up nor did he call back. A most telling pattern. She was mortified. How could he? He told her he liked her and they were supposed to be dating. What kind of treatment was this? What kind of man was he?

Jennifer took it upon herself to call the oncologist to make the appointment. Her mom asked about him at the hospital. The news came back all good. Her next step was to go online to continue her search about the disease, the places in the country that had innovative and good success rate treating the condition, as well as alternative approaches to conventional medicine. She figured that the more she knew, the better off she would be. The thought of Rich kept coming to her mind. Certainly, her illness spooked him and he did not care to find out the details, too scared of this new brutal reality. Initially she just could not overcome the disappointment. Slowly but surely, it surprised her that his behavior, though disappointing, didn't seem to matter much. She loved her life more than anything else. Her survival instinct has gone into high gear. In brief order, she has rearranged the priorities in her life. The appointment with the oncologist was set in 3 days,

a Friday. When she would go in front of her mirror, she would reminisce about two weeks prior when the idea of a hot date was all she could think about. Now, her own survival seemed to be the only thing that mattered. How funny life is! Here today, gone tomorrow.

Friday morning at ten, Jennifer went to see the oncologist with her mom. He was a young physician, polite and he took the time to ask a lot of questions and to answer as many questions asked of him.

“Since my diagnosis was made, I have been doing some research and have gone to several web sites, including some of the leading medical centers' integrative divisions. What I have come across was the fact that the disease, if caught early, can be cured. On the other hand, the chemo and radiation can cause both long-term and short-term complications. What is your view on adopting an integrative approach to reduce some of these complications?” she asked.

“I am glad you bring that up. Yes, complications are known to occur. I use a holistic approach. I use supplements that can reduce side effects on the cells which are commonly affected by chemotherapy. I carefully go over the agents with the patient. We thoroughly discuss the potential pitfalls. I also recommend mind-body relaxation therapy either with meditation, music, singly or in combination before each session of treatment. The idea is to put the person in the best possible harmonious state to face the intervention and minimize the complications. Besides I have a patient support group and I strongly encourage participation in it as it is a means for patients to share their experience for what does or doesn't work. My experience has taught me it is the best venue for free exchange. I also get feedback from patients and this in turn helps me treat the patient that much better. Yes, I am open-minded, and I realize that chemotherapy as well as radiation can be potentially fraught with problems and any step, however small, to try to avoid or minimize them is worthwhile.”

“I feel comfortable with the idea of a support group. My so-called friend has not been supportive much. I am scared. Do you mind being called even late in the evening if the need arises?”

“My job is 24/7. I would rather you call me than me asking later why you didn't. Of course, it is a right that you should not abuse. On the other hand, do call if there is a significant problem.”

The doctor's philosophical approach surprisingly satisfied Jennifer. His exam was very thorough. He recommended some additional tests: a CAT scan (CT) of the chest and abdomen, looking for enlarged lymph nodes in other parts besides the neck and armpit. Monday afternoon, she went for the CT. She was put on a table and it slid down into a hole, with a hollow circle overhead, listening to the machine's whirring sound. It felt lonely inside and a bit scary. The technician had asked her if she was claustrophobic, and she had answered no; now she was not so sure. She felt a bit suffocating; the sound definitely annoyed her. The sensation got worse and all of a sudden, a sensation of being buried alive overwhelmed her and she shouted: “Let me out, I can't breathe!” The technician stopped the test. She was shaking and was downright frightened.

She belonged to a group of people who feel uncomfortable in a closed quarter. Not infrequently this happens when someone has to have a CT scan done. The person may never have had a similar reaction until then. She was really scared. Her mom came over and Jennifer burst in tears uncontrollably. Again, she said: “why me?” Her mother as usual had no answer; the question now felt like a knife slowly twisting into her chest because as a mother she was suffering alongside her daughter. The mother had to fight to hold back the tears herself.

At the radiology center, Jennifer and Mom waited for a bit to gain their composure; both were somewhat dazed, needing some time to assess the situation.

“This is not boding well. I don't like it,” said Jennifer.

“No, darling, things will turn out well in the end,” replied her mom.

“So far I have no reason to believe so.”

“Being pessimistic will not help.”

“It is just that I am not getting good vibes about this. At the rate I am going, I may get so many complications that it won't be funny.”

“Baby, shush. Don't have such thoughts, please.”

They gathered their belongings and departed, wondering what would happen next.

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Mrs. Janet Edwards was a forty-seven-year-old widow. She was also a nurse working at a hospital. She dealt with illness on a daily basis. Just like anyone else, it took a different level when the afflicted was a loved one. Jennifer's illness came as a very unpleasant surprise. She was struggling with it as much as anyone else. Her professional experience, her life experience mattered very little in a sense. She was reacting as a mother hen protecting her chick.

She remembered her husband's disease and the trauma it took on her psyche. This was redux. The difference was that a mother was not supposed to be in a position where the thought of losing an offspring was so real. An offspring was supposed to bury a parent but not the other way around. All of these conflicting musings were inflating her head and making her dizzy at the same time. She had to keep her composure. She was the main supporter her daughter had. She was lucky to have an understanding supervisor who allowed her to take the time off to be with her daughter without any fuss. She was the only breadwinner and she needed to hold on to the job. Life was so complicated and so unfair. But it was not her nature to whine.

She has known suffering for the better part of her life. She had lost her mom at an early age. Her dad remarried later but she had at best a lukewarm relationship with her stepmother. Her father died in a car accident when she was in college, and she has been on her own since. Her stepmother had not kept in touch and had made it clear that as her father ceased to exist so did any relationship between them. She was a mean woman. Even her own kids did not like her much. She took student loans, worked during the school year and vacation. As a result, it had taken her longer to finish nursing, but she found a way. As a student she had met Roger, a mechanic, a great person and he was the first love of her life. He made her happy. They married shortly before graduating and she gave him three lovely kids. He passed away three years ago; this has been by far the most devastating episode in her life, and she was not sure how she was going to survive without him. She still wondered about it to this day but the need to keep her family whole was her only goal in life at the present, as a widow and this was what kept her going.

She helped Jennifer get dressed, making sure she rubbed her face and her back. “Darling, Mom loves you,” she repeated several times to Jennifer. This had a calming effect on Jennifer. Finally, they both left the radiology center. The oncologist called and he asked them to come to his office to obtain a prescription for a sedative she could take 1/2 to one hour prior to the test. Another one was tentatively scheduled for twenty-four hours later. She told herself to concentrate on some pleasant thought while the test was being done. The day of the test, she made sure she took the pill one hour prior to it. As she was sliding inside the hole, she felt a bit drowsy and fell asleep during the test. As she was sliding back outside the hole when the test was over, she got another, albeit less, sensation of fright. It was very short lasting and thank goodness, the test was over. She was now curious to find out the result. A sensation of treading on ice with a fall waiting



to happen engulfed her in anticipation of a potentially abnormal CT scan. The oncologist had promised to call once he obtained the result of the CT. In fact, the following day in the morning, he called in an upbeat voice. “Good news! The disease is limited!” he began and “the lymph nodes were only above the diaphragm, on one side.” At least, she thought, this was the only good news she has heard over the past two weeks. That would not last long.

Anything connected to her physical being had been problematic so far. She had the stitches removed from the biopsy seven days later; however, she couldn't help but notice a slight swelling at the site of the incision. That night she again had a fever, and pain at the site. In the morning she showed it to her mom who made a face, reminiscent of the same reaction with the lumps. Her mother looked at it, gently touched and pressed against it and as Jennifer grimaced, she announced with a grave voice, “I think the area is infected. It is red, warm and tender.”

Jennifer had a complication from the procedure. She now remembered that on the consent form, infection being mentioned as one. Her mom called the surgeon, and he told them to come right over. After an exam he looked at both. “This is most unusual. I haven't had such a complication in the past ten years. You do have a slight infection of the incision site. I will write a prescription for an antibiotic for the next seven days.”

Jennifer couldn't help but think that as luck went, were it not for a bad one, she would not have any at all. This infection set the start of the chemo back till it cleared completely. In the throes of a personal maelstrom, she returned to classes. She immediately could tell that the rumor mills had the tongues wagging by the behavior of the cheerleaders. They averted their eyes and when they must, they greeted her wryly. They asked no questions about her absence from the squad, a very telling sign as chatty as they usually are. Although she resented the possibility of answering the same question too many times, it grated on her that nobody asked even once. Alarming it was as if they were either following a consigne or had a tacit covenant not to broach a subject, they would rather not touch with a ten-foot pole. That left her at times disappointed and occasionally cloyed. At least asking the question meant a minimum of caring. That was just the tip of the iceberg. There was an elephant in the room that she needed to confront.

She most fretted meeting Rich. She was fighting the yin to see him again for the first time since their date and the yen to run away from him because of his cowardice and flippancy since. She kept thinking that that two hearts went on a date and clicked but since then never shall the twain meet and sizzle. It happened far sooner than expected, in the hallway. He was standing there with a few other jocks, “Hi, Jen,” he said with a forced smile. He approached her and swiftly landed a kiss on her cheek.

“Sorry, I am in a hurry,” she said. The phony peck mixed with a contrived disposition mortified her and left her in a dour mood the rest of the day. The whole episode gifted her with a bitter taste in the mouth. She did not have an STD, nor did she choose to have cancer. It did hurt, no matter how she spun the narrative or pretended his response didn't matter. This buffeted her more than she anticipated. This carried on even when she reached home. She barely ate her dinner. At 9:30 PM, she hit the sack. What normally turns into a simple and restful matter was anything but. Instead, she visited a tunnel named insomnia, a state of a shower of addled water that sluices the glow off one's aura and splays a mist of dark thoughts. She was on her back in bed, with the lights off except for the luminescent digital clock on the dresser across from her. The stillness of the night coexisted with ho-hum nocturnal sounds inside and outside.

The low-pitch thrum of the refrigerator, that stalls and restarts intermittently, the occasional wispy or loud noise of a fart, the humming sleepers' breathing sounds formed a polyphonous medley. Her siblings were sharing a bunk bed in her bedroom. Their sounds were faint and regular.

In the next room, her mom's groaning in bed, louder and somewhat irregular, reminded her of the loud snoring of her late dad. In her younger days and impish way, she used to cleverly describe it as the cadence of the release of the fluttering and droning flies in his chest. Nonetheless, her dad's snoring meant the presence of an adult male, a sign of security still sorely missed. Her mom's sonorous rhythm was of higher pitch but not as loud as his ever was. Like a violin to a tuba. It dawned on her that each person's breathing pattern and pitch were characteristic.

Various nighttime critters joined in this aural exercise, no matter its contribution to noise pollution. The intermittent revving of car engines would participate in the scrum as it were. Such a motley menu of sound-making actors was there for the taking and offered without any request. This gratis performance came with the proviso of wakefulness, a show not bargained for. As a doldrums participant, she twisted and turned in bed but would not fall asleep. The clock seemed to take forever to change the hour hand. Boredom set in, listlessness amplified, misery conquered. A sleep-deprived brain, bereft of its quotidian succor, snivels, becomes irascible, and the rest of the body bears the brunt of its deficit, a real torture. The last hour she recalled seeing in the clock was 1:30 AM. The whole time being awake, the thought of her relationship or lack of with Rich kept coming to the fore. She decided to take care of and not feel sorry for herself, to disengage from one direction so she can focus on another one.

From then on if Jennifer and Rich crossed paths again, they did not make eye contact. No more phone calls or texts were exchanged. Jennifer went full speed into her treatment for she had her dignity and wanted nobody's pity. The infection had delayed the start of the chemotherapy but had also given her additional time to confront her situation, ponder about her future. She was a senior and going to college was the next step. Applying to schools was supposed to be a major priority on her scholastic agenda. The circumstances were turning the whole plan upside down. She had to go to talk to her guidance counselor about her options: should she apply now and delay the start of college, or should she wait till after the treatment was finished? She went into the guidance's office, but her counselor was out on sick leave (word had it she had a serious illness, maybe cancer).

They assigned her to a different counselor, and she had to return the day after. The next day when she came in, she faced a grouchy lady who gave the impression she had awakened from the wrong side of the bed. She listened to Jennifer's story about her illness and the impending start of treatment and the decision she needed to make about applying now versus later. The counselor sat pensive for a minute and then suddenly after reading her grades, a smile brightened her face. "You have very good grades, and any college would be happy to have you as a student. I think it is OK to apply now and if the situation arises, you can delay the start of school. At least you will have been accepted and you will have gone through the motion of applying and getting into school. Often when students delay applying, it takes forever to get into the groove of getting back to school. My recommendation to you, my dear, do apply now. As a matter of fact, on your application essay, do mention the fact that you are going through this illness."

Jennifer felt reassured; she was not sure why the counselor had that initial demeanor. Her advice did make sense. As a student she needed letters of recommendation from her teachers and getting them while in school was the best time to get it done. She felt optimistic and started considering her major in college only to have a dark reminder that she was a sick person and may not even last to go to college. She rushed to the bathroom to sob. She couldn't help it. Every now and then the notion of being sick was overwhelming and took over. It was a strange feeling and one she couldn't get used to. She was crying and her best friend, Arlene, who was in the bathroom approached her and gave her a hug.

“Oh, I am sorry, I did not know you were here,” said Jennifer.

“What is going on, Jen, you don't talk much lately. Exactly what is going on with you?”

“What do you care?”

“This is mean. I am your friend, why can't you tell me what is going on? I try to call but you don't pick up. You can trust me. You should know that.”

Jennifer thought for an instant. In fact, she and Arlene have always been the best of friends and the one person she could confide to. She let out a sigh. “OK, this is the story. After I found out that I have the cancer called Hodgkin's disease, the fact that I hadn't heard from Rich and having a complication from the biopsy have been very depressing. So, for the past few days, I stopped calling and talking to people. This disease involves my lymph nodes. I am supposed to start chemotherapy followed by radiation. The whole thing bugs me, and I can't cope with it at times. Most of the students have given me the cold shoulder and I have decided to be by myself.”

“Oh my, this is horrible. But you know what, a second cousin of mine had the same thing and he was treated, and he has been doing fine since. This was 5 years ago. I am sure you will be alright also. OK, Jen, remember we are supposed to be here for one another.” These words of encouragement meant the world to her. At least someone else had this and has been doing OK. Maybe she will also be fine.

“OK, 'Lene, you are right. But do me a favor. Do not let the world know about this, promised?”

“Of course, it is a promise. You do know I do not discuss our personal matters with other people.”

They hugged each other and left the bathroom together. Jennifer felt relieved to have someone else to share the tragedy with. Arlene was someone she could count on. People were not all mean and this was a good thing. This was day seven of her antibiotic treatment and the swelling, pain and redness have all gone away. The next and main hurdle was to go back to the oncologist and then get the chemotherapy started. The word itself was dreadful. An appointment was set with him in one week. Her chest turned into a racetrack just thinking about the condition, the treatment, the possible complications, and the fact she seemed to be prone to have them. Every now and then she still felt misty. The crying spells occurred less frequently but they did recur all the same. Jennifer went back to read about the disease and by now she was familiar with the main features: it was staged, and the more nodes found, the more severe the condition. Hers was pretty much localized to one area, one side above the diaphragm. The next step was to go over the agents for chemotherapy and review the side effects and take the time to discuss them with the oncologist. She has made up her mind to not start the chemotherapy until she was comfortable with the plan in place. She has come up with evidence in the literature that the treatment can cause cancer down the road as well as other damage. This was cause for second thought. She had a lot on her plate, and she still had to get used to the idea that she had cancer.

She went to sleep early that night and she cried and cried incessantly; the same thought kept coming back: “why me?” Her mom had to work late to make up for the time she had taken off. Jennifer had no immediate support but the softness of her pillow against her face to console her. Her siblings were hard sleepers and would keep on sleeping at the sound of thunder. Moral support from a boyfriend would be very helpful. She had no such luck. Rich begged off. He was just a jock, and she probably was one more conquest, good riddance. A hollow sensation ran through her body; she had a headache. She finally fell asleep. A few hours later, she awoke with a nightmare: she saw herself falling off a cliff and screaming all the way down. By then her mom had come in from work and she heard the shrill sound and came over. Jennifer was not having an

easy time with this condition. She liked to be in control and so far it was slipping. Then again how was she supposed to feel about being sick with cancer? Her mom wrapped her arms around her and they both prayed. This seemed to calm her down. She went back to sleep and this time for good, till she woke up in the morning. Jennifer resumed her regular phone conversations with Arlene. She found her to be a good support. Psychologically it made it that much easier for her to deal with the condition. The day of the appointment with the oncologist, Dr. Gregory, she felt jumpy, not quite sure what to expect. What she did have were lots of questions for him.

“Dr. Gregory, I am concerned about infertility, secondary cancer and any untoward reactions of the treatment.”

“Well, this is perfectly understandable. Considering your age, it is a factor one needs to consider. Radiation therapy is a necessary evil. If chemotherapy is given alone, then the chances of recurrence of the disease are higher. As it stands, the only way to avoid it is if you absolutely refuse it. However, each approach has its plus and downsides. If you get a very intense treatment, it reduces your risk of recurrence, but it increases potential side effects. Avoiding radiation is milder treatment but carries the higher risk of recurrence. I will give you the list of the agents, their known complications and I will also give you a list of recommended measures to be taken to minimize complications. Bear in mind that some complications can occur out of the blue. Before we start the chemotherapy, a special tubing needs to be inserted so it will be used as an access site to administer the drugs. Veins on the forearms will be destroyed if used for infusion. Also remember that the patient directed support group meets once a week. It operates without interference on my part. I strongly suggest you join it for your own good.”

Jennifer found out the special tubing was to be inserted by the same surgeon who did the biopsy. At first this sent shivers down her spine. Words of reassurance, from her mom came.

“I checked the surgeon out and everybody calls him outstanding. I don't have any doubt about his ability to do the procedure.”

Since her mom always had her back covered, that settled the issue. From time to time, she wondered whether the disease could spontaneously regress and go away, never to come back. She knew she would not be so lucky. Still the idea kept coming back to her. It never hurts to hope; losing hope was like the kiss of death. A sinking feeling in her chest accompanied the idea of death. She was most definitely not ready, capable, comfortable with entertaining the possibility of the notion of death. It was bad enough she had to get accustomed to being sick, but death!

While in the car with her mom on the way back home, she was not paying attention to the radio, the news or the music being played even though her mom had it set on her favorite station. She kept thinking about all of the above and she again felt sad. The same question kept haunting her: why me? In fact, why did people get sick? This million-dollar question made her ponder about life, and our ephemeral tenure on this planet.

She was still in this state of daydreaming when they both arrived at home. Her mom could tell from Jennifer's expression that she was having a down period. She gave her a big smile and a hug. “OK honey bunch, I will make you the best mac and cheese with prime ribs or beef teriyaki. I know you like them. Take your pick,” said her mom with the sweetest tone of the voice. Ordinarily Jennifer would jump at this opportunity of feasting. Today was not one of them. Her heart was not into celebration. In fact, lately she has been feeling tired of living, tired of facing a dreadful disease when all she wanted was to be a happy young teen. In a sense, she did not blame her peers because she was very uncomfortable with her diagnosis. Her mom will not take no for an answer. She knew Jennifer really well. “OK, I will get going and make the macaroni and cheese along with some spicy teriyaki steak. I will make sure we include some dessert either some

cheesecake or peach cobbler with dulce de leche ice cream. Come on, you know you will enjoy it. Let me get going and come and join whenever you are ready.”

The last few words were Mom speak to ask her for her participation. She usually didn't ask for help directly but kindly suggested that it would be most welcomed. Jennifer as a rule always felt obligated to chip in. Her mom worked hard, was the sole provider and she as the eldest; *noblesse oblige*, she felt compelled to lighten her mom's load. Her mom also knew from experience this was a quality time with Jennifer. This was the time they could chat about anything and everything. Once Jenny got going, there was no stopping her. At least this one time she hoped the trick will work. Jenny was so down that she went straight to her bed. She again began to sob. Her mom was at a loss. She hasn't seen Jenny in this state since the loss of her dad a few years ago. She knew this was a big deal for Jenny to pass up a chance to help with the cooking, especially if it involved her favorite dish. She decided to try anything to cheer up. She opened the door.

“Baby darling, you and I have a lot of living to do. We have to see this through. I am hurting just as much as you. However, we have the other kids to help and we can't give up. Please honey come and join, pretty please, with sugar and lemon on top.”

Jennifer could hardly resist this invitation. She loved her mom a lot and found it hard to say no to her. Besides, her younger sister Anne and brother Art became very sad when Jen their idol was crying, which she has been doing a lot lately. As a matter of fact, Art did ask her yesterday why she cried so often. Thinking about Anne, Art and her mom, she decided to get up with a heavy heart and join her mom. Little by little her mood changed and before long she and her mom were engaged in small talk about the latest gossip at work: a young nurse was found in a compromising position in a room with a young doctor and the news spread like wildfire. They both giggled about it and then they proceeded to have their mom-and-daughter-talkathon.

Jen, her mother, Anne, Art all had a delicious dinner and then had some warm peach cobbler with ice cream for dessert. Jennifer was fast becoming a very good cook, rivaling her mom's skills. Cooking together, sharing a meal evolves into a communion of the minds and souls and seals the bonds among beings as a rule. In this family the kitchen was the center of gravity. It was where everything was debated, where the family got together and where the focal point of attraction resided. The mom decided after the meal to have a powwow.

“As you all know, Jennifer has this condition that is making her sick. It is hard on her and hard on me and in fact hard on all of us. She is fortunate in the sense she has all of us to support her. She also has the good luck that the disease seems to have been caught in its early stage and she stands a good chance of being cured. We went to see the doctor today and she will start chemotherapy soon. What it means is that she will be given some powerful medications to destroy the bad cells and unfortunately some good ones in her body. That very fact can take a toll on her body and at times she may feel sick. I expect all of you to be kind and help whenever necessary. Being sick is something a lot of times we can't control. What we can control is how we react to it. Having a good family to support you during an illness can make a big difference. I see it all the time at the hospital where I work. Patients who have relatives who come to visit all the time are treated differently and fare better. We are her backbone. Remember that during your dad's illness I explained to you even though you were much younger that staying together as a unit was most important. Now it is no different. Let's all join our hands together in unison and let's bow our heads down and ask the supreme being for his blessing and protection. We must remain strong. Jenny, we love you and are with you the whole way.”

With this her mom gives her a hug and they shed tears of love, fear, sadness for they knew all too well that disaster might be looming. Anne and Art joined too and everybody cried together

for a minute. Jennifer then broke the cycle. “This is the last time I will shed tears over this matter. I have resigned myself about the fact I have an illness. I did not choose it. People get sick and that is a fact of life. I thank each one of you for the support offered. I will instead concentrate my efforts on the treatment at hand. I will for sure participate in the patients' support group. I want to give this all I have. If I fail, it will not be because of lack of trying. Now let's play some scrabble.”

And on the family went with the rest of the evening spent playing scrabble, forgetting the illness and concentrating on living, enjoying life to its fullest extent. Try as she might, Jennifer's mind always harkened back to her days of good health; however, she wanted to move forward in a different way. She wanted to have as many days as possible like this one, affording her a positive outlook on her situation. In fact, she was committed to fight the disease so she could go on living, enjoying the company of her loved ones: her mom, her sister and brother. Before going to sleep, she gave a call to her best friend Arlene and they chatted happily. On her way to sleep, she made the resolution to remain upbeat and be ready for whatever came her way. She had a good night sleep unencumbered by bad dreams or nightmares.

She did attend a meeting of the support group. She was surprised to see two teens. People ranged in age from the teens to the older set. It was a good experience. The participants talked to each other about their condition, their experience with a given treatment protocol and the result so far. They talked about the side effects of different medications, where to find information to do further research. It was a trove of nuggets from a patient's point of view. The average person attending was very literate and everybody was upbeat about facing their condition. Each one agreed that the simultaneous use of supplements alleviated quite a bit of the unpleasant symptoms of the chemo. Several supplements seemed to come up again and again, the B vitamins to protect the nerves and other cells from the action against DNA by some agents, L-glutamine as a source of nourishment for the GI tract, the use of a diet with plenty of green, leafy vegetables, avoidance of animal fats and sweets. In fact, sweets were named as a culprit of the highest order; a new fact she learned was that malignant cells fed on sugar a lot. Several patients reminded the group to always check which IV was used during any hospital stay; always avoid D5W which was a solution of sugar. If anything needed to be kept in the back of one's mind, it was the following: do not let sugar into the system as much as possible. She thought immediately about the nice dessert she had not too long ago and realized that she had to make some significant changes in her regimen. A second fact that people in the group reported was that the underlying health of a patient made all the difference in the outcome of the chemo treatment. Having a baseline of good health, having good habits such as regularly exercising, eating properly made a hell of a difference; finally, having a good mental predisposition did also make a difference. In just one session, Jennifer got an earful of information first-hand. She felt rejuvenated and decided that this meeting was therapeutic at all levels: it was truly a support group from people with similar situations and sharing useful information, it was also psychologically therapeutic and attending a session gave the soul an uplift. Now she realized why the oncologist was so adamant about her attending the session. She began to have a good feeling about his clinical acumen. She was already impressed with his bedside manners. Several of the participants made the same observation: he was a good, attentive clinician and well respected by his peers. Jennifer felt that this could bring good karma. An open-minded, attentive clinician with good bedside manners was what the doctor ordered, so to speak. For the first time since she had received the bad news about her condition, she was feeling upbeat. She couldn't wait to get home and discuss her findings with her mom.

She was on her way home on the bus when her phone rang, and it was the last person on earth she expected to hear from: Rich!

“Hello Jen, I am sorry. I behaved like a jerk.”

“No kidding. What has gotten to you? Did you find religion?”

“I now know what it feels like to be sick and abandoned by your friend.”

“What are you talking about?”

“I was scared when you told me you were sick. I felt very uncomfortable with the idea.”

“I see.”

“I also broke my leg while playing football and I am at the hospital with a blood clot in the leg.”

“I am sorry to hear about your own illness. This can be a lonely feeling. People in good health have no clue what it is like to be sick. Young people especially regard sickness as a plague to flee from and they want to run away from anyone who is sick. Well, we all sooner or later will be sick, whether we like it or not. I can only hope you recover well and quickly. I have my own illness to contend with. I will see you around.”

“Does that mean you don't want to hear from me? I admit I was a selfish being and I showed no compassion to you, but at least I now confess to it and I need your friendship. I want to reestablish what we started.”

“Well, Rich, my priorities have changed over the past few weeks. I was crushed by your behavior, but I have gotten over it. You probably did not care much for me, and I was merely one more chick that a jock was having a fling with. Don't expect me to look forward to being put in the same position again.”

“You are perfectly correct to feel this way. I guess I will have to prove otherwise to you. All the same I promise to keep in touch if you will let me.”

“Again, I will be busy taking care of my own issues. That is number one on the list. I suppose you can call and if and when I am not busy, we can talk but that is it.”

“Well, talking to you for now will be good enough.”

The call awakened some dormant feelings. Even though the infatuation was waning, or so she thought, the sound of his voice still brought butterflies to her chest and that stumped her. She certainly was no longer as naïve as before, yet... She was thinking about this when the phone rang, it was Arlene. “So did it go well?”

“It was well worth it. I am so glad I went. I learned a lot from the other patients.”

“Good,” then Arlene continued, “did you hear what happened to Rich? He was injured in a game. He broke his ankle at several places. He now has a blood clot in his leg and he is in the hospital.”

“He called me a few minutes ago from his bed at the hospital, apologizing and wanting to rekindle the friendship but I am not ready for this. He was just a creep.”

“So you know, right after the news broke that you were sick, he started going out with Megan. Word has it that they had a fight because she was double dating him; she had a relationship with another jock. They broke up one week before the injury. Just be careful with him. See you later.” Jennifer took the advice to heart and decided to place Rich on the back burner. At least that was her plan.

Welcome to girls' talk where any news spreads real fast. The present and future looked brighter to Jennifer. Things were beginning to click together. She reached home and gathered everybody together at the kitchen. “I had a wonderful session with other patients, some of them are my age or there about, and there are several changes I need to make in my lifestyle. For one thing I need to eat more vegetables on a very regular basis. In fact, we all need to because Mom

will benefit, I will and all of us will also. Besides that, I need to start to exercise on a regular basis. It would be a good idea to walk as a group whenever possible. The last leg is the diet. I will have to cut back significantly on animal fats and sweets. The cancer cells feed off sugar and I have no intention of making life easy for them. So please Mom, no more cheesecake or peach cobbler or ribs for that matter. It was fascinating to observe how much information I was able to get in just one session. The patients volunteer information freely and the atmosphere was pleasant and encouraged this kind of interchange. I am feeling really good about this whole thing. I need everyone's understanding and help on this matter.”

As a result, the family decided to go along with the program: in for a healthy diet and routine of exercise; out for the consumption of a lot of saturated fats, animals or otherwise. Once the group decided to do it together, it made it that much easier. Jennifer felt that the pieces of the puzzle were fitting well. She retired to her room to do her schoolwork. Once she finished with it, she began to read the chemotherapy regimens. She saw that as a group they kill cells that divide rapidly; malignant cells behave as such. However innocent cells in the body like hair, skin, gut do the same and are susceptible to damage. Being proactive made a lot of sense to her. Dealing with potentially lethal drugs mandated every precautionary measure. She read all the literature provided to her by the doctor and was still ambivalent about radiotherapy. Her next step was to discuss it with her mom and see how she felt about radiotherapy. Except for this reservation, she felt very upbeat. The phone rang, it was Rich. She hesitated to answer it.

“Hello Rich, I can't talk now, I am busy.”

After hanging the phone, she wondered if this was true remorse from him or crocodile tears. She was not in a hurry to find out. She went to sleep anticipating the next day's procedure: the insertion of the special catheter. When she arrived at the hospital, she asked the surgeon to be ever so careful; she didn't want to develop another infection behind a surgical procedure. The procedure went without a hitch and for the remainder of the time the catheter was inside her body, no complication ever arose.

She did everything by the book: she exercised regularly (walking and jogging), she curtailed her intake of sweets, animal fats and took her supplements as ordered. She had none of the dreaded complications like hair loss, diarrhea, numbness of the extremities or discoloration of the fingernails. However, she developed a nausea that was persistent. At times it was unrelenting and made her feel miserable. For a time, she was unable to eat or drink much and subsequently became dehydrated. She had to be hospitalized for it. In her room the second day, she received a bouquet of flowers from Rich. It gave her a pinch in the heart. He was really trying, she thought, and it occurred to her that maybe she ought to give him a second chance. Just maybe. He also sent a card that said: “I can say I know what you are going through for I have been there myself. Yes, being sick is a lonely journey. I just want to be part of the inner circle that you can count on.”

This was nice, she thought. Being part of the inner circle was a different matter. It was not a God-given right but one that had to be earned. She was thinking about her past six weeks of life. She was a debonair teen and now she was dealing with a complication of treatment. She has tried as much as possible to prevent it but still she had one. She saw the silver lining as the fact that it could have been worse. Some patients have profound bone marrow failure and worse. She was determined not to shed a tear; it would be useless. It would not change anything. A covering physician for the oncologist came in and introduced herself. She didn't stay long and did a cursory exam. Jennifer was nonplussed. She was accustomed to being properly examined and talked to by her treating physician. She was miffed. A few hours later, she felt hot and had shaking chills. Her temperature climbed to 101.8 F. Blood tests were done. The next day when her regular doctor



came in, "I am sorry to tell you the blood cell count has dropped to an alarming low level. I am afraid you have an infection."

This was a disappointing news. Another complication. He did examine her and requested a chest X-ray because he heard some abnormal sounds over the lungs. "I want you to know that the covering physician stayed very briefly and didn't examine me the way you normally do." She emitted these words with quite a bit of bitterness. This was all the worse when the X-ray came back with a pneumonia, another complication. Then the sign of "Reverse Isolation" to protect her from others who are sick became affixed to her door. Anyone entering her room had to wear a mask and gloves. Suddenly, she veered from a young person with a healthy immune system to one with an abnormal one. She couldn't help but conclude she shared a special kinship with complications. All the positive core she had amassed to help her face the disease evaporated away instantly. She felt so vulnerable and needy. For the first time, she doubted whether the outcome would be to her liking. Her mind was drifting back and forth over her situation when her roving eyes stopped at the sight of the roses.

It was another fork, and she was wondering what she should do next, call him to thank him or let him come to visit or what. She was debating the point in her head when he suddenly appeared with a get-well balloon to boot.

"Hi Jen, I want to wish you a rapid recovery!" Rich was bubbling and his exuberance was infectious, festooned with a mask, gloves, and all.

"Thanks. That's kind of you." No support could have come at a more propitious timing. Jennifer felt a melting of the ice in a sense. Jennifer noticed that Rich's body language was different in his approach; he was more attentive, and he appeared sincere.

"I owe you. I want to make amends."

"You know what Rich, I don't care for pity. This time I do have something catchy; it is called pneumonia. Feel free to run away from me as far and as fast as you wanna." She said the opposite of what she was hoping for. She ever so subtly planted a bait and wanted to see what his reaction would be. Years later, she would wonder how she came up with this clever trick.

Instead of running, Rich took her hand and kissed it. "I did run once before, and I lived to regret it. I felt lonely on that hospital bed. The shoe was in the other foot. I want to treat you the way I would have like to have been treated when I was sick."

She instinctively withdrew her hand after the kiss. She wanted, but was still fighting the tendency, to engage in mushy stuff with Rich. "Not so fast. He had to court you this time and earn his way," an inner cerebral voice was telling her. "This is the type of balm you need," her heart was telling her.

"I want to be honest with you and tell you the truth, the whole truth and nothing but the truth. I always did like you. After we had gone on the date and you told me about your condition, it just freaked me out. I couldn't conceive of the notion of illness. When I met you in the hallway in school, I felt uncomfortable; your cold shoulder did not help matters. Instead of trying to patch things up, I compounded it by looking for pleasure and turning my back. Well, Megan was not loyal; she was also dating another football player and when I discovered it we had an argument and she laughed at me. When I became sick and was hospitalized, she sure did not come to visit. This was a wake-up call for me. Being a strong jock doesn't protect one from being sick. I look at illness now from a different angle. The episode also made me see how selfish my behavior was toward you. If for no other reason than to make amends, I am here today to confess my sinning. I want you back. I care about you, and this is the truth. In fact, I want you to get better so we can go to the Prom together."

Prom? That was a real catnip, she thought. She could come up with all the reasons in the world to reject this offer. All the same she also appreciated the flattery in all its pith, the type of antidote her soul needed in this dire moment. She was too vulnerable and emotionally drained not to accept. She was recently romantically rebuffed too bluntly not to be careful. It was obvious that as a jock who has his share of girls to go out with, she wondered how long his interest in her would last. She figured the best way was to stall and buy time while at the same time wanting to say, "Yes!"

"Well, Rich, I have no way of knowing which Rich I am talking to now. Is this the result of a spurned ego by Megan or a contrite Rich full of remorse? Only you know. I do know this: I have come to terms with the fact I have this illness."

He put the balloon on the windowsill. Rich pulled a chair so he could sit closer to Jennifer. He gently reached out and held her hand. This time, she didn't withdraw it. The warmth of his palm against hers did indeed bring a fillip. "I am sorry. I was inconsiderate." They remained in this position for a while. He kept gently rubbing her forearm with his left hand while holding her hand with his right palm. This unbidden companionship on this very day had a calming effect. So much that she took a quick nap. When she awoke, a bit of embarrassment about napping in his presence slipped in, "Not so fast. Let me think about this." Never mind that during the nap, images of her in a gown and Rich in a tux in a limo on the way to the Prom had given her a most welcome exhilaration.

"Well, my dear, take as long as you want. I do not want to rush it. I want you to feel comfortable with the choice you make." He kissed her hand again. "I will come back tomorrow," and he left. Rich's visit did bring some respite that lasted till the evening when she fell asleep. Unfortunately, and in keeping with the trend, the respite was a short-lasting lull.

Jennifer had a stormy night; she coughed violently and had a fever of 102.4 F. Her oncologist requested a lung specialist to come and evaluate her. The specialist came in the evening. He was asked to see her ASAP due to her history of complications and recent chemotherapy. He did a very thorough examination and asked a lot of questions. He changed the antibiotic regimen she was getting, gave more oxygen and ordered some agent to break up the mucous she was producing and also ordered some agent to open the airways. She gradually began to feel better.

Jennifer experienced first-hand the benefit of emotional support from a caring companion to counter a physical illness. The following day when Rich came, she was too sick to engage in much of a conversation. His hand-holding and gentle touch of the forehead and forearm did wonders to her soul. Rich supplemented the ineluctable motherly devotion with the unique deftness to rosin the violin bow that only a warm-hearted companion can provide. The following night, she had fewer coughing spells and was able to sleep. Her condition improved on a daily basis till she left the hospital. While an inpatient, she meticulously checked the type of intravenous fluid she was getting, always declining D5W. Rich, on the other hand, visited every day, always making sure he kissed the hand. He accomplished by deeds what words alone wouldn't suffice to convince and in so doing left a lasting good impression on Jennifer's mom and her best friend Arlene. By the time she left the hospital, she and Rich had resumed their relationship.

Jennifer's life was now moving in a direction she felt comfortable with; she had her boyfriend back, the chemo was on hold because of this most recent hitch. She will resume it once the pneumonia cleared completely and her condition warranted it. She no longer asked, "Why me?" but instead "How can I prevent the next complication?" At the first support group meeting. She discussed her experience with the pneumonia and wondered if anything was available to help the immune system. Someone came up with the idea of Epicor; the person stated that she noticed

that adding it to the regimen did make a difference in reducing the incidence of upper respiratory tract infections. She decided to do some research about it and what she did find was indeed interesting. It was a readily found product, inexpensive, that had the property of boosting the immune system. She imagined that every little bit helped, and she decided to add it to the daily regimen; she couldn't be too cautious.

As her condition improved, she resumed going out with Rich. At the same time, she had to make some changes in their culinary consumption. A pizza place to hang out at replaced the ice cream parlor. Avoidance of sweets remained a fixture in her mind. Water replaced soft drinks. Rich had to adjust to it. There would still be a crowd of high school teens at the new venue, sure to spread the news about Rich and Jen going together again. She and Rich became close, and they called each other every day now. He became the shoulder on which she could now rest her head literally and figuratively. She became a loyal woman with whom he felt comfortable with. High school sweethearts they were.

A routine milestone in the life of teenagers held the importance of a capstone of her recent life ordeal. She couldn't any longer assume that she would be healthy and ready to reach the altar called the "Prom." Lately she has had a cascade of life-altering events: riveting but fleeting joy, wiped out, filled by melancholy, returning hope stunted by unexpected complications. The chemo treatment amounted to her personal cliffhanger. Would she be a warble singing the praises of her success or the siren cooing the blues? The dénouement of this dispiriting calvary kept weighing on her. She wanted to harness all the energy needed and the allure of participation in this celebration increased as time passed. She wanted to cackle so much with elation and not brood in commiseration and acting like a nervous Nellie. "No need to harrumph," she kept reminding herself, "there is plenty of necessity to prepare for the worst and hope for the best." That maxim became a sign-post affixed to the wall above her bed, her North Star as it were.

The remainder of the chemo went without any more complications. She also received radiotherapy. Her life has returned as close to normal as could have been expected. As school was progressing and the Prom celebration was becoming a closer reality, efforts toward its success multiplied. As has become the norm among teens, Prom doubles as epicurean both in cosmetic as well as cosmic proportions. This burst out of the seams of a cocoon known as adolescence carried this type of momentum.

No longer a virgin and now using a diaphragm and a condom as contraception with Rich respectively, she wanted to be part of such a hedonistic weekend. She teamed with Arlene and her boo and both couples rented a chalet for a weekend. Expenses were split, starting with the limo. Of course, Jennifer and Arlene encouraged each other to purchase the slimmest thongs and most risqué negligees to add spice to the excitement, jettisoning any leftover prudery. Of course, all this was under close wrap. Just in case if any of it was discovered by her inquisitive mother, she was ready to provide the riposte of the playful, "Why not me?" instead of the oft-expressed rueful jeremiad of "Why me?"