

Brush with Death

Prologue:

It's difficult for me to hear of a friend in pain at a hospital. When their ordeal is over, I end up wondering: what happened? Even if you visit them, you rarely get the whole story. I respect that many people are very private about such things – not wanting to burden others with a sad tale, nor tell details of a distressing episode in their life – or simply holding their communion with God, like a personal meditation, as sacred. Being naturally curious, I (for one) often wonder what really went on. Then when it's your turn – which one can hope it never is – you may have to play the patient role without a script, as I had to, designing my role from scratch.

I did get better at cordialities and responding to RNs and doctors as I learned the choreography of the dance of the hospital. Toward the end of my stay, I would lift my wrist when I could see they were about to scan my wrist band; lift my arm for the obligatory blood pressure cuff; offer my index finger when they strapped on the oxygen sensor; and got a bit better at my pleases and thank yous.

The patient's sphere of influence is small and studies have shown that the squeaky wheel gets the grease – that said, I believe having a polite, smart and kind advocate there with you is key to a successful result. Fortunately, I had my goddess of wisdom, the sparkling-eyed Athena, looking for all the world like my beautiful wife Era. Light work of the Gods; impossible for a mortal.

This retelling of my five days will likely shed only a little light on the elaborate dance between patient and hospital staff, but with any luck it will edify and entertain.

Life is what happens to you while you're busy making other plans.

- John Lennon



Athena

Part one:

Since you asked (you didn't), I'll tell you the whole story, point by point, leaving nothing out. I say it's all true and accurate, as the first five days of July, spent in a hospital, are permanently etched in my mind.

When the golden-haired goddess climbed her lofty throne on July 1st, 2019 and shone once more, for me it was the best of times: the end of the fiscal year for Magnolia Editions, when bonuses go out and new equipment is purchased. A text made my phone jump as Era and I prepared to shower: Tallulah had gone in early (her cup of projects overflowing these days, preventing her from keeping standard artist morning hours of 10:00 am or later). The short, three-word text:

“Camera has arrived.”

That got a thumbs-up emoji response and put a spring in my step.

The new Fujifilm medium-format GFX 100 would need to be set up and put through its paces. In the

arts, corner-to-corner sharpness is crucial and this just-released camera is the first available for well under \$60,000 which might perform the task. To put it simply, each click of the shutter produces a 300MB image.

Once at I made it to Magnolia, with Era soon to follow, I could see Tallulah working away; Nicholas and intern Lee were scheduled to arrive soon. I examined some of the 120 Renaissance-style sheets made on Thursday with a crew of four (Arlene Kim Suda, Lee Bowen, William Demaria, and myself) and the leaf casting experiments conducted with Karen Zukor and staff Max Thile and Addison McDowell). The latter project had caused me to put a large scrap of breather mesh on top of an air-drying sheet (having nowhere else to put it), only to find on Sunday that I had inadvertently prevented most of the wire side curl. Wow, what a find... Where is that camera box?

Nicholas still not in, I bravely began setting it up solo. Once I had started the batteries charging, I called Ben Blackwell (a renowned large format photographer) with the simple statement: “It’s arrived.” Ben’s response: “I’ll be right over.”

Once the camera was set up on our Foba Asaba Camera Stand, I snapped a shot of a Kiki Smith tapestry that happened to be hanging nearby. I casually captured an 8’ x 6’ section, most of the piece, just to test the camera. I took a look in Photoshop. Not knowing I would soon be on what might be my deathbed, it made my day: every twist and turn of each thread was visible – Wow!

Nicholas arrived and reviewed my handiwork, made improvements, and we took each other’s portraits. After Ben arrived we took photos of color cards to check the chromatic RGB accuracy and later Tallulah’s and Lee’s portrait. Bravery might be defined as stepping in front of this camera and having your pores and facial hairs examined.

Ben left and I started feeling a sharp stomach ache, like a bloated, stabbing pain at my navel and to my right. Had I eaten something weird? Era had eaten the same and felt fine. A wave of nausea crashed over me. I had to go home and lay down - I thought I could drive and was determined not to eject the contents of my

stomach into my Model 3. I dislike any car perfume or scent, even new car smell – and especially vomit. Feeling lightheaded, I said goodbye, headed home and with the help of the Gods, made it in time to avoid one close call.

My neighbors were out and I apologized that I could not make them a cocktail as I had a stomach ache. “Go and throw up – you’ll feel better.” Just my plan, although I dislike regurgitating and do so rarely. On this occasion, I gave it a half-hearted attempt and managed some bile but felt no better.

Era had gone to a prescheduled birthday party for Candida Stinehour, with Karen Schein and Susan Filter (whose husband, Peter Koch, must have a harrowing tale of endless pain and suffering, recovering from a blood disorder). Era called me from the party, where I told her I was fine, curled up in the fetal position. Discussing this with the party-goers, Era broke off early and returned home only to find me in the same state, unmoved.

Part two:

Following the instructions of the Kaiser Advice Nurse, Era rushed me to the Oakland Kaiser Emergency Room around 7:30pm. She dropped me off at the front door and went off to park. I shuffled in looking like a bum with paper pulp-speckled shoes. They asked if I had any weapons – I did not; I came as a suppliant, in peace. The kindly nurse who secured me my wrist band and helped with the triage remembered me when I had reason to return five days later.

I sat and awaited Era. It was all too much light and I had not brought shades. They called me to the front for triage: my blood pressure, usually slightly high, was distressingly low. It was very busy that first day of July, so the wait was about an hour. Era and I moved to the entrance where there was a wooden plank bench upon which I could lay. Fortunately, it was also adjacent to the toilet; feeling an urge, I made a feeble dash only to find the stall occupied and I threw up in the sink. I, for one, have never liked seeing other peoples’ stomach contents in public, so holding myself up with one hand, I managed to rinse and wipe up the mess. I’d give my effort a 3 out of 5 star rating.

Back on the bench, I moved in and out of consciousness, but awoke when my name was called and ambled up to the front where Era and I were shown into Room E3, a nicely appointed, new, small private room within Emergency. At the nurse’s request, I disrobed, put on the obligatory gown and eased myself onto the gurney, the central focus of the room. After describing my symptoms, they again took my vitals and implanted a port in a vein of my left arm; this was to come in very handy for anything going in, but not used for blood coming out, as the one-way valve crushes outgoing red blood cells. For Lab work (blood samples) each one must be done with a new poke of a “butterfly needle.” Here, I confess, I lost count of the pokes – somewhere around 20. In the end, some veins resembled a drug addict’s.

With port installed, they swiftly guided the gurney to the CT scan (Radiology department); me with vomit bag put to good use and Era gliding alongside, in all appearance the bright-eyed Goddess herself, Athena. Light work for the everlasting Gods.

In the room I was transferred to the CT Scan slab, administered some radioactive dye intravenously, and told to lay still. After some time I was told, “Take a deep breath, now take another and hold it... Now breath normally.” This command was given several times until the job was done.

Back in Room E3 of the Emergency Department, it didn’t seem long before the image was on the screen above my left shoulder. The keen, sharp awareness in the young doctor’s eyes was not reassuring. Nor was the image plastered on the screen. Clearly, it wasn’t something simple nor easy to fix.

“I am so sorry to give you some bad news. This,” he said, gesturing to the monitor, “is your kidney” –nicely shaped with smooth edges, looking for all purposes like a large kidney bean – “and this” – about the same size, no nice edges – “is a 12 cm tumor, growing on your kidney, and the white streaks here and here represent blood leaking from the tumor into your abdomen, causing your discomfort. It may be malignant. I have called Urology and Interventional Radiology; both teams will meet with you soon.”

Internal bleeding is bad news, like a gunshot wound

with a twist. If the tumor is malignant, I guess it’s gushing its metastasizing poison into the rest of your body – not encapsulated, ready for excising.

Here I looked over to my bright-eyed Athena and said, “Well, if this is the end, I had one of the best lives possible.” I told her that I loved her and was slucky beyond words for so much. To have had the opportunity work with so many great artists; grateful I had the chance to write down my experiences in paper with Nick Stone; grateful and again lucky to have such a great staff at Magnolia in Tallulah, Nicholas, Alyssa, Sam and Arlene, fabulous friends, a loving family of my mother, brother, sisters, nieces and nephews, daily work in the arts with artists, Wednesdays with artist Guy Diehl; grateful to have such an amazing wife and for our offspring, Marisha. Marisha left home to study art and architecture in New York, then the Netherlands and back here at U.C. Berkeley, and redesign both Magnolia and our house, teach, and more. I am proud to remember that she has done more for the environment and the homeless than her father (me). And I did get the immense pleasure of hanging out with her daughter, our beautiful and bright granddaughter.

In the flash of gratitude that was going through my mind, I reflected on Deborah Mann’s psychiatrist father, who (I had heard) when told similar bad news of a terminal cancer, had a genuine (not stoic) attitude of a life well-lived - “I’ve had a good life and been very lucky.” Ready to face death, he lived on for maybe a decade or more.

The doctor broke into my thoughts, asking what level my pain was currently and offering me a choice of drugs.

Which brings me to the morphine.

While working with artist Bruce Conner back in 2003 and 2004, I had learned that he had opted for a biliary drainage catheter to drain the bile from his liver and had to have it changed out regularly (for decades). One day Bruce called, his voice a slur: “Hi, Don, I just had my catheter changed and they gave me morphine - I feeeeel good.”

I chose the morphine.

I guess it felt good; that, combined with the anti-nausea meds, made me feel a bit better, but not high. Certainly morphine made the vomiting during the next procedure smooth and non-confrontational.

My good doctor in Emergency rallied three Urology specialists to cluster tightly in my small room relatively quickly, as Kaiser Oakland specializes in Urology research and serves as a center in the area. The Urology team had agreed that surgery was not the way to go in this situation; for one thing, there could be great blood loss were I to be cut open with all the built-up pressure from the bleeding tumor, and separating the tumor from the kidney causes more bleeding, with the sad outcome that the patient usually loses that kidney. So “traditional” scalpel-style surgery was not an option.

At 1:45 am, I was next wheeled upstairs to the Interventional Radiology Department who told Era and drug-stupor me that they were quite certain it was an angiomyolipoma, albeit a large one. This was the first possible good news: it was a benign renal tumor, though life-threatening when over 5cm and bleeding, as mine most certainly was at 12cm.

Between the two teams and the Emergency Room doctor, I now had an amazing seven opinions. Next stop for the gurney of twists and turns was Interventional Radiology surgery. Time had little meaning for me and seemed to move impossibly fast, but my bright-eyed Athena, Era, says surgery began around 2:00am and was finished around 4:30am. The doctor’s notes were entered in the Kaiser log at 6:20am. What giving people, these doctors.

As I recall, listening from my gurney in a morphine haze during our pre-op meeting, the team of Interventional Radiologists had just come off a five-hour surgery just moments before our meeting. I must have looked pretty pathetic for them to elect to stay through the night to save my life. So, the Adonises rolled me away to the surgery theatre.

We entered what seemed to be a large operating area stacked with equipment. I like to think I helped transfer myself to the operating table, but I probably didn’t. Next, my arms were strapped to the table at the wrists and I think ankles too. Someone prepped me by shav-

ing my pubic hair. Whirling noises like worn gears started and stopped. I was asked to hold my breath many times as the surgeon threaded and guided the catheter, like a master captain guiding a large ship into a busy port and “glued” the bleeding, dilated blood vessels in the angiomyolipoma rupture.

During the 2.5 hour surgery, I knew my vomit bag was nearby, but with my hands tied, I was unable to catch my own vomit – although now, soothed by the morphine, it didn’t seem so bad. I would let the team know when I was about to hurl. They requested I turn my head left and rushed to inject more anti-nausea meds into my port. A few times they got there in the nick of time; another time I swallowed the bile and, remembering Jimi Hendrix, decided not to try that again; once or twice it just came out. Sorry, guys.

The entry point was “painted” closed and I was instructed to lay prone on my back and not move for two hours while the paint dried.

As I was being wheeled out I asked how many hours it took, but I believe they heard me ask the hour and in response, I heard “five.” Off to a real bed now? Nope, back to the Emergency Room cubicle.

Era and I spent the night in ER Room E3, me on the gurney and Era making do, attempting to sleep in a small hard chair by my side, unable to stretch out. At some point in the ER there was a lock-down for fear a recently admitted gunshot victim might be pursued by those wishing to do him more harm. No one was allowed in or out. This was unusual at Kaiser but more common at Highland Hospital, Era was told. It didn’t last long.

On Tuesday, July 2nd, some time had passed since Rose Red Dawn had climbed her lofty throne, the good people at Kaiser Oakland found me a spacious room with a two bridge view in Pain Management on the 9th floor of the same building I had snaked around in all night. Era took some time off to eat and sleep at home, so we both now had real beds at long last. I slept all that day except for the frequent Lab stabbings and vital sign tests. In my new room, a tech-savvy nurse asked why my blood pressure cuff was set to automatic, frequent intermittent reading. I said it was the set-

tings I had in ER. He turned that feature off, thank the Gods. The ice water and saline drip provided by a very loving staff and an attempt at boxed apple juice kept me hydrated.

On Wednesday, July 3rd, after one more dose of anti-nausea meds, I was off all drugs. Oddly, although they offered, I never did take a painkiller while in Pain Management Ward. During one of Era’s frequent, loving visits to Room 953 (where she had a cushioned bench and a chair more suited for my Athena), she brought me a very comfortable eye mask: a gift from the Gods. I cannot over-emphasize how this might be one of the more important tools brought to my tentative recovery: able to hold back bright and blinking lights all night and all day – easy work for a Goddess to materialize such a thing, difficult for a mortal.

“Sorry to wake you. How are you feeling? I’m just going to check your vitals.”

I peeked out from under my magic eye shades. The bright lights were on and some were blinking, giving a red hue to the room.

“Excuse my reach.”

“No problem.”

“Lift up your arm, thank you. Now let’s clip this on your finger” – walking to the other side of the bed – “now put this under your tongue and we’ll check your temperature.” (A slow thermometer, but eventually it produced a result.)

“Can I have a look at your wound?”

“Sure,” I responded, now sans thermometer, exposing my crotch. And there, about three inches to the right of center following up the line that makes up the “V” of my crotch, was a dark dollop of what they called “paint” about a ¼ inch in diameter, covered with a rectangular glaze of what looks like a ¾ x ¼ inch layer of varnish. No stitches, no butterfly bandage, no gauze, just a spot of “paint” to seal the catheter entry point. At this point one could see no bruising or swelling; just paint and skin. Might one say that this miniature, minimalist artwork may have helped save my life?

(I would guess the “paint” was an acrylic compound the seals the wound, hence the name.)

“That looks good,” said the RN – everyone’s an art critic.

“Thank you,” said I.

“Someone will be in soon to take your Lab ... your CBC work up.” (More bloodletting.)

“Thank you.”

“Do you want the door closed?”

“Yes, please.”

All this activity had turned on automatic auxiliary lights, so my soft shades were lowered. Visions, portraits, visitations, bizarre and beautiful woven textures periodically appeared.

What seemed like 15 minutes later: Knock, knock. The door opens. (They always knocked, very polite and civilized.)

“May I come in? Sorry to bother you, I’m here for your Lab. Let me scan your wrist bracelet.” (I peeked from under my eye shades or raised them to my forehead; I lifted my right arm and a hand-held scanner beeped.) “I’m just going to check your wound site for swelling” (I exposed the paint job.) More thank-yous are exchanged.

As a result of constant poking, it became apparent, thanks to these constant invasive Lab tests, that my hemoglobin count was low, very low, as it had declined to 7.0 (normal being 13 - 17). Apparently, I needed blood. It takes two RNs to administer blood: one read my name and number and the bag number; I participated by providing my name and birth date when asked. They scanned my wrist band’s mark of the beast, then the bag’s mark. It’s a two-hour drip of other people’s blood entering your body.

With the eye mask back in place and other people’s blood rushing through my veins, the visions came, soothing me with beautiful textures, a sumi painting

of a cliff, mountain and forested giant landscape. I thought I could remember it and paint it on linen 20’ wide, made with (and here’s the twist) the reticulat-ed textures of the burnt coffee bean paint Guy and I had made years ago. Later that night or maybe early in the morning, one long dream was in French; my French is not that good, so my vision of laser-cut rect-angle frames with paper drying on them as 747 jumbo jets flying through the aperture made for a confusing dream, caused perhaps by the gift of the donor’s blood.

When artist Guy Diehl heard I needed blood, he, being a frequent donor, offered to donate in my name, as did my spiritual nephew Scott and my lovely sister Barbara. Love to you all, to my family and friends. Thank you for your concern and loving sentiments. Your love chokes me up and brings tears to my eyes.

After an attempt at scrambled eggs, sausage, Folger’s coffee and gruel – a breakfast that made me gag – I thought I had lost all interest. I refused all the kind offers of food on Thursday, Independence Day, that is until Era showed up with a Peet’s latte and for the first time, the tears began to flow. I was laughing and crying. It was like ambrosia; could we use this elixir to tempt the recently deceased to return to life?

Later that day, after flushing my port with saline solu-tion (a painless injection with a syringe right into the port and therefore my body), the staff had slowed down the frequency of checking on my vitals so I could get more sleep. My hemoglobin numbers rose from 7.0 to about 8.4. I should mention that I had the staff turn off the automatic, piercing alarm that was triggered when I got out of bed to pee, as I was now able to walk without assistance.

July 4th came and went with no TV watching for me – it’s a waste of time; maybe when I am dead and have eternity to kill, I can take up the habit. I did amble to my room’s large picture window and catch a couple bursts of fireworks off in the distance, and thought “*what a ridiculous way to pollute our planet with vile chemicals*” before crawling back into bed.

By Friday, I had had my second pint (of blood), as the hemoglobin numbers had dropped again. Over the last few days I had walked around the 9th floor, slight-

ly hunched - not as dramatic as Quasimodo stalking the now charred cathedral. The hospital attire for this public display is a double gown one on forward and the other on backward so you butt doesn’t show. I was happy to shuffle around unattended. Once I passed two RNs and with Era behind me I did a three-second “Singing in the Rain” dance routine: arms out, knees bent, palms down, staggering back and forth. One RN thought it was funny and the other was horrified, cer-tain I was about to take a spill.

I was released midday Friday, July 5th. After a quick shower (my first – Era standing by for safety), we said goodbye to my doctor and just walked out in my street clothes. They told us no papers needed to be signed.

Part three:

Home at last, thanks to good science and competent medical practice, home at last, (like Odysseus to Itha-ca). Sleeping in my own bed: wow, what a concept. (I should mention that on one occasion Era got into the hospital bed with me and we did cuddle for a short while- “lost in love”.)

When young Dawn with her rose-red fingers shone once more, painting her nails and spilling color across the sky, I ambled to the espresso machine and made Magnolia roasted coffee, but it had gone stale after 5 days in the hopper. This has since been remedied, as Nicholas roasted a few days later.

Home at last - so good... Wait, not so fast. The good times were not to last.

After coffee, as the golden-haired goddess shone her shafts of light through my bathroom window, I glanced down and thought, “that’s quite a high con-trast shadow and highlight cast on my penis.” On fur-ther inspection, I noticed that the shaft and one testicle had turned a dark, dark purple. Blood just draining, or something else?

We called the advice nurse, got a doctor’s call back, and offered to send photos. Nope, go immediately to the ER: this was considered a new development. And whatever you do, do not send photos of your penis.

Back to the Emergency Room, where the triage nurs-es actually remembered my Monday visit. I described my symptoms to the hilarious RN showing us to the room, then showed him my newly-colored penis. He said he had experienced something similar after hav-ing his tubes tied recently, but his bruising, although not as dark, ran far down his leg.

The doctor showed up and as I expected (and rath-er hoped), the pooled blood in my diaphragm had to drain somewhere; why not get the penis to help reab-sorb some of the three pounds of blood. Since I was there already... why not another Lab test? I was poked and we waited around for the results, which were good. My hemoglobin had risen almost one point.

Once again I was released. With me waiting in the car, Era picked up Burmese food to go, prunes, a tomato, and bread and we were home in no time. Great to be eating small quantities in the comfort of one’s own home.

I did manage to call and sing Happy Birthday to artist Chuck Close - a tradition on July 5th, his day of birth. He jokingly suggested I had gone to great lengths to avoid flying out for his celebration; I concurred.



Era and Don 3 days before entering Emergency
Photo credit: Brewster Kahle - Internet Archive

Epilogue: Brush with death, or death with (toilet) brush?

Sunday, July 6th: when young Dawn showed her rose-red fingers once more, my mobility and energy were improving at a slow, but steady pace. Oddly, Era and I decided to tackle a calcium rust deposit that makes it seem as though our amazing Toto toilet does not flush efficiently, though it does. (That is not leftover fecal matter down there – that’s rust and calcium!) I turned off the stiff water supply, sponged out the remaining water, and soaked it in vinegar for two hours, scrub-bing with brush and pumice stone. Straining to turn the water supply back on, I flushed a few times and... very little improvement. More pumice stone. So much for instructions from the Internet.

Era, needing exercise, took a good walk to the hard-ware store and returned with a commercial decalcify-ing product. On my knees again, I shut off the supply again, sponged out the remaining water, poured in the new product, waited two hours. Time to flush... now the valve had become hard to turn; got tired of coop-erating, I guess. I started scrubbing and things finally did look better. In the process, I turned to Era and asked if I had died and maybe this was heaven, where they took a look at my lifetime of deeds and found a suitable job for me decalcifying toilets. She laughed and assured me that I was still alive – alive so that once again, we could delight in family, delight in friends, de-light in food, in travel, and delight in each other.

xo
Don