

## Of Random Reprieves

*The following account is largely drawn from my diaries of 1990. It can also be regarded as sequel to 'Mombasa'— posted earlier on this site under the 'Glimpses from Afar' theme.*

### 1

The discovery of a swollen lymph node in a general checkup in December 1989 did not in itself, trigger the reaction that would swell into mortal fear...

"I'll send you down for few blood tests," said Dr. C., feeling the rubbery lump under my armpit. "How long did you say you were in Africa?"

"About ten years altogether," I said, swallowing against another lump, rising.

"Humm," said the soft-voiced GP. "Otherwise, things look OK. Anyway, we'll have you back in two weeks after the blood test is back. We'll check that node again."

In the days that that followed, a Christmas cold went into the chest. Although I continued to slog through six hours of Beginner's English instruction every weekday, the septic throat and low-grade fever seemed unshakeable. There were still reasonable grounds to believe these symptoms were temporary. Along with my students, perhaps I was host to the many recirculating bugs mutating in the stale air of our overcrowded classrooms. Still, my resistance seemed alarmingly low. My heart-thumping dread was rooted in an episode of six years earlier:



In April 1984, while teaching in Zimbabwe, I took a vacation in Mombasa, Kenya. Once an ancient trading post on the Swahili coast, the bustling port city of more recent times is also a popular tourist destination. Some come for more than the exotic atmosphere and idyllic beaches...

It was on veranda of the landmark Castle Hotel that I met a 22-year-old Ugandan called Miriam. Like too many pretty girls drawn to Mombasa, she trolled the bars and hotels. Perhaps I was one of the few *wazungu* tourists she met who spoke some Kiswahili. For more than a week, we stayed together in her blue-lit room above a welding shop near the port...

It was hard to say goodbye— even after the unpleasant discovery the day before my departure. We both got immediate treatment at the local clinic. The symptoms cleared up within a day. The Sikh doctor who gave us our penicillin shots (and tetracycline capsules for follow up), warned us to be more careful....

After I returned to Zimbabwe, Mariam and I exchanged a couple of letters. Yet the correspondence abruptly ended that June. That was when I began dating the teacher-in-training who would later become my wife ...

Within a year, T., and I were in British Columbia expecting our first child. I was taking education courses with a vague plan of teaching in Canada. Yet with the bleakness of job prospects and my wife's restrictive visitor's permit, we returned to Zimbabwe for the baby's birth...

One seemingly minor incident during that interlude in Canada came back to haunt. That was a visit to the university clinic, where I sought treatment for a rash on my neck.

The doctor— who might have been gay— jolted when I mentioned having recently returned from an extended stay in Africa. He seemed to grit his teeth when examining my chin. He shut his eyes while feeling the nodes on my neck.

"I can't detect any generalized infection," he said, in what seemed relief...

Only a year later did it occur that he probably first suspected something immeasurably worse than infected whisker follicles aggravated by scratching ...

By 1985, there was already wide coverage of the mysterious new disease whose primary victims seemed to be homosexual men. Since Haitian men, heroin addicts and hepatitis sufferers were also affected— it was initially called the 'Four H' disease. A dangerous misconception at the time was that heterosexual activity did not pose risk for the affliction.

In 1986, the news about AIDS grew more alarming. It was then reported that HIV, the newly identified virus that caused AIDS, was spreading at an especially alarming rate in Africa. In contrast to most cases in Europe and North America, the HIV virus in Africa was spreading equally among men and women...Viruses, of course, do not distinguish the sexual orientation of their hosts.

A BBC World Service report that the highest infection rates in the world were in Zaire and Uganda was especially frightening. I recall listening to it with our baby MT on my lap. I dreaded to think of the fate of poor Mariam N. in Mombasa. That was also the beginning of the uncertainty of what might lurk within my own blood...



In early January 1990, I was back in the walk-in clinic at the strip mall in Burnaby for the follow up with Dr. C. There was good news and bad news. The blood tests—those that were ordered— looked OK. Yet the node under my armpit seemed to have grown.

"Did you have a cut – a cut on your hand recently?" asked Dr. C.

"No," I swung my legs onto the floor. "No, only the flu. I've had a bad flu that's been hanging on for weeks now."

His eyes registered a glint of concern.

"So, what's the swollen node likely indicating?" I ventured.

"Well," he scratched his nose, "it's hard to say now. That's the node which drains your left arm. It still could be a reaction to an older infection. We'll just have to keep watching it. Why don't you come in in, ah, about a month? If it's still there then, well, we'll have to take a further step."

"I don't want to jump the gun, doctor," I asked, "but if the swelling is still there in a month—then what?"

"Well, then we'll have to do a biopsy. We'll have to find out if the tissue's malignant."

"At the worst – what could it be?"

"Um, probably lymphoma. That's a cancerous tumor. But were talking extremes here."

"But say," I smiled grimly in the stab of dread, "say it *is* a cancer – what then?"

"Well, it's, um, treatable – with chemo and radiation. But this is a fairly rare form of cancer—and your node is rubbery. Malignancies are usually hard. Is there any pain when I press it? I pressed it fairly hard."

"I didn't feel anything."

"Hummm."

"Not a good sign?"

"Not really—also, the fact that is no general swelling in your other nodes is a little puzzling. If you are fighting a flu infection, for example, the swelling would be general."

"Yeah?" I say, suspicious he was hiding something. "So, it looks bad?"

"Honestly – I wouldn't lose any sleep over it. Just check with the nurse on the way out. Make an appointment for about a month's time. Let's give nature a chance to do its work."

After the booking, I ran out through the icy rain. T. was waiting in the parked AMC Eagle. Jumping into the front passenger's seat, I banged the rusty door shut. I then glanced into the back seat where our two little girls were sleeping, their heads leaning together.

"What did the Dr. C. say?" asked T. at the wheel.

"Well, my blood tests are OK – but he's a little concerned about a lump under my arm. I have to go back and have it checked again in a month."

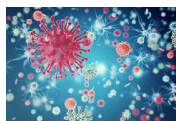
In the labourious scrape of the windshield wipers, we shuddered home through the winter dark.

*'Don't lose sleep over it...'*

Awake and feverish at 3:00 AM, I speculated on the actuarial odds. I would be very lucky, I guessed, if I didn't go to the biopsy stage. It would be a few anxious days thereafter, awaiting that result. Would I need drugs to sleep?

At one point, T. stirred. I pretended to be asleep. Tentatively, she reached over and touched under my arm. Gently, she prodded the lump. *Does she think that is her ticket home?* I shivered in the dark thought. No, not even in a gulch of depression, I assured myself, would T. be so cold...

Two hours later, I rose groggily to face another workday with an ill-prepared lesson plan. Paranoia was the last thing needed to add to the stress load...



In the weeks until the return appointment, there was scarcely fifteen consecutive minutes of unawareness of the lump in the armpit. It even began tingling.

Once stretched in the bathtub after a gruelling day, I gingerly prodded at the tender spot. The lump was there— seemingly thicker. I felt the nodes in my neck. They seemed tender under the jawbone. That was after nearly six weeks of chest cold, low-grade flu and eczema flare-ups. There was no possible reassurance that all those symptoms were *not* of something more insidious...

That moment of near panic in the bathtub was about ten days before the first follow up appointment. Whatever the next diagnosis might be, I knew that self-torment in anticipation would only make it worse. Still, it was impossible to block the resurfacing anxieties of three years before:

In early 1987 in Zimbabwe, while T. had her delicate pregnancy with TE, we were both plagued with colds and sore throats. In those same months, almost every issue of the '*Guardian Weekly*' had another shocking revelation about AIDS. I particularly remembered the jarring report that HIV symptoms may take up to ten years to emerge. If I had been infected in Mombasa— that uncertainty, I realized, could haunt until the mid-1990s...

Meanwhile, T. was given an HIV test under the obstetric protocols for her pregnancy. Her negative result (following upon skull-pounding worry) was a profound relief. Yet that was short-lived by another '*Guardian*' article. It cited a study finding that the transmission rate between

marriage partners was not nearly as high as would be expected. In some cases, hundreds of sexual contacts failed to produce infection in the receptive partner. So, the uncertainty remained...

In retrospect, the obvious question is: why didn't I just get tested and thereby avoid years of needless anxiety? Worse, was failing to do so both dangerous and inexcusably selfish? I would have to plead guilty— but hope for mercy— given the extenuating circumstances.

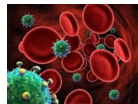
In 1987 in Zimbabwe, an HIV test imposed a dreadful dilemma. AIDS brought shame to entire families. Its victims often died in miserable isolation. I knew that a negative result was most probable— but could not dismiss the possibility of testing positive. Taking the odds on a negative result seemed too close to Russian Roulette...



Restless on the Sunday morning in February 1990 before the return appointment with Dr. C., I took an early hike on nearby Burnaby Mountain. Halfway up the steep southern slope, I wondered whether the heavy sweat was only due to lack of exercise. Still, for the first time in weeks I felt energized. I was almost convinced that a person with an invasive malignancy could not feel so good.

Stopping to rest, I looked down through the trees towards the feeble sun low on the horizon. The struggle, as always was to hope for the best while being ready for the worst... It seemed that five days thereafter in the clinic on North Rd., there was an equal chance that the anxiety over the swollen node would either be put to rest or further inflamed...

At that moment, I would have gladly gambled on what remained of my potential allotment. Even if the odds were about 70-30 that I would live to sixty-five or older— I would have given up the *probability* of that greater span for the *certainty* of fifteen— even twelve more years. That would be long enough to see my daughters blossom into their teens. That would be long enough for them to remember me. In a deep breath of cold tonic air, I was ready to roll the dice...



On the following Thursday afternoon at 4:30 PM, I was in the chair in his examining room when Dr. C. entered holding my open file:

"So did you have your needle biopsy?" He absently scratched his head.

"No, you haven't ordered one yet. You told me to come back to see if it's necessary."

"Sorry," he looked again at the file. " O, yes— plus or minus biopsy." He moved to my side. "So has the lump disappeared?"

"I'm not sure," I said.

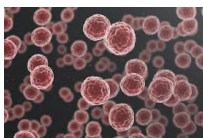
He glanced at my empty right sleeve. "Oh yes, of course you can't tell." Then stepping forward, he pressed under my left arm. "Nope, it's still there. Seems like it's even bigger."

I flinched in the sting— however expected. "So, I go for the biopsy?"

"Yes, we'll set you up for one at Royal Columbian. Then once I get the report, if there's anything wrong, I'll phone you."

In exiting the strip mall clinic, I glanced up at Burnaby Mountain, silhouetted against the grey. Since hiking up there a few days ago— how much, I wondered— had my odds declined?

There should have been solace in the doctor's assurance that only 5% of biopsies expose malignancies. Even if so unlucky in the biopsy, an isolated cancerous lymph node could be excised before metastasis. Still, the odds seem to shrink in every twinge and tingle from under the arm...



The appointment for the biopsy was at 4:00 PM the following afternoon in New Westminster. T. picked me up (with the kids in the back seat) from work and drove me to the Royal Columbian hospital.

Above the elevator door adjacent to the waiting room, a notice read: '*St. Patrick's hospice – comforting the dying session. Sign up here.*'

After pacing before that sign for several minutes, I slumped back in the chair beside T. 5-year-old MT on the other side of her mom, was flipping through her picture book. Little TE crawled from her mom's lap onto mine. Not yet three, she was achingly beautiful. Would I be so blessed to behold her at sixteen? As T. looked calmly over, I muttered:

"Hospitals are uglier than prisons. I can't imagine a more horrible place for people to end their lives."

My wife shrugged and sighed.

"Mr. T.?" The nurse with the clipboard called my name just before the dark imaginings spun out of control. A few minutes later, I was lying back on the examination table with my sleeve rolled up.

"I've got scarred nodes," said the young doctor reassuringly as he pushed in the needle. "They're from an old infection that's still inflamed. Chances are that this is just a scarred node from your eczema or a flu infection."

"What if it isn't?" I asked with a grunt. "If it's malignant tissue—Is it treatable?"

"It depends on what would've caused it," he said.

On the way out of the hospital lobby, I stopped to use the washroom. On top of the hand dryer there was a \$5 bill. Left there deliberately? A chubby Filipino had exited just as I was opening the door. Did he not give me an imploring glance?

Long ago, I had heard the superstition that someone's bad luck (or that of a family member) can be transferred to a stranger who snatches up money, left as bait. Warily, I stepped back.



Every time the phone rang through the following week, the nerves twanged... But there was no call back from Dr. C. That boded well enough. Yet on the afternoon of the follow-up appointment, the nerves were even tauter. When Dr. C. opened the door of the examination room, clipboard in hand, he seemed grave.

"So how were the biopsy results?" I asked in a frisson of alarm.

"Let's see... Hummm, no diagnosis."

"No diagnosis! What does that mean?"

"The biopsy couldn't determine any results— either positive or negative."

Leaning forward, I read the key words from the printout on his clipboard: Under '*lymphatic analysis*' were three options: *carcinogenic*, *non-carcinogenic* and *non-diagnostic*. The final box was ticked.

"So how in hell can I find out what's really going on?" I asked in exasperation.

Dr. C. took a step backwards and looked calmly into my eyes: "I don't know how to tell this to my patients— but you shouldn't worry. The probability is that it's only a reactive node. But we still have to keep watching it. Hummm, let me see." He shifted his eyes. "How about waiting another month and trying again?"

"You mean another needle biopsy?"

“Right. Sometimes it takes more than one aspiration to get enough cells for the pathologist to make the determination.”

"So, I wait another month?"

“Right. That’s all we can do.”

I took a deep breath. “Could you check it again right now?"

“Sure.” He turned his head (almost as bald as mine) and began probing. “Yes, it's definitely still there. At the end of March, we’ll check it again.”

"But in the meantime," I asked, "how can I know if anything might be seriously wrong?"

"OK. Loss of appetite, weight loss, night sweats— those are the symptoms to watch for."

"If it is lymph, um, lymphoma– is still treatable?"

"Sure," he nodded, tapping his clipboard a little impatiently. "Chemo, radiation..."

"OK," I buttoned up my shirt. "I'll be back if I get any of those symptoms.”

“Sure,” His smile suggested I had taken more than my share of his time.

Rushing out past the secretary and down the strip mall clinic steps— I decided to get a second opinion.



A week later, I was in the waiting room of a doctor in a nearby clinic randomly picked from the yellow pages. The framed certificates on the wall and the titles on the brightly coloured spines in his bookshelf, prompted immediate regret. The second opinion on swollen nodes would be coming from a sports medicine specialist....

Trust was neither inspired by the voices heard through the thin wall:

"So, you figure it's a good time to buy into bonds?"

"Well, if it looks like recession, they might bring down the prime. It's a good time to get out of your stocks."

"Sounds right!"

A few moments later, Dr. S. bounced into the examining room. His cheery ‘hello’ confirmed that that it had been his voice that had been just heard in the adjoining cubicle, apparently consulting

his financial advisor. Still, I gave the athletic-looking doctor a rehearsed ninety second introduction. Before I was finished, he was touching my armpit.

“That’s a pretty fair size,” he said.

"Could it only be a scarred node?"

"O, sure – it’s hard to tell with all the subcutaneous tissue around it. It might be smaller than it seems. Has it been growing?"

“I think it’s been about the same size for the last couple of months.”

“When did you say it was first diagnosed?"

“Late December.”

“Well, if it was a really aggressive tumour— you’d be halfway, ah, halfway *gone* by now. Even if it is a lymphoma, it’s probably the low-grade type. Did you get a chest x-ray?"

“No.”

“Well, that’s the only other thing that could add to the picture. By that, you’d know if any nodes popped up in deeper sites. Otherwise, I would say that Dr. C. has followed an excellent course on this.”

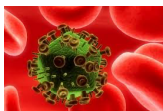
I jumped in to counter any impression of dissing our family doctor. “Yes, Dr. C. is very thorough. I just wanted to see if another doctor might add something to his diagnosis.”

“Oh sure,” said the sport medicine specialist. As he scribbled on his yellow form, I wiped my forehead.

“Getting warm out there, eh?" he said.

“Yeah, it certainly is warm for the end of February.”

So, I left the office of Dr. S. with a sweaty forehead but without a shred of new information. How much did he add to his investments in his five-minute consultation? The sweat was not so much from the freakish weather as from my guilt in abusing Medicare...



The following night around 10:30 PM, I fell into a panic:

Bobbing up from dark dreaming, I felt phantom twinges under my arm. At the same moment, I was slippery wet from the waist up. Reaching over the bed, I touched T.’s forehead. It was dry. I

clutched my clammy forehead. Night sweats? Bolting up, I rolled out of bed and opened the window. The sweat on my brow, under the armpits and down the back was turning cold. Shivering, I snapped on the overhead light.

“T., my god – look at me!”

She woke, confusion turning to alarm. “F, what's wrong – what are you doing?”

“ Look at me. I’m sweating like a pig!”

“F, stop shaking—you’re scaring me!” She used the same frightened tone as in an equally unreal moment several years before. That was when I staggered up bleeding from the shattered glass of a balcony door into which I’d collided.

“T., I can't help it,” I shook harder.

Moments later, we sat together on the living sofa. I was shivering but sweating no longer. For the first time, I was showing her highlighted photocopies of medical journal articles I’d copied from the university library. In a shaky voice, I read out some details of risk factors, symptoms, and prognosis of swollen nodes. I did not reveal my fears of a syndrome far more serious than lymphomas. I did blurt out an entreaty for weeks withheld.

“T., if anything should happen to me, I just want you to promise that you will stay here in Canada. That you won’t go back to Zimbabwe.”

My wife held my hand but did not give that assurance. I was deeply grateful for her comfort. I did not dare confess my torment in the thought of my little girls, shaven-headed, squatting before bowls of ‘*sadza*’ in a smoky hut...

2



The following morning, my temperature was down but I was still shaken. Recalling the panics of three years earlier, I dug out my journal for 1987. I reread an entry from late September of that year written in Chibero, Zimbabwe:

*‘After T. had gone to bed last night, I watched the latest episode of the British TV documentary series on AIDS:*

*A segment featured footage of Rasta-beaded girls prowling the night-clubbing strip east of the tusk archway in Mombasa. White tourists were shown dancing with black girls amid a light show. The overhanging sign on the street confirmed what was chillingly recognised from the interior. It was the Sunshine Club!*

*Against this background scene, the narrator intoned: "Tourists come for the girls and not only put themselves in the most extreme risk but even imperil the lives of partners back home."*

*With chest thumping, I thought of the night in April 1984 I was drinking in that very same club with Mariam from Uganda. We watched tourists dancing in the coloured lights thrown by a spinning globe. For one song (Madonna's 'Holiday') I was even pulled up to the dance floor...*

*How many African women who were plying the tourist trade that night are already dying or dead? How many other 'watalii' [tourists] who were their dates that night are sweating through this same documentary?*

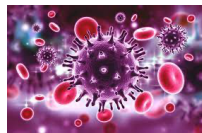
*Even if still relatively healthy— they have reason to dread every cold, sore throat or fever; every unhealing pimple. ... Unless they submit to an HIV test— for at least six more years, they can never be sure whether their finger clicked on an empty chamber...*

*In those thoughts, I twisted on the mattress until 3:00 AM.*

*If the worst fear should be borne out— what would be the fate of my little girls? Whatever should happen to me— what might I ensure they are protected? Even in the consolation that T. might marry a better provider than I can ever be— would my girls remember me at all?*

*In that thought, I resolved to spend the last months preparing a series of letters to be opened on their successive birthdays until they reach the age of twenty-five... That notion did at all help in bringing on sleep...'*

*-1987, September.*



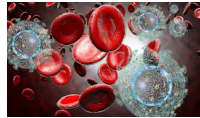
There was no repetition of the night sweats, but anxiety lingered. Over the next few days, a dry cough and muzziness persisted but I had no temperature. I even felt well enough for a swim with our girls in the apartment pool. Relieved from teaching for two weeks (for earned 'Professional Development' time), perhaps the rally was due to the break from the school building's recirculating viruses...

On the first weekend of my PD, we drove to Seattle at the invitation of a paternal cousin. His two kids were about the same age as our girls. Most memorable of that trip was a walk around Green Lake, in the North Seattle neighbourhood where our hosts lived.

While T. and my cousin's Mexican-born wife lagged behind chatting, I walked ahead with their mutt, straining on its leash. For a while I even strode along carrying my cousin's 6-year-old daughter on my shoulders. With the unseasonably warm March weather, I was sweating and a little queasy. But over the 4½ kms. circuit, I had kept a brisk pace without tiring. Staring back across the grey of Green Lake I wondered: *'Could a person with some deadly malignancy possibly have such stamina?'*

I then recalled that Hodgkin's lymphoma with its high longer-term survival rate has been called the "lucky cancer." At that instant, a diagnosis with Hodgkin's disease would have seemed like a death sentence commuted to life imprisonment...

"Gee, your bald head is getting sweaty!" came the muffled voice of my cousin's little girl from behind my neck. That little tug back to the here-and-now halted yet another flight of panic...



At the end of March, I did not need to see Dr. C. to confirm that the lump had not disappeared. I could feel it myself. As expected, he sent me for another needle biopsy... As expected, there followed the seven-day dread of the ringing phone. Once again, I was spared a grave return call.

I waited until the eighth day to call his clinic. While my students were in group work, I slipped out of class and called from the empty resource room. I asked the medical receptionist for the results of the biopsy. She put me on hold while pulling out the file.

"Nothing's been flagged," she said, back on the line. "If there was anything, Dr. C. would have already asked you to come in."

"OK," I muttered, looking furtively around. "I don't need details. But could you just tell me whether there was *any* result this time?"

"We don't give details over the phone," she said.

"Was it non-diagnostic again? Could you just please just give me a 'yes' or a 'no'?"

She hesitated. "Well, nothing was flagged for a call back. Would you like to make an appointment to see Dr. C.?"

It was a familiar sting. "I don't want to waste his time. I'm getting tired of not knowing what's going on."

"Well, it's up to you, sir," she said.

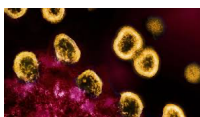
Tempted to push down the phone, I took a deep breath and made the return appointment.

In the follow up a week thereafter, Dr. C. confirmed what was expected— another non-diagnostic result. He showed me the printout on his clipboard: ‘*if there is continuing concern*’, it read, ‘*another needle aspiration can be attempted, or a full biopsy can be undertaken.*’

“So, let’s slow down a little on this,” the doctor said. “I don’t think the thing is growing and I see no other immediate cause for concern. Let’s just wait a couple of months. Let’s say until the end of May. If the lump is still there, then I can schedule you for a full biopsy.”

“Right,” I gave a clenched teeth smile, “Just hope there’s nothing else brings me back here in the meantime.”

So, in a *déjà vu*, I thudded down outside steps. It would be a fraught eight weeks— a move was planned to a coop on Burnaby Mountain and a strike was looming at work. There would certainly be enough to distract from the underarm lump. At the same time, I vowed to relish the spring— as promised myself amid mid-winter dread...



The college strike began in April 1990. While some temporary instructors took unemployment benefits and sought work elsewhere, I gambled on showing up for picket duty...

Pacing around with a picket sign over six weeks on meagre strike pay was depressing. Still, being outside in springtime was a welcome change from breathing the stuffy air of the classrooms. By the middle of the month, the flu symptoms were abating. The tingling lump under the arm persisted...

Like other strikers, I took along reading material for the sit-down breaks. I had been trying to avoid my obsession, but more than once brought along pages of medical information photocopied from the nearby Vancouver Public Library.

One afternoon, I sat near the picket sign blocked campus doorway reading an article on HIV from the Encyclopedia of Medicine. I had been worried that swollen lymph nodes were listed among the early symptoms of infection. However, the article elaborated that more than one node would likely be involved. I looked very carefully at the list of symptoms that apparently appeared within two to four weeks after exposure to HIV. ‘Flu-like’ symptoms were emphasized.

In the aftermath of the trip to Mombasa in April 1984 I could well have had a cold. There was hardly ever so long as a three-month stretch I’d managed to avoid one. Still, as far as I could recall, I did *not* have a flu. Several times, I had gone through journal entries for those weeks and found no mention of the other listed symptoms: fever, rashes, or swollen glands. There were certainly no sores in the mouth or on the genitals...

Still, in 1987 while T. was pregnant with TE, both of us had persistent flu-like symptoms. The strep throat, and prickly red dots on the tongue were especially alarming. Yet T. tested negative for the HIV virus... Was that enough evidence of escaping the worst? While I was pondering that, a shadow suddenly enveloped the page on my knees.

"Geez, F., that looks like heavy readin'. What's it about?"

Leaning over, stroking his grey walrus mustache, was old-timer colleague, SE. His picket sign wobbled on his chest.

It was too late to cover the page. "It's about HIV infection," I said feigning nonchalance. Seemingly unsuspecting, he just strode to one side, his sandwich board flapping.

I slid the photocopies under the '*West Ender*' newspaper and stood up. I pulled up the picket sign and draped it over my neck. "I wonder when they're getting back to the table." I sighed. "Heard any rumours?"

No sooner my old colleague launch into his anti-administration diatribe when another strolling striker stepped forward and sat down on the concrete wall beside my newspaper.

"I couldn't agree with you more," I said, eyes darting to the School of Nursing instructor, who absently picked up the '*West Ender*', leaving the HIV articles exposed.

Luckily, she neither asked the obvious question: '*Why are you so interested in that?*'



In another restless night, I turned over information from some of the day's medical readings:

It was plain HIV was spread through bodily fluids, primarily blood. In unprotected sex, the virus was likely transmitted through skin lesions, however minute... The likelihood of transmission increased when genital tissue was inflamed, as often occurred with untreated STDs. Still, transfusions of infected blood posed considerably greater danger of transmission than sexual contact...

There then sprang to mind a nearly forgotten incident. It happened in Harare in mid 1982:

On an evening of weekend indulgence, I sat down at the bar of the Jameson hotel beside two 'coloured' girls about my age. The one on the far right was turned towards the door scanning the incoming prospects. The prettier one on the stool beside me nodded a greeting. The glass on the bar before her was fizzing with what appeared to be bicarbonate of soda.

When I gave her a look of concern, she smiled.

“I’m just got indigestion,” she said, patting her stomach, “I really didn’t feel like coming out tonight. I’m just with my girlfriend, Carole.”

Hearing her name, her friend turned around for a moment. When Carole turned colder eyes back to the entrance, her pretty friend with the upset stomach and I struck up a conversation.

She introduced herself as Betty, a nurse, back on vacation from Hamburg where she lived with her German boyfriend.

Over the following hour, Betty spoke of growing up in the tightknit ‘coloured’ neighbourhood of Arcadia, in then Salisbury, Rhodesia. She said she had hardly recognized her home in returning for her first visit after Zimbabwe’s independence.

I can’t recall how the conversation got round to blood brothers. In any case, she said that in her teen years, a common show of loyalty among her coloured friends was nicking their thumbs with a razor blade and pressing them together. I asked whether she had any white blood brothers or sisters. She said no— a Rhodesian teen would never have done such a thing with a coloured or African...

“That’s sad,” I said.

She caught my eye. “Would you like to be my blood brother?”

Animated with a third Lion lager, I was glad to demonstrate that I had nothing whatsoever in common with Rhodies.

Her friend Carole, who by that time had joined in the chat, provided a safety pin. All three of us pricked thumbs in turn and squeezed out scarlet droplets. As we pressed sticky thumbs together, a few Rhodies at surrounding tables watched in disbelief.

Sometime before the end of that crazy night that involved several more beers, Carole got herself picked up by a Brit in a Mercedes. When they took off for the Archipelago night club (which advertised as *‘the place where beautiful people go’*), Betty invited me back to Carole’s empty apartment. She thought it a waste of money for me to check into a hotel. I accepted the invitation in the spirit of a blood brother. Accordingly, I slept on the floor.

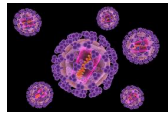
Before bedding down on the sofa aside me, Betty even changed into the pajamas of her boyfriend back in Germany. It was admittedly a restless night, hearing the breathing of a beautiful girl just inches away... The following morning, I bussed back to my rural school— never again encountering either of my Zimbabwean ‘blood sisters’.

I expect that both of them forgot about our odd encounter in the Jameson hotel. A few years later, they may have been haunted by more intimate hook ups before anything was known of the deadly virus then beginning to silently incubate in our midst... Still, might the pressing together

of our pricked thumbs have been just as dangerous as any exchanges of bodily fluid in one-night stands?

So perhaps the greater risk of retroviral infection was not incurred in Mombasa in 1984. Perhaps the first click of the roulette pistol was that night in Harare, in May 1982.

That possibility struck with the force of a dark epiphany. Shivering, I felt the lymph nodes under my jaw. There was no sign of swelling. Before the onset of sleep there was some solace in the thought that eight years is an exceptionally long dormancy— even for a retrovirus...



On the return appointment to Dr. C. at the end of May, he confirmed— as expected— that the node was still swollen. After the failure of two needle biopsies (as informed three months earlier), the next step was an open biopsy. Since the node was so dangerously close to the armpit axillary nerve, a specialist surgeon was needed. For that, he referred me to a Dr. T. The operation would probably be done as day surgery, said Dr. C., but would probably require full anesthesia...

The only time I'd even been put under was with an ether-soaked rag for removal of tonsils in childhood. That resulted in a fear of being permanently put to sleep on an operating table. In the preliminary appointment with Dr. T. a month thereafter, that anxiety was foremost in mind:

"It must be awkward dressing with one hand," said the surgeon in his Brit accent, when I was unbuttoning my shirt. "But I suppose you get used to it."

"Yeah, you get used to it," I said, too nervous to take the usual slight.

A moment later I was flat on his examining table responding to his rapid-fire questions ("Night sweats? Loss of appetite?") while he prodded my neck and groin.

When he wobbled the armpit lump, I croaked up: "Three doctors did this same exam. All of them could only find one swollen node."

"Are you a smoker?" he asked, ignoring my comment.

"No."

"Had a chest x-ray recently?"

"Four months ago."

"Well, I want you to have another one done so we can compare both. You can dress now."

As I fumbled for my pants, Dr. T. turned to briskly wash his hands. Then sitting in his swivel chair with a clipboard in hand, he brusquely summarized:

"OK, so we'll have you into Royal Columbian Hospital on September 11th. We'll put you to sleep and remove that node so we can put it under a microscope and find out what it is."

In a jolt of alarm, I faltered: "Put me to sleep? Do you have to use a general anesthetic? Can't you just use a local one?"

"You don't want to be asleep?" His half smile could have been a sneer.

"Not unless it's absolutely necessary."

"Well, if you prefer, we can use a local one. But the node is in a very sensitive place, so you will have to be heavily sedated. People usually don't remember anything afterwards. It's what dentists sometimes use."

"Thank you, I prefer that."

He stood up and gripped the doorknob. Before he opened, I blurted a question:

"Do nodes sometimes remain swollen after an infection has disappeared?"

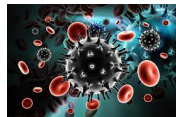
"You weren't listening. I said it was likely one of two possibilities, a reactive node or a lymphoma— a cancer."

"But if it's a reactive node, does it mean that it's reacting to something— maybe an undetected virus— still present in the body?"

Impatiently, he shook his head. "It's no use speculating now, is it? We'll find out exactly what it is when we get it under the microscope. " As for now— do you understand *everything*?" In that final question, the sarcasm was unmistakable.

"I guess so." I said as he stepped out the door.

At that point, it mattered not the least that he was a limey twit— so long as he was handy with a scalpel.



After turning out the light on the night before the procedure, I whispered to my wife: "How did you feel, T., when you woke up after your operation?"

“What?”

“After you had that operation when we didn’t know you were pregnant with TE— how did you feel when you woke up?”

"F, you're afraid!" she said with a tsk. "I can tell."

"It’s not that I’m afraid,” I lied, “I just don’t want to take more than a day off work.”

“But how can you use your arm the day after it’s cut open?”

‘That’s what I’m worried about. I don’t want to depend on anyone for anything. I’ve got to be back at work on Wednesday, no matter what.’

“She jiggled closer. “I know it’s not serious. Com’on, don't be a chicken!”

Hours from its presumed removal, the node still softly throbbed.



The following evening at 7:00 PM, I was back in the same bed propped up on pillows. Pressing the ice pack under my arm, I looked out the window at the stand of cedars in the golden September twilight.

Several hours earlier, I had been lying dopey in the hospital recovery room. Dr. T. had kept his word. I had been rendered in a dream-like state but not fully unconscious. When he strode into the recovery room afterwards (straps at the neck of his operating gown flapping), he was smiling.

"We just poked around under your arm and found nothing. No swollen node. It was just muscle tissue. Maybe it was because you are so thin and use that one arm so much!" His smile seemed genuine.

Was the torment of the last nine months really exorcised, I wondered. Did I deserve such a sweeping reprieve?

Turned over on my chest was my old paperback copy of short stories by J. P. Sartre. I was moved to reread ‘*The Wall*’. Like Jack London’s ‘*To Build a Fire*’, Sartre’s oft-anthologized story was cozy comfort-reading after a close call. Set in the Spanish Civil War, it describes in excruciating detail the reaction of three socialist prisoners await execution by the fascists. I lingered particularly over the lines at the end of the story in which the first-person narrator, Pablo, describes his feelings in the hour before his ironic reprieve from expected death:

*'... if someone had told me that I could go home quickly— that they would leave me and my life whole— it would have left me cold. Several hours or several years of waiting is the same when you have lost the illusion of being eternal...'*

I realized in my fear of dying under anesthesia— in the fear of lymphoma— even in the fear of HIV, I was never close to losing the “illusion of being eternal.” As my wife suggested, my anxieties were largely overblown. Given all the shivering— how would I hold up in *really* facing immanent mortality? Thus, my profound gratitude was mingled with humility— and not a little embarrassment...



The result of the operation in September 1990 ended the lymphoma worry— but the haunting of HIV was not put 100% to rest. I still seemed abnormally susceptible to sore throats and flus. I knew that could be attributable to the myriad bugs from my kids and from my students—exponentially compounded by indirect exposure to the bugs of classmates of my kids and those of my students' kids. While I had had several check-ups with blood tests over the years— there was still a tiny sliver of doubt...

But in late 1992, I finally took the test that I should have taken five years earlier. It came as a requirement for a life insurance application.

I had always been paranoid about life insurance. It was not that I thought my wife might secretly wish for a pay-out. It was rather a superstition that having one's life insured made the collection of its benefit more likely. But at the age of forty-one, still with an insecure job and the recent birth of a third child, it seemed selfish not to have a policy. About a week before Christmas that year, I bit the bullet...

The application involved the submission of a blood sample. As elderly nurse made a home visit to make the collection while taking detailed information for the insurance forms. Sitting with her clipboard at the kitchen table across from me, she methodically went through medical history questions. More than once, I blinked:

Have you ever had urinary genital problems?"

"No."

"Pus discharge?"

"No."

"AIDS?"

"No,"

“You agree to an HIV blood test?”

“Of course.”

She put down her pen and took a syringe from her kit. “OK,” she said motioning me closer. “I’ll get this in tomorrow. You should hear back before the middle of January.”

Gritting teeth, I squeaked closer in my chair with elbow on table and rolled-up sleeve...

At the doorway about two weeks thereafter, I held my breath while opening the envelope with the Manulife Insurance letterhead. The first lines of the typed letter read:

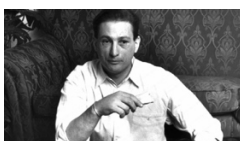
*‘Dear Mr. T... We are pleased to inform you that the policy for which you applied has been approved by our underwriting Department...’*

Approved! I lifted eyes to the ceiling. Seven years of needless anxiety finally at an end! Amid the night sweats of three years ago, I would never have imagined such a deliverance.

Then in hearing excited squeals from in the living room ("Daddy’s home!"), I removed shoes and padded upstairs. Kneeling at the top, I received hugs from my darlings. Hallelujah!

It occurred that should I ever write an autobiography, the working title ought to be: *‘By the Skin of my Teeth.’*...

3



In the fall of 1990, the video journal of Dr. Peter Jepson-Young began regularly appearing after the CBC TV evening news.

Until his death in late 1992, “Dr. Peter”, as he became affectionately known, gave regular updates on his response to the ongoing ravages of AIDS... Early on, he claimed: *“I do not accept AIDs as a death sentence.”* Yet as his afflictions grew, he chronicled them in frank detail often followed by gentle reflection. On encroaching blindness, he said: *“Losing sight in one eye had been an eye-opener to me...”* Even hooked up to supplementary oxygen in a hospital bed, he avowed: *“Despite being blind and have Kaposi’s tumours on my leg, on the whole—I am pretty happy.”*

As his health worsened, he spoke of preparing for the end— creating a living will and visiting his chosen gravesite. In one of his final video diaries, he describes a visit to Long Beach on Vancouver Island. He speaks of his profound awe of the forces of nature which he “accepts and absorbs...”

Over the two years of his diaries, Dr. Peter spoke openly about his gayness— ground-breaking for a 1990s national TV audience. He nurtured understanding and acceptance. Fittingly, an integrated services health centre for the vulnerable later built in downtown Vancouver was named after him...

It was soon after my 'reprieve' from the fear of lymphoma that I began regularly watching the Dr. Peter diaries. Like anyone with even half a heart, I was deeply touched by his courage. I also, appropriately, felt shame... His suffering made my recent anxieties seem like panic over a paper cut...



Another courageous British Columbian AIDS activist was Jon G. Although he died from the virus about the same time as Dr. Peter, I did not hear his story until early 1994. The shocking news came in a CBC radio segment about a newly released film documentary honouring his public service. Jon G.'s advocacy was particularly focused on Africans beyond the reach of drugs that slowed the deadly progress of HIV infection...

I had once met him. In October 1988, back in British Columbia from Zimbabwe with a young family, I was hoping for a career change from teaching— but desperate for any job. Among my many cold-calls was one made to an NGO supporting development initiatives in Africa. The NGO project officer on the phone tepidly accepted my request to drop by his Kitsilano office for a chat...

Before the desk of a younger Keith Richards lookalike, my impression was of his impatience. As he glanced at my resume, his lip seemed to curl. He probably took the list of African boarding schools where I'd taught as evidence of naïve complicity in cultural imperialism. Yet it was probably my mentioning an eagerness to volunteer in order to "get my foot in the door" that knocked the interview right off the rails.

His reply was memorable enough to note in my journal: *"Sorry, we don't encourage volunteers. First of all, volunteers have to be trained if they are going to do anything at all effective. We don't like to exploit trained people or waste their time. In any case, we don't have a budget to pay people..."*

Striding through the rain to the bus stop ten minutes later, I fumed: *'How dare that arrogant bastard stereotype me!'*

Six years thereafter, in listening to the tribute to him on CBC radio, I strained for every detail:

In 1989 (soon after that brief encounter in his office) he apparently moved to Ottawa. There he pushed for drugs then available to AIDS sufferers in the developed world to be made available and affordable in the global south. The filmmaker interviewed for the CBC piece speculated that had

Jon G. had access to the AIDs treatments still under development in the early 1990s— he would have refused them. He would have insisted on guarantees that the same drugs be available in sub-Saharan Africa where infection rates were highest...

Tormented by those details, I thought again of the few moments I sat across from his desk (over which hung a weaving of Guatemalan peasants with raised fists). Most likely, Jon G. forgot our encounter as soon as I lurched out his door. Yet I imagined what could well have crossed his mind— especially when I spoke of a hard landing back in Canada without a safety net:

*'So you think of yourself as a tough luck case? O, sure. But you don't have a fucking clue, mister, how it feels to have a crashing T-cell count!'*

I switched off the radio that afternoon both humbled and saddened. Of course, it was cosmic randomness by which some heroic lives were cut off while unheroic ones go blindly on... Yet I had to wonder how I could possibly claim to have deserved to be among the lottery winners...



"How are doing, F.? Do you recognize this voice from the past?"

It was also in early 1994 that I got an out-of-the-blue call from JS in Ottawa. We had been cordial acquaintances in the early 1980s. That was when she was the secretary in the Harare office of the NGO that was sponsoring the placement of Canadian teachers in Zimbabwe schools. She was the heavy-chested blonde woman with a nervous smile who took receipts for claimable expenditures, such as for medical prescriptions. In 1994, she was working in the central office of the same NGO.

"So, I'm wondering if you received an evaluation form?"

JS was calling about a survey from her office that had probably gone to an old address. I gave her our current address to which she could resend it. We then broke into a friendly chat. We spoke mostly of people known in common during our Zimbabwe sojourn. I mentioned that SK, then working in an organic apple orchard in the Okanagan, had visited. She was surprised to hear that MF, my former neighbour at Gokomere who was then teaching in the Philippines, has also married a Zimbabwean— albeit one who identified as Rhodesian.

"How's your wife settling in?" she asked.

"Fine, fine. She hopes to start teaching again when our kids are older."

"So, you have two daughters and a son," she gushed. "That's wonderful."

"O yes, we are very fortunate."

There was an awkward pause. "So, you're OK? Happy and healthy?"

“Yup. You too?”

“I am... Anyway, it's nice to hear your voice again!”

With mutual well wishes, the call ended.

After hanging up, I stood frozen for a minute. Why would she want someone to do her survey six years after finishing the Zimbabwe contract? Was the survey really her primary interest in contacting me? Why did she ask about my health?

During the call, I had resisted asking JS about another young Canadian woman who had worked in our program in Zimbabwe. That young woman had apparently arrived in the mid-1980s and had taught in a school in the Eastern Highlands. I had never met her but a comrade of that era, SK, said he knew her. He said that that he would sometimes see that young woman in the bars of Harare...

It was SK, during his visit a few years previously, who told me that the same former colleague had contracted the HIV virus while in Zimbabwe. He did not know whether that young woman discovered she was HIV positive before or after leaving the country.

In any case, JS, at the NGO headquarters in Ottawa would certainly have known about the tragic case. It might well have spooked her more than any other calamities that randomly befell the large contingent of Canadians who had worked with the organization's Zimbabwe program.

As I recalled, JS had herself had dated a few locals while she was posted in Harare. Still, she had left Zimbabwe before the mid-1980s. That was seemingly a few years before the rates of HIV infection exploded. By that time, I was settled with my wife and baby girls in Chibero mission. For both JS and I— it seemed a matter of lucky timing...

There later came relieving news of the fate of that Canadian teacher who had contracted HIV in Zimbabwe. She not only survived but became a Toronto-based activist for women with AIDS. From several on-line articles dating almost to the present, I gathered that she continues to advocate. In one report, she urged that the retroviral therapies that were keeping her healthy— be made freely available to the poorest victims of the virus...

Dr. Peter and Jon G. had missed those miracle drugs by only a few years. That was another exclamatory jolt of the random luck— or the merciless randomness— of cosmic timing...



Largely due to the pressure on big pharma by selfless activists (like the woman in Toronto)—in more recent years, cheaper versions of antiretroviral drugs (ARVs) have become more available in

Africa. Those drugs were certainly not available in Zimbabwe in the early 2000s. In those years, Zimbabweans were suffering the highest rate of HIV infection in the world...

On a visit back to Zimbabwe in August 1998, I had a brief but horrifying up close glimpse. One afternoon during that visit, I visited Gokomere mission along with my wife and middle daughter. That was the site of the school where I had been teaching in 1983-1984, when my wife and I met.

We took video of the dilapidated classrooms and littered grounds of the once tidy secondary school. With my gloomy narration accompanying my daughter's panning videocam, we passed through the mission church. Then we walked behind it and lingered for several minutes in the mission cemetery.

The graves of the Holy Cross Brothers, founders of the mission, appeared well-tended. The spiky grass looked recently mown and there were fresh flowers under the white crosses. Yet stretching beyond that tidy corner was an upturned expanse of furrows and humps. Each mound was a recent grave. Those graves were topped with plastic flowers, Styrofoam crosses or makeshift wooden plaques. The hand-lettered birthdates on many revealed lives cut off in their thirties, twenties or teens. Scanning the markers, I recognized names:

Styrofoam crosses bore the names of Irene, the school secretary and Davey, the lab assistant. In the furrow behind was the marker of a Form One Shona teacher—the jocular Andrew. In each familiar name I caught a living image: a whisper into the telephone; a head thrown back in laughter. On the grave mound of Farai M.—once a basketball star—yellow plastic flowers shivered like the wings of clustered butterflies.

“*Wanawake tamu sana*’ [the sweetest women], *for sure!*”

Standing there in the Gokomere cemetery, I remembered a Zambian lorry driver from whom I hitched a ride to Harare back in 1983. His silver rig was hauling diesel fuel from Johannesburg all the way north through Zambia to Lubumbashi, Zaire. He chattered in broken English and Kiswahili as we shuddered on from afternoon into night. Along the thousands of kilometres between south and central Africa, he claimed to have visited scores of roadside bars. He particularly relished his recollections of the fleshpots of Lubumbashi. The women there, he touted, were “*kama asali ya nyuki*”, sweet as honey. With a rumbling laugh, he slapped the steering wheel.

That was nearly three years before the first reports of the mysterious ‘slim disease’, that was spreading like some biblical plague. While a ‘patient zero’ would be impossible to identify, the early dispersal of the virus southward through Africa was likely through those long-distance truckers... Fourteen years thereafter, a faint echo of that driver’s laugh seemed to haunt the Gokomere mission cemetery.

After leaving the mission cemetery on that gloomy afternoon in August 1998, we walked through the back gate and over the cattle grid into the school paddock. We stopped a few hundred metres beyond to look down over the escarpment. In the foreground were rocky outcroppings. Some boulders bore ancient markings of the San people who dwelled there, eons before the arrival of the Shona. In the background were the distant mountains of the Eastern Highlands.

Against that sweeping view, I took photos of my daughter and wife. Viewed years later, my wife's expression in those photos leaves no doubt of a marriage on the precipice of breaking up... It is poignant to recall that in our early years together, I once expressed a wish that our ashes be scattered together in that beautiful place. Yet in the dry season of 1998, I shuddered in the thought...



While the HIV virus had seemingly spread southwards, infection rates in East Africa— earlier affected— were never as high as in Zimbabwe. Awareness of such statistics did not make my speculations about possible victims among former colleagues and students in Tanzania known in 1980-1981, any less haunting...

I wondered especially about Bella K. She had been a '*bishara*' [business] teacher in the girl's secondary school near Kilimanjaro where we were both worked. We were neighbours and friends— but never intimates. She was single, attractive— and had a taste for finer things, unavailable. Even if I'd been interested in more than neighbourliness, a '*mzungu*' [European] without wheels would have stood no chance against a '*wabenzi*'— translated as: 'the people of the Mercedes Benz...'

In June 1990, Bella unexpectedly came up in conversation. It was in the backyard of Gerard and Memory L. in suburban Montreal. In a stopover there on a getaway trip back east, my family and I had briefly visited our former colleagues from Zimbabwe. During that visit we were joined by Gerard and Fortunata M., along with their two children. In Tanzania in 1981, we had been sponsored by the same Canadian NGO.

"Have you heard from Bella at all?"

It was after both Gerard had left for *le depanneur* to pick up more beer that the matronly Fortunata, in her soft Hutu-French accent, had asked that question. She had met Bella K. in 1981 when she and Gerard were visiting me in Kilimanjaro. With their baby boy, born in Tanzania, they had gone on to work in Rwanda. Bella K. had apparently visited the couple in Kigali.

"Not since we met in Arusha in 1984," I said looking towards our kids playing on the swings and slide. "That was just after I met you and Gerard at the Nairobi airport."

It was slightly unsettling to be reminded of a chance encounter that occurred just a few days before my 'adventure' in Mombasa.

"She wanted so much to study in Canada, I think," Fortunata tsked. After a pause, she gave me a quizzical look. "Maybe she's already died of SIDA. What do you think?"

I shook my head. "I sure hope not— but I'm afraid that's possible. There are so many victims in Africa. It's terrible."

Nodding, she slowly began. "So many people here ask me about this 'slim disease'. I don't remember hearing about it at all in Tanzania. But my family back home wrote me about it. Yes, there are whole villages along Lake Victoria now with only children and a few old people. That's near Bukoba where Bella comes from. People say it started in Africa, but it must've come somewhere else—do you think so?"

"Some say that."

I glanced at T. She was animatedly chatting with her friend, Memory. It was the first time in months she was able to speak her native Shona. Fortunately, she had not overheard my exchange with Fortunata. She deserved a reprieve from her weeks of private grieving...

4



The cause for T.'s grieving emerged a month before the trip back east. Accuracy and fairness require that events previously omitted from this chronology, now be addressed:

At the end of the college strike in mid-May 1990, I was lucky to be back on the night shift. Still, all temporary instructors were advised that layoffs were probable in the fall. Meanwhile, a week away from the three-month follow up appointment with Dr. C., the swollen node still throbbed...

In retrospect, it is painfully clear that in those weeks, T. was feeling even more housebound than usual. Her moods seemed to seesaw between bubblyness and silent despair. Some afternoons when I set off for work, she was at the kitchen table, happily making teaching aids for the girls, (then not quite three and five). Other times she was staring at the TV, unresponsive. It was hard to guess when the emotional rollercoaster was driven by hormones— or by loneliness.

Later that month, we were both worried about her upcoming doctor's appointment. I phoned her from work during the evening break:

"Did you see the doctor this afternoon?"

Her long pause felt ominous.

"T.?"

"Yes."

"So, was he of any help?"

"He gave me a pregnancy test."

“Yes?”

“It's positive.” She tsked. “I'm pregnant.”

I glanced towards the resource room. The photocopier was quiet but there could have been someone out of view, listening.

“Are you sure?” Out the window to my right, a palsied man traipsed down Dundas St.

“Yes.”

Following the limping man down the Dundas St. sidewalk, an empty bag was dragging along in the wind.

“Don’t worry,” I said. “We’ll talk about it tomorrow morning. Get some sleep. I’ll try not to wake you.”

As I put down the phone, icy fingers squeezed the viscera. T. had stopped taking birth control pills temporarily to try to alleviate mood swings while avoiding other medication. I should have been more careful. Could the timing possibly be worse?

On the bus ride home that night, I tried to rehearse what I might say to her in the morning.

She would already be very upset. With MT starting kindergarten that fall, she had been looking forward to taking education courses, volunteering and working her way back into teaching elementary school. Yet she was a devout Catholic. She believed in the ‘right to life.’ Any insensitivity to that would make her even more distressed than she already was....

I still felt she needed to be reminded of the bare facts of our situation: We had two little girls sleeping in bunkbeds in a tiny bedroom. My job was insecure. Both of us had health concerns that could be serious. How could a baby conceived amid such tensions possibly be welcomed?

Clutching bookbag on knees, I stared at the reflection of a haunted face in the black window...



When I got back in the apartment at 10:00 PM, the bedside light was still on. T. was lying with her eyes shut tight, one hand on her belly. After undressing, I crouched by the bed and took her limp hand.

“So how far along is it?” I whispered.

“He thinks it’s about five weeks, she murmured. “I don’t know what to do.”

“The timing is just so bad for both of us,” I whispered.

She sighed.

“There are options, T.,” I said softly. “Do you remember that the wife of TC is a counsellor at Every Woman's Health clinic?” She blinked in acknowledgment of an acquaintance whose Christmas party we had attended. “They advise women in tough situations like ours.” I squeezed her hand.

“I won't have any operation.” She pulled her hand away. “You'd better know that.”

“T.?”

“I won't get an abortion,” she sniffled. “Never!”

“Don't worry, T.,” I tried to sooth. “Whatever advice you get— the decision on what to do will be yours. I would just like you to talk to a counsellor.”

Her sniffles turned to sobs— then to shoulder-heaving cries. She did not pull away from my half-hug.

“We can talk about in in in the morning,” I said. “For now, let's just try to get some sleep.”

Wearily, I crawled in beside her. What could be more heart-rending than an unwanted pregnancy?



Several hours later on the sofa, she seemed even more resistant to ‘options.’ Still, the difficult choice seemed painfully clear to me:

“What if I lose my job?” I asked. What if I get sick and am unable to work? Can you imagine having a sick husband along with three little kids? I just can't see how we can bring another child into the middle of all this uncertainty.”

She lifted a sofa pillow onto her abdomen.

“Could you at least phone the women's clinic?” I nodded towards the folded paper with the number. “Afterwards you could talk with Dr. C.”

“No, it's not right.”

“Please, T. We have to decide within the next few days. The longer we wait— the harder it will be...” I swallowed back the painful detail that soon the uncurling fetus would have a beating heart.

For several moments, we both stared gloomily out the balcony window. After a sigh, I broke the silence. “Look, if things work out for us—maybe when the girls are a little older— maybe then we could be ready for another child. But right now— “

“—if you do not want this child,” she interrupted, “just divorce me!”

While it had not been first time she made that threat, her tone hinted that it was not really an ultimatum...

In the three days that followed, she spoke little although sometimes winced as though with stomach pains. Still, she phoned the women’s clinic. The next afternoon, she saw Dr. C...

Since we arrived in Canada, Dr. C. had been our family doctor. He had treated T.’s anxiety and my swollen node—both matters, at that time, ongoing. I assumed that no one had a better sense of the fragility of our situation than did Dr. C.

I phoned that evening to ask T. about the appointment.

“It’s all arranged,” she said coldly. “You can be happy now.”

“Happy?” I whispered, “please, T.—nothing could be further from the truth. I feel as terrible about this as you do.”

“Bullshit,” she muttered. “Tomorrow, you can call Dr. C. He’ll tell you what to do.”

She then hung up.



The following morning, I phoned Dr. C. In his soft-spoken manner, he told me what he had suggested to T... He said that abortion was only recommended (at that time) when a pregnancy was deemed dangerous for a woman’s health. ‘Danger’, though, was widely interpreted and abortions were done in many general hospitals as well as in women’s clinics.

Dr. C. said that he did not perform them. Still, he had told T. that if she wanted to go ahead with the operation, he would recommend it and fast-track the referral. The plan would be for her to check in to the Royal Columbian hospital emergency ward, two days hence. Since she had been complaining of stomach cramps, the “procedure” would be treated as a miscarriage...

Lump in throat, I thanked him for his “support...”



When I brought her morning tea the day before the operation, T. was sitting up in bed. “I dreamed about my grandmother,” she said.

“A good dream?”

“No, she looked angry. This was the first time I ever had a bad dream about her.”

“Don’t worry, I said, handing her the cup. “It’s only a dream.”

“My grandmother is disappointed in what I’m doing,” she said. “*Very* disappointed.”

I knew she deeply loved her late maternal grandmother, with whom she had shared a room in her early teens. Even had she not been so close to her ‘*ambuya*’, there was no disputing the gravity of dreams about ‘*vadzimu*’ [ancestral spirits]. Their presumed displeasure, in Shona culture, was more damning than mortal sin in her Catholic faith. What could I possibly do to comfort her?

“Can you get out that old photo of your grandmother, honey?” I asked. “There’s a photo shop on Hastings St. on the same block where I get off the bus. I can have it enlarged.”

“It doesn’t matter,” she muttered in response to the feeble gesture of solicitude...

That evening, I left my class with a worksheet and called home from the empty resource room:

“T.,” I began. “Don’t think you have to go through with this tomorrow. No one is forcing you. Yes, I told you that I think it’s the right thing to do for our family. But it is really up to you. I’ll support you whatever decision you make. I swear, I will.”

"Is that all you have to say?" She scoffed. "Don't pretend you care how I feel. You really don't give a damn!"

“T., please—“

Again, she hung up...

A few hours later when I slipped into bed, T. did not stir. Yet was she awake.

“It’s terrible that we have go through this,” I whispered. “But let’s do it together.”

She did not answer. When I gently patted her shoulder, she stiffened. I shifted away. Was it any wonder that she would recoil from the one damning the bud of life uncurling within her?

I thought of how I once touched her swollen belly when MT and TE were growing therein. That feeling of wonderment and expectation—how utterly different it was from the dread in the news of this conception! Yet was I ready to bear the moral responsibility of denying a potential life?

Lying in the dark, just hours before leaving for the hospital, I almost had a change of heart. I realized that by going ahead with the operation—a potential person would be denied all the pleasures of the world. The world would in turn be denied the unique gifts he or she might bring; the children or he or she might begat... All because of selfish anxieties!

Had T., the slightest indication that I did not dread the pregnancy, I knew she would never have agreed to terminate it...The operation would go against her culture, against her religion and against her maternal 'instinct'. Yet despite the self-torment until dawn, the dice had been cast. It seemed that in very instant of dread of its conception— that potential life had already been forsaken...



T. was told to prepare for an overnight stay in hospital. Our friend, LK in Maple Ridge, had kindly offered to take the girls for a sleepover. Just before she arrived to pick up the girls, T. was brushing their hair, as she did every morning. Softly humming to herself, she seemed far away in thought.

"Do you want a baby brother?" she asked our 4 ½-year-old in an oddly playful tone. Whether or not the question was really intended for me—it cut to the core...

Around 11:00 AM we were belting ourselves in for the drive to the hospital. As usual, our oil-burning clunker coughed repeatedly before starting up.

"This summer we can start looking for a new car," I said.

Behind the wheel, T. scowled. For her, I might as well have said outright: *'With the unwanted baby out of the way, we won't be condemned to poverty after all!'*

In silence, we drove on to the Royal Columbian hospital.



As instructed, we checked into the emergency ward. The attending nurse asked T. if she had had any bleeding. T. looked to me for prompting. I looked away.

"Just stomach pains," she said.

With information taken, T. was given an identity bracelet. A grey-haired nurse escorted us to a curtained off cubicle. I took her grim expression as disapproval...

For three and a half hours, T. lay on a bed, unattended except for the nurse who parted the curtain to urge patience. The doctors were apparently behind schedule. In that long wait, I sat beside the

bed trying to work on my lesson plan. It was hard to concentrate amid murmurs from adjoining cubicles and voices on the intercom.

T. tried to sleep. When her eyes were not shut, she stared stonily at the ceiling. It seemed she just wanted to get the thing over with. We hardly spoke. Still, she nodded to my periodic attempts to reassure and did not pull away when I took her limp hand.

In midafternoon, a nurse told her that within a couple of hours she would be moved into the surgery area. By then, I would be at work in East Vancouver.

"I'll call you tonight, love," I whispered, rising to head for the Skytrain station. When I bent to kiss her cheek, she turned away.

*Were we making a grave mistake that could haunt us forever?* More than once in the long walk to the Columbia St. SkyTrain station I nearly turned back. Then on the train, in a delay at the New Westminster station, I stared hard down the platform at the payphone. I imagined running out and calling T. in the emergency ward. "*Just check yourself out,*" I would say.

But I stayed frozen in the seat as the door jerked closed and the train slid away...



Forty-five minutes later, I was standing near the resource room photocopier beside witchy-haired colleague, ML. She was talking about the school nurse visit to her class in which her students were all given a TB skin test. There were ten positive reactions. Six of those, she said, were in pregnant ladies...

"Are they all far along?" I asked, shuffling a class set.

"Most of them don't show," she chuckled. "Except this one woman from El Salvador. She's at least eight months along. Five kids already. Number six ready to pop any day now!"

Glancing up at the wall clock, I bit my lip.

At about 6:45 PM, when my students were chatting together in a group activity, it stuck that the operation was done. Up until the instant of the suction aspiration, the cells of the extinguished bud had been blindly growing. There had been no intervention—human or divine—no reprieve...

At 10:00 PM, in deepening desolation, I walked home from the bus stop. I dreaded opening the door of the empty apartment. It would be the first night spent alone since the girls were born.

Even in the fecundity of late May, there was no consolation. Tormentingly, I counted eight months forward. The child-that-was-not-to-be would likely have been born in winter, 1991. He/she would have been five years younger than MT— the same age difference between me and my oldest sister. Had the child-that-was-not to-be been male— there might have been a father/son relationship that could have transcended a bitter past...

Of course, I knew that wallowing in *post-facto* regret was beneath contempt. I was forgetting the agonizing deliberation by which the decision was reached. Up to the final hours, nothing had been revealed that warranted breaking faith with that painful decision...

I realized that the concern had to shift entirely to T's recovery. How could I even *begin* making amends for her ordeal?



Bussing early to the hospital the following morning, I picked up a bouquet and a '*Vancouver Sun*' at the corner store down the block. The morning headlines could not have been more ironic: '*Abortion bill squeaks through Parliament.*' It was legislation by the federal Conservatives aiming to restrict women's right to choose... In a shiver, it occurred that in the fear of a ban, there might there have been a rush to clear outstanding cases. Perhaps there had been no coincidence in T.'s fast-tracking...

When I entered her hospital room (a semi-private with the other bed empty) T. was lying with a breakfast tray. She looked away when I put the flowers on the side table. Bringing flowers was both an awkward gesture— and an inauspicious start to the healing.

When the nurse came round, I waited in the corridor. Around 10:00 AM, T. was dressed and ready to go. On the walk to the parked car, she slightly limped but did not take my hand. She looked haggard.

Since I still had no driver's licence, she had to drive. On the way to Maple Ridge to pick up the girls, I prattled about shopping for a sofa set on the weekend and the upcoming trip back east. It seemed the harder I tried to placate— the more I came across as callous and patronising. Understandably, she remained silent...

In the drive home with the girls strapped into the back seat, I kept turning around to stroke little TE's hair. Grim-faced, T. gripped the wheel...

5.



Over the next six months, we moved to a coop townhouse, bought a new sofa, a stereo system and a new car. Although the orgy of spending left me queasy— by that time, my job was secure enough to secure loans. Much more fortunately, I no longer faced the uncertainty of a swollen node...

As for T., she had made friends in our new complex and started taking education courses by correspondence. By Christmas 1990, We had much for which to be grateful...

Still, too often in the middle of the night, she grit her teeth or moaned in her sleep. Lying awake beside her, I wondered what my wife was dreaming about. Was she recurrently visited by the spirit of her grandmother?

In those same nights, I often thought of my own failure in according her proper amends for her many sacrifices. For the sake of our girls, she had come across the globe to a cold alien land— a world away from her family. Too often, she felt housebound and neglected. Then came the unexpected pregnancy.

In the midst of fears for my health, I had convinced her that another baby would be a disaster. At that fraught time, I presumed to have appealed to her common sense. I did not consider the appeals coercive. Meanwhile, she had reasons of her own to be unhappy about the pregnancy. Still, she would never have terminated it without my persuasion. I had urged her to think of it as my decision—that I bore the moral responsibility. But she was still convinced that she had committed a mortal sin. She thought herself unforgiven. She no longer felt worthy to take communion in her church...

It also struck me how little *fun* she had. At only twenty-two, within a month of our marriage, she was pregnant with MT. Since arriving in Canada, we had hardly ever gone out for an evening without the kids. Apart from taking the girls to MacDonalads'— we never went to restaurants together. Yet with neighbours ready to swap babysitting, there was no excuse that such nights out were unaffordable. She also loved to dress up. Just because I was content with Sally Ann apparel—was it fair to make such fusses about her taste for nice clothes?

I knew that what T. most yearned for was a visit home. While tickets to Zimbabwe (assuming her taking the girls) were beyond our budget—I resolved to promise her that her trip home was on the horizon. Her face would certainly light up in hearing that...

So lying sleepless, I vowed that T. must never again go through such trauma. Since pills were so hard on her— I resolved to take full responsibility thereafter for contraception...

All that, I turned over with equal measures of guilt and sadness. I knew that no material offering would ever compensate. She would still be left struggling with her own contrition. Yet there was hope that more generosity on my part might ease her grinding of teeth...



In Sept 1991, T. she was again pregnant. Again, it was unexpected. Again, her plans to resume teaching were set back. In first hearing the news, I admittedly balked at the prospect of middle-aged fatherhood. I was nearly forty.

Yet despite those apprehensions, I would rather have cut off my only arm than endure the agony of another termination. It even occurred that the breach in contraception diligence might not have been accidental— not even on my part. Amid the spontaneity —perhaps a wilful act of contrition?

In May 1992 our son, MH, was born. Very soon thereafter, it was impossible to imagine our family without him. T. cuddled him in awe of what seemed his perfection. Although I never revealed it, I believed our gratitude was in some measure owed to the sacrifice of the germination of sixteen months earlier...

That ‘sacrifice’ came poignantly to mind a few years thereafter in hearing my middle daughter, TE, spin a story of where babies come from... In her fairy tale, unborn babes sent back to limbo-land get to “*spin the wheel again*”. That was a consoling fantasy...

Finally, I recall the February morning of 1990 when looking down from Burnaby Mountain, I weighed the prospects of the looming biopsy. In those moments of ‘bargaining’, I would never have wildly imagined how wonderfully things would turn out for my family...

Yet the old question even more deeply troubles: how can heroic lives cut short be justly honoured? One thing is clear. In old age, it is *just* that one should be haunted by time squandered...

-1987, 1990, 2023

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