

## **“A Good Harvest”**

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I'M GOING TO BE harvested in six weeks.

On a conference call with Cheryl Shumaker, from the Community Blood Center in Appleton, Wisconsin, and a Dr. Podlusk, I learn that the transplant recipient is a 60 year-old male with Non-Hodgkin's Lymphoma, which, says Dr. Podlusk, is a lymphatic cancer.

Under general anesthesia, they'll take the marrow out of the upside of my butt –the bilateral posterior iliac crest of my pelvis. As I speak into our cordless phone, I pace, further matting down our study's cream berber carpet, and intermittently jot notes on a slip of paper.

They'll make a few small incisions in my skin, a bit bigger than a pin point, and force a specialized hollow needle into the bone, through which a syringe will vacuum out the marrow, which can clot as it's sucked so they'll reangle and reinsert the needle into unharvested bone until they have enough marrow. Apparently it's a liquidy, jelly-like substance, which will regenerate. The bone will heal.

They tell me about the weeks leading up to the harvest: the physical, the blood draws, the blood donations, the EKG, the x-ray. Today is March 10th. They're scheduling the harvest for April 18th. I have six weeks.

"Once we get this process started," says Dr. Podlusk, "don't go jumping out of airplanes or doing any kind of risky behavior."

Apparently, they kill off the recipient's marrow in preparation to receive mine, without which he may die. I tell them I'm traveling to Ethiopia later this month, that we're adopting.

"Just don't get run over," he says.

My surgery will be in Milwaukee, a seventy-mile drive from our home in Madison.

They'll give my wife and me a hotel room, even buy us dinner. "Just be at the hospital at six in the morning," he says.

I joke about the good treatment, and he pipes up again. "They see you as a specimen, not a patient. A patient they don't care about. You're a specimen."

I don't respond. All I can think of are Petri dishes and bacteria colonies and the term "protozoa" from seventh grade Biology class. Suddenly I feel like someone else's property.

We talk some more and I tell them, no, I've never been under general anesthesia. It may cause nausea, dry mouth, "And you'll have a one percent chance of not waking up," says the ever-sunny Dr. Podlusk. People can have allergic reactions to anesthesia, he adds, heart arrhythmia, lungs shut down and they can't pull me out of it.

He goes on. As a result of the harvest, small bone fragments could enter the blood stream, get lodged in the lungs, develop an embolus, a clot, and shut off the lungs' blood supply. This would happen anytime between two to four weeks after the surgery.

I then tell them I have a heart murmur. Dr. "Doomsday" Podlusk doesn't let me down. If the murmur is a septal defect, bone fragments could go into the left side of the heart and go to the brain, cause a stroke. This would happen pretty quickly after the procedure.

I'll almost certainly feel pain as a result of the surgery – some get it worse than others. Then of course infection is a concern. Skin would turn tender and red.

Even with all this, there's still a chance that the marrow won't take in the recipient.

I press the phone's off button and start calculating how much it will cost to support two children and a widow for the next twenty years.



I'D ALMOST FORGOTTEN I was even in the bone marrow registry, though I'd been carrying the bar-coded card around in my wallet for years and I once showed it to Cynthia, my wife, in passing. I'd participated in a donor registry campaign in Oshkosh in the late 90s. When a local university student was diagnosed with a deadly disease and he needed a bone marrow donation, someone ponied up a grant to quickly procure possible donors. Without thinking much about it, I stood in line with hundreds of other people to give my name and have my finger pricked and my blood catalogued.

Seven years later, I'm a match. And yet I'm not completely sure why I'm doing this for some 60 year-old man with Non-Hodgkin's Lymphoma, a stranger.

What I can tell you is that Cynthia and I didn't talk about this decision much. She'd answered the phone when Cheryl called the first time, late last summer, informing us of the recipient's need and the possible match. I hadn't even put down my shoulder bag or slipped my shoes off when Cynthia came to the door and told me about the call. We both responded, strangely, as if we'd just heard news about a loved one's pregnancy or promotion – with delight. We quickly agreed that life after saying no to a donation would be much less appealing than life after saying yes with the knowledge that we might help someone. Rather than fear, we each felt curiosity and sensed, with a kind of spiritual wanderlust, that this was an opportunity for adventure. It helps that our venturousness thrives on naïve optimism: even later, after I told Cynthia about the conversation with Dr. “Doomsday” Podlusk, the possibility of dying still seemed so remote to us as to be impossible.

After that first phone call from Cheryl I had blood drawn to ensure that I was in fact a match. A receptionist escorted me to the dark basement underbelly of a clinic in Madison, drab and undecorated, extra boxes and stock stuck in corners. The rooms and halls were silent and, for the most part, unpopulated – perfect, I thought, not for a blood draw but for conducting some secret government study on 32 year-old bearded white guys like me.

In a consultation room, the lab director read through the marrow donation instructions and sorted through the packaging and vials, paging through the materials repeatedly. Clearly, this wasn't something he saw every day.

With everyone we came across – lab technicians, nurses – the lab director was sure to ask, "Did Mark tell you what he's doing? He's giving to see if he's a match for a bone marrow donation."

I leaned back in a plastic chair. My right arm, pinched in a tourniquet, lay on the armrest as a lab technician pushed a needle through my skin and into a vein. I turned my head away and looked to the lab director. He told me the odds of matching a recipient and donor were something like five or six million to one (I later learned that well over 2,000 people receive bone marrow donations each year; do the math and you'll find that at his odds there aren't enough people in the world, much less on the bone marrow registry, to match 2,000 patients with donors.)

My blood draw seemed to really make his day. Repeatedly he told me how great it was that I was donating. But the dangerous thing about everyone saying that what you're doing is great, that your decision to help is wonderful, is that you start to believe them. Concern for others begins to feel abnormal.

But, I told the lab director and other staff, I would want someone else to undergo the same bit of pain for me, if I was sick. And yet these words sounded contrite to my ears, even as they left my mouth.

Two months after the blood draw I received a letter from the Community Blood Center telling me that they'd further typed my blood tissue and concluded that I did match the recipient. But he, the letter said, was "not ready to proceed to transplantation."

Then in February Cheryl called again, this time to tell us the recipient was finally ready.



I WANT THIS WHOLE thing to feel normal.

In fact, Cynthia and I want so much to see this donation as normal that we don't talk about it much. "Normal" events or decisions don't demand sleepless nights of whispered intimacies and hard looks and prolonged silences punctuated by sighs, folded arms, and head-in-hands mulling. Our choice to donate isn't a decision we've wrangled over.

But now, in our home office, two days after Dr. Podluský’s crash course on lymphatic cancer, general anesthesia, and septal defects, I study paperwork from Cheryl, which she rushed Federal Express. Some of this I saw back in September, at the blood draw: consent form, notes on procedures, confidentiality, acknowledgement that this donation will result in absolutely, positively no direct benefit to me. I discover a Donor Insurance Summary informing me that if I die as a result of the donation, Cynthia and the kids will receive half a million dollars. I think about Bekalu, the five-month old boy we’re adopting. We leave for Ethiopia in three days to become his second set of parents. And Nicola, our two year-old daughter who gazes at me each night, wide-eyed as she comprehends more and more our stories about princesses and talking animals. I don’t want to put their security at risk – Dr. Podluský needn’t worry, I’ll not be jumping out of any airplanes – and yet, as their father, I want to show them where love can take us.



SEVERAL WEEKS LATER, WHILE driving, I realize that I rarely thought about the marrow donation while in Ethiopia, what with meeting Bekalu at his orphanage and managing our family’s travel. We spent most of our time in Addis Ababa eating *injera*, a bubbly flatbread, and spicy stews, visiting churches and plazas and watching Oromo dancers, and getting to know our son, the little boy emerging from behind that wide grin and those bulbous cheeks.

But now I turn my car into a slot at the Plank Road Clinic in Milwaukee. Here I’ll have a physical and they’ll test my blood for HIV, Hepatitis B and Hepatitis C, West Nile Virus,

and sickle hemoglobin, among others. At another hospital I'll get an EKG and a chest x-ray. Today is April 6th. I have just twelve days.

The irony is that I'm wondering if I already have campylobacteriosis, a bacterial infection, a gift from Bekalu. Cynthia's been diagnosed with it. Suffering from diarrhea, dehydration, and achiness, she had a miserable time getting home from Ethiopia. (Fortunately, Nicola seems to have been spared.) So, after flying more than thirty hours from Addis Ababa and then accompanying Cynthia and Bekalu on several visits to the emergency room and a couple of hospital stays – during which I didn't sleep for three days – I'm making my own medical visits.

The physical is uneventful and surprisingly quick. I hand the doctor a letter from my Madison physician regarding my family's bout with campylobacteriosis. Just to be sure, I also give him a report on the echocardiogram I had last year, and I say, "I have a heart murmur and I'm allergic to aspirin and medical tape." After the physical I cross a hallway to a lab where a woman draws several vials of blood from my left arm.

I then drive to nearby Froedtert Hospital and Medical College, find a spot on the second level of a parking garage and walk across an enclosed pedestrian bridge. To my left is a construction site for what will be, a sign tells me, a new cancer center. The "Medical College" name reminds me of trips I made years ago to barber colleges for five-dollar haircuts, none of which were successful, and I wonder about how anyone ever gets to perform his or her first bone marrow harvest.

I have multiple pre-op consultations and a heavy-set white nurse with purple pants and black tattoos lining her forearms gives me an iodine scrub – a wet, rust-colored sponge encased in plastic wrap – to clean my lower back the night before the surgery.

“By the way, I have a heart murmur and I’m allergic to aspirin and medical tape,” I tell her. She nods and then sticks electrode patches on my bare chest and back and turns a few knobs on a wheeled machine, hooks wires to the electrodes, and I get to watch my heart, translated into lines forming peaks and troughs on a digital screen. After several minutes, she shuts off the machine and removes the electrodes, but misses one and I peel it from my body later as I pull my t-shirt back over my head.

Dressed in a hospital gown and in another section of Froedtert Hospital, I watch court TV before entering an x-ray lab. I stand, holding a shield – what I imagine feels comparable, in weight and texture, to a bullet-proof vest – in front of my groin, as a woman takes pictures of my chest cavity. I think about radiation and fertility and cancer.

Then I tell Jamie, a smiling, spirited physician’s assistant who smells like lilacs, about Dr. Podlusk’s foreboding concerns. She looks at me cross-eyed.

“We never tell people that,” she says. Jamie hasn’t even heard of some of the risks Dr. Podlusk catalogued for me.

I like Jamie. A lot.

She then walks me through some consent materials and fills me in on the surgical procedure. She even demonstrates the harvest using a model pelvis pierced through by a long needle, like a knitting needle puncturing a large cantaloupe, only my own midriff melon will be attached to my spinal chord, which will, with great efficiency, let my brain know that these punctures hurt like hell.

Jamie has me sign a consent form acknowledging that I am aware that if I choose to pull out of this process after the recipient begins therapy to receive my marrow, which I am free to do at any time, “the consequences to the recipient will be severe or fatal.”



BECAUSE SOMEONE AT THE physical in Milwaukee checked the wrong box and clinicians tested my blood improperly, I have to go to my local clinic for an extra blood draw. This after I spend the morning at an urgent care clinic sick with the same bacteria, campylobacter, affecting Cynthia and Bekalu.

Then a few days later I have to return to the local clinic. More bloodletting. Now they want to make sure I don't have malaria. On the phone with Cheryl I roll my internal eyes and insist that I only have a bacteria. And, I tell her, we hardly even left the capital city while in Ethiopia, so mosquito bites were unlikely. But I go to the clinic anyway.



SIX DAYS BEFORE THE harvest Cheryl calls again. She says they’ve decided to postpone the surgery one week, until April 25th, because of my bacteria. Poor recipient must be wondering what he’s gotten himself into with me, what with all the travel and my infection.

Then, I give one pint of blood at the local Red Cross, what they call an autologous donation. They’ll ship the blood to Milwaukee and I’ll get it back after the harvest.

In the recovery area I read the comics and contribute, sparingly, to a crossword puzzle sitting on one of the small, round tables set up for blood donors, each of which contain a snack platter, napkins, paper cups, and plastic knives. I eat Bucky Badger cheese spread, which tastes like whipped merlot and cheddar, on oblong Ritz crackers, ravenously, along with raisin oatmeal cookies, and Easter-basket chocolate pasted with peanut butter, and I drink two glasses of water.

Here I have a ridiculous moral dilemma about whether or not I should wear the “Be nice to me. I donated blood today.” sticker because I’m really just donating the blood to myself.

When I thank a pewter-haired Red Cross volunteer for replenishing the refreshments, she smiles and says, “No, *thank you!*” further exacerbating my moral dilemma.

I return home and, laughing about my sticker quandary, Cynthia says, “When you have the surgery you should get a sticker that reads, ‘Be nice to me. I donated bone marrow today.’”

Then just a few days before the new harvest date I give a second pint of blood and feel a bit woozy after this one, so close upon the last pint. This isn’t normal procedure, but I need to squeeze these autologous donations in well before the surgery so that my body can replenish itself.

Again I chow down – this time even more aggressively as no kindly volunteer oversees my feasting – on chocolate chip cookies slathered gratuitously with peanut butter, and more Bucky Badger cheese spread and crackers. There are no “Be nice to me…” stickers available.

I feel very much at ease and look at a bulletin board of Polaroid images, one smiling man or woman in each image, sitting in this room, black gurneys, blood bag dollies, tables full of medical equipment, and blank walls behind them. On the bottom of each image is a hand-scrawled tally: 2 gallons, 6 gallons, 17 gallons, and so on.

... Then I receive a two-sentence letter from the Mayo Clinic, via my medical provider. The verdict is in: I do not have malaria. I am still a good specimen.

... Then it's just two days before the harvest, a Sunday afternoon, and I'm reading the newspaper when Cheryl calls again. We're becoming good friends.

"I'm afraid they've postponed the harvest again," she explains, because the recipient, who was traveling a great distance to his assigned transplant center, showed up late and somehow lost his bed to another patient. I tell Cheryl that I find this odd, but roll with it in light of my own travel, bacterial, and malarial misadventures.

They tentatively rescheduled for May 8th, putting us more than thirty days after my initial physical, which, Cheryl says, may mean that I have to have another one. But, she adds, she'll lobby to have the harvest sooner.

... Later that week I ask Cheryl, "So, how late is 'late,' exactly?"

Apparently, the recipient's transplant center is quite busy, she says, and he happens to be in decent health, even though he's choosing to receive the donation now. So when he was late, the hospital decided to pass him over for a needier patient. But they did reschedule. Fortunately, she says, the harvest is now set for May 4th and there's no need for another physical.

The recipient is to check into a hospital five days before my harvest so that he can start receiving treatment to kill off his marrow. I tell Cheryl I'm confused because it's been

my understanding that he’d need at least seven days of treatment before receiving my donation.

She commiserates – “Yeah, I’ve never had this happen before. I don’t understand it either.” – and says, simply, that people do things differently.

Cheryl seems too understanding. Conspiracy bells clang and peal in my head and I think again of the Madison clinic for secret government studies on bearded white men. Just a few weeks ago, for no reason apparent to my conscious mind, I watched the 1978 classic *Invasion of the Body Snatchers* with Donald Sutherland and Leonard Nimoy and other snatched stars. So I can’t get images of screaming snatched people out of my head, and I begin to wonder about the identity of this enigmatic 60 year-old male whom I’m forbidden to meet.



TODAY IS MAY THIRD. I’m being harvested tomorrow.

Cynthia and I eat at the Water Street Brewery in downtown Milwaukee, near the river. It’s Wednesday night so the pub is fairly quiet as we watch the Brewers and Giants on a nearby television, behind the bar, though they’re playing just a few miles away at Miller Stadium. Our table, next to a collection of beer tap handles in a glass case, is separate from other diners. So we’re glad not to get disapproving frowns as Bekalu babbles and spits-up. Nicola is at home with Cynthia’s parents.

At one point, Bekalu reaches from his high chair and nabs a plate that’s much hotter than he’d anticipated, so we take turns bouncing and comforting him. He throws his head back and sobs.

I order the rib eye steak, she has the grilled salmon and we decide to share. We choose turtle cheesecake for dessert, though we start with fried mozzarella wedges as an appetizer – not mozzarella sticks, but four-inch triangles, wedges, of cheese, five of them, breaded and deep fried, very greasy and served very hot. Must be one-half pound of cheese on the plate, which we chase with freshly brewed beer, a Water Street Amber for me and for Cynthia an Old World Oktoberfest, and then we split a second amber. If I’m to have surgery, I’m glad I’m having it in Wisconsin and I’m glad it’s on someone else’s tab.

At five o’clock the next morning, in room 418 of the Wauwatosa Radisson Hotel in West Milwaukee, I’m sitting on the edge of my bed. One small, bedside lamp reveals beige walls patterned with lifeless shadows. Bekalu sleeps in a crib in the corner, though he was up several times so we slept only a few hours – he still wakes up three or four times a night. Cynthia is dressing in the bathroom.

I realize that last night I was deeply indecisive and insecure. Tentative in my driving, my directions, even my choice of parking spots. I couldn’t decide what to order for dinner. I felt suddenly incapable of most anything, of my ability to independently survive.

The surgery is intimidating to me.

Suddenly, I know that I don't have much control over my life. Within me lies no real agency or ability, for my life is in the hands of the anesthetist, the surgeon, and so many others at Froedtert Hospital whom I'm trusting to have a good day. I've no idea how I'll react to anesthesia. I slept last night on a bed that empowers me to dictate the firmness of my sleeping surface – I think I'm about a 56 on the Sleep Comfort Sleep Number Bed – and yet I am not in control of today's results.

This day is not my own and I am willfully taking a step, for another's benefit, a step that will cause me pain and put my life at risk.

*But I want all of this to feel normal, I think to myself.*

I recall that my Red Cross Volunteer Blood Donor Card says I have type O blood, which gives me Hero status because O donors are universal donors – anyone can receive their blood if necessary. They can help anyone. Everyone.

And I recall that as a grade-schooler I wanted to be a hero. I spent countless hours riding the school bus in silence, watching landscapes pass, daydreaming storylines in which I was a hero, saving girls in my class from danger, from hostage situations, from kidnappings, from a tornado. Even while handicapped in my chivalrous knighthood by a

bowl-cut and broom-handle biceps, I wanted to carry a 10 year-old damsel off into the sunset, in a Pontiac Firebird steed, or at least die trying.

And growing up Catholic I contemplated Jesus' lifeless, chalky form on a cross, two stories above me and our church altar, and every Sunday I wanted to be him. I was told and I believed that his death was the ultimate show of love. And, inherently, I learned that I was a failure at such love. So I yearned for the satisfaction of a life well-lived, and even the guilt-alleviating admiration that comes with martyrdom.

Cynthia finishes dressing and quietly enters the room. Bekalu stirs.

*Who the hell do I think I am doing this, any of this, doing this to them?*



WE FINALLY MEET CHERYL, in the waiting room. She has graying blonde hair, speaks as kindly in person as she does on the phone. We learn that she's a mother of three daughters, whom she's going to meet this weekend at a cottage up north. We also discover that both she and the courier, who'll personally deliver my marrow to its destination, also stayed at the Radisson last night.

We ask Cheryl about other harvests, how many she coordinates. She says that several years ago they had in fact "lost" a donor.

She pauses.

Then, “Oh, but that was a long, long time ago.”



I WAKE UP IN a large recovery room lying on my side and three thoughts scamper through my head: *I feel like I just had a good cry. I have a dull ache in my lower back. My throat feels like someone scrubbed it with a Brillo pad.*

I hear electronic beeps and murmured medical-speak and clanks of metal and plastic and I see other beds and nurses in blue passing by. It dawns on me that they did in fact put me under.

*I missed it, I think. Now my bone marrow is on its way to some man I'll never meet.*

Deb, the forty-something, sandy-blond anesthetist, said earlier this morning as they prepared me for surgery that she may just decide to give me local anesthesia combined with a light sedative, just enough to help me not remember the surgery. My scratchy throat tells me that she and the surgeon decided otherwise and put me under.

I remember undressing and tying on a hospital gown while talking with Cynthia as Bekalu slept in her arms. Then being questioned and briefed by a younger nurse named Tiffany.

“Have you eaten anything today?”

“No.”

“Any fluids after midnight?”

“No.”

And then I volunteered, just as I had to most everyone I’d met since day one: “I have a heart murmur, and I’m allergic to aspirin and medical tape. Use paper tape only!”

Next a nurse dug an IV needle into the back of my left hand and a third nurse drew blood from the crook in my elbow, all quite quickly as the crew was running late for the 7:30 surgery. Then Deb the anesthetist spiked my IV drip.

I remember saying good-bye to Cynthia and Bekalu and thinking that if I die on the operating table today, Bekalu and Nicola lose their father. Cynthia loses a husband, though in exchange the insurance policy would kick in and give her half a million dollars.

All this risk to help a man I’d never meet.

Just before they wheeled me to the operating room, Deb let it slip that this anonymous bone marrow donation was “out of country.”

"We're going somewhere," she added giddily.

*I had no idea, I thought.*

I had just assumed the recipient of my marrow lived somewhere in the United States, even within Wisconsin. With Deb's disclosure, I suddenly felt as if my marrow could go to just about anyone, anywhere in the world. Maybe some artist or athlete or Nobel Prize winner, or maybe some head of state.

*Tony Blair has looked a bit peaked of late, I thought.*

And then I woke up.

Now, as the anesthesia dissipates and my recovery-room world comes into focus, a thunderclap of a thought disrupts my internal order: *I have no idea what kind of man the recipient is.*

*What if he's not the saintly grandfather I envisioned, the man who hundreds of people will dearly miss if he loses this battle with Non-Hodgkin's Lymphoma?*

*What if he's actually a very evil man? Some despotic ruler of a small, fledgling nation on the brink of war and chaos?*

*What if he cheats on his wife and ignores his children and embezzles his country's tax dollars?*

*What if he spits on homeless people, and then enslaves them to make his food and clothes and palaces and sequined shoes made out of alligator leather, which he wears while hunting threatened species of birds with a rifle purchased with money made in a blood diamond operation?*

*What if? What if I've put myself and my wife and my kids at risk so that some scheming, foul reprobate can further augment his supreme-bad-guy-in-charge rap sheet?*

*What if the recipient of my bone marrow is a man I'd never actually want to meet?*

My bed begins to roll and I hear a woman's voice say, "They liked your bones," and something about my pelvis that I can't quite make out. I look up and discern several people striding alongside me, the white tile ceiling passing behind them. The same voice then says, "Usually people get a cart after surgery. They gave you a good bed because you're a donor. And because of your type of surgery."

I've apparently done a good deed, and yet the thought of this despot makes me want to withhold my gift, stubbornly demand that he ace some lengthy character-assessment exam, complete with multiple-choice questions about multiculturalism and baby seals

and sex, and essay sections on personal hygiene, and on the drawbacks of fascism in small, fledgling nations, all in the name of earning my tissue.

*Did I donate because I assumed the recipient was worthy of my gift?*

*Or, did I hope to become that chivalrous hero, that gallant knight that I've always yearned to be, ever since kindergarten?*

After returning to the day surgery recovery areas, I find that I can sit up slightly. When I bend or lift my legs, my back strains. But the discomfort caused by the anesthesia is actually worse than the back pain. So now I'm sleepy and groggy. It's a little after 10:30am.

Cynthia and Bekalu join me in day surgery and I'm glad to see them.

Maybe in the end giving just feels right, like the taste of a steak and Water Street Amber while watching the ballgame with someone you love.



AFTER A FEW HOURS of listless television watching, talking with Cynthia, and sipping water, I stand, gingerly, to shuffle to the bathroom adjoining my room. Once in I'm fine, at first, bundling the front of my gown in my left hand so I can pee. But then I get very light-headed and break out in a sweat and, just as I begin to relieve myself, have to lean over and brace my right forearm against the wall.

I struggle to keep my balance. I let go of my gown and feebly stumble across the bathroom. To my door. I open it. Abruptly.

“I feel very light-headed,” I blurt out. “And. I’m afraid I peed all over the place.” Urine dribbles through the hair on my calves, down to my ankles.

LuAnn, my gracious, motherly nurse expresses no surprise or embarrassment. God bless her.

She helps me lie down on the foot of the bed, which slows the spinning in my head instantly, though I now feel chilly. I eventually wiggle my way to the top of the bed. LuAnn brings me warmed blankets and a device to warm my IV fluids and, after she connects it to the drip, my blood, from which I’ve been separated for about two weeks now.

It is very good to be reunited. My limbs warm and I begin to feel as if I just woke from a very long, cozy nap.



THEY’VE BEEN FILLING ME with fluids – IV drips, two large ice waters, two large apple juices, and my autologous blood. Not long ago I used a urinal instead of fumbling my way to the bathroom.

Late in the afternoon I eat a box lunch that they have on hand, here in day surgery. I mention pizza from the hospital cafeteria, but LuAnn assures me that, because of the anesthesia, I would likely throw it back up.

So I settle on a ham sandwich, vanilla pudding, Oreo cookies, and some Dole Yellow Cling Diced Peaches in a plastic bowl that says, “Peaches F- Greece” and “Packed in Thailand” on the side. As I gobble peaches grown in Europe and packed in Asia by a California-based company, my marrow is flown to some other part of the world by a mystery courier who also slept at the Wauwatossa Radisson, someone whom we could have easily bumped into or met. *The beefy young guy in the Izod, in front of us in line at the reception desk?*

At 4:30 Dr. Michael Paul enters the room. He looks like a thin Robin Williams, without the wry grin.

“It was a very good harvest,” he says. “You have good, hard bones.” They took 1,400 ccs of fluid, including blood and about two to three percent of my body’s total marrow, but it should regenerate over the coming weeks.

The surgeons used Durabond on my skin, on each of the four holes, a kind of medical superglue. He’d given me Ampicillan because of my heart murmur. Through the IV they’ve dripped 4,000 ccs of saline and 600 ccs of my own blood into my body.

When I ask him about the holes they made in my pelvis, he lifts his hand, tilts his head to squint through imaginary crosshairs, says, "Like a shotgun," and makes a blasting sound. "Your pelvis is like Swiss cheese." As a result of my surgery, he says, my pelvis has about two hundred holes in it.

But I had no idea, I tell him. I'd figured on five or six holes on each side of my pelvis, at the most.

Now I imagine Daffy Duck, Elmer Fudd blasting him with a shotgun. Thinking he's not been hit, Daffy conveniently decides to drink a ladle of water, which flows right out of him, as if running through a colander.

I learn that I have no restrictions for lifting and movement. I'm not to soak in water for at least one week so as to avoid infection – in the incisions, but also in the bone. Now that the sieve that is my body has expelled its fluids, we don't want any unkind juices seeping in. The discharge papers warn that there might be minor "oozage" around the "puncture sites."

For a few days, I'm not to take part in activities that require "coordination or judgment," which I imagine could entail anything from operating a motor vehicle to tying my shoes.

We're released to go and for the first time in my life someone wheels me to my car.

Cynthia drives. Bekalu cries, wide awake in the back, and we're on our way home. I have

bandages on the top of both hands, on the inside of my right elbow, and a large, padded gauze and bandage across my back.

I close my eyes and I want a sticker that says, “Be nice to me. I saved a despot today.”



“WHY DOES DADDY HAVE ‘owies’?” Nicola says, again, six days after the harvest. Repeatedly over the last several weeks I’ve come home with band-aids on my inner elbows and now I’m moving deliberately, carefully, and she knows not to climb on my back in hopes of wrestling in our usual way. She frowns, holds onto her Mommy’s leg as she says this.

I finally watch the DVD that Cheryl sent in the original packet of information – with her personal note on the DVD case that reads, “Yours to keep as a souvenir!!” – from the National Marrow Donor Program, the one that introduces me to the process of donating. I feel like I didn’t do my homework, but still passed the test as I learn that 1.34 percent of donors experience serious complications due to anesthesia or injury to a bone, nerve, or muscle.

I slowly walk from our living room to the bathroom, the pain in my back now flitting, and pull a bottle of Tylenol from behind the medicine cabinet mirror. After sucking down two tablets and a handful of water, I turn my back to the mirror, then twist around to see myself, lifting the bottom of my shirt with one hand and lowering my shorts and boxers a few inches with the other. My lower back has four red, circular scabs, symmetrically

placed, one high and one low on each side of my waist. I’ve had the bandage off for three days now. No sign of infection. Just four little wounds.

Today is May 10th and, according to Dr. Podlusky’s original input – though unbeknownst to Jamie, the lovely PA – I have twenty-two more days until I can be confident that no bone fragments will dislodge, precariously course through my bloodstream and cause a clot and prevent my lungs from properly absorbing oxygen. I think about the sharp pains I’ve had in my chest, the ones I’ve had all my adult life every few months, but more frequently of late, the ones that doctors have blithely associated with a pressured nerve in my chest, the ones that a high proportion of the population supposedly gets, with or without a heart murmur.

I look at the wounds and know that helping evil despots will never feel normal.

I think about the surgeon, Dr. Michael Paul, and how he knew, because of his medical training, where to poke, where to slice, where to insert, where to withdraw. Because my body is designed very much like the other bodies he’s worked on, very much like the cadavers he encountered in medical school. We’re the same general make and model, which makes this bone marrow jury-rigging possible. Like the four needle wounds, my body is assembled symmetrically and thoughtfully and it’s mechanically efficient and it’s beautiful, much like the body of the despot.

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